

“Like Minds, Like Mine” the campaign against stigma and discrimination: TEACHING NOTES

In 1997, the New Zealand Government allocated \$12.6 million, to be spent over five years, for a nationwide project to overcome the stigma and discrimination associated with mental illness. The funding came in the wake of a highly critical report into services for the mentally ill that for the first time pinpointed stigma and discrimination as significant difficulties for service users to overcome. For a variety of reasons it was not until 2000 that the first series of nationwide television and radio advertisements in what became known as the Like Minds, Like Mine campaign, were shown. Overall, the response to the first and second series of advertisements was very positive. However, the advisory group of people with experience of mental illness had strong reservations about the message being conveyed and the proposed direction of the campaign.

This case can be used to explore concepts of public value, stakeholder relationships, and social marketing.

*The programme has now been extended until 2013, with a new National Plan released in November 2007.

Course audience

- Masters level students.
- Mid-level and senior managers on executive programmes.

Teaching objectives

1. To explore the issues raised by the government decision to fund a campaign against stigma and discrimination.
2. To explore aspects of consultation vs consensus, in particular where vulnerable groups and sensitive situations are involved.

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3. To consider the elements of a social marketing campaign, including how behaviour change can be assessed.
4. To discuss how to maintain funding support for a risky and potentially controversial programme.

Immediate issues

1. How can Gerard Vaughan balance the conflicting opinions of the groups that he has invited to be an integral part of planning the media campaign. What if any perspectives should he give priority to and why?
2. How should his decision be monitored and what if anything should he do to manage the risk that he has made a wrong call?

Basic issues

1. What is the central problem that the Like Minds campaign set out to solve, and whose problem is it?
2. Who are the stakeholders, and what are their characteristics?
3. What is the difference between attitudes and behaviour, and what are the implications for attempts to change each?
4. Does consultation equal consensus, and does consensus inevitably equal weakness? Is there an argument for not consulting?
5. Did the results justify the risks of using real people? How is success measured?
6. How did the project manage to maintain funding commitment, and should it continue to do so? Where should it go next?

Suggested student assignments

1. Who are the stakeholders here, and what in planning a campaign to change attitudes and behaviours do you need to know about them?
2. Why did the MOH choose a social marketing company rather than an advertising agency?
3. What sort of ground rules should be prepared for dealing with vulnerable people.
4. How can you establish “community readiness” ahead of a campaign. What are effective ways of measuring behaviour change and wider social inclusion?

Responses to the suggested student assignments

1. *Who are the stakeholders, and what in planning a campaign to change attitudes and behaviours do you need to know about them?*

Points to be covered:

- The list should include MPs, the general public, people with experience of mental illness and their families, the Ministry of Health, the medical profession generally; mental health professionals; those training mental health professionals, employers, Maori and Pacific;
- Probe whether the general public can be regarded as a single stakeholder, or a spectrum that runs from families of people with mental illness through to people who have had no connection with it.
- Warren Lindberg comments that with mental health treatment working to the prescriptive medical model, and health promotion focussed on empowerment and advocacy, major changes in mindset would be needed for practitioners and consumers to get the best from a public health approach.
- What are the challenges involved in consulting with “awkward” stakeholders, and how can you prepare to manage them. This could lead to interesting definitions of what constitutes awkward and why.
- What is the public value for each of these groups.
- Should Gerard Vaughan give priority to any perspectives, and why?
- The importance of validating the viewpoint of people with experience of mental illness; but how is it possible to generalize from what service users themselves say is a unique experience.
- The value of having an outspoken critic, even when that person may only represent a “fringe” of opinion within their own group.
- The need to be able to make a final decision over and above what might be ongoing heated debate.
- Whether consultation always means consensus, and what are the implications when it does, and doesn’t. This could prompt a discussion whether government projects always aim for consensus and thereby are set up to fail.
- It would also be interesting to debate why the project was able to secure ongoing funding and what could jeopardize it in future.

Key learnings identified by Gerard Vaughan:

- **Keep coming back to your goals.** “We were constantly dealing with people’s different paradigms – working with them and trying to deal with that conflict in a creative way – but ultimately driven by what’s going to work for the public.”
- **Maintain Relationships.** Don’t be driven by the fact that someone is unhappy and a strong advocate if it’s not going to meet your objectives. That doesn’t mean you write them off. You can keep strategic partnerships and relationships with people who don’t agree on everything. Work on the things you do agree on.
- **It’s not what you put in, it’s what people take out:** There was a strong push to put a young person in the ads in order to engage other young people. But testing showed that young people had little empathy with someone their own age. “Bet you they’ve been doing drugs, it’s their own fault” was the common response. On the other hand, when an older person gave exactly the same message, young people’s response was likely to be: Probably had a tough life, been through some tough times, and coming out the end of it.”
- Similarly, the **impact of a television advertisement is the sum of all its parts** so it is debatable how effective removing one element – the voiceover giving diagnostic clinical labels – would be in changing the overall impression gained by most viewers.

