Stigma: An International Briefing Paper

Tackling the discrimination, stigma and social exclusion experienced by people with mental health problems and those close to them

WORLD HEALTH ORGANIZATION
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Glasgow G2 2AF

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Contributors

This briefing paper was commissioned by Health Scotland, a World Health Organization Collaborating Centre that is taking forward work on stigma and discrimination as part of the WHO European Region's Mental Health in Europe Implementation Plan 2005–2010. It was written by researchers from the Scottish Development Centre for Mental Health (SDC) (Dr Felicity Callard, SDC Associate Consultant; Liz Main, SDC Associate Consultant; Fiona Myers, SDC Senior Policy Researcher; Ann-Mari Pynnonen, SDC Research Worker) in collaboration with the Institute of Psychiatry at King's College London (Professor Graham Thornicroft; Professor Rachel Jenkins), Rethink (Dr Vanessa Pinfold), and Professor Norman Sartorius.

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It's time for action.

Why focus on the discrimination, stigma and social exclusion experienced by people with mental health problems and those close to them?

Discrimination, stigma and social exclusion make it impossible for people with mental health problems to participate fully in society.

Discrimination, stigma and social exclusion diminish the societies in which they are allowed to happen.

At the WHO European Ministerial Conference on Mental Health in Helsinki in January 2005, health ministers from every WHO European Region country signed up to the Mental Health Action Plan and Mental Health Declaration for Europe [1, 2]. They endorsed mental health and mental wellbeing as 'fundamental to the quality of life and productivity of individuals, families, communities and nations'.

A significant factor undermining the mental health and well-being of individuals and communities is discrimination. Tackling the sources of discrimination is therefore an important part of all initiatives aimed at improving population mental health. For people with mental health problems it is fundamental to ensuring their participation in society as equal citizens. Tackling the discrimination, stigma and inequality people with mental health problems and those close to them experience is therefore identified in the Declaration and Action Plan as a priority for the next decade. This will include protecting human rights, implementing legislation to ensure that those with mental health problems are able to participate fully in society, and establishing partnerships between the various sectors that have an influence on the social inclusion of people with mental health problems. The Declaration and Action Plan emphasises that people with mental health problems and those close to them must be central to all these activities.

This briefing paper and accompanying ***Stigma: A Guidebook for Action*** have been designed to assist people in understanding discrimination, stigma and social exclusion as experienced by people with mental health problems[1] – what they are, why they matter, where they originate – and in developing strategies and actions to fight them. It is addressed to all those who can reduce the discrimination, stigma and social exclusion experienced by people with mental health problems and by those close to them. This is all of us.

Both the briefing paper and ***Stigma: A Guidebook for Action*** were commissioned by Health Scotland, the World Health Organization Collaborating Centre taking the lead on stigma and discrimination as part of the WHO European Region's Mental Health in Europe Implementation Plan 2005–2010. They have been written by researchers from the Scottish Development Centre for Mental Health in collaboration with the Institute of Psychiatry at King's College London, Rethink and Professor Norman Sartorius. Both resources draw on a mapping exercise and appraisal of anti-discrimination and anti-stigma activities taking place across the WHO European Region.

[1] The term 'mental health problem' is used throughout the briefing paper to include the experiences covered by the terms 'mental illness', 'mental disorders' and 'mental ill-health'.

Where there is discrimination there is injustice and inequality

The United Nations Charter, to which all States within the WHO European Region are signatories, recognises:

'the inherent dignity, worth, and equal and inalienable rights of all members of the human family.'

Discrimination against people with mental health problems and against those close to them therefore runs directly counter to the Charter.

> **"People with mental disorders around the world are exposed to a wide range of human rights violations. The stigma they face means they are often ostracised from society and fail to receive the care they require… Everyone has human rights and must be valued for his or her self-worth. States and international organisations have a duty to uphold and protect these rights."**
>
> ***Human Rights and Equality of Opportunity Consultation Report*, Bamford Review of Mental Health and Learning Disability, Northern Ireland, 2007.**

Negative discrimination is unacceptable on any ground, whether, for example, based on gender, age or ethnic background. This includes discrimination on the basis that someone has, or in the past has had, a mental health problem. Fighting the discrimination experienced by people with mental health problems and by those close to them is central to working towards a socially just society. In such a society, people who have been diagnosed with a mental health problem would be able to participate fully – as other citizens do – in social and economic life. They would have their views and contributions taken as seriously as any one else's. They would not be afraid of the reactions they might face when disclosing their experience of mental health problems.

Discrimination on the basis that someone has or has had a mental health problem often overlaps with discrimination on other grounds, for example, discrimination against those living in poverty and those from certain ethnic backgrounds. It is therefore vital that those fighting any kind of discrimination work together.

What are discrimination, stigma and social exclusion?

As terms, discrimination, stigma and social exclusion can mean different things in different contexts. We use these three terms to mean the following:

Discrimination means unfair treatment. More specifically, it involves making any distinction, exclusion, restriction or preference that:

'has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons, on an equal footing, of all rights and freedoms' (UN Human Rights Committee, General comment 18(37)).

Discrimination covers *unintentional* as well as *intentional* discrimination. Some laws can intentionally discriminate by removing the rights of people with mental health problems, for example to vote or drive. An example of unintentional discrimination would be when insurance companies charge all people with a particular mental health problem higher premiums through mistakenly assuming that they are all a higher risk.

Policies, laws, public and privately owned organisations and individuals can all, in different ways, discriminate against people with mental health problems. It has even been argued that discrimination against people with mental health problems is so far reaching that it could be called 'structural discrimination' [3]. *Structural discrimination* refers to the prejudice and discrimination that occurs not just between individuals but at the level of organisations and institutions.

Stigma involves people making unfair moral judgments about other people [4]. Negative judgments and labels can be attached to mental health problems in a wide variety of ways:

… through blaming people for their mental health problems … shaming people for their mental health problems … not wanting to get close to them … fearing them … calling them names … talking behind their back … laughing about them … people thinking they have nothing in common with people with mental health problems … considering mental health problems embarrassing or disgraceful … thinking people with mental health problems are childlike … thinking they are unintelligent … and in other ways.

> **"My mental condition is no longer the problem for me. It is others' perceptions of me that's the difficulty. Without knowing it, or even meaning to, it is the general public's perception of my condition which is what really causes me pain and embarrassment[2]."**

The term stigma was used by the sociologist Erving Goffman in the 1960s to refer to 'an attribute that is deeply discrediting'. The attribute – whether it actually exists or is presumed to exist – reduces the person 'from a whole and usual person to a tainted, discounted one' [5].

The stigmatising phrase 'a schizophrenic', for example, reduces the person to an illness. It makes it easier for the person using this phrase to maintain a distance from someone thought of as not fully human. In comparison, the non-stigmatising phrase 'a person with schizophrenia' recognises the person beyond the medical diagnosis.

[2] All first person quotations in this resource are from people with experience of mental health problems and draw on research projects undertaken by Rethink, the Scottish Recovery Network, 'see me' and Professor Graham Thornicroft.

Stigma allows people to distance themselves from people whom they stigmatise. This results in isolation and rejection for those people who are stigmatised; it also reinforces the power that the person who stigmatises has over those people.

