

Rethink's Anti-Stigma Campaign

Northern Ireland, 2007

Evaluation Report

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1 Introduction

Stigma and discrimination damages people's lives and has very real human, social and economic costs. Stigma may prevent people seeking help when they need it. It can delay treatment and it can affect recovery. It stops people with ability getting the jobs they are qualified to do and it can bar mental health service users from playing an active role in their community.

Rethink has always worked to reduce stigma and discrimination at local, national and international levels. The launch of the first Rethink plan in 2005 embedded a specific programme of anti-discrimination work to strategically build upon previous initiatives. The Rethink Anti-stigma & Discrimination work programme (RAS) mounted its first coordinated campaign in Norwich, March 2006. This tested a multi-level model combining direct action with a media advertising campaign. The second pilot site was planned for Northern Ireland (NI) with a concept launch in October 2005 at the Rethink Anti-stigma conference in Belfast's Waterfront Hall. This report reflects upon the progress made in Rethink during the NI RAS towards understanding how best to reduce stigma and discrimination at a *national and local* level.

1.1 The Environment in NI

NI, like Scotland, is a distinctive country with its own laws, criminal justice system and version of the National Health System. Mental health is also organised differently to the way it is in England and Wales. Until March 2007 there were 18 Health and Social Services Trusts managing health and social care across the country. Rethink has been commissioned by a number of Trusts to provide a range of services within their areas. Under the Review of Public Administration in NI health and social care will now be administered by 5 super Trusts.

There are approximately 1.7 million citizens in NI and for the first time in many decades the net population is actually growing as immigration has been reversed. In the last 5 years over 150,000 new citizens have come to NI from the EU accession states, India and the Philippines.

NI is emerging from 35 years of civil conflict and as late as Tuesday 8th March 2007 obtained a new legislature and Executive involving 4 parties in government. Trauma is a significant factor in poor mental health and there are high levels of social need in NI. Over 38% of children are brought up in poverty (26% UK average). There are higher levels of chronic health problems and a higher than average rate of mental health problems than in England and Wales. The Bamford Review of Mental Health and Learning Disability has published a series of reports mapping the mental health needs in NI and recommending a fundamental overhaul of current provision. It recommends a doubling of expenditure on mental health over the next decade to raise levels of provision to the existing levels in England and Wales. It also endorses the need for mental health education and anti-stigma campaigns.

In addition to the Bamford Review a separate consultation exercise took place in the last 12 months in response to public concern about rising rates of recorded suicides. Reported rates of suicide in NI have grown by almost 100% in a three year period. A draft suicide prevention strategy was out for consultation when the plan for the RAS

campaign was being prepared. The Minister for Health Paul Goggins launched Protect Life – the government’s suicide prevention strategy for NI in November 2007. Among other things the strategy makes available funding at a community level for co-operative projects designed to reduce or alleviate the effects of suicide. It calls for a multi-agency approach to suicide prevention involving statutory, public, private and voluntary and community sectors.

In mounting NI RAS, Rethink sought to promote mental health awareness and anti-stigma campaigning and to lobby government to fund and sustain this work nationally similar to Scotland’s See Me campaign.

1.2 A Social Marketing Approach

Rethink are keen to contribute to the evidence base for ‘what works’ to reduce stigma and discrimination. Based on lessons learned from RAS in Norwich, from See Me Scotland and Like Minds Like Mine in New Zealand, the NI campaign was based on a social marketing approach. This is a specific ‘health’ promotion strategy to reach out to diverse audiences with consistent but targeted messages, encouraging improved understanding and positive actions. The multi-level strategy adopted by Rethink in Norwich was also transferred to NI with social marketing principles being applied to national and local level interventions.

1.3 Partnership strategies

Since stigma is a de-humanising process that stereotypes and labels people, challenging stigma needs to be a restorative and positive process. Most anti-discrimination initiatives seek to work in partnership with other organisations and groups to improve their chances of success.

Service user and carer involvement was an essential part of the NI campaign but this had to be approached sensitively given the context in NI making it particularly challenging for people to be open about their own difficulties. The NI committee which is made up of service users and carers from across NI were the steering group for the project and the team reached out to service users and carers within Rethink services, groups and through the NI volunteers programme to effectively engage at appropriate points.

The day-to-day delivery of the campaign was lead by NI staff teams but with direct reporting of the campaigns manager to Director of Public Affairs in London. There was also organizational commitment to support NI with resources to access from across the organization including campaigns team, user and carer involvement, research and marketing.

Rethink NI have sought to include partner and stakeholder audiences in consultations and planning processes beginning with the Anti-stigma Conference in the Waterfront Hall in October 2005. Key stakeholder audiences were informed in advance of plans for the campaign. This included civil service equality officers, health promotion staff through the Health Promotion network, PR staff employed in the health service through the Department of Health's network and the wider community and voluntary sector with pre-campaign articles published in SCOPE magazine and the Community Development Health Network newsletter. In presentations to over 40 stakeholder and partner audiences Rethink received considerable encouragement and have been congratulated, as reported by staff from NI, for transparency and for affording "piggy-back" PR opportunities. Rethink liaised with the Health Promotion Agency on a regular basis who shared their research findings on public awareness and attitudes in mental health, March 2006. We also had support from the Department of Health and Public Safety through a grant towards the costs of supporting the Revolving Door play and media volunteer work.

2 Campaign overview

2.1 Campaign objectives

The NI RAS **objectives** of the campaign were as follows:

Primary objective

- Increase awareness and understanding of mental health problems. Think again and more favourably of people with mental health problems.

Secondary objectives

- Encourage people to join Rethink
- Create a measurable and positive shift in public attitudes
- Position Rethink amongst decision makers, opinion formers and key sections of the public as the progressive member led mental health charity in Northern Ireland.
- Raise awareness of Rethink.
- Raise support for increased investment in mental health in Northern Ireland.
- Promote early intervention and recovery messages in Northern Ireland.

The **key messages** of the campaign were:

- One in four people will experience a mental health problem at some time.
- The stigma of mental illness is a major obstacle to accessing treatment, recovery, social inclusion and employment.
- Rethink is working to improve the lives of people with severe mental illness.
- It's time to 'Rethink' mental illness.

The Rethink NI RAS also sought to reposition the debate about mental illness and stigma beyond a health issue to one of human rights and equal citizenship

Reflections on objectives

The objectives for the campaign changed during the course of the work, there were several and there was confusion between various departments on when the final definitive set of objectives were signed off, by whom and what they were. For an evaluation team this has been challenging as you need a clear set of objectives to measure success against. Operationally it also weakened the delivery element because various teams were working to achieve different goals.

2.2 Campaign activities

The campaign had several inter-connected components which are summarised below followed by a table detailing the timetabling of 16 specific activities. The key components were:

a) Launch event (1)

The launch took place on Monday 15th January 2007 in the Long Gallery, Parliament Buildings, Stormont using a specifically commissioned report on the issue. The rationale for selecting Stormont was to place the campaign within a wider political context and to create media attention.

Sponsoring MLAs:

Iris Robinson , MP, MLA –	Democratic Unionist Party
John O’Dowd , MLA,	Sinn Fein
Rev Robert Coulter , MLA,	Ulster Unionist Party
Carmel Hanna , MLA,	Social Democratic & Labour Party
Kieran McCarthy , MLA,	Alliance Party

Kieran McCarthy MLA and John O’ Dowd MLA were available ahead of the event and participated in a filming and photo-opportunity session on the steps of Stormont using a bus with the campaign advertising as a backdrop.

The event was chaired by Rethink Trustee, Seamus Mullan, Chair NI Committee. The speakers were, Ruth Sutherland – former NI Director followed by media volunteers Maria Callan and John Coburn who described their recovery journeys. Ruth explained the aims and objectives to the campaign, the key messages and why the campaign was deserving of support. Each party spokesperson also said a few words. Iris Robinson MP, MLA disclosed family experiences of mental health issues before endorsing the campaign. Carmel Hanna MLA, SDLP was represented by Margaret Ritchie MLA, now Minister for Social Development. Over 70 guests attended including Rethink members, staff and key mental health stakeholders including representatives from the Department of Health & Public Safety. At the close of the MLA speeches Paul Jenkins CEO Rethink made a speech of thanks.

b) Media plan

The NI programme needed to reach across NI and build on the existing Rethink service infrastructure. The radio audience in NI was considered too fragmented, newspaper readerships reflect the divided society and outdoor poster advertising is limited to the largest conurbations. Thus, TV was considered the best media tool to reach a 35+ audience backed up by bus advertising. The 35+ age group was the primary target audience.

i) TV advertisement (2)

The campaign developed around a one minute TV advertisement which set out to promote campaign messages and clear branding. Three concepts were proposed initially:

- ‘You can’t see the **scars** of mental illness’ – friends sharing stories in a pub about how they got certain scars. One person says they have schizophrenia but it’s not something you can see. The others are shocked but accept what he has said.
- ‘**Cliché**’ stereotype of mental illness as dangerous –a dinner party hostess opens door to a guest dressed in a boiler suit and mask holding a chainsaw. The guest goes into the toilet and removes the costume to reveal ordinary clothes. The guest says to the camera that it’s sad that people think that people with mental illness are really this dangerous.
- ‘See me as crazy/mad **because**not because I have a mental illness’ – people with unusual jobs or hobbies are shown and each say the strapline.

Each of these scripts had the ‘One in four people will experience mental health problems at some time’ at the end.

A script was developed by advertising agency, Trumpet, for each of these concepts. These were then tested with two focus groups to gauge what sort of response people would have (one male and one female). The ‘Because’ concept was not well received and the groups found too many problems with its message. The ‘Cliché’ concept was ill understood by the groups and thought to be too complex. Finally, the ‘Scars’ concept had a positive response in that people could relate to the social setting and it would make them wonder how they would react if a friend told them they had a mental illness.

The ‘Scars’ script was agreed and was then produced by Coronation Street director, Tim O’Mara. The advert was re-named “Down the Pub” because as the script was revised Rethink felt it was important to emphasize social acceptance of pub setting, rather than the scars idea as the key focus. The advert features the Coronation Street Actor, Steve MacDonald:



ii) Bus shelters and bus advertising (3)

Street advertising, as with the Norwich pilot, utilized bus shelters, bus sides and bus adverts to promote the campaign messages. These materials used one actor from the TV advert to provide visual continuity and the 'one in four' key message was also the same.

iii) Media coverage (4)

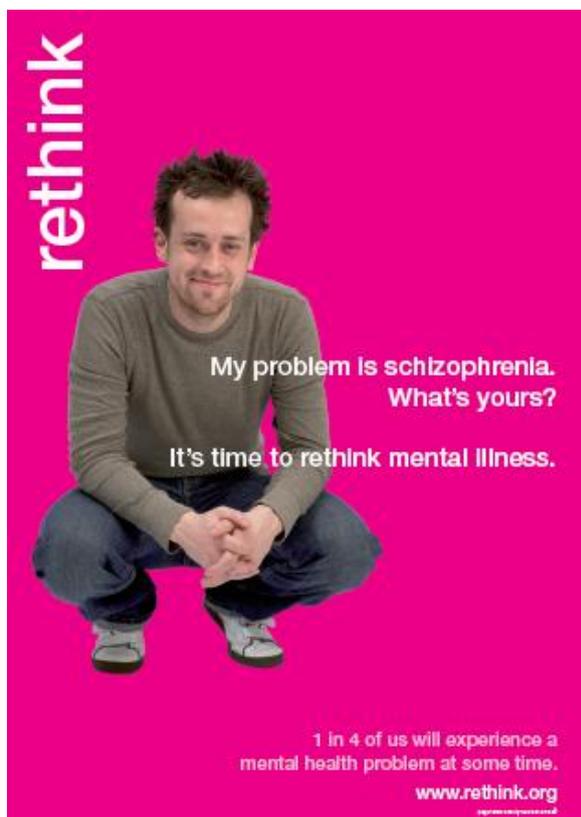
In addition to the TV and bus advertising there was a significant range of PR activities and events happening locally across NI. NI has the highest per capita readership of local weeklies of any part of the EU so the campaign tried to capitalise on Rethink local presence to maximise coverage of campaign themes and to promote Rethink services locally. Rethink also liaised closely with the BBC who were also planning a week long mental health campaign.

iv) Media volunteers (5)

In preparation for the campaign Rethink gave service users and carers the opportunity to train as Media Volunteers so that their distinctive voice would be heard in the media. In Northern Ireland, given the context of a conflicted society, any media spokespeople can feel particularly exposed and vulnerable. Only, at the end of a 3 day training programme trainees asked to make an informed decision whether they wanted to proceed as a Media Volunteers.

v) Web site (6) and other campaign materials

There was a campaign website and all promotional literature and advertising was promoted at www.rethink.org. The campaign site carried a full range of information on the different elements of the campaign with all marketing materials downloadable from the site. All printed materials carried the theme from the TV advert, both in terms of message and visual identity.



c) Movies in Mind (7)

'Movies in Mind' was a week long film festival at the QFT Belfast with 7 films being screened in the evenings for adult audiences. Films selected had mental health themes and the season of films explored the cinema's treatment of mental illness.

The secondary target audience for the campaign was young people and thus there was also a school's matinee performance of the film Benny and June. The key target audience for cinema was under 35s.

d) Revolving Door (8)

The play, 'Revolving Door' by Polly Wright, toured small theatre venues across Northern Ireland. The drama explored the issue of teen suicide and was suitable for a 15+ audience and targeted a mainly schools audience. The play was programmed to coincide with Rethink services and in each location staff were involved in supporting multi-agency exhibitions that supported performances for schools. Where possible the play was performed in a neutral venue and schools from both sections of the community attended performances. Rethink were also able to attract some additional funding from the Southern and Western Boards to put on performances in their area supporting the Protect Life strategy.

e) Crazy Round-about 'stunt' (9)

The final campaign activity was a sign post displayed on a round about in Belfast. It occurred at the very end of the campaign, after the official end date.

Table 1 below provides a detailed overview of campaign activities, quantifying coverage and distribution of materials and well as detailing the breath of activities that were included in the month long initiative.