2. *Why did the MOH choose a social marketing company rather than an advertising agency?*

- This should elicit a definition of social marketing.
- Discussion could start by preparing a comparative table of the elements of advertising and social marketing.
- It could also look at the difference between public health and other health, population based health and the medical model. Again, a comparative table could be compiled.
- This could lead to a discussion of any unique challenges facing this particular project – e.g. the medical mindset as it applies to mental health – and therefore any strategies to overcome the challenges.
- Also, to what extent could the Ministry of Health be what Moore describes as a learning organisation.

Key learnings identified by Gerard Vaughan:

- **Have a broad view of social marketing.** Use the insights from a narrow social marketing campaign to inform your wider education work. We had a whole education arm of people going to talk to audiences. The insights from our testing and research showed the importance of focusing on the experience of discrimination rather than the medical experience.
- **Have a reflective learning process.** You don't have to have everything right at the start. Sometimes getting it wrong – as long as you don't go out with a big communication that is totally wrong – leads to something fantastic. Don't be risk averse.
- **Learning from one part of a campaign can be used in other parts;** In developing the ads, there was a lot of debate about the appropriate use of language, not just in relation to the use of clinical labels but within the story-telling narrative. While the ads did not acknowledge the reframing of language around mental illness, that learning could be used in the broader campaign. "We could demonstrate our credibility and commitment through the other work that we were doing."

3. *What sort of ground rules should be in place for dealing with vulnerable people?*

- How do you decide whether stakeholder groups are vulnerable? Should you make this distinction?
- What are the key elements in building and retaining trust? How are these established?
- Note that FCB never asked the principal "talent" to sign any commitment, although they did get contracted agreements with their family and associates. How risky was this/ how important in building an atmosphere of trust.
- Were the people who featured given any preparation in how to handle the reaction to their exposure on TV?
- What was the biggest risk they took (having their image linked to mental illness, or being interviewed to speak on TV?)
- In the 2007 Queens Birthday Honours, John Kirwan was appointed as an Officer of the New Zealand order of merit for his services to mental health. Would the

campaign have succeeded as much as it did without John Kirwan, and if not, what can be learned from it?

- There could also be a discussion of how the media handled the case of Mark Burton (case 2007-79.3) and how the public perceived it; what controls there are in the media to protect people like Mark Burton.

Key learnings identified by Gerard Vaughan

- **Be aware of new opportunities:** Be organised and plan, but be ready to make the most of new opportunities. When John Kirwan offered to front the National Depression Initiative, we knew from past experience that we had to move really quickly on it, and that would work. The delay in the fourth phase of Like Minds ads created the space for me to be involved.
- **The importance of having a structured education programme:** “People will talk about the tough times they have been through unless you train them to be effective educators.”

4. *How can you establish “community readiness” ahead of a campaign. What are effective ways of measuring behaviour change and wider social inclusion?*

- Points to cover: sources of information, what sort of benchmarks could be established.
- This should lead into discussion of the role and importance of surveys vs the importance of other information e.g. anecdotal (the Mark Burton story) and observational (e.g. the change in numbers and gender of people calling the depression counseling help line).
- Is a tiny change in attitudes (the small percentages in the survey) to be celebrated? Was the campaign, as Susie Crooks claims, too timid?
- Should there be a phase 5 and should the campaign go to phase 10?
- Should it become bolder/ what constitutes bold?
- Is there a difference between reducing discrimination and increasing social inclusion?

Key learnings identified by Gerard Vaughan:

- **Maintain branding across similar campaigns:** Having John Kirwan front both the Like Minds and the depression initiative worked well. Another high-profile person talking about mental illness would start competing with the public’s ability to take on the message. People get message overload. If you don’t make it easy for them, they’ll disengage.

Possible teaching approaches

As this is about changing perceptions, the images used in the campaign must feature, probably as an introduction. It might be interesting to show a selection of ads in random order then later refer back and ask the group to identify which phase they came from.

The full series of television advertisements used in the Like Minds campaign is available on the website www.likeminds.org.nz . It features the most recent ads at the top, but then goes back to phase 1, phase 2 and phase 3.

The National Depression Initiative ads are available on the website www.depression.org.nz.

This case could also lend itself to a role play of an advisory group meeting, or even a focus group giving feedback to one of the ads.

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