People with mental health problems frequently internalise negative beliefs and feelings about their status and worth – even if they have not directly experienced discrimination. This has been called self-stigma [6]. Self-stigma can result in a loss of self-belief and self-confidence and feelings of worthlessness. This makes it far more difficult for people to challenge discriminatory attitudes and behaviour within society at large, and can also make the symptoms of their mental health problems worse.

Social exclusion means a person is prevented from taking part to the extent that he or she would like in the normal activities undertaken by others in their society [7]. For a person with a mental health problem, social exclusion can result from a variety of factors:

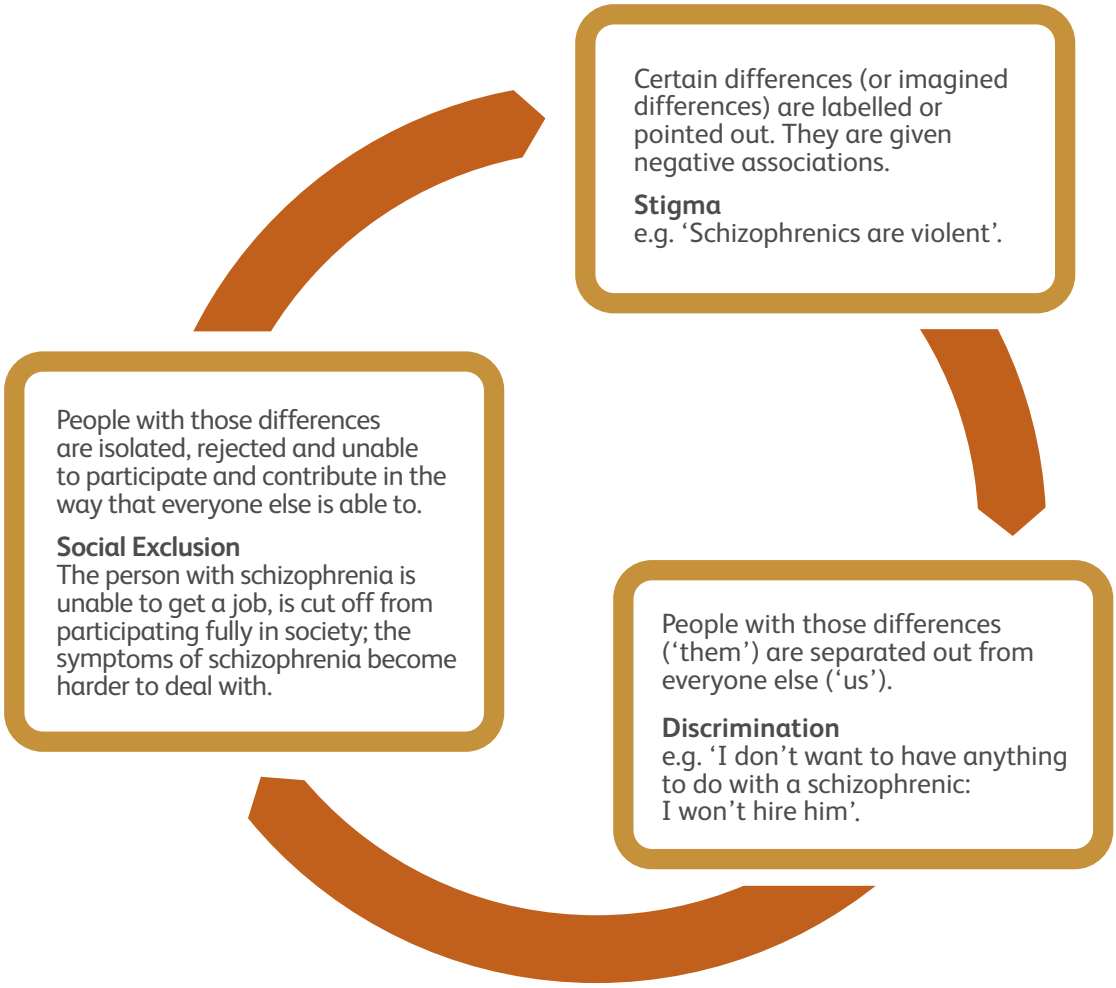
'lack of status, … joblessness, … lack of opportunities to establish a family, … small or non-existent social networks, … compounding race or other discriminations, … repeated rejection and consequent restriction of hope and expectation' [8].

Making sure that people with mental health problems can take part equally in society is therefore not just about reducing the poverty that many experience. What people also require is access to a range of social and economic opportunities, respect from others, and the recovery of a sense of hope.

> **"I was just twenty years old when my consultant psychiatrist told me I would never work again. It is soul destroying to be told by a professional, someone I looked up to and who was there to help, that you won't work or achieve anything in life."**

It is clear from these descriptions that discrimination, stigma and social exclusion are linked processes creating a cycle of injustice (see Figure 1). People holding stigmatising attitudes will frequently discriminate against people with mental health problems, and this discrimination can result in social exclusion. Social exclusion can also intensify stigma: the more that a particular group is socially excluded, the greater the stigma that can be associated with that group – homeless people with mental health problems, for example.

Figure 1 – The cycle of injustice



How do discrimination, stigma and social exclusion operate?

Various models have been developed to understand how discrimination, stigma and social exclusion operate.

Most of these distinguish between people's attitudes and their behaviour towards people with mental health problems. One way has been to describe discrimination, stigma and social exclusion as being caused by three overlapping factors [9]:

- **Ignorance: the problem of knowledge.** Most people do not know very much about mental health problems, and much of what they do know – or think they know – is inaccurate.
- **Prejudice: the problem of negative attitudes.** People fear and avoid other people with mental health problems; people with mental health problems anticipate fear and avoidance from other people.
- **Behaviour: the problem of discrimination.** People act towards people with mental health problems in ways that are unjust and unfair.

Different kinds of actions are required to challenge each of these three sources of disadvantage. It cannot be assumed that tackling one will on its own reduce the impact of the other two factors.

There are different ways in which individuals and organisations can act to combat discrimination, stigma and social exclusion. While some will want to argue for improved laws to ensure that where unjust behaviour occurs it is challenged, others will want to provide opportunities for more contact between people with mental health problems and other people in order to reduce fear and prejudice.

There is no place within society where it is not possible to contribute to the fight against discrimination, stigma and social exclusion.

Why tackle discrimination, stigma and social exclusion?

… because tackling them can and will make a difference

It has commonly been thought that there is no way of overcoming discrimination against those with mental health problems. But in fact action **can** be taken.

… because discrimination, stigma and social exclusion are unacceptable

Fighting discrimination, stigma and social exclusion is a moral imperative.

… because tackling them brings numerous benefits to individuals with mental health problems, those close to them and wider society

People with mental health problems describe the effects of stigma and discrimination as severe, and more difficult to deal with than the mental health problem itself [10]. Discrimination and stigma puts obstacles in the way of people's recovery, can make the symptoms of the mental health problem worse, and can prevent people from seeking help when they are in distress. Reducing discrimination, stigma and social exclusion therefore has the potential to significantly improve the quality of life of those with mental health problems.

