Plan for Mental Health Social Marketing Anti-Stigma Initiative

November 17, 2006

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Introduction

This marketing plan was developed from October-November 2006 for the Mental Health Transformation Grant Social Marketing Initiative to eliminate the stigma surrounding mental illness in Washington State. It is based on evidence from three areas:

- **Formative research** conducted by the Gilmore Research Group consisting of telephone focus groups with mental health consumers (adults, parents of youth, and youth in transition); telephone interviews with mental health care providers, primarily those that receive public funding; and telephone interviews with local elected officials, members and staff of the Washington State Legislature – including the Joint Legislative & Executive Mental Health Task Force, and members of the Mental Health Transformation Workgroup.

- **Expert recommendations** from the Social Marketing Task Force made up of representatives from the provider perspective, the consumer perspective, and the public policy perspective, (see Appendix A on page 27).

- **Current literature**, primarily the work of Patrick Corrigan, professor of psychiatry at Northwestern University, who identified three areas of best practice for stigma reduction: contact, education, and protest/reward.[1]

Purpose

The purpose of this initiative is to eliminate the stigma surrounding mental illness and the barriers it creates in the work setting, at home, within the healthcare system, and in the community. The primary means of eliminating stigma is to increase the understanding that people with mental illness can and do recover and live fulfilling and productive lives.

The social marketing initiative is built around the framework set forth by Corrigan, whose research suggests a target-specific stigma change model. Corrigan writes that, "'Target' here has a double meaning: the power groups that have some authority of the life goals of people with mental illness and specific discriminatory behaviors which power groups might produce that interfere with these goals.[1]"

The Social Marketing Task Group identified seven key groups as having power to change stigma and support adoption of the recovery model, (see Appendix A on page 27).

Three target audiences were selected as having the highest priority in Year 1 of the social marketing initiative. Goals for change were developed by the Social Marketing Task Group based on a literature review and their combined experiences and expertise:

Audience	Desired Behaviors
Consumers	- Advocate, tell your story and participate. - Identify leaders. - Take a responsible role in your recovery. - Seek treatment.
Providers of public mental health care	- Attend discussion groups with consumers whose personal stories provide examples of successful recovery. - Partner with consumers and emphasize their role in recovery. Encourage them to take an active role in determining their goals and their treatment, and emphasize their responsibility for managing their condition. - Use language of respect. Talk about people with mental illness as people, instead of referring to them by their disease. - Encourage your peers to adopt these same behaviors.
Policy Makers	- Pass legislation that enables "recovery" and "mental health transformation." - Reallocate existing funds to put more resources into recovery resulting in a decreased need for crisis intervention. - Interpret regulations affecting people with mental illness using "recovery" lens. - Ensure adequate funding to support recovery-oriented mental health services including consumer participation. - Support the provision of employment opportunities for consumers. - Eliminate stigmatizing language and views and adopt a language and process that promotes recovery.

Formative Research

Through focus groups and interviews, the three target audiences identified barriers that keep them from adopting the identified desired behaviors (see previous table), as well as motivators that would enable them to change, (see Appendix B on page 28).

Consumers identified stigma and lack of knowledge and skill as barriers to speaking out about mental illness and getting the services they need to be healthy. Motivators included training in public speaking, wanting to let others know they are not alone, and central sources of information on services and financial assistance in paying for them.

Providers identified lack of time, short notice, and lack of availability as barriers to attending workshops on recovery. Barriers to adopting the recovery model include the lack of a clear understanding of recovery goals and specific practices, and the lack of management support and financial reimbursement for what appears to take longer and is a departure from historical approaches. Motivators include peer and management support, continuing education that is conveniently located and scheduled well in advance, proof that the recovery model works, and having more training and information on the steps and techniques.

Policy Makers identified lack of knowledge about mental illness and the Mental Health Transformation Project, as well as funding/resource issues as barriers to passing legislation and approving budgets that would support recovery. Some policy makers also held certain beliefs that may act as barriers, such as: being unsure that successful recovery is how the consumer defines it; and being unsure that people with mental illness pose no greater violence risk to the community than people without mental illness. Motivators include consumer success stories, proof that the Recovery Model works, and evidence that Transformation works.

