



“Like Minds, Like Mine”: the campaign against stigma and discrimination (B)

Like Minds national manager Gerard Vaughan decided it was important to identify the mental illness of each person featured in phase 3 of the campaign to remove stigma and discrimination. He felt this would make it clear to viewers that people who appeared confident, in control and no different from anyone else could at the same time have one of the most-feared mental illnesses.

One of his key advisors, Susie Crooks of the consumer-run Light House Trust providing mental health services, resigned in protest at what she felt was the inappropriate decision to use clinical labels.

Vaughan’s decision was vindicated by the positive response to the radio and television advertisements,¹ and he later brought in the moving story of a young man, Chris, identified as having psychosis.

In 2004, Phoenix Research repeated its survey of public attitudes and knowledge about mental illness to see how they had changed since the benchmark survey of 1997 (*Exhibit 1*).

This case was written by Pip Desmond, Australia and New Zealand School of Government, with editorial assistance from Janet Tyson, for Professor John Alford. It has been prepared for class discussion rather than to illustrate either effective or ineffective handling of a managerial situation. The generous assistance and support of the Ministry of Health is gratefully acknowledged. Cases are not necessarily intended as a complete account of the events described. While every reasonable effort has been made to ensure accuracy at the time of publication, subsequent developments may mean that certain details have since changed. This work is licensed under Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, except for logos, trademarks, photographs and other content marked as supplied by third parties. No license is given in relation to third party material. Version 24-01-08. Distributed by the Case Program, the Australia and New Zealand School of Government, www.anzsog.edu.au



¹ Over the 237 days that phase 3 ads screened, 3300 callers used the free phone service providing information, support and referral for people with mental health concerns, and people seeking more information about mental illness. Each time a new ad was run it generated a new wave of callers, the majority in the 30-40 age group, and often spending nearly half an hour on the phone. Source: ‘What’s Been Happening? A Summary of Highlights, Activity and Progress on Like Minds 2003-2006’, Quigley and Watts Public Health Specialists, Feb 2007, p12

People were more likely to include depression and anxiety disorders in their definition of mental illness, rather than just schizophrenia, and were more likely to identify stress as a cause of mental illness. They wanted to know more about how to interact with people with mental illness, and how to maintain their own mental wellbeing.²

However, attitudes were still being driven to some extent by fear, Gerard Vaughan felt. Members of the public were saying they were afraid to reach out to people with mental illness. They didn't know the right thing to do, and, fearful of doing the wrong thing, they chose to avoid or ignore the issue, and therefore the person.

The aim of the Like Minds campaign was also evolving. The 2003-2005 *National Plan*,³ published just as the third phase of ads was going to air, had changed the emphasis from raising awareness to changing people's behaviour and reducing discrimination.

Largely through programmes associated with Like Minds, people with experience of mental illness were becoming more assertive and aware of their rights. Many had become effective and compelling educators. Consumer-led Like Minds workshops were seen as particularly effective in bringing people to an understanding of ways in which they, or their organisation, were discriminating. As the sector matured, sophisticated regional consumer networks and consumer-run organisations were developing, and there were consumers in key national roles like Mental Health Commissioner Mary O'Hagan (*Exhibit 2*).

Nonetheless there was still some feeling that the campaign should show the tough realities of mental illness, like compulsory treatment and looking "different".

The fourth phase

By 2004, the campaign had detailed benchmark on the forms and experience of discrimination. *Respect Costs Nothing* summarised the results of a year-long survey of people with experience of mental illness. This highlighted family and friends as the principal source of discrimination. Fifty nine percent of the 758 respondents described discrimination, usually in the form of being excluded from family and social activities. Job-seeking (34 percent), and mental health services (34 percent) were other major areas of discrimination. The survey also identified the impact of the fear of discrimination.

In early 2005, when Gerard Vaughan briefed Foote, Cone and Belding (FCB) for the fourth phase of the media campaign he wanted it to convey more complex messages. It should describe the experience of mental illness and how people with it managed their lives, in a way that gave other people insights that would prompt them to be more supportive, and suggest how.