> **"Once I stopped viewing my illness as a problem, I stopped being scared about what other people would think. … Now I can be more open and I'm able to challenge those who are ready to write off others just because they have mental health problems."**

Family members, carers and those close to people with mental health problems can also experience stigma and discrimination and can internalise damaging feelings of guilt and shame. Reducing discrimination will therefore reduce negative impacts on the physical and mental health of people close to someone with a mental health problem.

… because every member of society will benefit

Societies in which there is less discrimination, and therefore less marginalisation of various groups tend to be more healthy as well as more just societies. Research drawing on data from a number of countries [11] indicates that less unequal societies do better on a wide range of measures including physical health as well as social outcomes. Changes in legislation, policy and resource allocation can result in substantial improvements in the mental health of all citizens. Social policies that promote social support and inclusion and that prevent social exclusion play an important role in promoting the mental health of everyone [12].

Discrimination, stigma and social exclusion have enormous social and economic costs for individuals, their families, and society. The cost to society includes the loss of the skills and talents of people with mental health problems because discrimination excludes them from contributing and participating [13].

How do discrimination, stigma and social exclusion affect people's day-to-day lives?

The discrimination, stigma and social exclusion experienced by people with mental health problems and those close to them can occur in virtually every area of life. It is important to identify those areas where these are most likely to occur because only then can we most effectively prioritise and design actions to combat their causes and effects.
For example:
Employment: people with mental health problems tend to have the lowest rates of participation in the workforce, despite being keen to work. European studies of employment for people with schizophrenia, for example, report rates of between 10 % and 20 % [14]. People with mental health problems experience both direct discrimination (prejudicial behaviour from employers and colleagues) and indirect discrimination (e.g. disincentives which work against the employment of people with mental health problems) [15]. In addition, the employment opportunities that are made available to people with mental health problems can result in segregating or socially excluding people from the rest of society.

Physical and mental healthcare: The behaviour and attitudes of healthcare professionals – in both physical and mental health care settings – can be unintentionally discriminatory. This might include the use of cheaper treatments with more severe side-effects, lowered expectations for recovery and discriminatory behaviour towards people with particular mental health problems [16]. Research indicates that people with mental health problems receive much poorer physical health care as well as poorer mental health care, and that this can result in significantly higher mortality and morbidity rates [17, 18].

Poverty and debt: In every country where this has been studied, the majority of people with more severe mental health problems are relatively worse off financially. Discriminatory behaviour by financial services in relation to access to insurance or in response to debt, for example, can make financial difficulties worse.

Housing and homelessness: Landlords can be less willing to rent to people with mental health problems. People with mental health problems can experience abuse and harassment from neighbours, and be denied any choices over where they will live. The quality of public housing that is made available to them may be of comparatively poorer quality. Discrimination can also make it much more difficult for people with mental health problems to stay in their own homes, increasing the risk of homelessness [20].

Institutionalisation: Despite the impetus towards de-institutionalisation, many people with mental health problems are still placed in large residential institutions – too many of which have been found to commit breaches of human rights and dignity. In addition large institutions may not be able to provide the same kinds of opportunities for social and economic inclusion that community-based forms of care and support can provide [21, 22].

Leisure, recreation, education and travel: People with mental health problems may also find they have fewer opportunities to take part in education, leisure, sports and social activities. People with mental health problems may be restricted from owning a driving licence, travelling or emigrating.

Family life: Research indicates that discrimination, stigma and social exclusion affect the chances that people with mental health problems have to marry and to engage in intimate relationships, and their opportunities to have and retain custody of their children.

Civil life: In many countries, people with mental health problems may be denied the opportunities to vote, to serve on a jury, hold official positions, own property and sign legal contracts. People under 'guardianship' (the legal framework within which decisions are made on behalf of people judged to lack competence in an area of their life) may lose all their legal rights.

Safety: People with mental health problems are at greater risk of being the victims of violence and of sexual exploitation but also less likely to be believed if they report that they have been victims of crime.

Criminal justice system: Individuals with mental health problems are often over-represented in prison populations [23, 24], and mental health care within prisons is often not of high quality.

The media: The media create and sustain discrimination, stigma and social exclusion through repeatedly using negative and inaccurate representations of people with mental health problems and treatments for mental health problems [19]. In television and in film, people with mental health problems tend to be separated out from other people and routinely associated with violence, unpredictability and irresponsibility.

To combat the discrimination, stigma and social exclusion experienced by people with mental health problems therefore requires concerted action from people and organisations located across a variety of fields.

Those within the mental health field – whether users of mental health services, their families or those close to them, health professionals or advocacy organisations – can all act as a force for change. Collaboration with others outside of the mental health field is also a powerful tool. There are many people, groups and organisations with whom to collaborate, for example:

- Politicians and policy makers
- Administrators
- Academics and universities
- Media professionals
- Artists and performers
- Businesses
- Lawyers
- Organisations and advocates concerned with human rights and with other forms of discrimination and inequality
- International agencies and donors
- Health and social care organisations.

How to tackle discrimination, stigma and social exclusion

The mapping exercise and appraisal undertaken to provide background information for this briefing paper and the ***Stigma: A Guidebook for Action*** showed the different ways in which countries across the WHO European Region were tackling discrimination, stigma and social exclusion, reflecting their different cultural, social, economic and political contexts.

This underlines the importance of considering two key questions before developing new projects:

- What are the central issues relating to the discrimination, stigma and social exclusion facing people with mental health problems in the particular country, region or local community? Building networks of people with mental health problems and those close to them to act as a base for further actions might be a priority in one place. In another country, proposing a new anti-discrimination law might be more appropriate.
- What are the potential levers or opportunities in the country, region or locality that might provide a way forward in fighting stigma and discrimination? Religious leaders, for example, may play a key role in shaping understanding of mental health problems. Existing employment programmes to help people back into the workplace might be a strong mechanism for fighting social exclusion.

What we know about how to reduce discrimination

While we know that discrimination, stigma and social exclusion are experienced by people with mental health problems and those close to them, and have theories as to why, we need more research on which actions tackle them most effectively. Experts are increasingly arguing that approaches that combine a number of different types of activity and at different levels (national, regional, local) will be most effective in producing long-term change [25, 26].

The gaps in the evidence base, however, underline how important it is for activities aimed at tackling discrimination, stigma and social exclusion to build in both research and evaluation if we are to:

- find out about and learn as much as possible from other similar activities before starting
- understand what worked and what did not work in relation to the activity in order to contribute to the evidence base and share learning with others.

In some cases, there may not be evidence of whether an activity or action works. Absence of evidence does not mean that action should not be taken. It is often possible to make a strong theoretical or moral case for why action is necessary (e.g. if new mental health legislation is required to replace outdated legislation that does not adequately protect people's human rights).

What is becoming clearer is the importance and effectiveness of involving those who have experience of mental health problems, and those close to them, at the heart of any anti-stigma or anti-discrimination activity. Face-to-face contact with someone who can talk about their experiences of mental health problems appears to be a key ingredient in breaking down discrimination and stigma [27, 28].

Tactics

Any approach to tackling discrimination, stigma and social exclusion needs to acknowledge how big the power differences are between people with mental health problems and those who discriminate against them [29, 30]. Reducing discrimination must aim to reduce these imbalances in social, economic and political power between people with mental health problems and other citizens [31].

Various tactics used singly or in combination can be used to begin to achieve change.