Table one: Campaign overview

Activity	Metric
Campaign leaflets	20,000 total produced
Posters on buses (outside)	40
Posters inside buses	105
Posters headliners	150
Adshell 6 sheets	60
TV ad	48 slots on UTV plus 15 times through Movies in Mind –where it was shown at each viewing Television ratings (TVR score = 401 i.e. each person in population has seen ad 4-5 times on average) Adult Coverage – target was 82% and achieved 80.2%
Campaign reports (10)	1000 launch reports produced 1000 close reports produced
Launch at Stormont	Monday 15 th January: 70 attendees
Open days (11)	3 open days: Lurgan Resource Centre - 30 th Jan Annsgate - 9 th Feb Newry Resource Centre - 15 th Feb
Movies in Mind	311 total attendees 8 films (1 showing each): An Angel at my Table 26/01/07 = 71 attendees Donnie Darko 27/01/07 = 65 att. The Snake Pit 28/01/07 = 15 att. The Madness of King George 29/01/07 = 20 att. Benny & Joon (schools) 30/01/07 = 48 att. Through a Glass Darkly 31/01/07 = 27 att. Out of a Shadow 31/01/07 = 46 att. A Page of Madness 01/02/07 = 19 att. QFT Rethink advert in programme = 24 000
Revolving Doors	2286 total attendees: 462 adults; 1824 pupils 15 performances: (schools also had teachers in attendance) City of Armagh School = 175 pupils 15+ Portadown Town Hall = 50 adults Omagh Leisure Centre = 300 pupils 15+ The Indian Community Centre = 47 adults Hydebank Young Offenders Centre = 77 people Iveagh Movie Studios Banbridge = 50 adults Lismore Comp. Craigavon = 276 pupils 15+ St Paul's Bessbrook = 300 pupils 15+ Town Hall Carrickfergus = 15 adults Sacred Heart Newry = 275 pupils 15+ Sean Hollywood Arts Centre = 120 adults Great Hall Downshire Hospital = 205 pupils 15+ Down Arts Centre = 150 adults Other organisations with stalls/information at one

	<p>or more of these performances:</p> <ul style="list-style-type: none"> Action Mental Health Rural Community Network Aware Defeat Depression Grow The Health Board The Health Trust Cruise Samaritans Victim Support Adapt (Eating disorders) Youth Justice Community Policing Ego Project (drugs and alcohol) Teen Scene (drugs, alcohol, bullying) Rivendell House Western Board Drugs & Alcohol Team PIPS (families bereaved through suicide) Counselling services North & West Belfast Hospital Trust NSPCC South Health and Social Services Board Down and Lisburn Trust
Beyond Labels exhibition (12)	<p>Lisburn Library Art Exhibition 15 days (8th – 22nd February) 25 artists (5 from Rethink) 45 attendees at launch 200 attendees at remainder of exhibition</p>
Media volunteers	<p>17 people trained, 9 electing to go forward as media volunteers. 7 volunteers participate in some aspect of the campaign 4 gave interviews, 1 on prime time TV interview</p>
Crazy Roundabout	<p>2 weeks</p>
Displays / stalls (13)	<p>Movies in Mind (8 showings) Revolving Doors (15 performances) Asda Downpatrick – 600 leaflets Queens University Students' Union – 500 leaflets DeCourcy Centre Carrickfergus – 200 leaflets Tesco Newcastle – 100 leaflets Buttercrane Shopping Centre – 90 leaflets</p>
Visits to Mayors' Parlours (14)	<p>Lord Mayor Parlour Belfast City Hall – Councillor Pat McCarthy 18th Jan Mayor of Castlereagh – Councillor Jimmy Spratt 22nd Jan Mayor's Parlour Antrim – Alderman Samuel Dunlop 24th Jan Mayors Parlour Carrickfergus – Alderman David Hilditch – 31st Jan</p>
Sponsored walk (15)	<p>11 walkers from the Forge Supported Housing and Newry Resource Centre.</p>
Frames of the Mind (16)	<p>Schools short film competition – 20 entries Part of BBS Healthy Minds campaign Promoted by BBC, Rethink and QFT Awards ceremony Friday 30 March 2007.</p>

Reflections on activities

A total of 16 major activities were mounted for NI RAS, 8 of these were specific media platforms the other 8 were interactive events, those specially encouraging interaction with mental health service users and information sharing opportunities.

The whole programme was hugely ambitious and all the staff working on the campaign have delivered a varied and extensive programme of work which should be celebrated. The evaluation phase however enables us to reflect on the impact of the campaign as a whole and ask questions of its component parts. It is important for Rethink to reflect on the campaign as a whole and the contribution of various elements.

1. There were a lot of activities incorporated into a focused 'campaign' with limited resources. This obviously put pressure on people directly involved in delivery across NI.

2. The campaign set a primary target age group as 35+ and built a platform for the message and visual identity for the programme around the TV advert. The campaign had a modest budget which would lend itself to retaining a tight focus. However NI was building from a low base of awareness, both of Rethink and mental illness, and it seems that lots of activities became built into the programme opportunistically as the planning stages gathered momentum. This is not necessarily a negative but it could dilute impact if a focused group and message was the goal. It also weakened our ability to assess the targeted impact of this campaign as a whole, limiting learning opportunities. Alternatively it could be viewed that diversifying activities / messages extended the reach of the programme to new groups which will have longer term benefits for Rethink as an organisation, as long as these are followed up effectively. This division – local profile versus national learning is a repeating theme in this evaluation report.

3. The model for anti-stigma work uses a media platform to support local direct action events. It is not clear how many opportunities there were for service users and carers to directly promote the messages of the campaign with the general public. There were a variety of events with stalls but the evaluation team have not been able to capture how that translated into effective face to face selling of the message(s).

3 Evaluation methodology

Rethink were keen to evaluate the impact of the NI campaign to assess effectiveness of the initiative and inform future anti-discrimination work. The evaluation was coordinated by the Rethink research team with significant in-put from staff both in NI and Public Affairs in England.

The key components of the evaluation were:

- **Public attitudes survey** – conducted via an omnibus service, a sample of approximately 500 adults was surveyed before the campaign (December 2006) and following the campaign (February 2007). Awareness, understanding and attitudes mental health problems were measured, as well as awareness of mental health advertising and information, and awareness of mental health organisations.
- **Service user and carer views and experiences** – discussion groups were conducted before and after the campaign (November 2006 and April 2007) at four Rethink services (one carer support group and three day / resource centres). The aim was to capture peoples' experience of stigma in Northern Ireland and service user / carer views on the campaign.
- **Media analysis** – monitored coverage of Rethink's campaign in Northern Ireland and England press. These data were provided by the NI team.
- **Revolving Door play surveys** – brief surveys were completed by approximately 500 young people attending the play. We asked what messages were taken from the play, what language they would use to describe someone experiencing mental health problems, and whether the play made them think any differently about mental health. The theatre company also carried out their own feedback exercise and we include a summary in this report.
- **Open days** –Rethink service managers were interviewed before and after open day events to capture the goals and purpose of the day, and to gain feedback on how the event went for staff and service users in the service.
- **Feedback from Northern Ireland Rethink service staff** – an email survey was distributed to key staff asking for views regarding involvement in and views on the campaign.
- **Management data** – Rethink management data for membership and web site traffic were collated to assess impact of the campaign on these areas.

The results from the evaluation have been collated and analysed in order to feedback key learning from the campaign. The key questions to address were:

To build an evidence base for ‘what works’:

- Did the campaign increase awareness and understanding of mental health problems?
- Did the campaign encourage people to think again and more favourably of people with mental health problems?
- Did the campaign create a measurable and positive shift in public attitudes to mental health problems?
- Did the campaign raise prompted and unprompted awareness of Rethink?
- Did the campaign promote early intervention and recovery messages in Northern Ireland?
- Did the campaign encourage people to join Rethink?
- Did the campaign position Rethink amongst decision makers, opinion formers and key sections of the public as the progressive, member-led mental health charity in Northern Ireland?
- Did the campaign raise support for increased investment in mental health in Northern Ireland?
- Did the campaign attract media coverage of Rethink and the stigma of mental illness?
- Did the campaign impact on service user and carer experiences of stigma?

To capture lessons for the organisation in planning and management:

- Did Rethink build upon lesson from the Norwich pilot?
- Did Rethink learn any new lesson from the Northern Ireland campaign?
- Did Rethink involve all departments effectively?
- Did Rethink involve volunteers effectively?

4 Evaluation results

4.1 Public attitudes

Baseline and follow up surveys of attitudes and awareness were conducted as part of an omnibus survey conducted by a market research agency (Millward Brown, Ulster). This survey is conducted face to face at the home of the respondent. The survey tool was provided by the Rethink research team (see appendix one).

The baseline survey with 485 adults was conducted towards the end of December 2006, prior to the campaign launch. The follow up took place in the second half of February 2007, several days after the campaign closed with 513 adults. The data has been explored to look for changes between baseline and follow-up. The agency has supported this process looking for significant shifts in awareness and attitudes.

There was also a survey carried out by the Health Promotion Agency (HPA) in March 2006 with 1000 adults using some of the same questions as the NI RAS opinion polls. We draw on this data to make comparisons where appropriate.

a) Sample characteristics

Table two: Demographic characteristics of samples

	% Baseline n = 485 [Dec 2006]	% Follow Up N = 515 [Feb 2007]
Male	48	48
Female	52	52
16-24	13	13
25-34	20	20
35-49	28	28
50-64	23	23
65+	16	16
Belfast City	22	24
North	14	13
South	36	36
West	27	27
Greater Belfast	39	41
Rest of NI	61	59
Protestant	60	58
Catholic	36	34
Other/ refused	4	7
Social class ABC1	46	46
Social class C2	23	23
Social class DE	31	31

The baseline and follow-up samples were almost identical in terms of respondent characteristics. Where sub-groups are used in the analysis the data has been weighted to improve the reliability of the data. Where the term 'significantly' is used in the text, this does mean *statistically* significant.

b) Awareness of mental health problems

Awareness of mental health problems was assessed by asking people to rate their understanding and respond to a number of 'knowledge' questions. We list below the key findings for the total sample.

- The data shows that recall of **specific mental health** problems has not improved; any significant changes reveal lower recall levels at follow-up. Depression remains the most commonly cited mental health problem (68% baseline, 61% follow-up), followed by schizophrenia (42%, 37%), dementia (33%, 27%), nervous breakdown (24%, 14%).
- **Knowledge** of mental illness was assessed using prevalence figures. Most commonly reported prevalence was 1 in 10 (25%, 28%). The **1 in 4** prevalence was, however, cited by significantly more people at follow-up (16%, 21%).
- **Self rated understanding** of mental illness is still low. Using a scale of 0 (no understanding) to 10 (excellent understanding) respondents were asked to provide one rating. The average response was 4 at baseline and follow-up (mean 4.16, 4.27). Only 5% of respondents at baseline and 7% at follow-up rated their understanding as 'very good' (points 9 and 10).
- **Self-disclosure** rates among the sample were low based upon a 1 in 4 prevalence rate. At baseline 59% people said they had **no experience** of mental health problems, 64% at follow-up, though this is not a significant change. In the sample 11% baseline, 9% follow-up reported personally experiencing mental health problems, 22% and 20% caring for a relative with mental health problems.

c) Attitudes towards mental health problems

We sought to assess attitudes through a number of statements and a vignette. We list below the key findings for the total sample.

- When asked directly whether they would **want anyone to know** if they had mental health problems, the responses did not change at follow up (51% to 53%).
- When asked whether people with mental health problems **usually recover**, attitudes did change significantly but to report more pessimism: At baseline 10% disagreed but at follow-up this had increased to 15% expressing the view that people do not usually recover. Those in agreement did not change (49%

to 48%). The remaining responses were – neither agree or disagree 25% to 19% and don't know 15% to 17%.

- There was a significant 7 percentage point improvement in attitude reported with fewer people feeling that the **public need to be better protected** from people with mental health problems (46% - 39%); a significant 8% improvement in attitudes towards **dangerousness** (36% to 28%) and a non-significant 5 % improvement in attitudes towards ability to do an important job (43% to 38%).
- Attitudes were also assessed using two vignettes describing Jane experiencing a depressive disorder and Ann experiencing psychosis. We sought to explore respondent attitudes to the **person returning to work, developing a close relationship, living an ordinary life** using a 5 point likert scale. Over time we did not observe changes in responses, however, both at baseline and follow-up people's views of Ann and Jane were significantly different, with Jane promoting more hopeful and positive responses.

Table three: Comparing responses to Jane and Ann's situations

% agreement with statement at follow up	Ann (psychosis)	Jane (depression)
Back to work within a year	20	58
Develop close relationship	27	54
Live ordinary life in the future	40	67

d) NI Comparison to HPA survey, March 2006

The HPA data set will need further exploration to draw detailed conclusions from but it does confirm variation in public attitudes and understanding, highlighting instability. For example:

- 1 in 4 statistic trend is consistent: 13% - 16% - 21% (Mar 06, Dec 06, Feb 07)
- Awareness of mental health problems shows:
 - Depression consistent downward trend 73%, 68%, 61%
 - Schizophrenia shows variation: 31%, 42%, 37%
 - Nervous breakdown shows variation 13%, 24%, 14%
- Disclosing experience of mental illness shows variation: 15% - 11% - 9%
- Public protection statement shows variation: 41% - 46% - 39%

What can we learn from this information?

This data was collected to monitor public attitude changes, linked to the NI campaign. We have seen only a few significant shifts in opinion for the whole data set:

- 5% increase in reporting of 1 in 4 statistic (which is important as this represents one of the key messages of the campaign featured on all printed materials and the TV ad)
- 7% decrease in reporting that the public need better protection from people with mental health problems
- 8% decrease in agreement that people with mental health problems are often dangerous
- More realistic attitudes reported towards depression than psychosis, as shown by other studies
- But significant decrease in awareness of specific mental health problems

Self-disclosure rates are low in NI, lower than in Norwich pilot (9% compared to 30% at follow-up) and poor understanding of mental health persists in NI. If we compare understanding levels to Norwich we find ratings of 5 and above in NI were 40% and 43%, in Norwich it was 61% and 81%.

f) Sub-group analysis

A second level of analysis sought to explore whether the campaign impacted upon any particular sub-group within the sample population. The data set enabled us to look in detail at views by gender, age, social class, religious denomination and geography. Sample data from baseline and follow up are weighted so that they can be compared as if equal size.

i) Gender

We note that women tend to hold more favourable views than men. For example:

- Women rated their understanding of mental health problems at follow up higher than men: 4.67 compared to 3.83.
- Women improved significantly on public protection item (45%, 36%), likelihood of Ann having a relationship (19%, 27%), and likelihood of Jane having an ordinary life (61%, 72%). Men, did not improve at all, and actually worsened in attitude significantly on Ann's ability to have a relationship (33%, 26%).

- Men were slightly more likely to agree with stigmatizing items at follow up than women (4%-6% more agreement). E.g. their response to the recovery item was identical at baseline and follow up (49%, 48%).
- Male and female responses to the vignette items were the same at follow up, except for the likelihood that Jane would go back to work (men 55%, women 63%) and likelihood that Jane would live an ordinary life in the future (men 63%, women 72%).

ii) Geographical areas

The sample was divided into 4 geographical areas; Belfast city, North NI, South NI and West NI. We found that there were variations in responses and significant changes over time for each area. For example:

- The area with the most significant improvements was the **South** (public protection (41%, 28%), dangerousness (38%, 21%), ability to do an important job (42%, 21%) and South was the only area to improve on recovery (37%, 52%). It also improved on all the vignette items relating to Jane, but not on the items about Ann.
- **Belfast City** also improved significantly on all Jane's items: work (51%, 75%), relationships (50%, 63%), ordinary life (59%, 79%) and on dangerousness (54%, 40%) and ability to do an important job (50%, 43%).
- The **North** actually has significantly more stigmatising attitudes at follow up on dangerousness (15%, 36%), all items relating to Jane (work – 87%, 71%, relationships – 85%, 64%), ordinary life – 91%, 78%), and likelihood of Ann having an ordinary life in the future (67%, 42%). Interestingly, however, it was the only area to improve on the item relating willingness to disclose a mental health problem (64%, 45%).
- The **West** improved significantly on all of Ann's items (work – 13%, 22%, relationships – 19%, 28%, ordinary life – 26%, 40%) but became more pessimistic about Jane's items (work – 57%, 43%, relationships 57%, 37%, ordinary life – 69%, 59%) and agreed more that they wouldn't want anyone to know if they had a mental health problem (49%, 62%).

iii) Social class

The social class data is categorised into ABC1 (upper and middle classes), C2 (skilled working class), DE (unskilled working class). Greatest shifts were seen in DE class.