Vaughan invited Crooks to rejoin the media advisory group, as he valued her input and felt it was constructive to have conflicting views during discussion. She acknowledged some good had come out of the use of clinical labels in the third phase of ads. "The young

² 'What's Been Happening', p27

³ Ministry of Health, 2003, National Plan 2003-2005, Project to Counter Stigma and Discrimination associated with Mental Illness (September), available from www.moh.govt.nz

man with psychosis was very popular, because a lot of young men who end up with psychosis don't seek help early."

But she remained worried that further emphasis on "diagnosis" during the campaign would prompt unhelpful curiosity.

In preparation for the next phase of the campaign, FCB screened clips of previously unused footage in which Chris talked more about his life and how he had learned to control and live with psychosis. He described how he had felt from an early age, that there was a "little man and a big man in his head getting angry."

Feedback from the general public was that the short films had changed their perspectives of the individual. There was a high level of interest in what he was experiencing mentally, and they wanted to know more. But the reaction from the reference group was quite different.

The group was adamant that it would be dangerous to try and present a "model" for experience of mental illness. "Everybody's experience is unique, and people's voyeurism has nothing to do with reducing stigma and discrimination," Susie Crooks said.

She and others on the media advisory group wanted the campaign strategy to return to the original focus on life experience, showing ways that families, friends and employers could make a difference by changing their attitudes and behaviour.

Once again Vaughan found himself trying to balance conflicting needs. He knew how passionate Crooks could be and he knew the views of people who experienced mental illness were central to the campaign. But he felt that the public for their part needed to know more. He still wanted to challenge stereotypes and felt that the best way to do that was to show seemingly normal people who had managed to overcome or control enormous mental anguish.

However, the direction being taken didn't seem to be creating "the spark that we really needed. We learned a lot about what didn't work for people, and in hindsight, that would be very useful."

An added if unstated pressure was that previous phases of the campaign had won a number of awards for effectiveness – and later that year would win the silver award for sustained success. "We wanted to be able to do something really stunning, having had three very successful campaigns," Vaughan said.

He was prepared to take time out before revisiting the project, and the decision was taken out of his hands when the Ministry called a halt to all contracted projects.⁴ In the meantime, the Like Minds team was presented with an irresistible offer.

⁴ The Ministry introduced new policies whereby all contracts had to be contestable and no historical contracts could be rolled over, after the Auditor-General reviewed the awarding of 60 contracts, worth \$1.3 million, to two former Ministry employees.

Delays, regrouping and the Depression Initiative

Late in 2004, Gerard Vaughan had been surprised by a phone call from John Kirwan, the former All Black who had featured in the first two phases of ads. Kirwan, then the coach of the Italian rugby team, had not been in New Zealand to see the ads when they screened.

Back home and queuing for a ticket to a Bledisloe Cup match between Australia and New Zealand, he was astounded to be approached by a number of people who wanted to talk mental health, rather than rugby, with him. Many thanked him for opening the eyes of their family to the experience of their illness.

Kirwan called Vaughan, offering to any other support he could give to the cause. He would be available to be interviewed further. However he would only be in New Zealand for a short period of time.

This was an opportunity too good to pass up, Vaughan decided, although there would be no immediate opportunity to use the material. With the help of the Mental Health Directorate of the Ministry of Health, funds were found to film Kirwan and his family, speaking candidly about the impact of depression and the need to persist in seeking help. As with the Like Minds interviews, it was filmed as a directed conversation, with director Kevin Denholm putting and re-putting questions to fully explore issues in Kirwan's own words.

In the 2005 Budget, the Progressive Party – a member of the Coalition Government – negotiated a \$6.5m National Depression Initiative over four years, to be run by the Ministry of Health. Progressive Party leader Jim Anderton said depression was widespread, it was a major contributor to suicide, and people did not always seek help because of the stigma.⁵

Vaughan was quick to bid for the opportunity to use the Kirwan footage in a new campaign which he felt could make positive use of the linkages with Like Minds. The ads for the National Depression initiative would have a similar look and feel to the Like Minds campaign and, despite their different focus, would leverage the impact of each other.

The Depression ads, designed to encourage people to seek help early, began showing on 10 October 2006. Their impact was immediate, in a dramatic increase in calls to counselling phone lines. Half were from men, bucking the trend that women callers usually outnumber men by two to one.

The Like Minds campaign would have to get back into action, if it was to leverage off the new John Kirwan series.