Added impact can come from ensuring that activities aimed at tackling inequalities, discrimination, social exclusion and human rights abuses also include consideration of discrimination and stigma occurring on the grounds of mental health problems. Action to deal with discrimination should also be integrated into work promoting mental health and wellbeing and in programmes to prevent mental health problems developing.

Influencing public opinion

The extent and unacceptability of discrimination, stigma and social exclusion against people with mental health problems and those close to them are often not widely acknowledged or recognised.People are also often unaware of the impact that discrimination has on wider society – for example, through lost working days. To address this, various approaches have been used to influence public opinion. For example:

Using the media

For example newspapers and journals, radio, TV, advertising and film. Examples of approaches include:

- Social marketing, that is, using marketing principles and techniques to promote changes in attitudes to people with mental health problems [32].

Scotland's national anti-stigma campaign 'see me' has used a social marketing approach.

www.seemescotland.org.uk

- Providing the news media with accurate data on recovery rates for mental health problems and guidelines for good reporting on mental health.
- Establishing speakers' bureaux: training people with experience of mental health problems to talk to the news media and other organisations.
- Awarding media prizes for positive and innovative representations of mental health problems in film, TV and radio.
- Complaining about stigmatising representations in the media.

BASTA (Bavarian Anti-Stigma-Action) in Germany runs SANE, an e-mail based 'Stigma Alarm Network'. SANE uses direct mail campaigns to target stigmatising TV series, films, newspaper reports and advertisements.

www.openthedoors.de/en/sane.php

Exhibitions, festivals, performance art

Using the arts and culture can be a powerful way of provoking and engaging people who do not readily respond to mental health topics.

In Switzerland, the 'S'gälbe Wägeli' (Yellow Carriages) project works with the fact that yellow carriages were historically used to transport people with mental health problems to an asylum or mental hospital. A modern yellow van stops to pick up passengers in various towns: passengers are asked about the associations they have to the van and then explore issues relating to mental health problems. A video on mental health problems runs inside the van.

www.gaelbewaegeli.ch

The arts and culture can also be used to combat social exclusion.

The Kwartiermakers festivals in the Netherlands use the arts and culture as vehicles for social integration. One notable event involved a high profile choreographer creating a piece for public performance with a dance company composed largely of people with a psychiatric history.

www.kwartiermakersfestival-amsterdam.nl

Training and capacity building

Training courses to increase awareness of mental health problems can also be developed.

Mental Health First Aid is a training course, first developed in Australia, with the objective of improving the public's awareness and understanding of mental health. Scotland's Mental Health First Aid course aims to help people:

- **preserve life where a person may be a danger to themselves or others**
- **provide help to prevent a mental health problem developing into a more serious state**
- **promote recovery of good mental health**
- **provide comfort to a person experiencing a mental health problem.**

www.healthscotland.org.uk/smhfa/index.cfm

Convincing and advocating

Those with power need to be convinced to take concerted action to combat the discrimination, stigma and social exclusion experienced by people with mental health problems. Which organisations and which individuals need to be convinced will vary according to the political, economic and cultural context. It is important to embed this work in broader equalities and human rights activities.

In 1990, the Ukrainian Psychiatric Association (UPA), a non-governmental organisation (NGO), founded its Experts Commission to offer social and legal assistance to service users and their families. The Commission provides legal assistance, independently monitors

psychiatric facilities, and regularly informs the mass media, legal and law-enforcement authorities of the rights of people with mental health problems in Ukraine.

www.upa-psychiatry.org.ua

Communicating with and persuading policy makers and administrators

In order to put mental health at the heart of public policy. This means ensuring both that mental health services are committed to social inclusion as well as convincing a whole range of services – education, housing, leisure, community services – to prioritise social inclusion and reduce discrimination. Activities might include:

- Running a policy workshop
- Developing a local policy forum
- Working to raise social care allowances or pensions
- Working to improve the provision and quality of services.

Active lobbying by the Georgian Association for Mental Health (GAMH) resulted in the launch of psycho-social rehabilitation programmes in three psycho-neurological dispensaries and one psychiatric hospital.

Hamlet Trust
www.hamlet-trust.org.uk

The Hamlet Trust c/o
Mental Health Foundation
9th Floor, Sea Containers House
20 Upper Ground
London SE1 9QB
United Kingdom

tel: +44 (0)20 7803 1160
fax: +44 (0)20 7803 1111

The Hamlet Trust supports the development of community-based and user-led mental health initiatives. Since 1990, it has worked to establish, support and develop a network of member organisations (which now number more than 50 and which are all non-governmental organisations, or NGOs) throughout Central and Eastern Europe and Central Asia. Hamlet's aim is that these organisations are both based in their communities and are led by service-users themselves.

Resource:
Bureau J, and **Shears J,** *Pathways to Policy: A toolkit for grassroots involvement in mental health policy*, **2006**. Hamlet Trust Toolkits, Hamlet Trust: London (available for download from website).

This toolkit provides a tried-and-tested framework for establishing policy fora that allow people with mental health problems to have a real voice in policy making. It includes training materials that can be applied in a wide variety of contexts.

Developing projects

Many kinds of projects can be developed and processes put in place to reduce the discrimination, stigma and social exclusion people with mental health problems currently experience in many different areas of their lives. For example:

Employment and the workplace

Workplace projects focus both on the reintegration of workers who have experienced stress-related illnesses, and supporting the return to work for people with severe mental health problems. Research indicates that for people who have experienced severe mental health problems, **supported employment** – i.e. real work in integrated work settings, rather than 'sheltered workshops' – appears to be more effective in terms of supporting people to achieve and maintain employment [33].

Broader employment-related programmes and initiatives can be used to strengthen the case for – as well as fund – mental health related anti-discrimination activities.

For countries within the EU:
Progress: the EU programme for employment and social solidarity 2007–2013
www.ec.europa.eu/employment_social/progress/index_en.htm

This is designed to create more and better jobs, and to offer equal opportunities for all through modernising social protection, combating poverty, and promoting social inclusion, diversity and non-discrimination.

Housing, deinstitutionalisation and homelessness

Supported housing and appropriate community-based residential alternatives can provide the foundations for people with severe mental health problems to participate fully in society.

In Kyrgyzstan, the Open Society Mental Health Initiative and Habitat for Humanity are working in partnership to offer good quality housing and support services to people with mental health problems and their families, in order to provide an alternative to institutionalisation.

European Coalition for Community Living (ECCL)
www.community-living.info

The ECCL is a Europe-wide initiative working towards the social inclusion of people with disabilities.

Resource:
Freyhoff G, **Parker C**, **Coué M**, and **Grieg N**, *Included in Society: Results and Recommendations of the European Research Initiative on Community-based Residential Alternatives for Disabled People*, **2004.** European Coalition for Community Living: Brussels (available for download from the ECCL website).

This report provides policy recommendations and case studies in relation to de-institutionalisation and the provision of community-based care and support.

Involving consumers of mental health services

Involving people who use mental health services can both combat social exclusion and provide new perspectives on how services can be organised to improve the quality of life of people with mental health problems.

