TLC3 Abstract

Strategic Stigma Change: Five Principles for Social Marketing Campaigns
Meant to Erase the Prejudice and Discrimination of Mental Illness

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Over the last 10 years, advocates and researchers have collaborated extensively to eradicate the impact of mental illness stigma. This has resulted in a significant body of research suggesting five principles that may effectively decrease the consequences of public stigma and improve the lives of people with mental illnesses. For more information, please visit the National Consortium on Stigma and Empowerment’s webpage at www.ncse1.org.

Advocates and researchers agree that there are two main goals in stigma reduction:

- Erase the prejudice and discrimination of mental illness
- Promote affirming behaviors and social inclusion.

Using the following five principles best accomplishes these goals.

1. **Contact with people with mental illness is fundamental to public stigma change.**
   - Contact is defined as planned interactions between people with mental illness and key groups.
   - Contact is different from education. Education typically compares and contrasts the myths and facts of mental illness.
   - Face-to-face contact seems to be more effective than videotaped interactions.
   - Contact may include education techniques to have larger audience impact compared to education alone.
   - Contact-based programs seem to maintain stronger changes over time.

2. **Contact needs to be targeted.**
   - Contact is most effective when targeting key groups, especially people in positions of power including: employers, landlords, health care providers, faith-based and community leaders, legislators, school administrators, entitlement counselors, and media outlets.
- Target specific behavioral changes such as:
  - hiring employees,
  - leasing apartments, and
  - providing appropriate health services for people with mental illness.

- How does targeting work?
  - Targeting means determining a group’s specific needs and developing a plan to ensure that the audience hears content that is relevant to them. This can be done by contacting and working with a representative from the target group before the presentation; for example, meeting with a nurse manager to obtain background information, precipitating events, and/or desired outcomes of speaking to the target group (nurses).
  - The message must be specific to the target group. For example, when speaking to employers, focus on topics such as hiring, employee productivity, and reasonable accommodations.
  - The message should be balanced and include discussion of:
    - the symptoms of his or her mental illness and any disabilities that impeded goals,
    - the process of recovery and achievement of personal goals,
    - how despite the person’s recovery, stigma is a barrier to achieving life goals (the stigma punch line). For example, when targeting employers state that an employee’s recovery includes successfully engaging in work.

3. **Local contact programs are more effective.**
   - **Local** means attending to the specific needs of a group within a particular geographical region. Being knowledgeable about the challenges within a region can make the presentation tailored more directly to the needs of that group.
   - **Local** also means acknowledging the diversity of the area (i.e., rural, urban, or suburban), and attending to needs based upon an audience’s socio-economic, race/ethnicity, and religious backgrounds.

4. **Credibility of a program presenter.**
   - Credibility means presenters are matched to an audience (e.g., similar ethnicity, religion, and/or socio-economic status). An audience that perceives a presenter as understanding
their life experiences and challenges will be more believable and have a greater impact.

For example, a Navy Seal with mental illness speaks to a group of Navy Seals.

- **Partnerships** between a person with mental illness and a representative of the target group can be quite effective. An example of this strategy is a person with mental illness speaking about her recovery and her boss discussing success after hiring her.

- The presenter should be in **recovery** such that he or she is not presently struggling with significant mental health impairments that would prevent delivering an engaging presentation to the audience.

5. **Interaction with people with mental health challenges must be continuous.**

- One time interaction can have positive effects, but likely will not be sustained.

- **Contact needs to occur multiple times** to be the most effective. This means that different people with mental illnesses share their messages in a variety of venues.