⁵ Hon Jim Anderton, media release, Launch of National Depression Initiative, 10 Oct 2006

Wider testing for the campaign, both with the general public and the media advisory group, confirmed that the ads needed to focus on the experience of discrimination, not the experience of mental illness. Audiences also wanted positive stories that triumphed over discrimination. Negative stories showing how tough life was for people who experienced mental illness made them disengage, or feel pity rather than gaining insight into recovery.

A new approach

In line with Ministry policy, Vaughan put out a new tender for the Like Minds campaign, which FCB again won. As development began on the new series, Darryl Bishop took over from Gerard Vaughan as the new programme leader for Like Minds, and Bishop would be involved in the final decisions about the subject and format of the ads. At the same time he was working with a steering group to progress the new National Plan (*Exhibit 3 and 4*), intended to take the programme forward to 2013.⁶

The new plan reflected on the experience of the past ten years of Like Minds, and retained key elements such as leadership of the programme by people with experience of mental illness. It had a strengthened and more explicit focus on behavioural change, with progress to be monitored and specific outcomes to be measured against benchmarks established by research.

In line with the new plan, it was agreed that the Phase 4 advertising concepts should move away from the physical and mental experience of mental illness, and focus on the social experience. Clinical labels would not be emphasised. The voice-over would say “For people with mental illness, the biggest barrier to recovery is discrimination. What you do makes the difference.”

The series screened from July 2007,⁷ running in tandem with the continuing Depression campaign. The final decision was to centre on one person, Aubrey, with a series of different ads. These focussed equally on his experience of mental illness and that of others around him; his wife, his friends, and his employer Dame Susan Devoy,⁸ who described what she and her colleagues had learned and gained from knowing him.

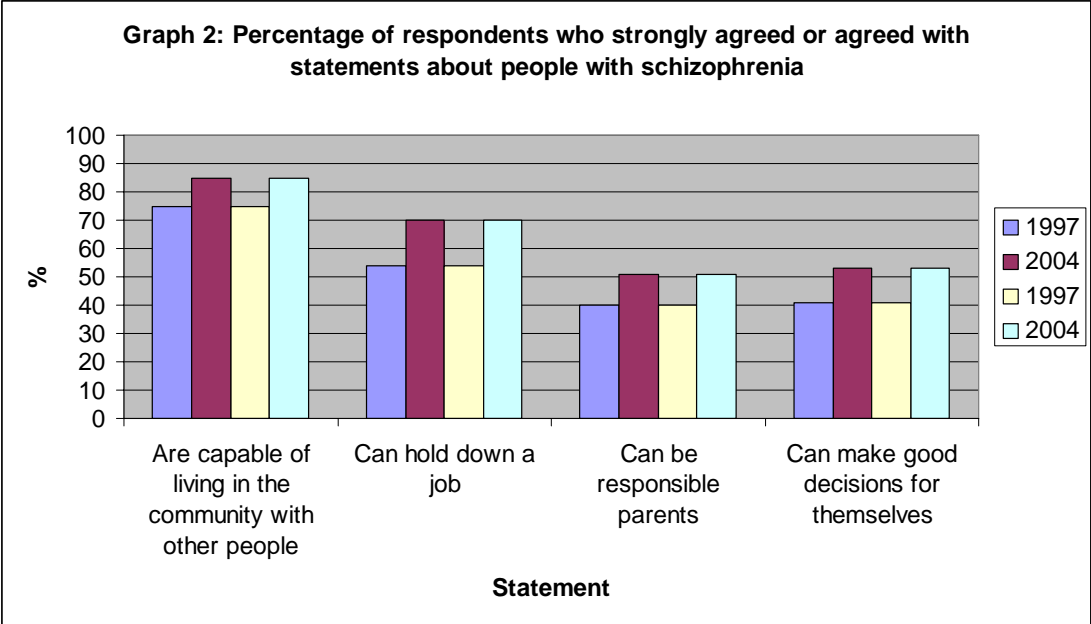
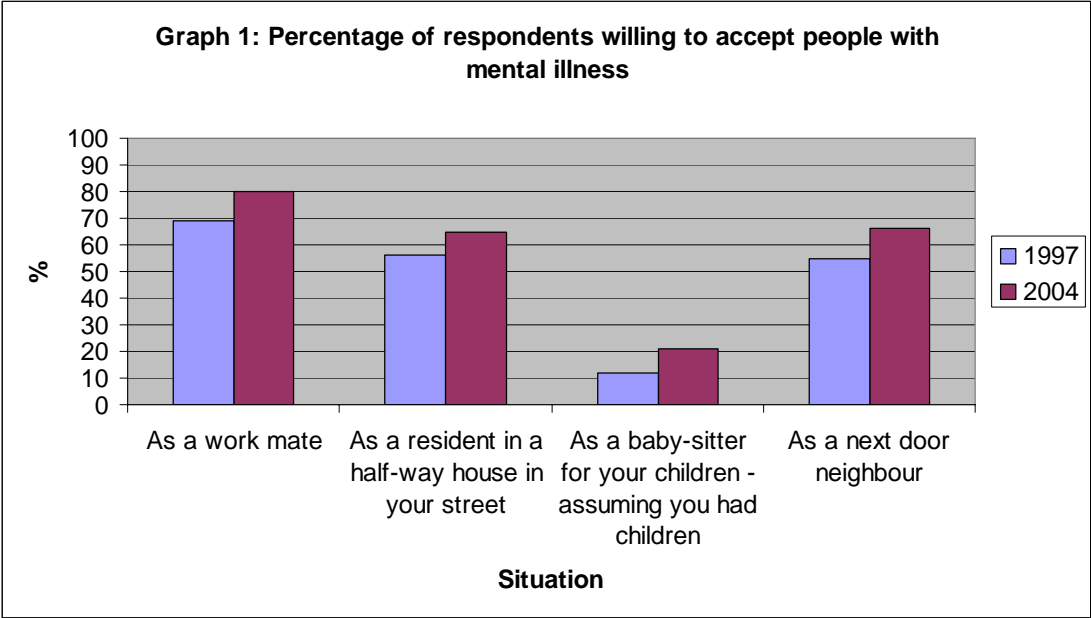
“We realised the view through other people’s eyes is as important as the view from the person with mental illness,” Darryl Bishop said. “There are two sides to successful recovery: what the person does for themselves, and what other people do for them.”