Klimaka, an NGO in Athens whose work has been listed in Greece's 'Best Practices of the Community Support Framework', creates opportunities for socially excluded groups (including people with mental health problems, homeless people and people who have experienced domestic violence) to participate in society rather than simply to receive help and services. 30% of Klimaka's staff comprise people from the socially excluded groups with which they work.

www.klimaka.org.gr and www.klimaka-cosmos.net

There are increasing opportunities for users of mental health services to be involved in developing consumer-run services and in carrying out research in relation to mental health care.

SURE, the Service User Research Enterprise at the Institute of Psychiatry, King's College London, is a partnership between researchers who are or who have been mental health service users and clinical academic staff that aims to involve service users in all aspects of research. It also provides training for service users to allow them to develop skills to undertake research.

www.iop.kcl.ac.uk

Using the law

Using the law can be a very powerful means of upholding human rights and of combating discrimination and social exclusion. Legislation can include human rights laws and treaties; laws to prevent discrimination on grounds of mental health problems or disability; as well as mental health legislation.

International and country-specific human rights legislation

To protect the rights of all citizens, including people with experience of mental health problems. Examples include United Nations treaties and Council of Europe treaties (see page 23 'Supporting instruments, principles and policies' for more detail).

National anti-discrimination legislation

National level laws intended to tackle discrimination on the basis of disability in a range of different areas of social and economic life should ensure that discrimination due to mental health problems is adequately targeted.

The United Kingdom has a Disability Equality Duty, which is designed to ensure that all public bodies (including government, schools and the health sector) put in place actions to promote equality for disabled people in every area of their work.

www.dotheduty.org

Making organisations responsible for combating discrimination can be more powerful than regulations that demand an individual take action when discrimination has taken place.

Laws can also focus on tackling discrimination, including discrimination on the grounds of mental health problems, in particular areas of life, such as access to employment. See, for example, the Irish Employment Equality Act 1998.

Mental health laws

Legislation specifically focusing on protecting and promoting the human rights of people with a mental health problem in relation to treatment and care can also be used for making it illegal to discriminate against someone on the basis that they currently have or have had a mental health problem.

Republic of Lithuania: Law on Mental Health Care, June 1995 (no I-924) (amended July 2005 No. X-309). Article 3 specifically prohibits discrimination against the mentally ill.

www3.lrs.lt

Mental health laws can be used, as in Scotland, to promote the social inclusion of people with a mental health problem.

Scotland: Mental Health (Care and Treatment) (Scotland) Act, 2003. This Act includes provisions to promote the social inclusion of people with mental health problems. Guidance to help public authorities to meet their responsibilities under the legislation underlines the importance of taking an inclusive approach, that is making use of the same services that are available to the rest of the population

(See: *Inclusion in Mind: the Local authority's role in promoting wellbeing and social development*: Mental Health (Care and Treatment) (Scotland) Act 2003 Sections 25–31

www.scotland.gov.uk/Publications/2007/10/18092957/0

International laws, declarations, conventions, principles and instruments can be used to fight the abuse and discrimination experienced by people receiving psychiatric treatment and care – particularly those undergoing compulsory treatment or those who are institutionalised.

Ensuring people know their legal rights

People with mental health problems can only use the law if they know their rights, so action to increase awareness is a key way of tackling discrimination.

In the Czech Republic, a manual has been produced that familiarises people with mental health problems with their rights (for example when they are in hospital, as well as later care). It is produced for people with mental health problems, rather than for social workers or other professionals, to promote independent decision-making and to uphold human rights.

www.mentalhealth-socialinclusion.org/good-practices.html

Mental Disability Advocacy Centre (MDAC) www.mdac.info

H-1088 Budapest,
Rákóczi út 27/B
H–1088 Budapest
Hungary
tel: +36 1 413 2730
fax: +36 1 413 2739
email: mdac@mdac.info

MDAC advances the human rights of children and adults with actual or perceived intellectual or psycho-social (mental health) disabilities. Focusing on Europe and Central Asia, it uses a combination of law and advocacy to promote equality and social integration.

MDAC is challenging guardianship laws (that outline how decisions are made on behalf of people who are judged to lack competence in an area of their life) in Bulgaria, Croatia, the Czech Republic, Georgia, Hungary, Kyrgyzstan, Russia and Serbia. To do so, MDAC appeals to the **UN Convention on the Rights of Persons with Disabilities**, countries' ratification of the **European Convention on Human Rights**, and their membership of the Council of Europe (which brings the expectation of compliance with 'soft law' such as *Rec No R(99)4 'Principles Concerning the Legal Protection of Incapable Adults'*). From these sources, MDAC has developed 29 indicators that capture basic safeguards necessary for a person-centred guardianship system that respects human rights.

WHO-Mind Project (Mental Health Improvements for Nations Development www.who.int/mental_health/policy/en

The WHO-Mind Project provides information sheets on:

- Promoting the rights of people with mental disabilities.
- Supporting countries to develop human rights oriented mental health laws.
- Supporting countries to establish mechanisms to monitor human rights in mental health facilities.

World Health Organization focus on Mental Health, Human Rights and Legislation www.who.int/mental_health/policy/en

Resource:
WHO Resource Book on Mental Health, Human Rights and Legislation, **2005**. World Health Organization: Geneva (available for download from their website, above).

The Resource Book assists countries in drafting, adopting and implementing mental health legislation that places the policies and plans in the context of internationally accepted human rights standards and good practices. It includes a **Checklist on Mental Health Legislation** that helps countries assess whether key components are included in legislation, and ensures that the broad recommendations contained in the Resource Book are examined and considered.

Actions can be taken at different levels

Actions and activities can take place at different levels.

- Some actions can take place at more than one level as part of a multi-faceted, multi-level programme against discrimination, stigma and social inclusion.
- Some actions can be targeted at one particular level.

International level

Some actions demand alliances and partnerships that extend beyond national boundaries. For example, partnerships across the world between organisations focusing on physical disabilities and those specifically concerned with mental health problems were central in bringing about the recently signed UN Convention on the Rights of Persons with Disabilities.

The World Psychiatric Association (WPA) 'Open the Doors' Global Programme against Stigma and Discrimination because of Schizophrenia applies the learning from actions in particular countries to actions in other participating countries.

National, devolved, and regional level

Appropriate activities might include:

- Implementing anti-discrimination laws and action plans – and ensuring they are applied to mental health problems as well as physical disabilities
- Drawing up and implementing a national mental health action plan
- Drawing up and implementing a national anti-stigma action plan
- Providing economic incentives rather than disincentives for people ready to return to work.

Local level

Activities might include:

– Working with communities (e.g. festivals).
– Working with particular groups to reduce discriminatory and stigmatising practices.
– Encouraging and supporting consumer and family led organisations.

Individual/family level

Self-stigma can be addressed through support groups for people with mental health problems and for their families.

Actions can be targeted at different groups

One approach is to focus on the whole population (for example, Scotland's national 'see me' anti-stigma campaign); another approach is to target particular sectors of the population. These approaches can be used in combination.

Particular sectors that have been targeted include:

- Medical staff (including emergency room physicians, medical students, general physicians, psychiatrists, nurses)
- Employers
- Community leaders
- Employers
- Landlords
- Police and corrections officers
- Teachers
- Politicians, legislators and administrators
- Families of people with mental health problems
- Social service workers
- Church leaders
- School children and students
- Media/journalists.