Best Practices for Stigma Reduction

Corrigan grouped the various approaches to changing public stigma into three processes: contact, education, and protest.[1]

Contact with people with mental illness yields significant improvements in attitudes about mental illness. Research shows that members of the general public who are more familiar with individuals labeled mentally ill are less likely to endorse prejudicial attitudes. Studies have shown that attitude change that results from contact maintains over time and is related to a change in behavior.[1]

Education strategies focus on replacing the emotionally charged myths of mental illness (e.g. "Most people with mental illness are highly dangerous") with facts that counter the myths (e.g., "On average, people with mental illness are no more dangerous than the rest of the population"). Research has shown that relatively brief education programs can lead to significantly improved attitudes about mental illness. However, it has yet to be shown that change is maintained over time.[1]

Protest, or the practice of publicly shaming discriminatory comments or practices, can result in behavior change but can also have a reverse or "rebound" effect.[1] This strategy also includes the practice of **reward**, in an effort to not simply call out labeling and discriminatory language, but to also bring positive public attention to people and organizations that are making a difference.[1]

Best Practice	Features[1]	Benefits[1]	Limitations[1]
Contact	Engagement with people with mental illness as part of an anti-stigma program - such as community forums, workshops and presentations.	Familiarity with people with mental illness results in significant changes in attitude that is maintained over time and results in a change in behavior	Reaches small numbers.
Education	Public education campaigns countering myths with realities.	Reaches large numbers of people and results in significant improved attitudes about mental illness.	Not yet proven to change behavior; attitude change not maintained over time.

Protest/Reward	Public criticism of entities and individuals with prejudicial attitudes or involved in discriminatory practices.	Draws public attention to discrimination and stigma, and can cause behavior change by individuals or organizations (e.g. media).	Can backfire when those criticized take offense and dig in deeper in their practice or belief.

Social Marketing Plan At-A-Glance

The marketing plan is organized around the three best practices identified by Corrigan. Strategies targeting the three audience groups are identified within each best practice. It is expected that the Social Marketing initiative will not address each best practice in its entirety during Year 1, and the plan may be modified based on feasibility of the recommended strategies.

Wherever possible, strategies described in this plan will be developed to augment programs and activities already underway through respected, established organizations and programs to increase their exposure and effectiveness.

Best Practice	Audiences and Strategies		
	Consumers	**Providers**	**Policy Makers**
Contact	Consumer speakers bureau.	Professional education workshops and presentations (including participation from consumer speakers bureau).	Strategic speaking engagements highlighting consumer success stories and the recovery model (including participation from consumer speakers bureau).
Education	Central resource (e.g. printed education materials) for information on services, payment options, wait times and interim support.	Compendium of recovery evidence and best practices.	White papers on Transformation effort in Washington state, recovery and resiliency, and stigma.
Protest/Reward	Advocacy awards and news bureau.	Advocacy awards and news bureau.	Advocacy awards and news bureau.
Promotional and public awareness tactics are woven into each strategy to increase public understanding that mental health is an essential part of health, and to publicize community forums, workshops, advocacy awards, and inaccurate and unfair media portrayals of mental illness.			

Best Practice: Contact

Strategy: Consumer Speakers Bureau

Develop, support and promote a consumer speakers bureau that can be deployed to participate in community-based mental health training, community forums, continuing education programs, legislative hearings, county commission meetings, and interviews with the media. The purpose of the speakers bureau is to increase public contact with consumers successful in their recovery through workshops and presentations, and to raise understanding among the public and key power groups (providers of mental health services, police, jail personnel, elected officials, etc.) that people with mental illness can and do recover and lead fulfilling lives.

Audience: Consumers

Positioning Statement:

We want the speakers bureau to be seen by consumer participants as a means to *aid in their own recovery;* an opportunity for them to *receive training in public speaking and presentation skills;* and a group of people from whom they will receive support *and encouragement to publicly share their story*.

We also want the speakers bureau to be seen by consumer participants as a vital component in *eliminating stigma*; that by publicly sharing their story through workshops and presentations they will change prejudicial attitudes and provide encouragement to others to seek help.[1]

Formative research

Consumers in focus groups indicated that they believe speaking publicly can help dispel myths, and indicated basic shyness, fear of stigma, and lack of experience as barriers to participation. They also indicated that training in public speaking and knowing that their efforts would help others and provide hope for recovery, would motivate them to become involved.

Product: Speakers bureau

Features

- Includes training on public speaking and presentation skills for members of the speakers bureau.
- Includes opportunities for speaking at convenient times and locations for members.
- Provides an honorarium for members.
- Provides financial support for traveling to speaking engagements.

Benefits

- Facilitates personal recovery.
- Speakers model recovery for peers.
- Skill and experience in public speaking (transferable other life events, e.g. employment).
- Elimination of stigma.

Extras

- Recruitment materials.
- Training materials.
- Promotional materials.

Price (Decreasing barriers)

- Training in public speaking.
- Support from their peers.
- Honorarium and travel expenses.
- Hope that things will get better.
- Increased sense of pride and self worth knowing that they are helping to reduce stigma and encourage others to get the help they need to live productive and fulfilling lives.