- j) Group **ABC1** improved significantly only on the recovery item (47%, 57%), and were the only social class to do so. In general, group ABC1 were relatively positive about mental health problems, with the least stigmatising responses on willingness to disclose, public protection and dangerousness. However, they also responded most positively on

recovery. They became significantly more pessimistic on the item about Ann having a relationship (36%, 25%).

- k) Lower middle classes, **C2**, did not improve on any of the attitudes items, but still remained the least stigmatising at follow up on dangerousness and the most positive on recovery and ability to do an important job. They have the most positive responses overall to items about Ann, but not Jane.
- l) Classes **DE** improved significantly on the public protection item (58%, 46%) and dangerousness (50%, 37%). Interestingly, they became significantly more optimistic about Ann having an ordinary life in the future (24%, 37%), but significantly more pessimistic about Jane's likelihood of an ordinary life (54%, 41%).

ii) Age

Age is known to impact on attitudes to mental illness.

- 50-64 year olds views improved significantly on several items: all items about Ann (work – 12%, 25%, relationships – 16%, 32%, ordinary life – 29%, 42%) and possibility of Jane returning to work (51%, 66%).
- 18-24 year olds improved significantly on the same number of items: public protection (52%, 34%), dangerousness (52%, 31%), Ann living an ordinary life (23%, 56%), the possibility of Jane having a relationship (35%, 53%) and Jane having an ordinary life (40%, 70%).
- The only group to significantly change for the worse was 35-49 year olds, who became significantly less willing to disclose mental health problems (40-57%). This is disappointing because the advert targeted the over 35's and was encouraging people to disclose.
- Compared with other groups, 18-24 year olds are the least stigmatising, the and the most positive about recovery, and the possibility of Ann and Jane living ordinary lives in the future.

iv) Religious denomination

There are only two significant changes in religious groups: Catholics and those selecting 'other/refused' both improved on Ann having an ordinary life in the future (33%, 44% and 11%, 44% respectively).

What do we learn from this information?

Whilst data from the total sample shows few changes in attitudes and awareness, the breakdown of data by sub groups does illustrate how people's attitudes can vary by age, gender, social class and geography in particular. This is both by comparing across groups at baseline and follow-up to see variations, as well as looking at change scores within a sub-group to assess the impact of the campaign.

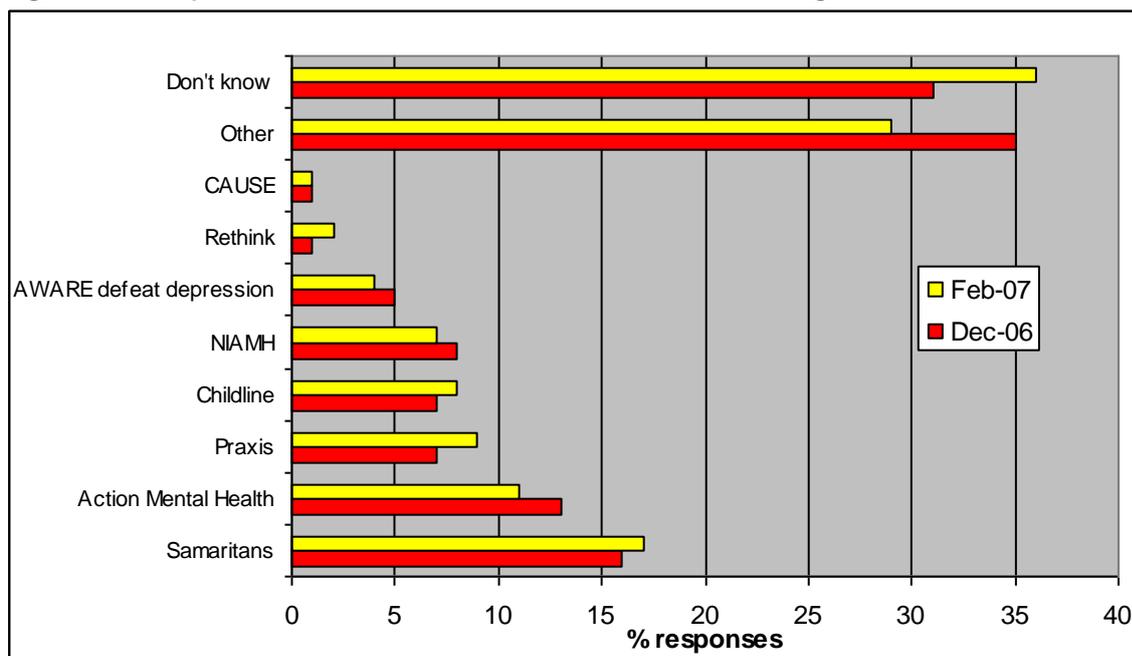
This information emphasises the importance of engaging targeted populations with clear messages to produce change, consistent with findings from other attitude studies across the globe. Campaigns must guard against scattering messages through the mass media using a 'general public' approach.

The data also indicates that there is sometimes contradiction between responses to a question specifically about 'recovery' and items pertaining to the future possibilities for a person with mental health problems such as returning to work or living an ordinary life. This suggests that 'recovery' is a complex concept that may be misunderstood by people.

We also learn that our TV advert, whose target age was over 35's did not reach this group well with the message about disclosing mental health problems, as numbers willing to disclose in this age group fell.

f) Awareness of Rethink

Figure one: Spontaneous awareness of Mental Health Organisations



1 in 3 people cannot name any mental health charity. The Samaritans is the most well known mental health organisation in Northern Ireland (16% baseline, 17% follow-up), compared with Rethink (1%, 2%) unprompted. Other named mental health organisations are listed in figure one. When we compare this unprompted figure to the HPA survey from March 2006, Rethink recorded 0% awareness.

Prompted awareness of Rethink increased significantly by 5 percentage points (9% to 14%). Prompted awareness of Rethink at follow up was highest in the South at 16% and lowest in the North at 8%. More females (17%) than males (11%) had heard of Rethink. Awareness is lowest in 16-24 year olds (9%) and highest in 35-49 year olds (18%).

All respondents were asked what Rethink does. Of the total sample most did not know (75%, 66%). At follow-up 11% of the total sample knew Rethink dealt with mental health issues, 7% helping people, 6% changing attitudes, 6% providing services. Of the 71 people who had heard of Rethink at follow-up they reported that we:

- Dealt with mental health issues 24%
- Promoted / changed attitudes towards mental illness 20%
- Helped people 19%
- Provided information and support 16%
- Provide services for people with mental health problems 11%
- Support carers 9%
- Did not know 19%

In terms of sub-group analysis, no significant findings emerged except that women's prompted awareness of Rethink improved significantly (11%, 17%).

What can we learn from this information?

Awareness of Rethink in Northern Ireland has improved significantly but it is still very low – unprompted 2%, prompted 14%. This compares to 9% unprompted awareness at follow-up in Norwich (from a 2% baseline), and 31% prompted (from 13% baseline). When people in NI have heard of Rethink, they do not know the full breadth of the offer. This is not surprising, however, as NI is building up awareness from 'ground zero' to quote staff.

g) Awareness of mental health advertising/information

Respondents were asked about mental health advertising. Significantly more people said they had seen **general** mental health advertising or information in the last 12 months at follow-up than compared to baseline (29% up to 40%) .

Awareness of general mental health advertising was highest in the North (48%) and West (46%) at follow up, and lowest in Belfast City (31%). Females were more likely

to have seen advertising (44%) than males (33%). Social class C2 was most likely to see the advertising (44%) than ABC1 (41%) or DE (34%).

We asked about the messages behind the advertising:

- Mental illness can happen to anyone (49%, 42%)
- Mentally ill people are ordinary people (19%, 21%)
- People shouldn't be scared to deal with mental health (8%, 7%)
- Mentally ill people can recover (19%, 7%)
- Mentally ill people can do a job (15%, 2%)
- Mentally ill people are not dangerous (9%, 1%)

Where do people see this information? TV, TV adverts and TV programmes are most commonly cited.

There were few changes between baseline and follow-up. There was a significant 6 percentage point increase in people who had seen mental health information on the television (72% to 78%), but no change in those referring specifically to a TV advert (53% at baseline and follow up).

Respondents were asked to think specifically about advertising by Rethink in past 6 weeks. Just over 1 in 5 (22%) had seen the **Rethink TV advert**. However, when prompted with stills of the advert, 34% said they had seen it. The average recall for a non-corporate campaign is 26%.

The TV advert was seen by more people in the West (40%) and the fewest in the South (31%) when prompted. Unprompted awareness was 12% Belfast and 29% rest of NI. 10% more females than males recognised the TV advert stills. People in social class DE also saw the TV advert more (38%) than groups ABC1 (34%) and C2 (31%).

Very few people had seen other advertising by Rethink (posters in buses 2%, article in press 2%, item on radio 1%, 0% crazy round-about).

Those who had seen Rethink information or advertising (n=131) said that the message they had taken from the campaign was:

- Mental illness can happen to anyone (39%)
- It's time to rethink mental illness (27%)
- You can't always see the scars of a mental health problem (9%)
- Stamp out stigma (8%)
- 1 in 4 message (7%)
- People can and do recover from severe mental illness (7%)
- My problem is schizophrenia - what's yours (2%)
- Stigma is a major barrier to recovery and treatment (2%)

Asked specifically about the TV advert (n=177), message recall was:

- Mental illness can happen to anyone (35%)
- It's good to talk about mental illness (24%)
- You can't always see the scars of a mental health problem (19%)
- People with mental illness can live ordinary lives (14%)
- You can't always tell when someone has a mental illness (13%)
- 1 in 4 message (10%)

Messages were received differently by men and women – 23% men noting scars compared to 15% women, 40% women stating ‘it can happen to anyone’ compared to 28% men, 29% women stating ‘its good to talk’ compared to 17% men.

Overall, only 9% of people said they had discussed the TV advert. However, 19% of people in the North said they had discussed the TV advert compared with 0% in the South.

The sub-group analysis found that the following groups all improved significantly on their awareness of mental health advertising in the last 12 months:

- women (31%, 44%)
- 16-24 year olds (22%, 34%), 25-34 year olds (19%, 46%), 50-64 year olds (24%, 47%) **Note not the target age group 35-49**
- the South (20% to 37%), the West (20% to 46%)
- All social classes – ABC1 (36%, 41%), C2 (26%, 44%), DE (21%, 34%).
- Catholics (28%, 41%)

What have we learned from this information?

Overall awareness of mental health advertising increased from 29% – 40%. The Rethink campaign itself reached and was recalled by 26% of the sample which is the average recall for a medium weight non-corporate campaign. When prompted 34% (1 in 3) people had seen the Rethink TV ad. Awareness was highest amongst females, lower middle classes and the North. Our target age group did not show an improvement in recall and their was negligible recall of any medium other than the TV advert.

Recall of targeted messages was good, although discussion of the TV advert was low at 9%. The data clearly shows that different groups interpret message information differently and thus any campaign must carefully target a message to defined audiences for increased impact.

Although the message ‘It’s time to rethink mental illness’ was one of the main messages recalled by the sample, respondents don’t seem to have remembered that the organisation behind it is called Rethink. We also have had some feedback that people had thought this was a government campaign, suggesting that whilst the message is clear, the Rethink brand was not.

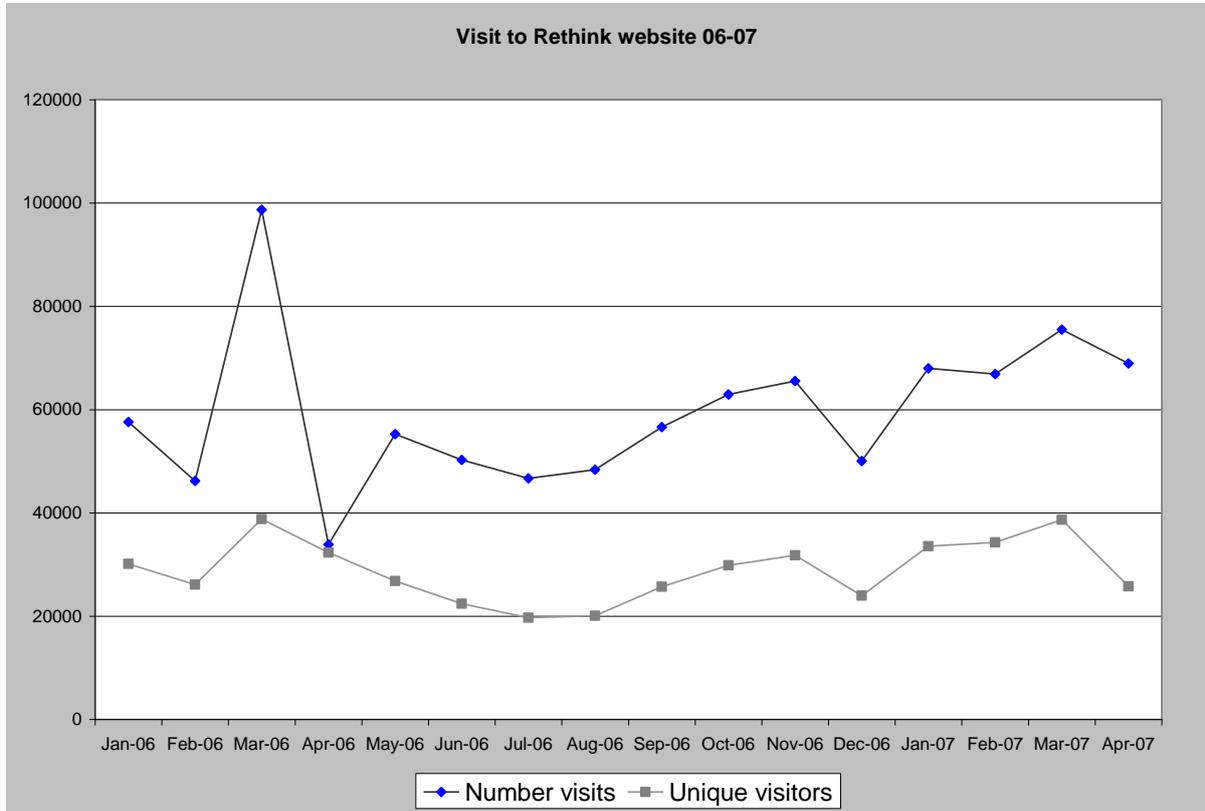
4.2 Website access

Data describing access to Rethink’s public website (www.rethink.org) is used to assess how effective the campaign was in directing people to the Rethink website as well as monitoring interest in specific NI campaign materials.