In Poland, the Local Action Group from the WPA Open the Doors campaign has worked with psychiatrists and clergy in an educational programme for clergy. Clerics and monks within the Roman Catholic Church have sponsored fund-raising activities to assist in housing for people with schizophrenia.

www.openthedoors.com

Actions can focus on a particular mental health problem or on all mental health problems

Actions and activities sometimes tackle discrimination and stigma relating to 'disability' in general (which includes mental health problems alongside physical disabilities). Other actions can focus on the discrimination and stigma related to *all* mental health problems, or it can focus specifically on *particular* health problems.

Anti-discrimination legislation is most powerful when it uses a very wide definition of disability.

The Irish Employment Equality Act 1998 states:

''disability' shall be taken to include a disability which exists at present, or which previously existed but no longer exists, or which may exist in the future or which is imputed to a person'.

This definition recognises that people can experience discrimination even without having any diagnosis of a mental health problem, and that people can continue to experience discrimination even when they no longer have a mental health problem.

In other contexts, focusing on particular conditions might be more effective. For example, the WPA 'Open the Doors' programme decided to focus specifically on schizophrenia because it was felt that stigma related to schizophrenia is more severe than that related to other mental health problems [34].

It is also important to recognise the discrimination experienced by people who are doubly disadvantaged – for example, refugees or migrants with mental health problems, people with mental heath problems from different ethnic communities, people with mental health problems who are lesbian, gay or bisexual, or ex-offenders who have a mental health problem.

Actions can use different ways of thinking about mental health problems

Any action aimed at tackling discrimination, stigma and/or social exclusion will carry with it – either explicitly or implicitly – messages about what mental health problems are and what a world without discrimination against people with mental health problems would look like. For example, several anti-stigma campaigns have emphasised how common mental health problems are – in the hope that if people acknowledge how many people experience mental health problems, they will be less fearful of mental health problems. This is only one approach; other influential approaches include:

- The disability rights/social inclusion model
- The use of human rights arguments
- The recovery model
- The bio-medical model/brain disease model (in which mental health problems are understood to be an illness like physical illnesses).

The **disability rights/social inclusion model** uses a social model of disability. This focuses on the barriers within society that dis-able people. Attention is given here to dismantling the obstacles to their full participation in society [35]. This has the advantage of emphasising people's rights to particular benefits or supports, rather than seeing benefits as an act of charity or pity. This approach is recognised in the **UN Convention on the Rights of Persons with Disabilities** which states that:

'disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others'.

Human rights arguments centre on a person with a mental health problem having the same human rights as any other person. Programmes that take this approach often target discrimination.

The **recovery model** emphasises that every person with a mental health problem is capable of pursuing a meaningful life, and that recovery might well include acceptance of ongoing symptoms. While recovery is seen as taking different forms for different people, the recovery model underlines the importance of hope, and each person's ability to take control over their own life and to be an active participant in their own health care.

The **bio-medical model** adopts a view that 'mental illness is an illness like any other' or that it is 'a brain disease'. It relies on science to explain mental health problems as being caused by chemical imbalances or genetic abnormalities. This model can be powerful in arguing for increased research and funding for treatment – for example for conditions such as Alzheimer's disease.

We do not yet know which messages and models are most effective – and with which groups of people – in reducing discrimination and stigma. A recent EU project on good practices for combating social exclusion of people with mental health problems found that a recovery model – alongside an approach that acknowledged the combined impact of social, economic, psychological and biological factors on people's mental health – was most useful in promoting social inclusion [36].

Anti-discrimination and anti-stigma programmes can be enhanced when tactics are used together and strengthen one another and are further combined with or embedded within wider work on social inclusion, equality and human rights.

In Scotland, for example, in addition to new mental health legislation, the National Programme for Improving Mental Health and Wellbeing:

- **influences public opinion through the national anti-stigma campaign 'see me'**
- **influences policy and develops projects through its initiatives designed to improve and promote mental health and wellbeing and prevent mental health problems developing.**

www.wellscotland.info/index.html

Making it happen

There is a huge amount of work and many different activities already going on within and across the WHO European Region to fight discrimination, stigma and social exclusion. The mapping activity for this briefing paper received material on over 34 different activities from 26 countries (out of 53) within the WHO European Region.

Stigma: A Guidebook for Action that accompanies this briefing paper provides more detail about the actions that can be taken. The following describes some of the key steps for consideration.

Developing a strategy

In planning actions it is crucial to identify:

- which tactic(s) will be used
- at which level(s)
- targeted at which group(s)
- in relation to which mental health problem(s)
- with which model(s) or message(s) (see Figure 2 on page 22).

Timeline

- Ongoing, multi-level activities are most effective.
- But this does not mean that everything has to happen all at once: often smaller activities can ignite people's interest and commitment to further action. If a clear strategy is in place, smaller, more short-term activities can be effective.
- Keeping the momentum going: Consideration must be given to what is needed – in terms of ongoing financial resources and the contributions of individuals and organisations – for the effects of anti-discrimination activities to last. Establishing partnerships can improve the chance of an activity being able to continue.

Allies and collaboration

- Actions and activities can build on or strengthen existing initiatives taking place at a national, regional or international level (see Supporting instruments, principles and policies on page 23 for some international examples).
- Collaboration with other organisations can increase the effectiveness of activities. The recent EU project 'Good Practices for Combating Social Exclusion of People with Mental Health Problems' indicated the value of a broad range of interest groups working together on issues of discrimination and stigma. www.mentalhealth-socialinclusion.org/home.html

Resources

- Anti-discrimination and anti-stigma actions need and deserve resources – both financial and in terms of people.
- Resources can come from a variety of sources, and not necessarily just from the mental health sector.
- Resources can be financial, but can also include:
  - the provision of staff time
  - contacts with decision makers
  - access to databases
  - access to technology or other infrastructure
  - the provision of free television slots.

Evaluation

Research and evaluation need to be built in to activities to add to what we know and so that we can learn from each other. While many activities may not have the resources to undertake detailed and rigorous evaluations, projects should be able to identify what the activity is trying to change, how it is going to go about changing it, and what change would look like.

FIGURE 2: DEVELOPING A STRATEGY TO TACKLE DISCRIMINATION, STIGMA AND SOCIAL EXCLUSION

WHICH TACTIC(S)?

- Influencing public opinion, e.g.
  - Using the media
  - Exhibitions/festivals
  - Training/capacity building
- Convincing/ advocating, e.g.
  - Advocacy
  - Persuading policy makers
- Developing projects, e.g.
  - Workplace
  - Housing
  - De-institutionalisation
  - Homelessness
  - Involving consumers of mental health services
- Using the law, e.g.
  - Human rights legislation
  - National anti-discrimination legislation
  - Mental health laws
  - International laws, declarations and conventions
  - Ensuring people know their legal rights

TACTICS CAN BE COMBINED.

AT WHICH LEVEL(S)?

- International
- National/devolved/regional
- Local
- Individual/family

MORE THAN ONE LEVEL CAN BE USED.

TARGETED AT WHICH GROUP(S)?

- The whole population
- Sections of the population, e.g.
  - Medical staff
  - Employers
  - Community leaders
  - Employers
  - Landlords
  - Police/corrections officers
  - Teachers
  - Politicians/legislators
  - Families of people with mental health problems
  - Social service workers
  - Church leaders
  - School children
  - Media/journalists

MORE THAN ONE GROUP CAN BE TARGETED.