Place

- The speakers bureau augments existing workshops and community training events.
- Recruitment is conducted through community-based mental health organizations and peer run organizations that can provide support to speakers.
- Workshops and presentations scheduled at locations and times throughout the state that are convenient for members.

Promotion

- Recovery and resiliency materials and messages are disseminated through community-based mental health organizations (including peer run organizations) that are part of the speakers bureau.
- Media coverage of workshops to increase public awareness and contact with consumers.

Evaluation

Outputs

- Distribution of media materials.
- Number of trained members in speakers bureau.
- Number of scheduled speaking engagements.
- Number of speaking engagement requests.
- Number of persons in attendance at speaking engagements.

Outcomes

- Improvement in public speaking skills and comfort level of speakers bureau members.
- Positive impact on recovery for speakers bureau members.
- Reduction of prejudicial attitudes in individuals who attend workshops or presentations .
- Increased belief that people with mental illness can and do recover and live fulfilling and productive lives by individuals who attend workshops or presentations .

Strategy: Professional Education Workshops

Professional education opportunities that provide training on best practices in mental health care and the Recovery Model in the form of workshops and other speaking engagements. This strategy includes participation from the consumer speakers bureau.

Audience: Providers of Mental Health Services

Positioning Statement

We want the workshops to be seen by providers as a convenient and effective way to *substantiate academic findings* and to learn about *best practices* and recovery-oriented approaches – including *components and techniques of developing partnerships with consumers*, and *evidence that the Recovery Model works*.

Formative research

Providers interviewed agree there is an urgent need for anti-stigma efforts, and that participation in community workshops and forums is desirable. They cite lack of lead time, time constraints, and not knowing about the availability of workshops as barriers to participation. Management and peer support and encouragement would be motivating, as would hearing consumer success stories.

Product: Workshops and training opportunities for providers

Features

- Includes education about best practices and the Recovery Model.
- Consumer speakers bureau is part of continuing education.
- Specific examples of the Recovery Model and applications to professional practice.
- Web-based continuing education calendar.

Benefits

- Professional development.

- Evidence that the Recovery Model works for providers and consumers.
- Effective and convenient learning opportunities.
- Increased knowledge of best practices and the Recovery Model.
- Elimination of stigma through increase contact with consumers who are managing their mental illness and living fulfilling lives in the community.

Price (Decreasing barriers)

- Convenient, comprehensive source of educational opportunities.
- Workshops are scheduled at convenient times and locations.
- Workshops are scheduled in rural as well as urban areas of Washington State.
- Includes plenty of advance notice to encourage advance planning and attendance.
- Time off for training.
- Opportunity to improve professional practice.
- Potential for continuing education credits.

Place

- Workshops and training opportunities are scheduled at locations and times throughout the state that are convenient for providers.

Promotion

- Articles in provider newsletters.
- Messages on listservs.
- Sessions at conferences.
- Promoted through Washington State Medical Association and county medical societies.

Evaluation

Outputs

- Distribution of promotional materials.
- Number of providers at workshops targeted toward providers.
- Number of providers on listserv or mailing list.
- Number and names of professional organizations that distribute and/or post promotional materials on website.

Outcomes
- Increased "customer satisfaction" of providers about times, locations and advance notice of workshops and presentations.
- Increased satisfaction by providers that they have the evidence they need to change their practice.

Strategy: Strategic Speaking Engagements

Presentations specifically directed toward policy makers that highlight consumer success stories. This strategy includes participation from the consumer speakers bureau.

Audience: Policy Makers

Positioning Statement

We want policy makers to view speaking engagements as an opportunity to hear *success stories from consumers*. We also want policy makers to view the speaking engagements as a source of information about *mental health issues*, including recovery and stigma.

Formative research

Most policy makers interviewed agreed that stigma exists, however they are unaware of any role that they might play to decrease it. Some policy makers also hold beliefs that may act as barriers to supporting recovery and Transformation efforts. For example many policy makers believe that it's easy for people to get information about mental health services in their areas, a finding that contradicts what consumers in focus groups said. Many also do not believe that successful recovery is how the consumer defines it or that people with mental illness pose no greater violence risk to the community than people without mental illness. Many policy makers indicated that increasing the visibility of consumer success stories would motivate them to support Transformation efforts through legislation and budget reform. Changing some of their beliefs about mental illness may be a secondary benefit of hearing consumer success stories.

Product: Strategic speaking engagements involving consumer speakers bureau

Features

- Utilizes consumer speakers bureau.
- Targets specific legislative audiences.
- A forum for providing specific information on mental illness, recovery, and Washington's Mental Health Transformation Project.