Figure 2 shows the total number of visits to the public website. The graph describes the number of ‘hits’ to the site (number of visits, counting one person multiple times

thus over estimating use) and number of unique visitors (counting each individual to any one page only once per month). The unique visitor data is the most reliable indicator of website traffic.

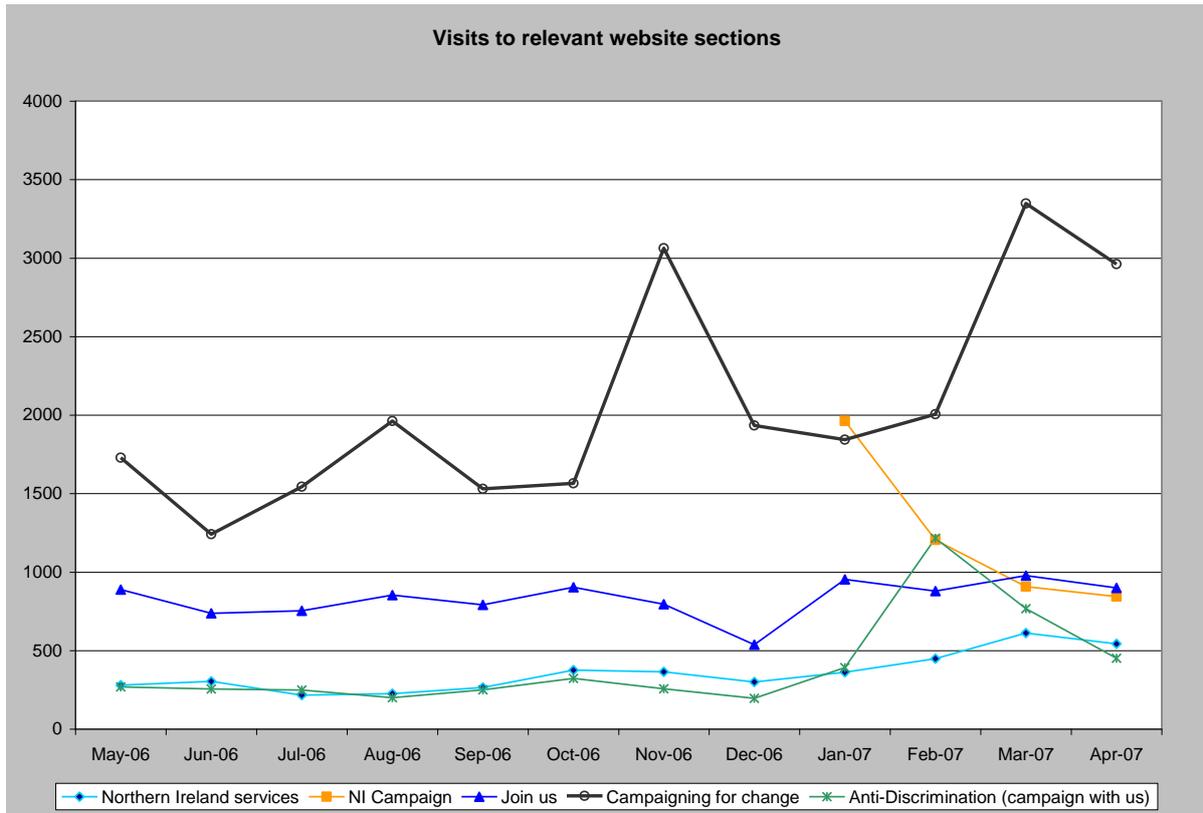
Figure two: Visits to Rethink website 06-07



The graph shows a peak in access during the month of the Norwich pilot campaign at 98,697 visits (March 2006). This is the largest number of unique visitors in any one month that Rethink has ever received. The new website was launched at the end of April 06 and visits to old and new sites have been included for this month. Access to the website during the Northern Ireland campaign month was 67,982, dropping only slightly in February to 66,891 and picking up again in March to 75, 521. The overall trend is for fluctuations in traffic, with key peaks in line with specific promotions. December is always a low month for traffic so should be treated as an anomaly.

We are also able to see how key sections of the site are visited over the baseline and post-campaign period. Figure 3 shows visits to the main Northern Ireland section, Join Us (membership), Campaigning for Change and Anti-Discrimination (Campaign with Us), and also the new Northern Ireland campaign section (from January 07 only). The peaks for Campaign for Change section are the result of calls to action around the Mental Health Bill. The NI campaign landing page received approx 2,000 unique visitors in January 2007.

Figure three: Visits to relevant NI campaign web sections

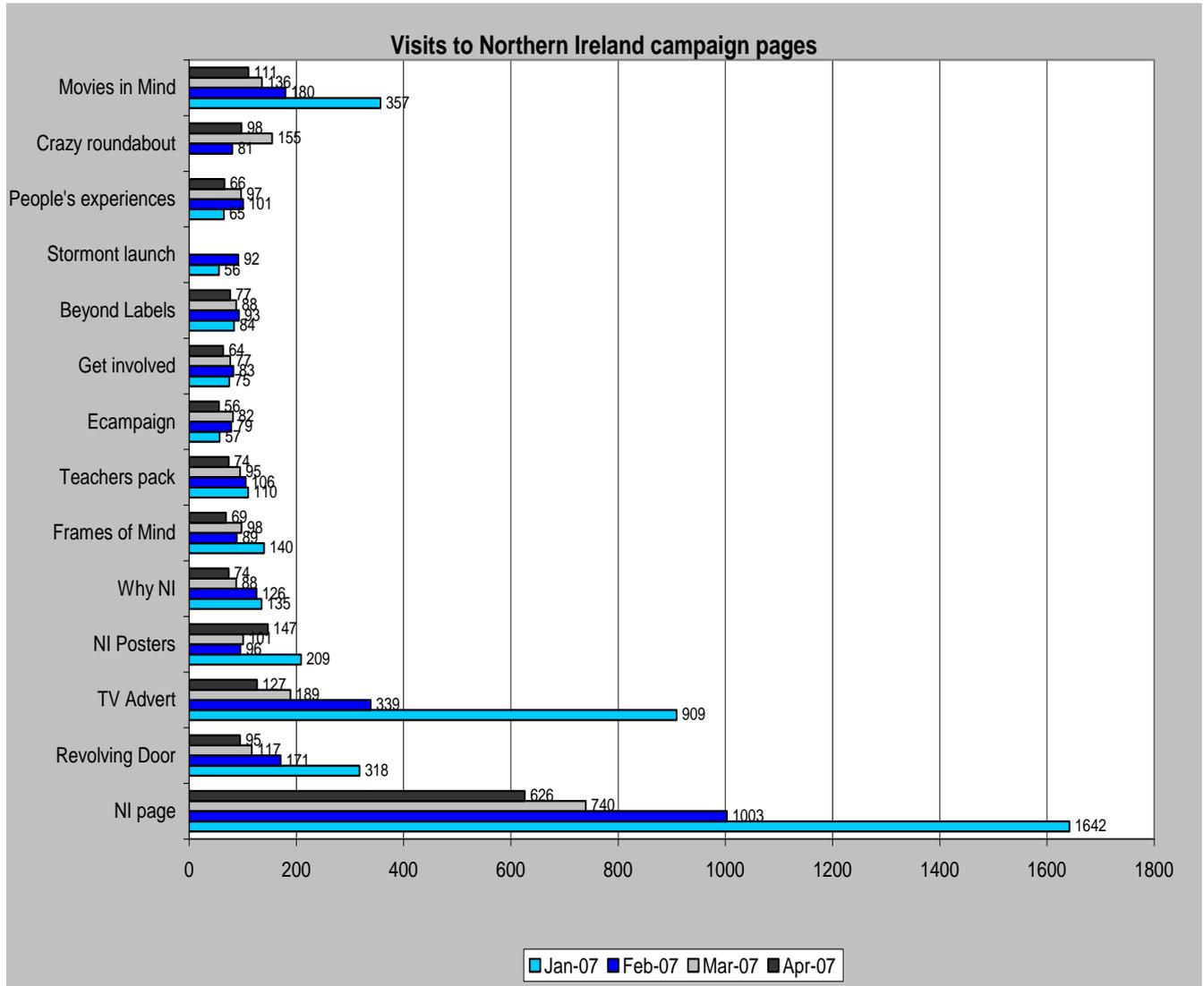


Rethink also created new campaign web pages which were made available from the weekend before the campaign began, shown on figure 3 as the yellow line (■-----■). These pages were:

- Introductory front page for Northern Ireland campaign
- Revolving Door play on young people and early intervention
- Campaign TV advert (including download of advert)
- Campaign posters
- Why Northern Ireland?
- Frames of Mind young film-makers competition on emotional wellbeing
- Teachers pack
- E-campaign (Bamford review)
- Get involved in the Northern Ireland campaign
- Beyond labels art exhibition
- Launch event at Stormont
- People's experiences
- 'Crazy Roundabout' publicity stunt (available from February 07)
- Movies in Mind mental health film festival

The graph below (figure 4) describes the specific traffic flow for the NI campaign web site pages. These pages were specifically designed within the new web site for the campaign – most people went to the landing page, and followed on to the TV advert. This is likely to be because the NI advert was available on the site, we promoted this to staff and stakeholders and encouraged them to visit to view the first Rethink TV ad in our history.

Figure four: Visits to Northern Ireland campaign pages



January 2007 saw most interest in these two key pages, with traffic reducing by half for most items by month two (February). In comparison, the Norwich campaign web pages, designed specifically for their campaign were accessed far less frequently. This is partly due to the web site construction – Norwich pages were hosted separately on a challenge web site on the old Rethink site, and campaign materials signed posted people to www.rethink.org not a Norwich landing page.

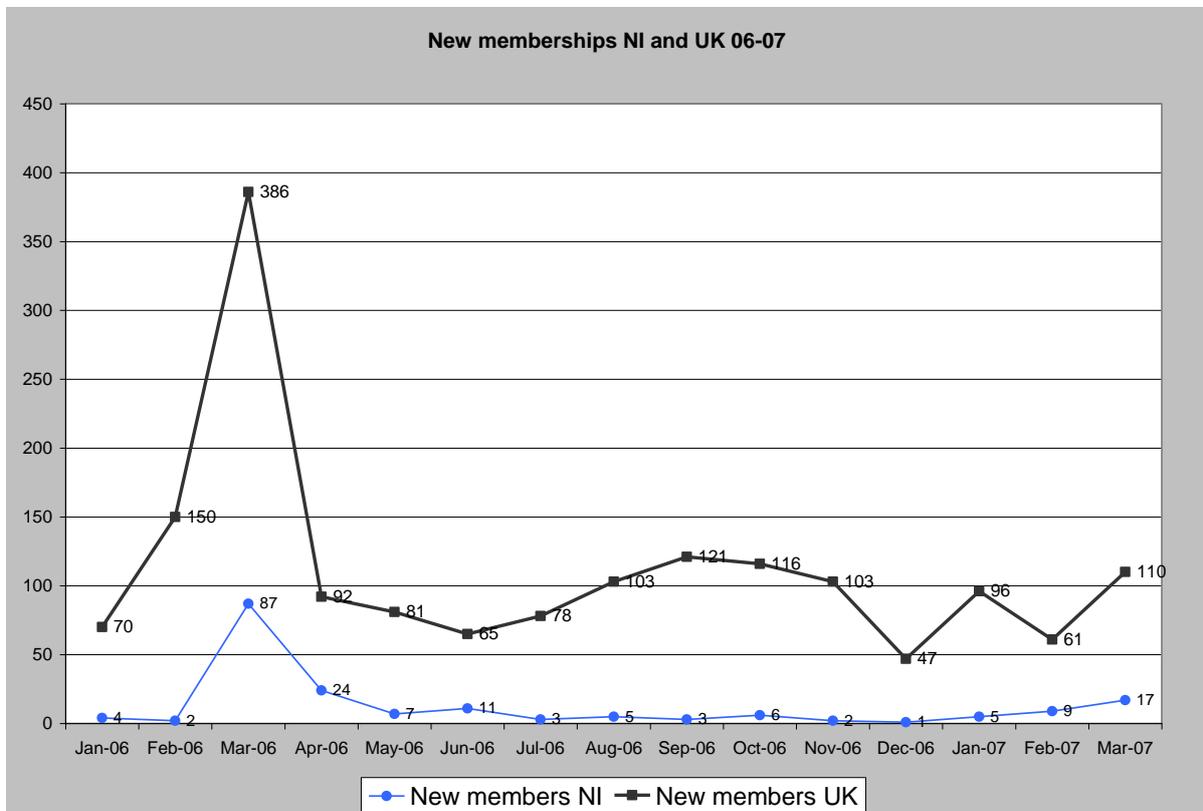
What can we learn from this information?

The NI campaign did not lead to increased web site traffic on the Rethink site, although the NI specific pages were used, particularly the landing page and TV advert link. It is possible that the huge increase in web traffic received during the Norwich campaign was caused by controversy over of the Churchill statue. NI controversy element in the campaign mix was the crazy round-about which was used late and did not drive large numbers of people to explore the work of Rethink.

4.3 Membership

Figure 5 illustrates new membership for Northern Ireland, and for the whole of the UK (including Northern Ireland) throughout 2006 to March 2007. It is clear that new membership levels in Northern Ireland are low, peaking at 87 new members in March 2006, as a result of a membership drive across Northern Ireland services. The March 2006 peak is also reflected by new membership for the whole of the UK, and is most likely a result of the wide coverage achieved by the Norwich pilot campaign.

Figure five: New memberships Northern Ireland and UK



Total number of members for Northern Ireland has increased over this 06-07 period from 162 to 289. Total number for the whole of UK has decreased from 7918 to 7603,

peaking in May 2006 at 8371. Proportionately NI has increased its membership stake from 2% to 4% over this period.

Table four: New memberships in Northern Ireland by county

	Antrim	Down	Armagh	Derry	London-derry	Fermanagh	Lurgan	Tyrone
Jan-06	3	1	0	0	0	0	0	0
Feb-06	2	0	0	0	0	0	0	0
Mar-06	54	6	19	1	3	1	1	2
Apr-06	8	7	2	0	4	0	0	3
May-06	0	6	0	0	1	0	0	0
Jun-06	2	1	8	0	0	0	0	0
Jul-06	2	0	0	0	0	1	0	0
Aug-06	2	3	0	0	0	0	0	0
Sep-06	2	1	0	0	0	0	0	0
Oct-06	4	2	0	0	0	0	0	0
Nov-06	0	0	0	0	0	0	0	2
Dec-06	0	0	0	0	0	0	0	1
Jan-07	3	2	0	0	0	0	0	0
Feb-07	7	0	0	0	1	0	0	1
Mar-07	9	4	0	0	0	0	0	4
TOTAL	98	33	29	1	9	2	1	13

Table 4 illustrates the breakdown in new membership for 2006 by county for NI. New membership levels are very low in all areas except during March 2006, where membership increased in Antrim, Down and Armagh. This was due to a membership drive at services in these locations and also at a job fair at Queens University.