IN RELATION TO WHICH MENTAL HEALTH PROBLEM(S)?

- Disability in general (including mental health problems)
- All mental health problems
- Particular mental health problems, e.g.
  - Schizophrenia
  - Depression
  - Mental health problems in children and young people

WITH WHICH MODEL(S) OR MESSAGE(S)?

e.g.

- Disability rights/social inclusion model
- Human rights arguments
- Recovery model
- Bio-medical model

MORE THAN ONE MODEL AND/OR MESSAGE CAN BE USED.

Supporting instruments, principles and policies

Existing international legislation, policy and human rights principles can assist actions in reducing discrimination, stigma and social exclusion on the grounds of mental health problems.

United Nations

United Nations treaties impose legally binding obligations on those states that ratify them. They include:

- Universal Declaration of Human Rights (UDHR)
- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT).

Of particular relevance is the **UN Convention on the Rights of Persons with Disabilities** www.un.org/disabilities

The Convention, which opened for signature on 30 March 2007, demands that signatories

'take all appropriate measures to eliminate discrimination on the basis of disability by any person, organisation or private enterprise', and to 'adopt immediate, effective and appropriate measures … to combat stereotypes, prejudices and harmful practices relating to persons with disabilities … in all areas of life'.

Notably, the Convention requires States Parties to:

- foster in all educational settings, including those from an early age, respect for the rights of those with disabilities
- encourage the media to use appropriate representations of people with disabilities
- conduct awareness raising campaigns
- promote appropriate training for police and prison staff to ensure access to justice for those with disabilities.

Council of Europe

Key Council of Europe treaties and guidelines include:

- European Convention on Human Rights.
- European Social Charter (which protects a range of social and economic rights including the right to work).
- European Convention on the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.
- REC(2004)10 Guidelines 'concerning the protection of the human rights and dignity of persons with mental disorder'.

The Mental Disability Advocacy Centre's website provides a comprehensive collection of mental disability rights in Europe, including the texts of relevant instruments and summaries of mental disability cases decided by the European Court of Human Rights. A good summary of the legislation required to support mental health policy that protects people's human rights is provided by Camilla Parker [37].

www.mdac.info

WHO European Region

As well as the WHO Mental Health Declaration and Action Plan, other WHO initiatives in Europe also support anti-discrimination work, for example:

Schools for Health in Europe (SHE) is a European network for school health promotion providing access to information, good practices and contacts. The network's principles of equity and access seek to ensure that a health-promoting school 'is genuinely social inclusive' and able to 'foster the emotional and social development of every individual, enabling each to attain his or her full potential free from discrimination'.

www.schoolsforhealth.eu

European Union (EU)

In 2005 the European Commission commissioned its Green paper on *'Improving the Mental Health of the Population: Towards a strategy on Mental Health for the European Union'*. Following a consultation period, the European Commission has announced that a high level conference to be held in June 2008 will inform the development of a 'Mental Health Pact'. This will focus specifically on suicide, school education, workplace environment, young and elderly people.

***The EU Directive on Employment (2000) Article 13* requires EU Member States to pass laws debarring employment discrimination on grounds that include disability; they are also required to set up institutions that will ensure enforcement.**

europa.eu/scadplus/leg/en/s02311.htm

The Lisbon Strategy commits Member States to generating more and better jobs and promoting social cohesion. Member States are expected to invest in education and training and to conduct an active policy for employment.

A call to action

Fighting the discrimination, stigma and social exclusion experienced by people with mental health problems and by those close to them is both a challenge and an imperative if we are to achieve socially just societies which value, protect and promote the rights of all citizens. This may take the form of small local festivals or nationwide multi-level campaigns: all have a vital role to play in tackling the injustices currently experienced by people with mental health problems and by those close to them. Even small changes add up and lay the foundations for bigger changes. What is important is that action is taken.

Places to go for more information

Organisations

Below are additional organisations, programmes and resources that are targeted towards fighting the discrimination, stigma and social exclusion of people with mental health problems and those close to them.

Amnesty International
www.amnesty.org

1 Easton Street
London WC1X 0DW
United Kingdom
tel: +44 (0)20 7413 5500
fax: +44 (0)20 7956 1157

ENUSP (European Network of (Ex-)Users and Survivors of Psychiatry)
www.enusp.org

Zabel-Krüger-Damm 183
D–13469 Berlin
Germany
tel: +49 30 8596 3706
email: desk@enusp.org

ENUSP is a grassroots umbrella organisation on a European level that brings together national organisations of (ex-)users and survivors of psychiatry to communicate and to support one another in fighting injustice, expulsion and stigma in the members' respective countries.

EUFAMI (European Federation of Associations of Families of People with Mental Illness)
www.eufami.org

Diestsevest 100
B–3000 Leuven
Belgium
tel: +32 16 74 50 40
fax: +32 16 74 50 49
email: info@eufami.org

EUFAMI comprises 42 family associations (across 26 European countries and one non-European country) representing families and carers of people living with severe mental health problems. ZeroStigma is EUFAMI's campaign to replace prejudice, ignorance and fear of people with mental health problems with acceptance, knowledge and understanding.

European Observatory on Health Systems and Policies
www.euro.who.int/observatory

The European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive analysis of the dynamics of health care systems in Europe. Their work on mental health policy addresses the ongoing move towards community-based care, and how barriers to system reform may be overcome.

Resource:
Knapp M, McDaid D, Mossialos E, Thornicroft G, (eds) *Mental Health Policy and Practice across Europe: The future direction of mental health care,* **2007**. Open University Press: Maidenhead (available for download from the European Observatory website).
The book addresses the legal rights of people with mental health problems, the impact of discrimination, stigma and social exclusion, and approaches to the reform of services across Europe.

Implementis
www.implementis.eu

An online resource for mental health advocacy in Europe developed by the International Longevity Centre-UK working together with EUFAMI. It is designed to assist users, carers, healthcare professionals and government policy makers in reviewing existing mental health policies and services and lobbying for new areas for action.

Hamlet Trust
www.hamlet-trust.org.uk

The Hamlet Trust c/o Mental Health Foundation
9th Floor, Sea Containers House
20 Upper Ground
London SE1 9QB
United Kingdom
tel: +44 (0)20 7803 1160
fax: +44 (0)20 7803 1111

The Hamlet Trust supports the development of community-based and user-led mental health initiatives. Since 1990, it has worked to establish, support and develop a network of member organisations (which now number more than 50 and which are all non-governmental organisations, or NGOs) throughout Central & Eastern Europe and Central Asia. Hamlet's aim is that these organisations are both based in their communities and are led by service-users themselves.

Resource:
Bureau J, and **Shears J,** *Pathways to Policy: A toolkit for grassroots involvement in mental health policy*, **2007**. Hamlet Trust Toolkits, Hamlet Trust: London (available for download from website).

This toolkit provides a tried-and-tested framework for establishing policy fora that allow people with mental health problems to have a real voice in policy making. It includes training materials that can be applied in a wide variety of contexts.