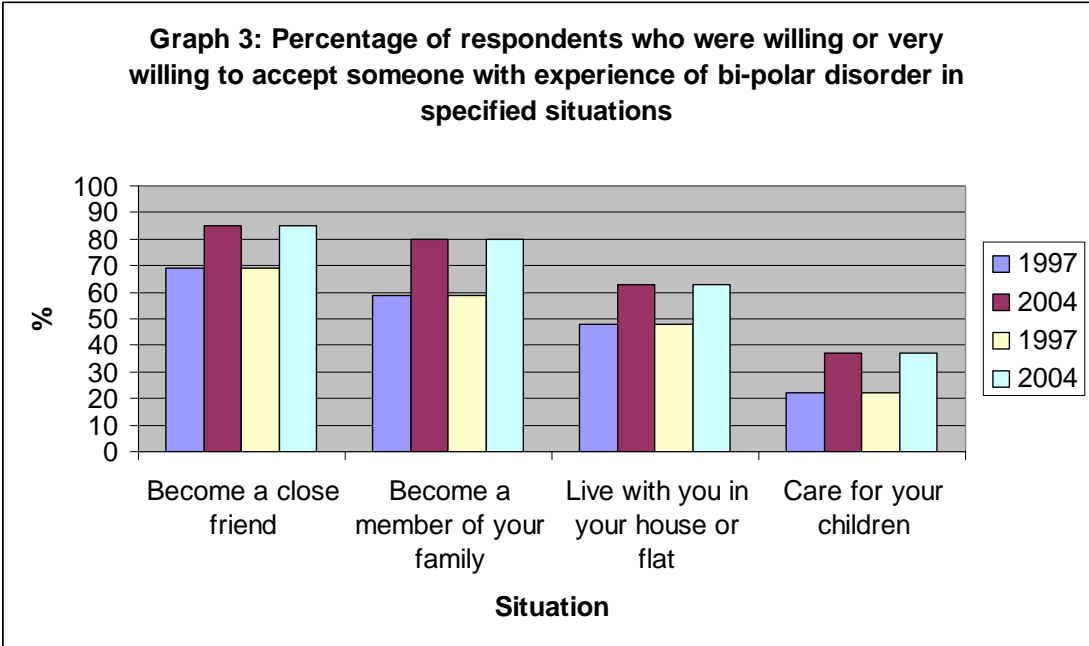
⁶ Released in November 2007

⁷ Videos of all the advertisements in the series can be downloaded from www.likeminds.org.nz

⁸ World Number 1 women’s squash player from 1983 to 1992, four times World Champion, and currently chief executive of Sport Bay of Plenty.