What can we learn from this information?

The NI campaign did not succeed in recruiting new members to Rethink. Few activities within the campaign portfolio were designed specifically as member recruitment events, although membership leaflets were distributed at the plays, films and open days.

4.4 Service user and carer feedback

Two sets of focus groups were conducted at Rethink services (3 day-resource centres and one carer support group). The baseline groups took place in November 2006 and two Rethink research staff went to each group. At baseline, the service user participants were 7 women and 11 men with various mental health problems including schizophrenia and bipolar disorder. The carer participants were 4 women and one man all caring for a family member with schizophrenia.

The follow up groups took place in April 2007, and one research staff member ran these. The participants were mainly different people from the baseline, although we had originally hoped to see the same people again. This was not possible as several people did not feel able to take part or had other commitments. Some new people were interested in discussing the campaign and were included. At follow up, service user participants were 4 women and 11 men. Carer participants were one man and one woman.

a) Baseline

The aim was to find out what stigma means for people living with mental health problems in Northern Ireland. We asked how people are affected by stigma and what messages they would like to be communicated to the public.

We asked the groups what 'stigma means to them' and they all agreed on the following:

- Lack of understanding
- Projection of fears onto you
- Seeing label not person
- Assumptions of danger and lack of intelligence
- Being passed over for opportunities
- People are afraid of you because they can't see your illness
- Unspoken reactions to you

"Because you have a mental illness, people think you're not capable of doing things that everybody else can do. They just look at you and treat you different."

We wanted to know how people are affected by stigma in their daily lives. Most people said that people immediately see you differently. It seems there is a real conflict in wanting to be open about mental health problems to alleviate stress, but also being afraid for people to find out in case they become discriminated against.

They also said they people in their local communities are very intrusive, asking blunt questions about their health and why they are receiving benefits.

The main points they made were:

- Can't talk about mental illness with some friends and family
- Stressful telling people
- You don't tell people when actually you want them to know and talk about it
- You feel judged and people are intrusive
- Feel emotionally abused
- Become isolated as friends disappear
- Poor housing in rough areas makes service users feel unsafe
- Prevents people seeking support
- Lose your job
- Makes it more difficult to accept that you have a mental illness

"The stigma and discrimination I face on a daily basis is probably the only thing keeping me back, from getting back to where I want to be"

“My family won’t accept it. It’s quite common on one side of the family and it just isn’t talked about”

“Every time I walk down the main street here I break into a sweat. You don’t know what people are going to say to you.”

We asked what messages the groups feel are important to communicate to the general public. Again, very similar themes came from all of the groups:

- We want to be treated like ordinary people
- We want opportunities to work and be active
- People don’t have to be afraid of mental illness
- We want people to know what Rethink is and what it provides
- It is an illness which often comes and goes
- People need to talk about this more
- Mental illness can happen to anyone
- Mental health problems should be taken seriously
- People with mental illness are often let down by services
- Mental illness develops gradually, people don’t change overnight

“People don’t have to be frightened of it. Many people with mental illness wouldn’t do anyone any harm.”

“Talk about the people with mental illness who are doing well.”

Finally, we asked people what they would like a mental health awareness campaign to achieve. Most people felt that the media has a crucial role to play in educating the public, and that positive representations could challenge stereotypes. Some people were worried about funding and felt that a campaign should appeal to local organisations to support their services.

Some people commented that you can never really get the public to understand mental illness unless it happens to them, but that it is crucial to fight against stereotypes and at least get people to understand that it is an illness.

- Make mental illness more socially acceptable
- Explode myths and stereotypes
- Reduce use of labels for people
- For more people to know about Rethink services
- Better public understanding through the media
- Public figures talking about their own experiences
- Funding and support from local corporate bodies for resources
- More mental health education in schools
- Show people what mental illness is really like
- Address Northern Ireland issues like suicide increase

“If there was education and understanding, we’d be able to talk about it more.”

“We need young people to be more aware because of the high suicide rates. If they knew about it they’d learn how to handle themselves and deal with depression.”

b) Follow up

More or less all of the participants had seen the Rethink TV advert, and a couple had seen posters. One had been involved with the 'Beyond Labels' art exhibition (see table one for details), and a few had been to the open days at their own services. The members at one service had seen a newspaper feature in which one of their fellow members told their story. They had not seen any of the other parts of the campaign, but three of the four services were in rural areas.

i) Views on the TV advert and posters

Nearly all the groups brought up a television advert that is part of the HPA's Mind Your Head mental health campaign (April 2007). They all thought that using a local broadcaster speaking about her own experiences was particularly effective. One or two mentioned that this has a bigger impact than using an actor.

However, all the participants liked the approach of the Rethink TV advert. They felt that it illustrated that you can't always tell when someone has a mental illness, that you can have an ordinary life and socialise. Some mentioned the positive use of the pub setting, showing the character as being responsible by not drinking alcohol (assuming he is on some medication). Service users and carers thought that presenting the character this way would help combat stereotypes of danger.

Others also said that they liked the slogan 'My problem is schizophrenia, what's yours?' because it encouraged people to understand that mental health problems affect many people, and you need to accept your own.

ii) Views on campaign impact in Northern Ireland

All of the groups initially expressed that they can't see attitudes changing. Many explained that they still regularly experience verbal and physical abuse, and harassment and vandalism of their homes. This is worse in some areas than others and reflects more complex social problems in Northern Ireland following the Troubles.

Others spoke of a 'begrudging' attitude of the public in Northern Ireland, especially with regards to benefits. Because people don't understand that depression, for example, isn't simply being 'fed up', they are angry that people with mental health problems are supported by the state.

Most of the participants spoke about their own experiences of trauma during the Troubles, and how they believe it has led to a history of unspoken mental health problems, violent behaviour and alcohol and street drug misuse.

Everyone felt that it is essential to reach people young, to educate them about how to take care of their own mental health and encourage them to seek help early. Participants agreed also that stigma is the biggest barrier to accessing support, and that focus on the issue of stigma is an important part of the process.

All of the groups emphasised that change in Northern Ireland will take time and perseverance and that Rethink has made a positive start which must be followed up with more of the same.

iii) What next for Northern Ireland?

Participants all felt that resources must be allocated to continue this work, and also to provide for people using Rethink services. Some of the service users felt that Rethink contributes to their social exclusion by gradually removing facilities available.

Some group members emphasised the importance of real people telling their stories – whether public figures or not. Participants also called for more creative approaches to challenging beliefs about mental illness, such as showcasing good quality art work by service users, putting ‘Art above illness’. Role models were also mentioned – as much to show people with mental health problems how to go about recovery and to show the general public what they are capable of.

The groups said that raising awareness, reducing stigma and providing for people with mental health problems are all important goals for Rethink.

What can we learn from this information?

The focus groups show that service users and carers in NI encounter stigma regularly and feel that Rethink is right to address this issue. They all feel that this will be a slow process, citing NI's complex historical and social problems as the reason.

Their experiences and views highlight that this campaign has introduced the subject of stigma related to mental illness to the public in NI. Whilst it will not necessarily have created change itself, the context has been set to develop public education (particularly with younger generations).

All of the participants felt that the TV advert approach was positive in terms of representation of a personal with mental illness. They felt that the key to changing perceptions is to continue with positive messages of what can still be achieved when dealing with mental health problems.

The feedback from the groups shows that their current experience is as difficult as it was before the campaign, but that there is hope that change is possible.

4.5 Media analysis

The media evaluation is based on the NI Media Monitoring Service (NIMMS) returns. There is a vibrant local weekly press with over 50 titles spread across NI. Consequently, NI has the highest readership of newspapers and magazines per capita of any part of the European Union. However, most titles will have a readership bias amongst either the catholic or protestant community and thus the campaign attempted to achieve an equal spread of coverage with the press.

a) Baseline media coverage for NI

In March 2006 Rethink NI carried out an extensive mental health clippings exercise using 14 agreed terms. There were 47 mental health mentions in media that month. None related to Rethink. There were no Rethink originating reports between January and March 2006 but thereafter Rethink managed an average of 3 mentions per month, mainly in local weekly press.

b) Campaign media plan

The media team drew up a clear media plan for the campaign. Table 5 details the targets which the team set themselves. The media plan was based on targeting select media rather than mass press release distribution. A significant amount of the media contacting was done in advance and by phone to give particular media, journalists and photographers advance warning of events in their area. This was followed up with press releases sent by email to journalists. In total 19 press releases were written, with 259 copies released to journalists.

Table five: NI Media campaign targets and outcomes

	Target	Actual achieved	Area achieved	Topic achieved
Total print media coverage	37	40	1 Ireland 8 National 31 Regional	17 Play 4 Launch 4 Political support 3 Campaign feature 2 open days 2 media vol feature 2 ASDA MH fair 2 Movies in Mind 4 Other
Periodicals	3	8		
Broadcast coverage	N/A	17	11 radio 6 TV	7 Movies in Mind 6 Launch 2 Play 1 crazy roundabout
Total	N/A	65		

c) Content Analysis

The generated media coverage was assessed for the campaign key messages through content analysis of print media verified by NIMMS. This revealed that the 4 key campaign messages were present in coverage:

- One in four people will experience a mental health problem at some time (59%);
- The stigma of mental illness is a major obstacle to accessing treatment, recovery, social inclusion and employment (89%)
- Rethink is working to improve lives of people with severe mental illness (95%);
- It's time to "Rethink" mental illness (35%).

All of the coverage had at least one of the key messages, 92% had two or more, 65% three or more and 38% contained all four messages.

Factors, which reduced the number of messages carried, appeared to be where there was no contact directly with the media office at Rethink i.e. when an article was printed to promote an event say from a press release, or where the use of a media volunteer moved the focus from the campaign.

d) Media volunteer involvement

There were two groups of volunteers included in the programme: senior staff spokespersons and media volunteers.

The media volunteers programme was launched May 2006. A total of 17 people participated in training with 9 electing to go forward as media volunteers. In the event 7 participated in some aspect of the media campaign.

In total four media volunteers openly gave interviews – one on prime time television. At a recent campaign follow-up meeting, the feedback from volunteers was positive, with one volunteer who had been reluctant to participate, now willing to move into giving interviews. There is an acknowledgement that the lack of control over the resulting coverage brings additional stress, however it is clear that those involved have gained confidence and are keen to continue in the media volunteer role.

Media volunteers particularly appreciated the instances where journalists and politicians talked openly about their own personal experiences of mental illness. The volunteers felt, that this had been in part triggered by their own openness and honesty about their mental illness.

In some instances, coverage by the regional dailies and broadcast media was dependent on the availability of media volunteers to provide a "human interest" element to the stories. Of the 58 pieces of coverage (print and broadcast) this was taken up in nine instances.

What can we learn from this information?

The campaign received greater media coverage than the target (especially broadcast media) and this activity was a good opportunity for volunteer involvement, with any hesitant volunteers gaining in confidence during the process.

Messages of stigma and Rethink's work featured in a large proportion of the media coverage, with most including more than one message (and all including at least one) thus achieving consistency in campaign messaging which is very important.

Feature coverage was achieved in all the regional daily papers, suggesting a universal interest across different Northern Irish communities, achieving another key aim of the media component.

Regional television coverage was achieved via the launch, Movies in Mind and Revolving Doors which demonstrates the kinds of events which generate TV interest.

4.6 Open day feedback

Open days took place at three Rethink services: Newry, Lurgan and Annsgate. The research team were aware of those taking place at Lurgan and Annsgate, but were not notified of the Newry open day. To find out how these have benefited the services, and how they found the process in general, we interviewed the service managers before and after the event took place (except Newry, with whom we spoke only after the event). Their feedback is as follows:

a) Annsgate resource centre

This service had invited 40 people to attend on the day, including mental health professionals, other service users, minority ethnic groups and other mental health organisations. In fact, 60 people attended – 25-30 health and social care professionals, people from another Rethink service, the Deputy Lord Mayor, members and volunteers.

They had planned to provide lunch, have an art group running, have a service user playing guitar and another giving a speech about their own experiences, and provide referral packs and literature on benefits, services, volunteering and other relevant information. The Deputy Lord Mayor was to open the event. All of this took place as planned, as well as a 'Wall of Signatures' organised by a service user and a Rethink community care TV film playing on loop.

The service hoped that the open day would be an effective showcase for the service, resulting in more referrals. Invitations were targeted to professionals who make referrals, and posters were disseminated to everyone on their contacts list. They did not have any concerns when planning the event.

On the day, Annsgate received positive feedback and they followed up the event by writing thank you letters. They felt that they had communicated on the day that theirs

is a vibrant service actively seeking new members. They were happy with the level of involvement of service users on the day and are planning to have smaller open day events perhaps twice per year.

b) Lurgan Resource Centre

60 people were invited to Lurgan's open day, including staff and service users from other services, members of the Northern Ireland committee, other mental health and minority group organisations, statutory CMHT, and the Health Promotion Agency. On the day, 70 such people attended as well as the Lord Mayor who opened the day.

They had planned a welcome speech, service user story, lunch, display of drug, alcohol, physical health and recovery information, and anti-stigma literature. All of these planned activities took place, as well as an alternative therapist attending with information.

The service had hoped to create publicity and to become more involved with other non-mental health organisations. They wanted to promote a message of recovery on the day and demonstrate that they have connections (e.g. the director of mental health services attended). They promoted the event by sending invitations to relevant stakeholders and issuing a press release afterwards. Their only concern was that invitees would attend.

The service does feel that the open day achieved recognition in the community and press publicity. They have said that the people of Lurgan now know what the Rethink service offers. They received emails thanking them for their work and hospitality on the day. The only challenge on the day was a service user making an unplanned speech, but this was easily accommodated.

The service felt that the open day lifted morale and gave service users a chance to get involved. They envisage that the event will boost referrals and plan to have a similar event again.

c) Newry Resource Centre

This event was not included on the campaign diary and the research team did not know it had happened until we visited Newry for follow up discussion groups. However, the service manager gave feedback about the day:

52 people attended this open day including the Lord Mayor, members from other services, representatives from other mental health organisations and from Newry and Mourne Trust, social workers, CPNs and CMHWs. They organised a relaxation session, recovery information stand, speeches, lunch and singalong session.

The service felt that the day had been successful in creating an opportunity for people to discuss mental health issues, and for promoting a message of recovery. They felt it had created a much greater awareness locally – apparently some of the social work team had not been aware that the service had been there all along. They did not receive feedback afterwards, except from some of their own members who had particularly enjoyed the event.

The only setback on the day was the lift breaking down when there had been a planned visit to the 1st floor to see a relaxation session taking place.

The service manager thought that the event had been a worthwhile way to get service users involved and to network with local stakeholders to promote the service. They have decided to make this an annual event.

What can we learn from this information?

The services that took part in the campaign in this way found the experience so beneficial that they plan to repeat the event. We are yet to find out how positively this experience has led other organisations to view Rethink – and referrals will hopefully increase. None of the services had any difficulties during these events.