Health Scotland
www.healthscotland.com

Woodburn House
Canaan Lane
Edinburgh EH10 4SG
United Kingdom
tel: +44 (0)131 536 5500
fax: +44 (0)131 536 5501
email: general_enquiries@health.scot.nhs.uk

Health Scotland is Scotland's health improvement agency. Funded by the Scottish Government, it aims to support population health improvement and promotion and tackle health inequalities.

Health Scotland is the WHO Europe Collaborating Centre taking the lead on mental health related stigma and discrimination as part of the WHO Europe Region's Mental Health in Europe Implementation Plan 2005–2010.

Mental Health Europe
www.mhe-sme.org

Mental Health Europe
7 Boulevard Clovis
B–1000 Bruxelles
Belgium
tel: +32 2 280 0468
fax: +32 2 280 1604
email: info@mhe-sme.org

Mental Health Europe (MHE) supports the emancipation of different groups in the mental health field in order to establish equal positions between the different parties and to ensure that mental health activities and mental health care really meet the needs of the population. It has developed a range of projects centring on social inclusion and anti-discrimination.

Resource:
www.mentalhealth-socialinclusion.org
The website reports on the MHE-led EU Project 'Good practices for combating social exclusion of people with mental health problems'. It includes an online database of best practice for combating social exclusion drawn from projects in Belgium, Cyprus, Czech Republic, France, Ireland, Italy, Poland, Slovakia, Slovenia, and the UK.

The National Programme for Improving Mental Health and Wellbeing
www.wellscotland.info

National Programme Team
Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG
United Kingdom
tel: +44 (0)131 244 2551
email: well@scotland.gsi.gov.uk

Through a number of different initiatives the National Programme aims to improve the mental health and wellbeing of everyone in Scotland and improve the quality of life and social inclusion of people who experience mental health problems.

Open Society Mental Health Initiative
www.osmhi.org

Open Society Institute
Október 6 u 12
H–1051 Budapest
Hungary
tel: +36 1 327 3100
fax: +36 1 327 3101

The Open Society Mental Health Initiative (MHI) aims to ensure that people with mental disabilities (mental health problems and/or intellectual disabilities) are able to live in the community and to participate in society with full respect for their human rights. MHI works in Central and Eastern Europe and the former Soviet Union, and promotes de-institutionalisation and the development of sustainable community-based services.

Rethink
www.rethink.org

5th Floor Royal London House
22–25 Finsbury Square
London EC2A 1DX
United Kingdom
tel: +44 (0)20 7330 9100
email: info@rethink.org

Rethink is a UK mental health voluntary organisation whose work includes activities to research and tackle stigma and discrimination.

Resource:
www.rethink.org
How can we make mental health education work?: Example of a successful local mental health programme challenging stigma and discrimination, **2006**. Institute of Psychiatry/ Rethink: Surrey (available for download from the website).

The report describes the approach taken by one mental health awareness project in England to reduce discrimination and stigma experienced by people with mental health problems.

'see me'
www.seemescotland.org.uk

9–13 Maritime Street
Edinburgh EH6 6SB
United Kingdom
tel: +44 (0)131 624 8945
fax: +44 (0)131 624 8901
email: info@seemescotland.org.uk

'see me' is Scotland's national campaign to end the stigma of mental ill-health. It was launched in October 2002 and is run by an alliance of five organisations.

Resource:
'see me', A review of the First 4 Years of the Scottish Anti-stigma Campaign, **2008**. 'see me': Edinburgh (available for download from the website).
The review, available via their website, details the way in which evidence and social marketing were brought together to effect change.

Scottish Development Centre for Mental Health
www.sdcmh.org.uk
17a Graham Street
Edinburgh
EH6 5QN
United Kingdom
tel: +44 (0)131 555 5959
fax: +44 (0)131 555 0285
email: sdc@sdcmh.org.uk
The Scottish Development Centre for Mental Health is a Non-Governmental Organisation which undertakes research and development work to support the mental health and well-being of individuals and communities and the improvement of services for people with mental health problems.

Support Project: Promoting the EU Mental Health Agenda
www.supportproject.eu/AboutSupport.htm
Scottish Development Centre for Mental Health (as previous)
The Support Project is a collaborative project co-funded by the European Commission and led by the Scottish Development Centre for Mental Health with STAKES and Health Scotland.
Together with other projects in the European Union Public Health Programme, the Support Project provides administrative, technical and scientific support to further the mental health priorities of the European Commission.

SMES-EUROPA (Santé Mentale Exclusion Sociale)
www.smes-europa.org
email: smeseu@smes-europa.org
SMES-EUROPA is a European Network that addresses social exclusion as a structural phenomenon within society. It works for the mental health and social rehabilitation of homeless people with mental health problems and socially excluded people.

Substance Abuse and Mental Health Services Administration (SAMHSA) Resource Center to Address Discrimination & Stigma Associated with Mental Illness (ADS Center)
www.stopstigma.samhsa.gov
This is a resource providing information and advice on fighting the discrimination and stigma associated with mental health problems. While much of its material focuses on an American context, it provides a comprehensive bibliography of literature on addressing discrimination and stigma and other useful resources.

Resource:
Substance Abuse and Mental Health Services Administration. Developing a Stigma Reduction Initiative, **2006**. SAMHSA Pub. No. SMA-4176. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration: Rockville, MD (available for download from website).
This resource provides material on how to run anti-stigma and anti-discrimination initiatives. It draws on activities undertaken in eight American states.

World Federation for Mental Health (WFMH)
www.wfmh.org

6564 Loisdale Court
Suite 301
Springfield
VA 22150-1812
USA
tel: +1 703 313 8680
fax: +1 703 313 8683
email: info@wfmh.com

The WFMH organises World Mental Health Day and promotes the advancement of mental health awareness and advocacy. It works towards ensuring that public policies and programmes reflect the crucial importance of mental health in the lives of individuals.

World Health Organization (WHO)
www.euro.who.int/mentalhealth

WHO Regional Office
Mental Health
Scherfigsvej 8
DK–2100 Copenhagen
Denmark
tel: +45 39 17 13 91
fax: +45 39 17 13 18
email: mentalhealth@euro.who.int

The Regional Office's mission is to support Member States in: developing and sustaining their own health policies, health systems and public health programmes, working to prevent and overcome threats to health, anticipating future challenges, and advocating public health.

World Psychiatric Association (WPA) Global Programme against Stigma and Discrimination because of Schizophrenia 'Open the Doors'
www.openthedoors.com

The 'Open the Doors' anti-stigma programme was set up in 1996 by the World Psychiatric Association (WPA) as an international programme to fight the stigma and discrimination associated with schizophrenia. The three aims of the programme are to:

- Increase the awareness and knowledge of the nature of schizophrenia and treatment options.
- Improve public attitudes about those who have or have had schizophrenia.
- Generate action to eliminate discrimination and prejudice.

Countries within the WHO European Region in which programmes exist include: Austria, Germany, Greece, Italy, Poland, Romania, Slovakia, Spain, Turkey and the United Kingdom.

Resource:
Sartorius N, and **Schulze H,** *Reducing the Stigma of Mental Illness: A Report from a Global Programme of the World Psychiatric Association*, **2005**. Cambridge University Press: Cambridge.

The book documents the work of the WPA Programme, and provides comprehensive details and advice about running various anti-stigma programmes in countries that are economically, politically and culturally diverse.

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