Benefits

- Increased knowledge of mental illness.
- Increased knowledge of Washington's Mental Health Transformation Project.
- Change in perceptions about people with mental illness that may influence policy.

- Elimination of stigma through increase contact with consumers who are managing their mental illness and living fulfilling lives in the community.

Price (Decreasing barriers)

- Convenient educational opportunity tailored toward specific policy maker audience - giving them what they need to do their job better.
- Speaking engagements are scheduled at convenient times and locations.
- Opportunity to hear from constituents.
- Opportunity to understand more about Transformation effort in Washington.
- Increased understanding of an issue important to citizens of Washington.

Place

- Speaking engagements are scheduled at locations and times throughout the state that are convenient for policy makers.

Promotion

- By invitation.
- By appointment (presentation).

Evaluation

Outputs

- Number of speaking engagements scheduled.
- Number of policy makers at speaking engagements.

Outcomes

- Increased knowledge about mental illness by policy makers attending speaking engagements.
- Increased knowledge about Washington's Mental Health Transformation Project.
- Decrease in stigmatizing attitudes and beliefs by policy makers attending speaking engagements.
- Increase in legislation supporting Transformation and mental health.
- Increase in funding and budget allocations directed toward mental health.

Best Practice: Education

Strategy: Materials on Mental Illness and Recovery

Web-based and printed educational materials that provide clear and succinct information on mental illness, recovery, and obtaining and paying for services needed by consumers.

Audience: Consumers

Positioning Statement

We want the materials to be seen by consumers as an effective way to *increase their knowledge about their mental illness* as well as a source of *hope that they can get better.* We also want the materials to be seen by consumers as a source of *support in navigating through the system* by providing clear and simple information about *what treatment is available, where it is available and options for payment.*

Formative research

Consumers indicated a major barrier for taking responsibility in their recovery is not knowing what treatment is available, where it is available, and options for payment. Other barriers mentioned were lack of knowledge about their illness, feelings of hopelessness, believing they are alone, and feelings of stigma and shame. Consumers indicated they are more motivated to be an active partner in their treatment when they believe there is hope – that they can get better, they are worthy and they are not alone. They want help navigating the mental health system, encouragement from providers, and reassurance that it is okay to take risks and fail.

Product: Booklet and fact sheets

Features

- Booklet includes information about how to navigate the public mental health care system as a consumer and as a parent of a youth consumer.
- Includes information about treatment options, where it is available and financing options.
- May be customized by counties or Regional Service Networks to provide a more location-specific resource for consumers.
- Available online and downloadable for printing.
- Fact sheets about specific mental illnesses and recovery.
- Focus is consumers after diagnosis and the angle is recovery.

Benefits

- Clear source of information on mental illness, recovery and treatment options.
- Help for personal recovery.
- Reduction of self-stigma.
- Support for help-seeking behavior.
- Peace of mind about options for treatment, services and financial assistance, even if limited. This is based on the customer service principal that satisfaction is increased when people know the truth about a product or service, including its limitations.

Price (Decreasing barriers)

- A central source for trusted information.
- Help figuring out where treatment is available and how to pay for it.
- Reassurance about options, even if they are limited.
- Reassurance about where to go for help and how long it will take to get it.
- Resources for assistance in the interim while waiting for recommended programs and professional assistance.

Place

- A central source available on the internet and downloadable for print.
- Hard copies available at key points of contact for consumers (through community mental health centers, peer run organizations, state mental hospitals, private providers, primary care providers, libraries).

Promotion

- Publicized through existing newsletters, listservs, and media outlets.

Evaluation

Outputs

- Geographical areas of distribution of booklet and fact sheets.
- Number of booklets and fact sheets printed and distributed.
- Number of websites linked to booklet and fact sheets.
- Number of downloads from host website.

Outcomes

- Increased consumer knowledge of mental illness and recovery.
- Increased belief that recovery is possible by consumers.
- Decreased self-stigma in consumers.
- Increased help-seeking behavior by consumers.
- Increased consumer satisfaction in public mental health care system.

Strategy: Compendium of Materials

A compendium of continuing education materials, research-based articles and bibliographies that provide evidence for best practices and the Recovery Model.

Audience: Providers

Positioning Statement

We want the articles, materials, and reading lists to be seen by providers as a way to *increase awareness about best practices*; as well as a means of providing *evidence that the Recovery Model works and will reduce the need for crisis intervention*, and that, on average, *people with mental illness are no more dangerous than the rest of the population.*

Formative research

All providers interviewed are familiar with the recovery model and most believe it works. Barriers to full adoption include perceptions that the goals and methods of the recovery model are not clear to everyone, it takes longer, and there is insufficient funding for widespread adoption. Providers indicated they would be aided in their efforts to adopt the model if they had sufficient evidence that it works, and had more training in the steps and techniques.