Exhibit 1





Source: ¹ 'What's Been Happening? A Summary of Highlights, Activity and Progress on Like Minds 2003-2006', Quigley and Watts Public Health Specialists, Feb 2007, p27

Foreword: Putting Value Back into Madness

To stop discrimination against people with mental health problems we need to look two ways.

This plan looks forward, by creating a vision for a world free of discrimination and some strategies for getting there. But we also need to look backwards to where discrimination starts. People often say it starts with fear, ignorance, misunderstanding, pity or malice. But these are just some of the clothes discrimination wears. Take off all the clothes and we are left with one thing; the devaluing of madness and the entwined assumptions that mad people are full of nonsense and incompetence.



All discrimination stems from the devaluing of madness. The wider community often responds by excluding mad people and madness from its cultural, social, economic and political activities. Friends and families sometimes respond by excluding mad people from intimacy, companionship, social networks and family responsibilities. And mental health services too often use the rituals of diagnosis, mind-numbing treatments and compulsion to devalue the people they are supposed to serve.

To move forward the Like Minds, Like Mine Project needs to challenge the root of discrimination by putting value back into madness. Without denying the pain of madness we need to amplify the voices of people who value madness in different ways. This includes seeing madness as a crisis of being, a reasonable response to trauma, a spiritual awakening, a transformation of identity or a protest against oppression.

This plan shows that the Like Minds, Like Mine Project is growing in its ability to challenge the devaluing of madness by:

- stating that it needs to be led by people with mental health problems
- distancing itself from the more bland approaches to reducing discrimination
- adopting a platform of human rights and the social model of disability and
- increasing its focus on the discrimination in the mental health system.

These are encouraging developments, but if we are ever going to create a world free of discrimination, they need to happen in tandem with a determination to put value back into madness.

A handwritten signature in black ink that reads "Mary O'Hagan". The signature is written in a cursive, flowing style.

Mary O'Hagan
Mental Health Commissioner



Preface

Like Minds, Like Mine is 10 years old. Looking back we have seen considerable success in reducing stigma and discrimination associated with mental illness.

Research shows that public attitudes are continuing to change for the better, media coverage is improving, and people with experience of mental illness say many aspects of public attitudes have improved. In some parts of New Zealand, we have also seen clear development of policies in organisations which have ensured a change in behaviour as a result.

Like Minds has also led a successful television campaign which has encouraged New Zealand to talk about mental illness, to understand and value people who experience mental illness and moved us all forward as a society.

However, Like Minds is much more than a television campaign. Our success is due to the combined efforts of many people who have engaged with their communities in work characterised by passion, creativity, innovation, collaboration and an understanding of the long-term approach that is required to produce social change.

As Like Minds has evolved, the focus has moved from strategies to raise awareness and promote attitude change to strategies aimed at bringing about changes in behaviours, practices and policies. This has meant it has been increasingly important

to engage partners and allies who share the goals of addressing the stigma and discrimination associated with mental illness. We would not have achieved so much without these combined efforts.

Despite our success we know that people with experience of mental illness still have to overcome barriers of stigma and discrimination in their everyday lives, and this remains as unacceptable now as it did 10 years ago.

This plan takes Like Minds into its second decade and looks forward to establish desired outcomes and outline how they might be achieved. It details how behaviour change can be achieved and continues to emphasise the importance of leadership from people with experience of mental illness to bring about the desired change.

This is an exciting plan which attempts to remove the barrier of discrimination in recovery from mental illness. It acknowledges that after ten years there is still a lot of hard work to be done, but a New Zealand which values and includes all people with experience of mental illness is something we can make happen.

A handwritten signature in black ink that reads "Pete Hodgson". The signature is written in a cursive style with a horizontal line underneath.

HON PETE HODGSON, MINISTER OF HEALTH

Exhibit 4

Like Minds, Like Mine

National Plan Framework 2007-2013

