



let's end mental health discrimination

Time to Change Legacy Materials
www.time-to-change.org.uk/legacy

Running the social marketing campaign

9 out of 10 people with mental health problems experience stigma and discrimination in some area of life.

8 out of 10 have been discriminated against in their personal lives – by family, friends, neighbours or partners, in their social lives, or when dating.

Nearly three-quarters would feel uncomfortable disclosing their diagnosis to a work colleague.

Two-thirds say the stigma is as bad as or worse than the illness itself.

Stigma Shout Survey, 2008

Many reports had highlighted the extent and impact of mental health stigma and discrimination in the UK from the mid 1990s onwards. At the outset of Time to Change, a survey was commissioned to provide a fuller picture of the nature and impact of stigma and discrimination, that also asked which groups should be targeted and the tone of voice and message style the campaign should adopt.

The results, in the Stigma Shout Survey published by Rethink Mental Illness showed the full extent of the task of reducing stigma and discrimination, and the scale of these problems. The attitudes and behaviour of millions of people needed to change. A key way of securing changes at this national level, as evidenced by the delivery of the Like Minds Like Mine campaign in New Zealand and the See Me campaign in Scotland, was going to be through the delivery of a national social marketing campaign (setting the backdrop to all other projects within the Time to Change programme).

The social marketing campaign was expected to be the key driver for change in the public's attitudes and behaviour. The targets of 5% decrease in discrimination and 5% improvement in attitudes might have seemed modest, but this level of social change takes time and is gradual. The aims were based on international evidence of the level of attitude change achieved elsewhere (in New Zealand and Scotland), however Time to Change was the first programme to also have a target of behaviour change rather than just a change of attitudes on such a large scale.

Insight-driven approach: Be clear about the behaviour change you want to see

The first year of the campaign involved undertaking research and development. Firstly, we needed to understand what forms stigma and discrimination took and which groups to target. This was achieved through the Stigma Shout survey, which delivered information from people with lived experience of mental health problems and their carers.

Discrimination can mean different things, ranging from hate crime, to turning someone down for a job, right through to family and friends unintentionally saying the



wrong thing. Stigma Shout was a way of finding out what was affecting people's lives the most.

To create the most effective campaign, Time to Change needed to understand what was behind these types of behaviour. What were people currently doing? What should they do instead? Who were the people that needed to change? What had worked elsewhere?

During this process Time to Change defined its key audience: 'subconscious stigmatisers'. This term described people who knew someone with a mental health problem but didn't realise their attitudes and behaviours towards that person were harmful. They didn't mean to stigmatise, but their behaviour had a big impact on people with mental health problems. This audience would be easier to change than 'active discriminators'; once the issue was out in the open and the connection to their own lives and people they knew was made, they would have more incentive to change. These people probably wanted to do or say the right thing, but didn't know what it was. This created a good way in for the campaign.

Spending plenty of time on research allowed Time to Change to really understand the issue, create a clear idea of what behaviour should change and understand the best way to influence the target audience. This took time, but it made all the work that followed clearer and more effective.

Audience-focused: Taking time to understand the audience's attitudes

After identifying the target audience, further in-depth research was carried out to understand them. It was vital to dig down into their real attitudes and why they thought, felt and behaved the way they did, and what would motivate them to change. This rich level of insight was vital.

These insights were used whenever new creative work or strategy was being planned. The target audience wasn't aware that stigma and discrimination around mental health problems even existed, and when it was pointed out to them, they didn't think they were responsible for it. On the other hand, they were aware that they wouldn't want people to know if they did have a mental health problem, so there was a sense of shame and stigma.

The research showed a lot of misunderstanding and anxiety around mental illness: partly fear and awkwardness about not knowing the right thing to say to someone affected, and partly a sensationalised fear of violence. A lot of people didn't realise how common mental health problems are, so they didn't see the relevance of the issue to their own lives, even though they probably did know someone affected.

It was also important to understand and use the language the audience responded to. This was a somewhat prickly topic, as the language that people responded to was not always the language mental health groups would normally use. It was important to remain focused on the programme outcomes and use the language that worked with the target audience. It was crucial not to alienate but to aim to empower people with mental health problems. It was vital to strike the balance.

Every campaign burst was researched, tested and evaluated with the target audience to make sure it was reaching them. In addition creative testing took place with people with mental health problems to ensure we had an empowering and not alienating message. Campaign bursts needed to communicate effectively and have an impact on the way the audience thought and behaved. It was important to find a way for the audience to feel they would also gain if they stopped discriminating against people

with mental health problems. Simply put, they needed to know what was in it for them.

Stigma and discrimination, for this audience, weren't necessarily intentional or malicious. We developed a framework of understanding that our core target audience were 'subconscious stigmatiers'.

Some people didn't know about mental health problems and felt afraid to talk about the subject or didn't know what to say. The campaign could provide the knowledge they lacked, so the first campaign burst focused on myths and facts. Getting the problem out into the open and taking away some of the awkwardness and fear around discussing mental illness was a crucial step in the process.

As the campaign moved on, so did the message. In the last year of the first phase, the message was: 'It's time to talk, it's Time to Change'. Having raised awareness of stigma and discrimination, this message very clearly provided tips for people on how to approach conversations about mental health that might have previously felt too awkward. The campaign demonstrated the behaviour we wanted the audience to adopt [through the advert](#) and other materials.