Product: Compendium of recovery materials, articles and bibliographies

Features

- Provides evidence for best practices and the Recovery Model.
- Available online and downloadable for printing.

Benefits

- Professional development.
- Evidence that the Recovery Model works.
- Effective and convenient learning opportunity.
- Increased awareness of best practices and the Recovery Model.

Price (Decreasing barriers)

- Opportunity to improve professional practice.
- Evidence that counters myths and supports recovery.
- Evidence that outcomes will improve.

Place

- A central source available on the internet and downloadable for print.

- Hard copies available at workshops and other presentations/speaking engagements.
- Promoted through other venues, including websites and listservs of professional organizations and partners.

Promotion

- Articles in provider newsletters.
- Messages on listservs.
- Sessions at conferences.
- Promoted through Washington State Medical Association and county medical societies.

Evaluation

Outputs

- Number of materials distributed.
- Hits to website where materials are posted.

Outcomes

- Increased use of best practices and recovery-oriented approaches by providers (as measured by a survey).

Strategy: White Papers

White papers on recovery and resiliency, stigma, mental illness, and Washington's Mental Health Transformation Project

Audience: Policy Makers

Positioning Statement

We want the white papers to be seen by policy makers as a *credible source of information about mental illness, recovery and resiliency, stigma and Washington's Mental Health Transformation Project*. We also want policy makers to view the white papers as a source of *empirical evidence that Transformation works, can be economical and a good investment, and better serve the underserved.*

Formative research

Many policy makers interviewed expressed a lack of knowledge about mental illness and Washington's Transformation efforts. They indicated that having evidence that Transformation works, is cost-effective and can better serve underserved individuals would motivate them to draft legislation and approve local budgets and support Transformation.

Product: White papers

Features

- A series of white papers that provides information and evidence on mental illness, recovery, stigma and Washington's Mental Health Transformation Project.
- Available online and downloadable for printing.

Benefits

- Effective and convenient learning opportunity.
- Increased knowledge about mental illness, recovery, stigma and Transformation efforts in Washington.
- Change in attitudes and beliefs about mental illness that may influence policy.

Price (Decreasing barriers)

- Opportunity to understand more about Transformation effort in Washington.
- Increased understanding of an issue important to citizens of Washington.

Place

- A central source available on the internet and downloadable for print.
- Hard copies mailed out individually and available at speaking engagements.

Promotion

- Hard copies mailed out individually and available at speaking engagements.

Evaluation

Outputs

- Number of white papers distributed.
- Number of white papers mailed.
- Hits to website where white papers are posted.

Outcomes

- Increased knowledge about mental illness, recovery, stigma and Washington's Mental Health Transformation Project by policy makers.
- Decrease in stigmatizing attitudes and beliefs by policy makers.
- Increase in legislation supporting Transformation and mental health.
- Increase in funding and budget allocations directed toward mental health.

Strategy: Public Awareness Materials

Public awareness materials, advertising, and media toolkits to support community-based education and training events and increase public understanding of mental illness and recovery. Materials will feature the concept of *fulfilling lives,* and drive home the point that people with mental illness can recover and live fulfilling lives in the community.

Promotional materials such as posters, fliers and radio public service announcements will be customizable for use by community mental health centers and peer run organizations to use in publicizing community forums, consumer panels, and recovery workshops with community leaders (e.g. county commissioners, police, jail personnel, county medical societies).

Audience: Public

Positioning Statement

We want people in Washington State to see mental health as essential to physical health, and to believe that people with mental illness can recover and lead fulfilling lives as their neighbors, their coworkers, and fellow members of their communities.

Formative research

Current research clearly presents the damaging effects that stigma can have on people with mental illness and their families, including homelessness, unemployment, and a decreased quality of life. Focus groups with consumers indicated that the effects of stigma (such as low self-worth, feelings of shame, as well as struggling with the prejudicial attitudes and discriminatory behavior of others) are significant barriers to seeking treatment. When interviewed, both consumers and providers felt that increasing public awareness and knowledge about mental illness is very important in eliminating stigma.

Product: Posters and radio public service announcements

Features

- **Posters**:
  - Feature people with mental illness in various walks of life.
  - Customizable by community groups, mental health centers, and peer run organizations.
  - Can be reworked into billboards and bus signs to promote events.
- **Radio public service announcements**:
  - Feature messages that mental illness is a condition that can be managed.
  - Invites the public to community forums and events.

Benefits

- Puts a public recovery angle on mental illness.
- Brings recovery into the public and policy dialogue.
- Features people with mental illness who are leading fulfilling lives, and breaks down myths and stereotypes.

