

Evaluation of Amnesty International's 'End mental health prejudice and discrimination' campaign

In October 2010 Amnesty International Ireland (AI) launched a social marketing campaign challenging mental health prejudice and discrimination. This campaign is part of the organisation's wider mental health and human rights campaign, which is seeking to ensure everyone in Ireland has their right to the highest possible standard of mental health realised. The social marketing campaign included press, outdoor and radio ads. We also looked for individuals to take action to challenge mental health prejudice and discrimination by making a pledge, going to a community event or even holding an event themselves. This campaign is in partnership with See Change, Ireland's National Mental Health Stigma Reduction Partnership.

In preparation for this campaign, 308 people were interviewed by DCU School of Nursing on their experience of unfair treatment. AI published the findings and its analysis in a report *Hear my voice: challenging mental health prejudice and discrimination*. The findings of the research revealed that 95 per cent of respondents reported unfair treatment in some aspect of their lives because they had a mental health problem. This caused distress for the vast majority of participants. The highest reports of unfair treatment were from friends, family, mental health staff and in parenting. Employment was also a key site of reported unfair treatment. These findings support the need for public education on attitudes and behaviours towards people with mental health problems.

Our approach to the social marketing campaign:

- The message was not about promoting good mental health; the main focus was on **challenging prejudice and discrimination** and **motivating people to take action**.
- We did not want to accuse the audience of being perpetrators or 'guilt' them. Instead we wanted a message that **inspired** rather than **shamed** people into action.
- To match our whole approach to the campaign, it was crucial the advertisements featured authentic voices and experiences.
- We tested the messaging at focus groups around the country.



In February 2011 AI commissioned Millward Brown Lansdowne to conduct market research on the impact of the print advertisements and also to analyse the change in attitudes towards mental health among a demographically representative of the population aged 18 and over. Comparisons were made with research conducted in September 2010 (prior to the launch of the campaign) and similar research carried out by See Change in April 2010.

Please note, as with all market research, these results come with a health warning that they are general interpretations of the responses. They should not be read as definitive evidence relating to the impact of Amnesty International's campaign or general attitudes towards people with mental health problems. Rather, these findings can indicate areas that warrant further attention, discussion or research and give us a sense of the impact of the campaign.

Market research topline results:

- The vast majority of adults (seven in 10), claim to have no experience of mental health problems, which is lower than might be expected. Fear of prejudicial attitudes is likely to play a role in underreporting, as disclosure causes nervousness generally. Just four per cent of respondents said they had personal experience of a mental health problem, which is also significantly lower than might be expected.
- One in four adults have previously seen the poster ad 'Caroline' and their reaction to the ad is very positive overall. There was little difficulty understanding the core message, and universal agreement that the ad is eye-catching and interesting. In terms of attitudinal change, a large majority of those who saw the ad claim it heightened their awareness of prejudice and discrimination, also that they now feel more positive about people with mental health problems.
- Those with any degree of experience of mental health problems (be it personal, professional or in caring role) are significantly more likely to say the ad is relevant to them, suggesting that those who have no direct experience may not be consciously aware of their role in contributing to an equality based society for those with mental health problems.
- Since the September 2010 pre-campaign study, there is a stronger conviction among the public that people with mental health problems experience prejudice and discrimination, that they are not treated fairly by family/ friends, in public services or at work. This increase is likely to be impacted to some degree by the Amnesty International campaign, although it should be noted there is no direct link with the advertising message and the wording of the questions. With so many sources of information and other advertising in the area around at the same time, the link should not be over-stated. However, those exposed to the 'Caroline' ad are much more likely to believe that prejudice and discrimination are prevalent.
- There is almost universal agreement that we need to adopt a more accepting attitude towards those with mental health problems, yet more than one in 10 feel that locating mental health facilities in a residential area downgrades the neighbourhood – a clear indication that prejudicial attitudes remain.
- Nine in 10 adults agree that people with mental health problems should have the same rights as others, but doubt remains about equal rights in the workplace for one in four adults.
- Communication and disclosure around mental health is fraught with complexity. Nine in 10 believe that openly discussing mental health is important, yet one in four feel it would be difficult to talk to someone with a mental health problem, and almost one in two would not want others to know if they themselves had a

mental health problem. This shows a willingness to embrace the issue of mental health in theory, but great nervousness in practice.

- Just one in every two believe in recovery from mental health problems, which represents a fall compared with the April 2010 figures. There is a stronger belief in recovery among those with family/ carer/ professional experience and this highlights that recovery is indeed a reality, but suggests that this positive message is not widely believed and needs to be reinforced in the public arena.
- Just one in two claim they would know what to do if someone close to them was experiencing mental health problems, more likely to be those in the mid-range age group. Here, it appears those at the younger and older end of the age spectrum are the least aware of what course of action can be taken – these segments may require specific communication needs.
- Bringing mental health firmly into the public forum through campaigns such as the Amnesty International campaign appears to have had some effect in terms of changing attitudes towards people with mental health problems already. Continuing to build on this campaign and others is likely to help challenge stigma, reduce discrimination and prejudice of those with mental health problems and contribute to greater levels of understanding among the public at large on the topic of mental health. Changes are likely to be slow over time.

Conclusion

The campaign was successful in allowing AI to engage the Irish public on the issue of mental health. AI believes it has served as a mechanism for fostering greater public engagement on the issue of the rights of people with mental health problems. According to feedback from individuals who participated in AI focus groups or who fed back directly, it has also been very empowering, with person describing the ad campaign as “finally articulating my life experience of how I have been treated because I have a mental health problem”.

Areas that the Millward Brown/ Landsowne market research highlighted as needing further attention:

- **Recovery** – the research revealed just half of respondents believed you could recover from mental health problems.
- **Creating safe spaces for people to take about mental health** – the vast majority agreed discussing mental health was important, yet a quarter said they would find this difficult themselves and half said they would not know what to do if a friend approached them with a mental health problem.
- **Equal rights** for people with mental health problems – despite the majority agreeing everyone has equal rights, a quarter of respondents found difficulty applying this to the work place. Research including more specific examples eg would you be happy if your babysitter/ neighbour/ children’s teacher had mental health problems, could draw out where the prejudicial attitudes are most prevalent and provide useful data for future campaigns. Focus group fed back also supported this and many people wanted to see more specific examples of discrimination.
- Public campaigns to challenge prejudice and discrimination do seem have an impact, but it takes a long time to change attitudes and behaviours, so **continuing to build on this campaign** is important.
- **Younger people** (18 to 24 years old) held more negative attitudes on the whole. This could be an effect of the economic climate, but would warrant further investigation.