Social norms: People don't want to be out of step or display unacceptable behaviour

Creating a sense of social norms was important for the campaign. Most people don't want to be out of step or to behave in a way that's socially unacceptable. A key part of this involved getting the message across that mental health problems are more common than many people think – one in four people are affected in any year. This made people realise that they probably did know somebody affected, and the issue was something they needed to be aware of. They would then want to be able to say and do the right thing.

Time to Change introduced [a wall of pledges](#) in the second year of the campaign to encourage the audience to pledge to change their behaviour in some way. This made a strong visual statement that a mass movement of people had begun to change their behaviour, and encouraged other people to do the same.

Take your audience on a journey – at their pace

The campaign took the audience on a journey as the creative ideas and calls to action evolved gradually. The changes were based on tracking and research with the audience, which helped to show where certain messages were reaching saturation point, as well as where there was more work to be done.

Summary of activity

Year 1

For the first year of the programme there was no wide-spread campaign activity. Instead the first year was spent researching and developing the campaign, as well as running a pilot campaign in partnership with Cambridgeshire and Peterborough NHS Foundation Trust. The campaign was run with advertising including posters, beer mats and street art. The pilot campaign was evaluated and the findings used to inform the nation-wide campaign.

Year 2

Getting stigma and discrimination on the agenda was the aim for the first year of campaign activity. To create a connection with the audience the campaign needed to show how common mental health problems are; it needed to combat the ignorance

and misunderstanding around mental illness – hence the myths and facts approach. Celebrity adverts were particularly helpful in showing that mental health problems can affect anyone, with Ruby Wax, Stephen Fry, Alastair Campbell and others allowing their images to be used for the campaign.

Year 3

In the third year, tracking showed that the campaign was effectively communicating that mental health problems could affect anyone, but people weren't recognising that their behaviour needed to change. Having raised the problem, the campaign had to get the audience to realise that they could be part of the solution. The tone was vital, as the most effective way to bring about attitude and behaviour change was to take an approach that didn't point the finger or blame people for their attitudes.

This was the year that a [social experiment](#) ran with a media volunteer called Erik and six other people with experience of mental health problems (one in each region), showing how responses to Erik's dating and flatshare ads dropped off when he disclosed a mental health problem. Time to Change then produced an advert which purposefully played with audience attitudes, and showed them that they might also think in a way that could be damaging for Erik.

This approach had begun with the production of a key film called 'Schizo: The Movie'. The film deliberately played with expectations to tackle the most damaging myths about schizophrenia - possibly the most misunderstood mental illness. The lead figure was a Time to Change media volunteer, Stuart Baker Brown, who had a diagnosis of schizophrenia. It was the first time any mental health anti-stigma campaign had tackled the issue in this way and it was highly effective with reaching younger male audiences, and won awards. For more information about this, take a [look here](#).

Year 4

In the fourth year, having made the audience recognise they needed to change, it was important to make it clear what action they should take. The message was clear and simple – that people should talk more about mental health, whether it's to the colleague who has been off work with mental health problems, or asking a family member how they're feeling. The campaign messaging acknowledged people's concerns and worries, and then showed them what to do.

Take a look at [the advert](#).

Repeating messages at a local level: Delivering the same messages through national advertising and in local communities is effective

An important part of social marketing is collaboration, and in some cases reaching your audience through the best possible routes might be via other partners. It helps to repeat the messages locally and nationally so that people see and hear the same message on TV, on their local high street, and at their GP surgery, for example. Many other local and regional organisations had targets around stigma and discrimination, including NHS trusts, primary care trusts (PCTs) and local authorities. The partner charities Mind and Rethink Mental Illness also had vast networks of local services and groups that the campaign could harness.

It was clear that the campaign could work with local stakeholders to increase reach and consistency of messaging. Time to Change proactively engaged stakeholders, providing free materials such as artwork, messaging, tips and advice for their own campaigns. It was estimated that this work with stakeholders added at least £750,000 media-spend value to the campaign, as well as providing those

organisations with tested campaign materials. The campaign would not have been as effective in securing change on the scale it has without the active support and investment from a range of organisations, particularly those in the mental health sector in the first few years of the programme.

It was important not to rely only on marketing or project delivery to get the message out, so community engagement was important. Individuals with lived experience promoted the message far wider and meant that people heard about the campaign through people they trusted. Materials were also available for individuals to order and distribute or use to start a conversation about mental health.

Clear call to action: Be clear what action you want people to take

It was important to be clear about what the audience needed to do. Many people assume that charity advertisements are about fundraising; a request for donations is something they understand, and it doesn't demand much in the way of attitude or behaviour change or deeper reflection. As well as making it clear that the campaign was not asking for money, it needed to be obvious what was being asked instead. This proved challenging at times.

The pledge had been introduced and people were prompted with a list of things they could do, but more still needed to be done to drive behaviour change. In the last year the campaign focused more on asking people to do a specific, practical thing in their own lives straight away. Talking to someone about their mental health could be quite hard, but it went directly to what the campaign wanted people to do. It was important to support people to make these changes, so specific tips were provided on how to have those conversations.