However, we do not know how service users viewed the open days. Some feedback from the focus groups suggest that some service users felt unable to cope with the event on the day and stayed at home, because they felt it would be detrimental to their health. Other service users were involved with the event and led activities and spoke about the experiences, and again feedback suggests that these individuals found the day beneficial for themselves.

The Open Days were the main campaign mechanism for promoting direct contact between Rethink service users and the ‘public’ but only 3 out of 27 services participated. Further exploration of the barriers to participation is required.

4.7 Service manager feedback

A short survey was sent out to all service managers in Northern Ireland, in order to obtain feedback from them about their involvement and views on the campaign.

3 (out of 27) services returned this survey, which reflects the difficulty the research department had at times communicating with front line staff. It may also provide a gauge of overall service engagement with the campaign.

The events attended by these service managers include:

- The launch event (2)
- Revolving Door play (2)
- Movies in Mind film (1)
- Distributing information at a shopping centre (1)
- Launch of *What Next* report at Human Rights Commission (2)
- Rethink open day (2)

We asked them what elements of the campaign they had seen/heard:

- Radio interview (2)
- Press report (2)
- TV interview (1)
- Poster on side of bus (1)
- Poster inside bus (2)
- A2 size poster (pink) (3 – in Rethink service)
- The campaign website (3)
- A campaign pop up stand (2)

The three services each gave different message that they had taken from the campaign, and two said that the TV ad was the most effective element of the campaign to put this across:

- The impact of stigma
- Rethink mental illness (TV ad)
- People should not be afraid to discuss their mental illness (TV ad)

The TV ad was cited as the most effective part of the campaign, because they were accessed by a wide ranging audience and the featured soap star would encourage people to watch the advert.

Two of the service managers said they didn't think any of the campaign elements were ineffective. However, one said they felt the campaign was too focussed on Belfast. The point was also made that the poster ('what's your problem') could be perceived as aggressive.

In terms of participation in the campaign events, two of the services took part. The 37 club organised the open day at Annsgate (see Open Days section), and one service arranged for 4 staff and 5 members to see Revolving Door. New Style Furniture had put it to their members to contact their local mayor but they did not wish to do so.

They all felt that the campaign has achieved greater awareness of mental illness.

All services felt that they had been kept well informed by Rethink Public Affairs and had been supplied with campaign material.

They all felt that the TV advertising should have greater investment, perhaps with a local celebrity with mental health problems, and that this should be run for longer. One service said they would have liked to see the Film Festival and plays cover a wider geographical area.

In the future, the service managers felt that the campaign must be followed up with similar ones to build on the awareness raising and messages – and that this would require more funding and more staff involvement. One suggested taking the campaign into schools and workplaces.

What can we learn from this information?

Only three out of 27 services responded to this survey, so we do not have a sense of how Rethink service manager staff viewed the campaign. Those that responded are likely to be those who were most involved and enthused by the programme of activities. None response could be taken to suggest lack of engagement generally with the campaign from operational services in NI.

The feedback suggests that the TV advert was considered an effective part of the campaign in terms of its ability to reach the whole region with a positive, if not necessarily focussed message.

4.8 Revolving Door play

Revolving Door is a 45 minute play by Polly Wright, exploring the suicide of a young person called Martin. He returns as a ghost to conduct an inquest into his own death, looking at opportunities to support him which were missed.

The play was performed and then followed by workshops, taking one of 3 formats depending on the audience type:

- Audience discussion with the director and cast.
- Hot Seating – where a discussion takes place with the cast still in role.
- Theatre Forum – where other possible outcomes are explored, and audience members may be asked to take the place of actors.

The aim of the play and interactive debate following the play is to help people think about how suicide can be prevented.

During the Northern Ireland campaign, the play was performed to:

- 1643 school pupils
- 72 school teaching staff
- 66 young offenders and women prisoners
- 21 prison staff
- 313 others, including professionals and members of the public.

a) Rethink feedback

After each of the performances in schools, we asked audience members to fill out a short survey to give us some indication of how the play had affected the way audience members thought about mental health problems. 710 school students filled out the survey: 40% were male, 57% were female and 3% indicated that they were not sure about their gender. They were all aged 15-18.

We asked the school audiences how much they had already known about mental health problems:

- 11 % said that they knew a lot about mental health problems
- 48 % said that they knew something about mental health problems
- 35 % said they had heard of mental health problems but didn't know much
- 6 % said that they did not know anything about mental health problems

When asked if the issues raised in the play 'Revolving Door' were relevant to their own experience, 24% said Yes, 26% were unsure and 50% said No.

We asked the audiences whether Revolving Doors had made them think any differently about mental health problems

- 75 % said yes it did
- 12 % said it did not make them think differently
- 13 % were unsure

'It's important to talk to people about your problems' was the most common key message reported by participants (41%). This was followed by 'listen to others' (10%). Other messages taken from the play include:

- Support others (5%)
- Look after each other (4%)
- Take people’s problems seriously (3%)

We asked the audiences what words they would use to describe someone with mental health problems. The most commonly used words were:

- Depression/ depressed – 29%
- Isolated/alone – 28%
- In need – 20%
- Mad – 13%
- Ill/ illness – 13%
- Paranoid – 11%

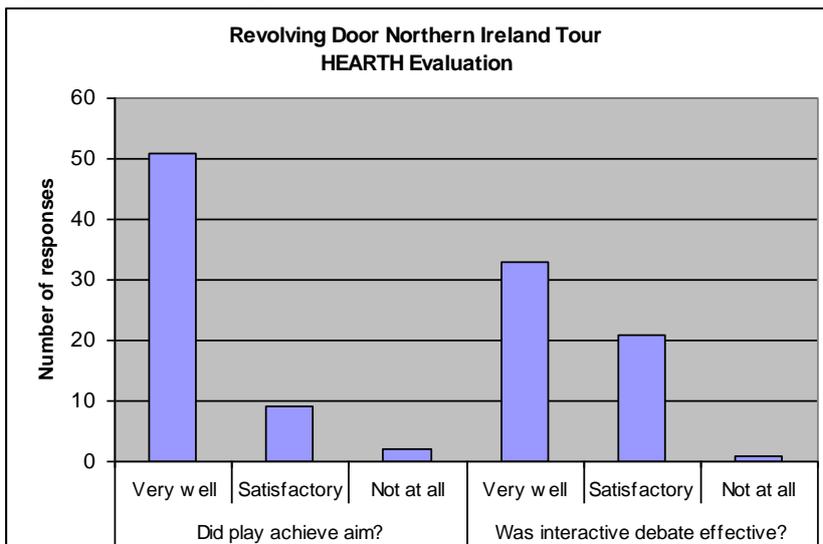
99 different words/phrases in total were used to describe a person with mental health problems:

- 29% were negative or derogatory words (e.g. nutter, loony, freak, weirdo, retarded, stupid etc.)
- 70% were either neutral or empathetic (e.g. depressed, troubled, distressed, normal person with difficulties, stigma, misunderstood, paranoid, sad, angry etc.)

b) Theatre Company feedback

The theatre company HEARTH distributed an evaluation form with two questions at some of the performances to the public, young offenders and women prisoners (149 people in total). 42% of the audience returned the forms.

Figure 1. Revolving Door Evaluation Results



NOTE: The aim of the play and interactive debate following the play is to help people think about how suicide can be prevented.

Comments were also invited and were mostly positive, finding the play:

- Powerful and moving - (*'very powerful piece and great to empathise with people who have mental problems/issues'*)
- An effective way to raise issues - (*'really opens your eyes to how society and sometimes parents turn a blind eye to the massive issue that needs to be tackled'*)
- Thought-provoking - (*'play dealt with theme in interesting and thought provoking way. I particularly liked the use of the Revolving Door'*)
- Realistic - (*'I thought the play was real, of the situation that we face today and the interaction proved that there was other ways to save life of a lot of our youth today'*).

Also:

- Disturbing - (*'I found parts of the play disturbing'*)
- Stereotypical - (*'it's a stereotypical view that people run away from suicide'*)

During the discussions, audience members expressed their views on the play, suggesting the messages they had taken from it:

- The main character was clearly in distress and lacking support.
- The stigma of mental health issues would have been a barrier to trusting people and asking for help.
- Reducing stigma is an important part of being able to support people.
- It is important to support young children in coping with traumatic events to avoid repercussions later in life.
- Suicide is a personal choice but is often part of a social trend – audiences explored issues particular to Northern Ireland that make people vulnerable to suicide.

HEARTH company note that this play deals with some issues which might be traumatic to some audience members, and that support should be available should people need it. Very few people left the performances during the Northern Ireland tour.

What can we learn from this information?

The Rethink Revolving Door survey confirms low levels of awareness among young people in NI with most of the student audiences reporting that they had previously known 'something' or 'not much' about mental health problems. The language stigma of mental illness was also confirmed in feedback, though only at 29%.

The play, however, was well received with 75% reporting that 'Revolving Doors' made them think differently about mental health problems, 51% reporting it achieved its aims which is an important achievement. When asked to describe how they would 'think differently' most people said they had learned the importance of talking to someone if you are experiencing problems, and to listen to others should they need your support. A follow-up study would be able to detect if these immediate reactions and intentions were sustained over time.

4.9 Movies in Mind film festival

The film festival Movies in Mind was a way of taking the mental health anti-stigma message to a largely under 35 audience (over 60% of film goers in the UK are under 35). The Queens Film Theatre located adjacent to the Lanyon Building at Queen's University Belfast is Northern Ireland's premier art house cinema.

The festival afforded several opportunities for the campaign to reach new audiences.

- As part of its marketing communications the QFT printed and distributed 24,000 copies of an A6 colour booklet previewing a season's films. This booklet contained a 7 page programme of Movies in Mind as well as a Rethink poster image.
- The Festival attracted considerable media interest in its own right with the Campaign manager being interviewed for radio (U105FM) and television (UTV & Northern Visions). There was also pick-up in local press.
- The Ulster Tatler photographer attended the opening and 10 photographs and information on the festival and campaign have been published in the April edition of the magazine.
- Before each feature film the Rethink TV advertisement was screened.

Audience figures were low with 311 attendees (see table one for more details) for this component of the programme, but the festival did generate useful media coverage. Of the 65 pieces of media covering the campaign 9 of these (or 14%) related to the film festival. The cost to the campaign of each attendee of the film festival was £32.

What can we learn from this information?

The Movies in the Mind was not as successful as planned in terms of audience numbers. The campaign team needs to reflect on why this might be and assess whether they feel a film festival should be included in any subsequent anti-discrimination campaign programme or would it work better as a stand alone event?

There has also been some criticism of the planning of this event in terms of chosen films to include, especially considering previous involvement of Rethink with planning a film festival in London.

4.10 Frames of Mind

As part of the planning of Movies in Mind, Martina Chapman, coordinator of the BBC Healthy Minds campaign launched the Frames of Mind young film-makers competition for schools. This was co-promoted on the BBC, QFT and Rethink websites. There were 20 entries judged in four sections: U-13; special schools; U-16 & U-19. Over 70 adults and young people attended an "Oscars" style awards evening in the QFT on Friday 30 March 2007. Martina Chapman of the BBC expressed that she would like to discuss making it an annual event.

All costs were met by the BBC so this was a relatively cost effective way of extending the reach of the campaign to a younger schools audience.

What can we learn from this information?

Frames of Mind was an opportunistic event for Rethink. As long as such opportunities fit with the message and audience reach of the campaign, they can extend a programme's reach and Rethink's profile without additional cost (time or resources). The evaluation team did not know about it so can not comment on its impact or effectiveness. If the BBC re-run the event and ask Rethink to partner that will be an indication that they feel it was a success.

4.11 Reflections and staff/other feedback

As part of this evaluation, 7 relevant Rethink staff and one consultant were asked to provide feedback on their experience of the campaign process. A short survey was sent to them via email. The key points are summarised:

a) Objectives

Each person gave slightly different objectives, and only one listed all the objectives which had originally been agreed on. The most commonly given objective was to change public attitudes about mental health issues (8 people), and the second was the raise awareness of Rethink (7). Other cited objectives included:

- Increasing membership (4)
- Making mental health a government priority (3)
- Increasing public awareness and understanding of mental health problems (2)
- Positioning Rethink as a leading mental health organisation (2)
- Testing a social marketing approach (1)
- Promote early intervention (1)
- Break down barriers (1)

This shows that there were many possible objectives, not all of which were the agreed focus. Several people commented that it was unclear what the objectives were and that these had not been communicated well after being agreed. Some of the disparity may be due to the fact that there were so many agreed objectives, and it was unclear which were the most important.

b) Messages

Again, the messages cited reflect an uncertainty about what had been agreed. The following were cited:

- It's time to Rethink mental illness (6)
- 1 in 4 people will experience mental health problems at some time (4)
- Anyone can experience mental illness (1)
- Rethink is a mental health service provider (1)
- Rethink is a leading mental health charity (1)
- Stigma is a major barrier to recovery (1)
- You can't see the scars of mental illness (1)
- Don't discriminate (1)
- General awareness raising (1)

One person commented that the messages put across by the campaign were very wide ranging and muddled.

c) Involvement within Rethink

Only two people felt they had been fully involved in all relevant parts of the campaign. Others said they had been involved initially but communication with them simply stopped, or that they had felt their expertise could have been helpful in certain part of the campaign but they were not consulted. It was pointed out that staff should have been communicated with about related campaign elements to check for consistency of message. One person said that they never really knew what was actually going on in Northern Ireland.

d) Briefing

When asked how well people felt they had been briefed, experiences were mixed. One person said they weren't involved enough to have been briefed. Of the remaining seven, five said they were not adequately briefed and that due to a lack of focus and planning, briefs kept changing. The difficulties were also exacerbated by changes in the staffing of the Public Affairs department in Northern Ireland, and adapting to new management.

e) Support

Four people felt they had been supported well by the people they worked with directly. However, one person discussed the issues of being given too much responsibility considering the lack of resources available to them. Two other people said that support was affected by the lack of communication.

f) Communications

Several people felt that communication between Northern Ireland and London had not been good. Feedback from Northern Ireland suggests that there simply wasn't the time when organising and attending the campaign events to communicate regularly with London. A few people said that it was difficult relying on conference calls to clarify details of their brief, and that the campaign diary was never really used properly. Several people commented that it became much easier to communicate with Northern Ireland when their team expanded and that this should be put in place before the campaign. One person commented that the campaign web pages were useful and effective.

g) Most effective campaign elements

When asked about the most effective elements of the campaign, five people cited the TV advert and three thought that the press coverage was very helpful in raising Rethink's profile. The Revolving Door play and launch were cited by two people due to excellent opportunities and contacts that have resulted from them. Media volunteers, website and research component were all mentioned by one person. One person said they didn't know enough about the campaign to comment.

h) Least effective campaign elements

The element of the campaign thought to be least effective was Movies in Mind due to poor attendance and a failure to use existing knowledge about such an event. However, this event did generate good media coverage. The Crazy Roundabout stunt was thought to have been poorly planned so that little press coverage was achieved. The lack of clarity of messages and difficulties with communication and planning were also discussed. A couple of people commented on the importance of planning suitable events for a regional, rather than local campaign, and how messages can be diluted if events are too varied. Also mentioned was the lack of local supporting events to back up a regional campaign. One person said that there was lack of integration of the parts into a whole. Again one person said they did not know enough about it to comment.

i) Achieved objectives?