Price (Decreasing the "cost" of abandoning stereotypes)

- Normalizing mental health as a part of health through public awareness and public dialogue.
- Identifying sources of help in communities, and justifying the need for a change in delivering services and support.

Place and Promotion

- Posted in public settings (e.g. bus interiors, through major employers, community mental health centers, doctors offices, hospital emergency rooms, lobbies of public buildings).
- Air time on local radio stations.
- Camera ready materials and media toolkits downloadable from a campaign website.

Evaluation Plan

Outputs

- Number of posters printed, distributed, and downloaded.
- Amount of air time received.

Outcomes

- Increased awareness of mental health and the concept of recovery by the general public.
- Decrease in stigmatizing attitudes by the general public.

Best Practice: Protest/Reward

Strategy: Awards Program

Develop or support annual awards programs in Washington State that honor consumers and other individuals (including providers and policy makers) who contribute significantly to anti-stigma efforts by participating in advocacy efforts and encouraging others to do the same. Publicize the recipients in various media to increase public contact with people with mental illness, and decrease the myths surrounding mental illness.

Audiences: Consumers, Providers, Policy Makers and Public

Positioning Statement

We want these awards to be seen by consumers as a way to appreciate the impact consumer advocates have on *eliminating stigma*. We want consumers to view these awards as a means of bringing mental health into the public eye which may *help other people with mental illness realize that they are not alone and encourage them to seek treatment.*

We want these awards to be seen by non-consumer recipients as a way to appreciate the impact that members of key power groups (such as providers and policy makers) have on *eliminating stigma*.

We also want providers to view these awards as a means of bringing mental health into the public eye which may *influence administrators and management to provide financial support and other incentives for providers engaged in best practices and/or recovery-oriented approaches.*

Formative research

In the focus groups, consumers indicated that support from the community was crucial in the recovery process. They also mentioned the need to know they "were not alone." The comprehensive nature of an awards program (includes: promotional materials, a nomination process and the presentation of the awards) is one way for the community-at-large to show support for consumers in their recovery, to promote the message that "they are not alone," and to encourage public sharing which is indicated in the research as a best practice for eliminating stigma.[1]

Promotion of the awards program is another venue for educating the public about mental illness and recovery. Education the public is an important aspect of eliminating stigma indicated by the current literature as well as consumers and providers interviewed.

Product: Advocacy award

Features

- May either be symbolic or monetary.
- Awarded annually.
- May be implemented as a new awards program, or as greater participation and publicity of an existing awards programs conducted by other state, regional and/or national organizations.
- May be presented to more than one individual.
- Widely publicized across Washington State.

Benefits

- Recognition of advocacy efforts.
- Elimination of stigma.
- Encouragement of help-seeking behavior.
- Expose the public to consumers in recovery who are contributing to their community and leading fulfilling lives.
- Expose the public to non-consumer advocates.

Extras

- Advocacy award promotion.
- Advocacy award nomination criteria, process and procedure.

Price (Decreasing the barriers)

- Positive public recognition for advocacy.
- Positive public recognition for consumers sharing stories of recovery.
- Recognition that efforts by consumers will help others get the help that they need.
- Recognition and appreciation for non-consumer advocates engaged in anti-stigma efforts.

Place

- Nomination materials available and publicized online and through community based mental health organizations.

Promotion

- Awards presented annually at a large, widely-publicized event.
- Media coverage of award winners through stories that are told through a "recovery" lens.

Evaluation

Outputs

- Geographical areas of distribution of promotion materials.
- Number of downloads to online materials.
- Number of nominations received.

Outcomes

- Increased public awareness of mental illness.
- Increased first-time help-seeking behavior by consumers.
- Increased provider awareness of role in anti-stigma efforts.

Strategy: News Bureau

Develop a news bureau to publicize awards programs that reward positive portrayals of mental health and recovery, monitor and protest stigmatizing portrayals of mental illness in the media, and stimulate feature stories about people who are managing their mental illness and leading fulfilling lives.

Audiences: Consumers, Providers, Policy Makers and Public

Positioning Statement

We want people in Washington State to recognize the prevalence and effect of stigma in the media and have a local vehicle to protest these messages and images. We also want to bring the experiences of people with mental illness, including stories of recovery, into the public eye as well as raise awareness the mental health transformation efforts occurring in Washington State.

Formative research

Similar to posters and radio public service announcements, a news bureau is another venue for increasing awareness and educating the public about the pervasiveness of stigma and the barriers it creates. Following the Health Belief Model, the theoretical underpinning of this initiative, the news bureau also provides people with a "cue to action" – how to recognize and get involved in eliminating stigma through media advocacy.

Product: News Bureau

Features

- Publicizes awards programs and recipients.
- Monitors media coverage and protests unfair portrayals and stigmatizing language.

- Conducts editorial board meetings to discuss mental health transformation and the effects of stigmatizing news coverage.
- Stimulates feature stories on help in communities for people with mental illness to encourage help-seeking and decrease stigma.

Benefits

- Increases understanding of stigma and its effects.
- Protests stigmatizing messages and images in the media.
- Raises awareness of mental health transformation efforts.
- Provides a vehicle for action.

Price (Decreasing the "cost")

- Public understanding of mental illness and recovery oriented services will become the social norm. This supports a shift in a number of areas:
  - Support for mental health as an essential part of health.
  - Person centered language.
  - Increase support for community mental health services, including peer run organizations.

Place and Promotion

- Stories and editorials in print and on broadcast media.

Evaluation

Outputs

- Number of news articles and editorials printed.
- Number of news stories aired.
- Geographical distribution of media providing coverage.
- Number of editorial board meetings conducted.

Outcomes

- Increase in the awareness of mental illness and stigma.
- Increase in use of person centered language in the media (e.g. she *has* bi-polar disorder vs. she *is* bi-polar).
- Decrease in stigmatizing messages and images in the media.
- Increase in positive portrayals of mental health recovery and community services for people with mental illness.

Bibliography

[1] Corrigan, PW. (2004). Target-specific stigma change: a strategy for impacting mental illness stigma. *Psychiatric Rehabilitation Journal*, 28 (2), 113-121.

Appendix A: Task Group Members and Target Audiences

Social Marketing Task Group

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Maria Monroe-DeVita, PhD	Washington Institute for Mental Illness Research and Training
Jill SanJule	Mental Health Transformation Project

Target Audiences

1. Consumers
2. Providers of mental health services
3. Policy makers
4. Employers
5. Health care providers
6. Families and loved ones
7. Schools

Appendix B: Formative Research

Summary of Barriers and Motivators by Target Audience

Audience: Consumers

Desired Behaviors	Advocate, tell your story, participate and encourage the same from others	Take responsibility in your recovery – including being a partner in treatment and following your treatment plan
Barriers	Basic shyness, insecurity with speaking skills Feeling don't have enough to offer or say Concern whether anyone would want to listen Stigma – fear will be thought less of and/or discriminated against Not knowing what opportunities for speaking are available	Not knowing what treatment is available, where it is available and options for payment Lack of knowledge about options and best choices due to difficulty in obtaining information as well as conflicting and confusing information Lack of access to appropriate treatment; long waiting lists and difficulty getting first appointment Poor communication and coordination between agencies and systems preventing seamless delivery of services, especially for youth in transition Lack of confidence among consumers that evidence-based practices work, that they represent a cookie-cutter approach when their situation is individual Too few resources specifically geared for youth Lack of knowledge about illness Feelings of hopelessness, believing you are all alone Stigma and feelings of shame The illness itself can interfere with seeking appropriate treatment Perception that some providers aren't interested in partnering model Negative side effects from some medications Affordability
Motivators	Training in public speaking and presentation skills	Believing there is hope, that they can get better, that they are worthy

Wanting to let others know they are not alone	Knowing they are not alone
Getting others to seek treatment	Support in navigating through the system
Eliminating stigma	Reducing the stigma; being seen as people not an illness
Believing the public sharing will help my own recovery	Support and coordination of services for youth
Believing my story will be listened to and heard	Encouragement from providers to take an active role
	Access to affordable treatment
Encouragement from others to share publicly, especially consumer advocates and providers	Believing okay to risk and fail

Audience: Providers

Desired Behaviors	Attend discussion groups or workshops with consumers	Partner with consumers	Use language of respect	Adopt the Recovery Model	Encourage peers and co-workers to adapts these same best practices
Barriers	Time constraints Already have heavy load Not aware sessions existed Don't know time and locations No sessions in my area (rural)	Some consumers not ready Not appropriate for some consumers	Old habits Seems acceptable when just with peers Not comfortable correcting peers	Goals not clear to everyone Too much emphasis for us currently on using measurable objectives perceived as limiting treatment options Not enough room for individual variation Implementation process is lengthy Requires big societal change Lack funding for wide-spread implementation Not enough management support Other consumer priorities like access to mental health care	Not comfortable pushing peers Believing my peers have similar barriers in terms of awareness, time, access to resources and management support Concern among some peers that consumers aren't ready
Motivators	Management and peer support and encouragement Awareness of related consumer success stories Advance notice Financial support	Knowing more about the components of and standards for partnering Having more training in steps and techniques	Having clinic or practice make this a priority standard/goal Peer agreement Adopting Recovery Model practices	Evidence that it works for consumers and providers Evidence that people with mental illness are not more violent than other people	Increased awareness of good practices through education/ training More promotion of workshops Management