Three people felt that the campaign had gone some way to achieving its objectives – mainly due to raised profile of Rethink amongst stakeholders, including policy makers. The remaining people said they weren't able to say before the evaluation has been completed, but one person pointed out that there would be a lot to learn from.

j) Lessons learned

The main lessons learned seem to be around clarity of roles and responsibility. The importance of establishing the extent to which the lead and others make decisions must be set out early on. Planning and communications also need to be improved to make sure everyone is involved to the appropriate level. Two people suggested establishing a campaign team with clearly defined roles that meets face to face and delegates appropriately. One person also discussed that it is essential that adequate human resources are available to carry out such a campaign, and another that day-to-day activities are managed efficiently on the ground. Tied into these comments are concerns that wider resources across Rethink were not sufficiently utilised thus putting strain on NI staff but leaving others with capacity to support disengaged from the campaign.

Lessons about the Rethink brand also include the importance of keeping messaging and objectives focussed and not having too wide a range to have some impact and put across a simple message about what Rethink does. Finally, one person emphasised the value of testing campaign concepts out with focus groups to have some idea of how they will be received and understood.

What can we learn from this information?

The evaluation enables us to reflect on both the impact of the campaign externally and the internal delivery processes. As in Norwich, staff were more critical of the internal management of the campaign, particularly around communication and planning, than its external impact. This was exactly the same in Norwich suggesting lessons were not learnt and applied in the second Rethink pilot. We need to be mindful of these issues for future campaigns because although the campaign itself leads to positive changes and profile, the tensions created within and between staffing teams could have longer term consequences.

The staff feedback also highlights the importance of human resources on the ground. As in Norwich, it was reported that not enough human resource was available and Northern Ireland public affairs' capacity was over stretched, putting a strain on campaign delivery. Could this have been prevented? The NI public affairs human resource allocated was a 'given' so in hindsight did the campaign try to do too much? Did it diversify too far picking up new events as it gathered momentum but struggling to staff these sufficiently to guarantee maximum impact e.g. why were new membership figures so low when there were some events to push the membership ask? Did the whole campaign fail to sufficiently engage 'other' human resources through NI services and Rethink in England, or were the practicalities of doing this too difficult in tight timescales? Did England Rethink communicate clearly enough what they could offer to NI? We learn that project planning is crucial, with strong leadership which does not over-stretch a local staff team and draws on support from across the organisation effectively.

We also learn that poor campaign communication impacted upon individual's confidence in the briefs they had been given, with particular uncertainty around objectives, roles and responsibilities. A key message from those involved seems to be that defining roles and responsibilities early within a campaign team with structured communications is essential to the overall success of the campaign. There was also a strong sense that we did not tap into the whole organisation sufficiently to make best use of knowledge and resources.

In terms of assessing effectiveness, staff considered the TV ad, Revolving Doors and the launch to be major contributors to any campaign success in terms of raising the profile of Rethink and stigma and for the contacts generated through these events.

5 Discussion and recommendations

a) Key achievements

The evaluation highlights a number of key achievements delivered through the NI campaign. We list these below:

- This was the first ever multi-media regional anti-discrimination campaign mounted by Rethink. It ran over a month long period as planned and delivered the first ever Rethink TV advert which was well received across stakeholder groups.
- Service user and carer feedback received during the evaluation has been broadly positive. Although people's daily experience of stigma and discrimination remains the same, the campaign provided hope and a starting point upon which to build
- The main campaign communication materials (TV ad, posters, media coverage) were on message and message re-call was good. 34% of the public poll saw the TV advert, compared to an industry average of 26%
- The media profile achieved by the NI team was excellent, exceeding expectations and on-message
- The dangerousness message with the public has been highlighted, and positive progress is being made to tackle misconceptions re-violence and dangerousness
- The campaign has lifted Rethink's profile in NI and provides the launch pad for further anti-stigma work and business development activities to extend our reach into new service markets and Public Affair innovations.

b) Key learning

i) Benefits for NI

The RAS has increased the profile of Rethink in NI. Although awareness levels are still low it provides a platform upon which to build which was a key objective for the staff team in NI. The RAS media work, which was an important part of the campaign, and the TV advert provide this platform. It is important that this profile is built upon, both by public affairs and service teams in NI, with long terms follow-up plans.

ii) Benefits for understanding 'what works' to reduce discrimination

We have again made good progress in understanding how to run a multi-media anti-discrimination campaign targeted at local and national levels. In this report we have highlighted some difficulties, and these are as important as the positives, as the NI RAS was a pilot for Rethink helping us to become a more effective organisation in the planning and delivery of anti-discrimination programmes.

Key lessons for anti-discrimination activities:

- The piloting of the TV advert was useful as it helped us to choose a message that was well received by the general public, but we should reflect that its

intended target age group (over 35s) were reported to be less engaged and affected.

- Public attitude data confirmed the importance of market segmentation (social marketing methods) to reach 'the public' and confirmed public have a more realistic view of depression than psychosis.
- The NI campaign was affective in drawing media attention to both the issue (anti-discrimination) and to Rethink. This confirms the vital role played by the media team in any such campaign, and in planning activities the potential media platform should be considered when deciding what activities to include the programme portfolio and which not to pursue.
- The evaluation team note the added value of diversifying activities during a campaign but feel it is important that a clear decision making process is adopted. This is to ensure that all activities included in the programme portfolio 'fit', having a clear purpose and set of objectives consistent with the overall aim of the programme.
- Do we need a controversy element? In Norwich we had Churchill which provided huge controversy. NI the crazy round-about stunt was used at the end of the campaign to little affect. We can not draw any firm conclusions but if a 'stunt' event is to be incorporated, we should 'test' reactions prior to launch and timetable the event around the launch.
- Interactive events are very useful in gaining public participation and communicating difficult messages. The Revolving Door play was a huge success both through audience numbers, their feedback and opportunities for information sharing via discussions and information stalls at the events.
- The film festival attracted disappointingly low audience numbers. Why was this? Should such an event stand on its own linked to anti-discrimination activities rather than be embedded in a collection of events?
- Once awareness is raised where do you drive the public for more information? In Norwich Rethink promoted the welcome team telephone contact and web site address. NI RAS promoted the web site. Disappointingly NI RAS did not see increased traffic flow through Rethink web site. More work is required to understand how to turn awareness into specific public actions.

Key lessons for Rethink:

- Project planning and communication are crucial. More attention needs to be paid to the management of any further event to ensure lessons from Norwich and NI are applied in full.
- In NI there was poor engagement of local services and the national teams' expertise and person-resource in Rethink could have been more fully utilised. Rethink needs to look at how to engage more effectively the wider organisation in its anti-discrimination programmes.
- Involving service users and carers effectively takes time and careful planning. Feedback from those service users and carers who were involved in NI RAS was positive but we should plan for greater involvement opportunities and reach next time.

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c) Research team reflections

The evaluation team were challenged on a number of fronts through this project:

1. Sign off of campaign messages was after we had commissioned the first baseline attitudes poll – thus the questions did not map directly onto the final campaign messages. This will need addressing in future campaigns.
2. There are parts of the campaign we can not comment upon in terms of impact and effectiveness. Decisions on how to evaluate each aspect were difficult as we were not always aware of all the components e.g. we did not know about the Frames of Mind competition and we only knew about one of the open days until after the event. The crazy roundabout and Movies in Mind were not evaluated at all through our systems.

The evaluation has also afforded us the opportunity to reflect on the whole campaign at length. We feel a key challenge has been around campaign purpose. The pilot was set up to help us learn how to run a social marketing campaign in one region. But it also opened the door to promote Rethink and our work across NI. We have learnt as much about the latter objective as the former.

This campaign did achieve a greater profile for Rethink in Northern Ireland, in terms of gaining recognition as a major mental health service provider and campaigning organisation. This has led to new contacts and opportunities. Whilst this is valuable for Rethink's political and business goals, this kind of activity possibly confused the anti-discrimination message intended for the general public, which was the original purpose of this campaign. Whilst some public attitudes have improved, they are very limited and data does not show that attitudes or understanding improved generally across the population.

The objectives and messages of this campaign were agreed at a very late stage, so that marketing materials and events were already being planned when these messages were signed off. This led to a wide range of objectives being agreed following planning rather than prior to it, which could not all be addressed in practice in the campaign month, creating lack of focus and people prioritising objectives differently. The core age range for the campaign was 35+ however the Revolving Door play was for 15+ group and the Movies in Mind for under 35s. This diversification is healthy when planned but can lead to dilution of message.

This diversity of action, with inadequate resources being provided on the ground or drawn upon from within the whole of Rethink led to staff in Northern Ireland being overstretched. One of the main weaknesses of this campaign is perhaps the lack of collaboration between relevant departments to plan and manage activities.

A new lesson from this campaign, based on survey data, is that testing marketing messages in target audience sub-groups is essential to estimate how they will be received. The testing of the TV ad concept was a good example of how reactions to messages can be surprising and reveal issues that had not been considered before.

One of the main successes of the Norwich pilot was the involvement of volunteers in direct interaction with the public. Whilst we acknowledge that this would be a major step for people in local communities in Northern Ireland, the planning of this campaign did not explore this kind of activity for feasibility. Media volunteer activity

shows that involvement can increase confidence to be open about experiencing mental health problems, and this may have been similar in other types of active involvement.

d) Key messages

Did we successfully communicate the key messages of the campaign? Using data from the public at follow-up describing the Rethink information programme we can match their responses with our selected messages.

We learn that the 131 respondents felt the Rethink campaign message was:

- One in four people will experience a mental health problem at some time, acknowledged by **7%** public
- The stigma of mental illness is a major obstacle to accessing treatment, **recovery**, social inclusion and employment, with **7%** emphasising recovery
- It's time to 'Rethink' mental illness, acknowledged by **27%** public

The final message sought to increase understanding of Rethink:

- Rethink is working to improve the lives of people with severe mental illness.

This was picked up in the media work as well as feedback from the public e.g. when asked what Rethink does 20% said changed attitudes towards mental illness, 11% provided services, 19% helped people.

It will be important to test whether fewer messages will improve re-call through more extensive piloting of concepts in any follow-up campaign.

e) Evaluation questions

- **Did the campaign increase awareness and understanding of mental health problems?**
- **Did the campaign create a measurable and positive shift in public attitudes to mental health problems?**

1 in 4 message which was core to campaign received significantly greater re-call at follow-up. The Revolving Door play – which was focused and direct provided the audiences with a better understanding of the experience of mental health problems

However, the public attitude survey showed very few items indicated improved attitudes suggesting more work is required to make significant progress in shifting public attitudes in NI. Self rated understanding remained low.

Personal experience of service users and carers shows that the public still react in the same way to mental illness.

- **Did the campaign encourage people to think again and more favourably of people with mental health problems?**

Staff, service users and carers felt that this campaign was a good start in the long process of changing the way people think about mental illness. The messages in the TV ad, Revolving Doors play, press coverage, posters were thought to be appropriate and positive. For example, feedback from the Revolving Door play indicated 75% audience members felt differently about mental health problems.

- **Did the campaign encourage people to join Rethink?**

We did not see any increase in membership through the campaign.

- **Did the campaign position Rethink amongst decision makers, opinion formers and key sections of the public as the progressive member led mental health charity in Northern Ireland?**

The campaign has engaged with politicians at a local and regional level, and some new opportunities and relationships have been developed through this process which will need to be followed up.

Open days were also deemed an effective way to promote Rethink to commissioners, social services and mental health professionals with a view to obtaining more referrals.

- **Did the campaign raise prompted and unprompted awareness of Rethink?**

Awareness of Rethink in NI remains low, although prompted awareness did increase from 9% - 14%.

- **Did the campaign raise support for increased investment in mental health in Northern Ireland?**

No announcements made on this yet! A long term goal which must build upon the campaign's profile with key policy makers to lobby on this important issue.

- **Did the campaign promote early intervention and recovery messages in Northern Ireland?**

The public reported fewer recovery messages in the advertising at follow-up as compared to baseline (19%, 7%). Asked specifically about the Rethink campaign, of the public who had seen it only 7% described a 'recovery' theme.

Public responses to the specific item on recovery became more pessimistic. It was noted that responses about recovery sometimes contradict those about possibilities for people in the future, suggesting that 'recovery' may be too complex a term for use with the public.

Early Intervention was the main focus of the Revolving Door play and most of the audience understood the importance of seeking help early.

- **Did the campaign attract media coverage of Rethink and the stigma of mental illness?**

Media coverage exceeded Rethink's targets and photo opportunity events / media volunteer stories generated coverage. Media coverage was on message and one event which was not successful in terms of audience numbers - Movies in Mind – was useful in generating media coverage.

- **Did Rethink involve volunteers effectively?**

Volunteers had an opportunity to take part in events and media work. Feedback from media work was positive. Most events, however, were led and run by staff. The low level of membership uptake is one indication of the lack of direct public interfacing work. This again is something to build upon.

- **Did the campaign impact on service user and carer experiences of stigma?**

No but all focus group participants felt that this kind of change cannot happen quickly in Northern Ireland. They felt the campaign was a positive start to what must be a long term public education programme.

- **Did Rethink build upon lesson from the Norwich pilot?**

Unfortunately, many of the same problems arose again, despite being identified in the Norwich pilot evaluation. Clear roles and decision making responsibilities were not defined, and there was not enough dedicated human resource in NI to run what was an ambitious programme. Available national resource and expertise were not drawn upon sufficiently. Communication was also problematic, leading to Rethink staff confusion about the campaign purpose and programme of events.

- **Did Rethink learn any new lessons from the Northern Ireland campaign on the delivery of anti-discrimination public facing programmes?**

We learnt the value and importance of piloting concepts with target audiences before producing campaign materials. Our public attitude data set confirms the importance of market segmentation. The importance of excellent project management, communication and people management is also confirmed to ensure effective delivery of a campaign.

- **Did Rethink involve all departments effectively?**

The England campaign team and UCI team were keen to assist with the campaign but communications with them faltered. It is clear that the NI campaign did not make full use of resources across the organization. In research, we have worked effectively and efficiently with the NI team and thank them for all their hard work in chasing data for us.

The open day events were well attended and achieved the goals set by the service managers, but only 3 were held among 27 services.

Level of staff and volunteer involvement was low, only 3 staff responded to the on-line survey to feedback views on the campaign indicating level of engagement on the ground.

Appendix one: Questionnaire

SECTION D - AWARENESS OF MENTAL ILLNESS

ASK ALL 18+ WITH 'X' IN BOX

(26)

9 / 5

Q.1 What types of mental health problem have you heard of? DO NOT PROMPT
 PROBE: Any others?
 Any others?