		Peers speaking publicly that this is the desired norm	Evidence will reduce crisis intervention	support for extra time and effort needed
or incentives Substantiating academic findings			Testimonials and success stories	Having clinic or practice make this a priority standard/goal

Audience: Policy Makers: Transformation Workgroup

Desired Behaviors	Achieving the elimination of stigma	Adopt processes that advance recovery	Champion legislation
Barriers	Concern with others' perspectives: Discomfort discussing mental illness; fear of people with mental illness; feeling this is a private issue, not a mainstream one; understanding of sigma; and belief that the disease is treatable. Concern for consumers: Employment opportunities, employer education, and housing opportunities Concern with Workgroup Timely and effective communications, given varied locations of members	Inadequate Funding: Program development, access to care, education and training, public awareness System is currently more adult than child or family-oriented Inadequate Early intervention, "outpatient" treatment, geriatrics training, transition programs for kids, access of mental health consumers to medical care, insurance Low public awareness and understanding	Not always seen as a Legislative Priority Lack of understanding of value of pro-active versus crisis services Existing Regulations placing limits or denying services and reimbursements Lack: Consistency/one voice among special interest groups; acceptance by the population or by insurance carriers as important as physical health
Motivators	Increased funding for: Programs to increase employment; housing; more clubhouses Showcase success stories Legislation increasing access to care for underserved populations Consider mental illness a health issue Work with schools to educate kids at young age	Increased funding to: Support consumer/family run groups and increase employment, access to housing, services and peer support positions System changes: Create a centralized system with links and phone numbers to help people access services; treat older adults separately; change policy and contract wording to reflect goals of transformation; proactive versus crisis driven Communications and Education Solutions: Educate kids at young ages, showcase success stories; host discussions that recovery works	Develop agreements that focus and unify advocates and special interest groups: Agree on greatest needs, barriers, set 2-3 measurable goals Expand (pepper) clubhouses around the state Assure the Governor will support legislation

Audience: Policy Makers: Legislative Taskforce

Desired Behaviors	Draft legislation that funds Transformation	Reallocate current funding in support of Transformation efforts	Ensure adequate funding for Transformation	Reinterpret current regulations	Support development of employment opportunities
Barriers	<u>Concern with current awareness levels and attitudes of legislators regarding:</u> Rationale for Transformation Consumer success stories not visible Funding for mental health is seen as a "black hole" <u>Additional Taskforce concerns with need for</u>: Early intervention Acceptance as important as physical health	<u>Funds are categorized too much, not allowing flexibility</u> **Same as for "Draft legislation…"**	Lack of agreement on funding levels appropriate for various services and segments of the population **Same as for "Draft legislation…"**	**Same as for "Draft legislation…"**	**Same as for "Draft legislation…"**
Motivators	Replicate and expand Clubhouse Model around the state Develop a strategic plan to show how current system can be changed to a more recovery-based system with measurable outcomes Demonstrate that Transformation can save state	**Same as for "Draft legislation…"**	Hammer out agreement among various advocates as to where greatest needs are in order to get Transformation started **Same as for "Draft legislation…"**	Prepare plan for a comprehensive review of mental health related regulations and identify those that can be reinterpreted to support Transformation Review and fund laws passed in 1991 requiring state agency coordination and delivery of	Become informed about actual jobless rates among people with mental illness **Same as for "Draft legislation…"**

money and better serve the underserved Visibility for consumer success stories			service Review regulations for Medicaid eligibility and access to services under Medicaid provisions	

Audience: Policy Makers: Local Elected Officials

Desired Behaviors	Approve local budgets that allows for Transformation	Reallocate current funding to support elements of Transformation	Support employment opportunities at the local level
Barriers	Lack information about the Mental Health Transformation effort in Washington Lack knowledge and understanding of mental health issues, particularly that people can recover Budget priority for mental health is not high Funding is seen as a state or federal responsibility Mental health services are not always effective in communities as a result of lack of access/insurance coverage, transportation and knowledge on how to navigate the system	**Same as for "Approving budgets…"**	**Same as for "Approving budgets…"**
Motivators	More funds from state or federal sources and/or help in budgeting to include Transformation priorities Legislative support for making mental health a priority, dedicated to Transformation Better information on officials and the public regarding Recovery Model and stigma principles Empirical evidence that Transformation works; data and examples Provide leadership in changing old habits, assure outreach and help at the grassroots level of the community	**Same as for "Approving budgets…"**	**Same as for "Approving budgets…"**