(27)	Alcoholism	1
	Alzheimer's disease/dementia	2
	Anxiety disorder	3
	Depression	4
	Drug dependence	5
	Eating disorder (anorexia, bulimia)	6
	Manic depression (bipolar affective disorder)	7
	Nervous breakdown	8
	Obsessive compulsive disorder	9
(28)	Panic attacks/disorder	1
	Personality disorder	2
	Phobias (e.g., agoraphobia)	3
	Postnatal depression	4
	Psychosis	5
	Schizophrenia	6
	Self-harm	7
	Severe stress	8
	Post traumatic stress disorder	9
	Other	X
	None / don't know	0

Q.2 What proportion of people might have a mental health problem at some point in their lives?

1 in 1000	1
1 in 100	2
1 in 50	3
1 in 10	4
1 in 4	5
1 in 3	6
Don't know	7

SHOWCARD D1

Q.3 I am going to read out some statements that have been made about mental health, and for each one, please tell me whether you agree or disagree?

ROTATE AND ✓ TICK START	AGREE STRONGLY	AGREE SLIGHTLY	NEITHER AGREE NOR DISAGREE	DISAGREE SLIGHTLY	DISAGREE STRONGLY	DON'T KNOW
<input type="checkbox"/> 'If I was experiencing mental health problems I wouldn't want people knowing about it'	1	2	3	4	5	6
<input type="checkbox"/> 'The public should be better protected from people with mental health problems'	1	2	3	4	5	6
<input type="checkbox"/> 'People with mental health problems are often dangerous'	1	2	3	4	5	6
<input type="checkbox"/> 'The majority of people with mental health problems recover'	1	2	3	4	5	6
<input type="checkbox"/> People with mental health problems should not be allowed to do important jobs such as doctors, nurses, etc.	1	2	3	4	5	6

Please read this case study.
SHOWCARD 'A' OR 'B'

Version A	1
Version B	2

VERSION A Ann is a woman who was doing pretty well until about a year ago. But then things started to change. She thought that people around her were criticising her and talking behind her back. Ann was convinced that people were spying on her and that they could hear what she was thinking. Ann couldn't work anymore and she stopped joining in with family activities. She retreated from everything, until she eventually spent most of her day in her room. Ann heard voices even though no one else was around. These voices told her what to do and what to think. She has been living this way for six months.

VERSION B Jane is 30 years old. She has been feeling unusually sad or miserable for the last few weeks. Even though she is tired all the time, she has trouble sleeping nearly every night. Jane doesn't feel like eating and has lost weight. She can't keep her mind on her work and puts off making any decisions. Even day to day tasks seem too much for her. This has come to the attention of Jane's boss, who is concerned about her lowered productivity.

SHOWCARD D2

Q.4 In your opinion how likely is it that Ann / Jane would:

	VERY LIKELY	FAIRLY LIKELY	NEITHER LIKELY NOR UNLIKELY	FAIRLY UNLIKELY	VERY UNLIKELY	DON'T KNOW
'Go back to work within a year'	1	2	3	4	5	6
'Develop close relationships'	1	2	3	4	5	6
'Live an ordinary life in the future'	1	2	3	4	5	6

Q.5 What mental health organizations have you heard of? DO NOT PROMPT MULTICODE

Action Mental Health.....	1
AWARE defeat depression.....	2
Carers And Users Support Enterprise (C.A.U.S.E)	3
Childline	4
Northern Ireland Association of Mental Health (NIAMH)	5
Praxis	6
Rethink/rethink severe mental illness	7
Samaritans.....	8
Other <i>Specify:</i>	
.....	9

Q.6 Have you heard of Rethink?

Yes	1
No.....	2

Q.7 What do you think Rethink does as an organization? DO NOT PROMPT

Charity	1
Dealing with mental health issues	2
Helping people	3
Promoting / changing attitudes to mental health	4
Provide Services for people with mental health problems...5	
Support carers of people with mental health problems	6
Provide support and information	7
Nothing – just heard of the name	8
Don't know.....	9
Other <i>Specify:</i>	
.....	0

Q.8 In the last year, have you seen or heard any advertising or information about mental health, mental health problems or mental illness?

Yes	1
No.....	2

Q.9 **IF YES**
 What do you feel was the message or messages behind the advertising or marketing or information you saw or heard?

Mental illness can happen to anyone.....	1
Mentally ill people are ordinary people.....	2
Mentally ill people are not dangerous	3
Mentally ill people can do a job	4
Mentally ill people can recover	5
People shouldn't be scared of dealing with mental health	6
Other <i>Specify</i> :	
.....	0
Don't know/Can't remember	

Q.10 Where did you see the advertising or information? Any other places? Any others? **DO NOT PROMPT**

(44)	
TV (CODE AND PROBE) Was this..?.....	1
TV Advertising?.....	2
A TV Programme?	3
Radio (CODE AND PROBE) Was this...?	4
Radio Advertising?.....	5
A Radio Programme?.....	6
Poster	7
Internet	8
Leaflets	9
(45)	
Charity promotion	1
Magazine (CODE AND PROBE) Was this...?	2
Magazine advertising?.....	3
A Magazine article?	4
Newspaper (CODE AND PROBE) Was this...?	5
Newspaper advertising?	6
A newspaper article?	7
Own Experience	8
Other <i>Specify</i> :	
.....	9
Don't know.....	0

Q.11 Thinking specifically of advertising or information for Rethink that you may or may not have seen or heard in the past 6 weeks. Can you tell me where you saw or heard this advertising or information? **PLEASE RECORD 1ST AND 2ND MENTION SEPARATELY**

	1 st	2 nd	Other Mention
	(46)	(48)	(50)
TV advert	1	1	1
Posters on outside of buses	2	2	2
Posters in buses	3	3	3
Posters in bus shelters	4	4	4
Saw item on television news	5	5	5
QFT programme.....	6	6	6
Heard item on radio.....	7	7	7
Read feature articles in press.....	8	8	8
Read item in local weekly press.....	9	9	9
	(47)	(49)	(51)
Flyer about play Revolving Door.....	1	1	1
Rethink campaign leaflets	2	2	2
Rethink web site.....	3	3	3
Rethink campaign reports	4	4	4
Frames of Mind posters advertising one minute movie competition	5	5	5
Other <i>Specify</i> :			
.....	6	6	6
Don't know – can't remember	7	7	7
Can't remember seeing any advertising for Rethink.....	8	8	8

IF SAW / HEARD ANY ADVERTISING FROM ANY SOURCE AT Q11: OTHERS

GO TO Q.13

Q.12 What was the message behind the advertising or information by Rethink that you saw or heard?

Its time to rethink mental illness	1
My problem is schizophrenia – what's yours?.....	2
1 in 4 of us will experience a mental health problem at some point in our lives	3
Stamp out stigma.....	4
Mental illness can happen to anyone.....	5
People can and do recover from severe mental illness.....	6
You can't always see the scars of a mental health problem.....	7
The stigma of mental illness is a major barrier to accessing treatment, recovery and employment	8
Other (Please specify).....	9
Don't know	0

ASK ALL – SHOW STILL D3

Q.13 Have you seen this TV advertising?

Yes.....	1-ASK Q.14
No.....	2
Don't know/can't remember	3

IF SAW TV ADVERT AT Q13: OTHERS GO TO Q.16

Q.14 What message do you think the advertising was trying to get across?

It's good to talk about mental illness	1
You don't need to be afraid of mental illness	2
Mental illness can happen to anyone.....	3
You can't always see the scars of a mental health problem.....	4
You can't always tell when someone has a mental illness.....	5
People with mental illness can have ordinary lives.....	6
Its time to rethink mental illness	7
1 in 4 of us will experience a mental health problem at some point in our lives	8

Stamp out stigma.....	9
People can and do recover from severe mental illness.....	0
The stigma of mental illness is a major barrier to accessing treatment, recovery and employment	
Other (Please specify).....	V
Don't know	X

IF SAW TV ADVERT (CODE 1 AT Q13)
 Q.15 Did you discuss this TV advertising with anyone or did anyone discuss it with you?

Yes	1
No.....	2
Don't know/can't remember	3

ASK ALL

Q.16 Rethink have been using the campaign statement "It's time to rethink mental illness", what do you think they mean by this slogan? **PROBE FULLY AND RECORD VERBATIM**

	(56)
	(57)

ASK ALL
SHOWCARD D4
 Q.17 How do you rate your understanding of mental illness on a rating of 0 to 10?

0	↑	No understanding at all	1
1		.....	2
2		.....	3
3		.....	4
4		.....	5
5		.....	6
6		.....	7
7		.....	8
8		.....	9
9		.....	0
10	↓	Excellent understanding	V

SHOWCARD D5

ASK ALL

Q.18 Have you had any personal experience of mental health problems? **JUST CALL OUT THE LETTER**

F	Yes, I have experienced mental health problems myself	1
A	Yes, I have cared for or I am a relative of someone who had or has mental health problems	2
G	Yes, through my work as a mental health or social care professional.....	3
B	Yes, through my work as a social care professional (non-mental health)	4
H	No, I have no experience of mental health problems	5
C	Other <i>Specify</i> :	6

Appendix two: Campaign Partners/ New Contacts

Organisations linking to NI RAS:

DESCRIPTION	WEBSITE	CONTENT
Northern Ireland Council for Voluntary Action	www.communityni.org	Support Rethink Anti-stigma Campaign, Video and link to Rethink website
Northern Ireland Action Mental Health	www.niamh.co.uk	Support Rethink Anti-stigma Campaign, link to Rethink website
BBC NI	www.bbc.co.uk/ni/healthyminds	Information and front page link to Rethink campaign website; service user stories & <i>Frames of Mind</i> schools competition
Listings Website	www.4ni.co.uk	NI youth benefit from 5.2 lottery windfall, Fergus Cooper/John Coburn
Queens Film Theatre	www.queensfilmtheatre.com	<i>Movies in Mind</i> Season, link to Rethink website
General Political Website	www.politics.co.uk	Northern Ireland to learn from Norwich Anti-stigma campaign
NI Prison Service	www.niprisonservice.gov.uk	Hydebank Young Offenders Centre hosts Revolving Door play with Rethink
Canadian Mental Health site	www.mooodisorderscanada.ca	Examples of Anti-stigma campaign, mentions Rethink
Community Development & Health Network	www.cdhn.org	Support RAS and Link to Website
General Psychology Info Site	www.psychology.co.uk	Launch of Rethink first TV ad, NI anti-stigma
Listings Site	www.artlistings.com	<i>Revolving Door</i> play preview information
General Political site	www.politics.co.uk	Comic Relief Money, NI anti-stigma
Health Action Zone North and West Belfast	www.haz-nwbelfast.org.uk	Rethink Anti-stigma campaign and information about Revolving Door
Action Mental Health	www.actionmentalhealth.org.uk	Campaign Launch and Support – Link to Website
Pavilion Publishing	www.pavpub.com	Anti-stigma Campaign mentioned
Craigavon Borough Council	www.craigavon.gov.uk	<i>Revolving Door</i> play being hosted
National Institute for Mental Health in England	www.shift.org.uk	Anti-stigma Campaign launch
Down Democrat Newspaper	www.downdemocrat.com	Revolving Door review
North West of Ireland Printing and Publishing (Newspaper Group)	www.nwipp-newspapers.com	Revolving Door review

Praxis Care Group	www.praxiscaregroup.org.uk	Launch, Advert, Movies in mind and Link to website
NI Eastern Health and Social Services Board Area.	www.wellnet-ni.com	Workshop with Richard Lappin focusing on service-user carer involvement in RAS
Omagh Borough Council	www.omagh.gov.uk	<i>Revolving Door</i> review
Coronation St fan site	www.corrieblog.tv	Simon Gregson used in Rethink Anti-Stigma advert
Grants Website	www.j4bgrants.co.uk	Big Lottery Fund, Anti-stigma, Fergus Cooper/John Coburn

New contacts / opportunities arising from campaign:

- Dept of Agriculture and Rural Development - invited Rethink for pre-consultation on Rural Development Programme.
- Dept of Agriculture - chair of Disability Forum has contact Rethink regarding employee relations and mental health.
- Belfast City Council - invited Rethink to pre-launch consultation on Public Safety Programme.
- Investing for Health team in Newtownards funding a performance fo Revolving Door.
- British and Irish Associations of Social Workers - invited Rethink to speak about campaign at conference.
- Causeway TRust - invited Rethink to addres stakeholder conference on Patient Involvement policy.
- Leonard Cheshire homes - public affairs manager contact Rethink about future co-operation.
- BBC - invited Rethink to be interviewed regarding future anti-discrimination work with student organanisations.
- Western Health and Social Care Trust - requested and funded two Revolving Door performances.
- Save the Children - contact Rethink about links between mental health and anti-bullying work.
- NEXUS charity contacted Rethink about marketing of campaign

Appendix three: NI RAS Budget

Northern Ireland anti- discrimination budget

Actual spend from
Sep-Apr07

Press and PR	Cost	Total est expenditure	Variance
2 reports:			
Writing	£3,140	3,000	140
Design, print & production	£4,965	5,500	-535
Postcard invites to press launch	£617	300	317
Press launch of reports			
Venue & hospitality (x 2 events)	£318	1,500	-1,182
PR Activities			
Two Campaign Stunts	£2,456	2,000	456
Events organised by Service Managers & Team Leaders:			
Final list to be agreed with services 11th Oct	£8,934	6,000	2,934
Arts events			
Film festival (7 films + educational pack + exhibition)	£9,964	9,500	464
Drama Roadshow (12 performances over 7 days at 7 venues)	£12,000	12,000	0
Total	£42,394	39,800	2,594

QA/Evaluation/research			
Millward Brown (opinion poll)	£15,000	14,000	
Rethink research team	£3,000	2,000	
Total	£18,000	16,000	2,000

Advertising/Marketing - £100k	Cost	Total est expenditure	Variance
TV advert			
Media/Production	£101,391	29,000	72,391
	£0	28,455	-28,455
Subtotal	£101,391	57,455	43,936
6 sheet posters			
Media	£0	9,763	-9,763
Production	£0	2,500	-2,500
Subtotal	£0	12,263	-12,263
Bus posters (bus headliners and streetliners)			
Media	£0	4,809	-4,809
Production	£0	2,500	-2,500
Subtotal	£0	7,309	-7,309
Leaflets (joining)			
Creative	£0	300	-300
Print	£0	4,500	-4,500
Subtotal	£0	4,800	-4,800
Misc			
Distribution/courier etc	£0	1,000	-1,000
Photography, model allowance and retouching	£0	4,000	-4,000
Agency fees	£0	13,000	-13,000
Subtotal	£0	18,000	-18,000
Total	£101,391	99,827	1,564
Additional			
A2 posters for use in services and others	£0	3,628	-3,628
Final advertising total	£101,391	103,455	-2,064
Grand total	£161,785	159,255	2,530

Income:

Received donations from Western Board 30/04/07 £500
Northern Bank 04/12/07 £ 3000
Health Promotion 27/03/07 £30485
Total £33985