

Case Study 3: Developing a Mental Health Campaign

Lecturer notes

A note for lecturers

This case study is designed to give students some practice in considering issues associated with reporting or communicating about mental illness and suicide so they will be better prepared to deal with such a situation, should it arise, when they are working as journalists or public relations practitioners. Mental illness and suicide are very sensitive and complex issues, and it is natural that some people may feel uncomfortable talking about them. Usually, these feelings are temporary and do not cause serious distress. Talking about mental illness or suicide in an educational and supportive environment provides lecturers with an opportunity to advise students about counselling and other services available on campus, and to encourage students experiencing problems to seek professional help by talking to a GP, health professional or call a crisis counselling service such as:

- Kids Helpline 1800 55 1800 (5-25 years)
- Lifeline 13 11 14
- Suicide Call Back Service 1300 659 467

For online information visit: www.headspace.org.au and www.reachout.com

For further information and advice about preparing your class for this case study, you should refer to the document 'Discussing sensitive issues' which can be found on the *Mindframe* for journalism and public relations education website at www.mindframe-media.info

Using the Case Study

To provide students with Student Notes for Case Study 3: Developing a Mental Health Campaign. Students are required to first read through the background notes on the Signs Social Advertising Campaign and the attached resources from the campaign and then use this as the basis for the development of the second stage of the campaign.

To assist students with the activity you should refer them to the document *Issues and Impact: Communicating mental illness* and suicide for an overview of key ethical and public relations issues involved in managing communication about mental illness.

Below you will find brief lecturer's notes with suggestions about the types of things you may expect to see in a student's answer to each question.

Background Information

Aims and Objectives

SANE Australia is the leading national charity for people affected by mental illness and coordinates Australia's only national free call helpline providing information and advice about symptoms, treatment and support services. Awareness regarding mental illness in the community is poor and of those people experiencing a mental disorder, only 38% will seek help.



The aim of SANE Australia's Signs Campaign was to increase the number of people seeking help for symptoms of mental health problems. Campaign objectives were to:

- Raise awareness of the early signs of mental illness and encourage help-seeking behaviour;
- Raise awareness of SANE Australia, and especially the SANE 1800 Helpline as an action point.

Key Publics

- Primary - General community throughout Australia, who have or may come into contact with someone who has a mental illness – including those in urban, rural or remote areas.
- Secondary - mental health and primary health sectors, state and federal governments and the corporate sector.

Preliminary Research

Consultation with families affected by mental illness and analysis of SANE Helpline data highlighted the importance of people understanding more about the early signs of illness and feeling empowered to take action. In consultation with advertising agency Commotion, SANE examined campaigns from other organisations in Australia and overseas and then developed messages/images that would best communicate with the community and the public. The Signs Campaign was piloted in late 2007 and its evaluation informed the current strategies, identifying which media channels to use for maximum response.

Campaign Strategies and Tactics

The message of the campaign is that if you or someone you know shows signs of mental illness, there's something you can do and SANE can help put you in touch with information and support.

SANE developed the Signs Campaign in stages, starting with CSAs (community service announcements) in print and radio, moving to paid radio and print CSAs. A television advertisement was then developed and piloted as a CSA. Evaluation of these strategies informed the next stage of the campaign, which includes a mixture of paid and CSA television, radio and print advertisements, and tram stop, airport and notice board posters. Charity filler advertisements have also been developed. Paid advertising is an important bargaining tool for an increased number of CSAs. Advertisements were sent to a wide range of media outlets nationally by media buyers, using their networks.

In associated activity, media releases were distributed to the media, mental health sector and the community, describing the advertisements and the aims of the campaign. Several organisations published the release in newsletters/internal publications, some multimedia/advertising covered the issue, particularly online. An alert was sent to grass roots organisations, letting them know about the campaign. This resulted in several organisations contacting SANE for permission to feature the advertisements as part of their awareness raising/training activities, or to showcase the advertisements at conferences, stalls and other venues.

Evaluation

Success of the Signs Campaign was measured through response to the SANE Helpline – which was the action point for the advertisements – before, during and after campaign advertising. Helpline callers were asked to identify the reasons why they had called the SANE Helpline and where they had heard about it. Demographic data were also collected from callers.

Advisors could determine when the television commercials were running (and in which regions), as there was an immediate increase in callers to the Helpline. Helpline data indicated a dramatic increase in the number of callers seeking information about mental illness and referral to other services. There was also anecdotal evidence from the community reporting they had seen or heard the ads.

An example of the impact of the campaign can be seen in comparison of Helpline statistics. In June 2008, when the campaign was being aired on radio and television throughout Australia, 35% reported they heard about SANE via publicity compared to only 17% during the same time in 2007.

In the first six months of the Signs Campaign, the Helpline received a 30% increase in calls, with advisors reporting most inquiries were from first time callers.

Challenges

Receiving the 'right' coverage of mental illness in the media is a constant challenge. The Signs Campaign was developed with this mind, to help people understand that mental illness is common, a part of everyday life and experienced by a wide range of people and that learning about the signs and taking action to get help is an important first step in treatment. By featuring everyday street signs and people representing all walks of life, the campaign aims to foster the idea that mental illness affects everyone.

Supporting materials from the campaign

The following materials from the campaign are provided for students:

- Television CSA (on the Lecturer DVD);
- Radio CSA (on the Lecturer DVD);
- Media release (in Case Study 3 Handout 1);
- Print Advertisements (in Case Study 3 Handouts 2 and 3).

Student Exercise

The information provided above gives an overview of Stage 1 of the Signs social advertising campaign. The evaluation indicates that the campaign achieved a 30% increase in calls to the SANE helpline during the first 6 months. A strategy is now required to support the ongoing community service announcements and deliver long term, sustainable outcomes. It has been identified that a public relations campaign that engages the community and builds relationships is likely to deliver such outcomes.

Building on the success of Stage 1 of the campaign, design a public relations campaign with one of the following target groups in mind:

1. People in rural areas, including farmers;
2. Young people between 12 and 25 years;
3. Aboriginal and Torres Strait Islander people;
4. People from culturally and linguistically diverse backgrounds.

As for Stage 1, the campaign objectives for your specific target group are to:

- Raise awareness of the early signs of mental illness and encourage help-seeking behaviour;
- Raise awareness of SANE Australia, and especially the SANE 1800 Helpline as an action point.

The following discussion questions will assist students to work through their campaign plans. You can ask them to do this as a class exercise or as an individual assignment. Notes are provided on the following pages that may assist you to assess the plans of the students.



Research

1. Write a situation analysis and develop measurable objectives for the campaign.
2. List the types of research you would need to conduct before developing your campaign.
3. Develop an evaluation plan, outlining how you will measure the success of your campaign.

Campaign Development

4. List the important aspects regarding communication about mental illness that you will need to consider.
5. Outline the key elements of your campaign strategy.
6. Develop some key messages for this targeted campaign.
7. Develop a list of tactics you might employ to achieve your objectives.

Media Relations

8. How might you use the media as part of your campaign strategy?
9. Identify what types of media will be appropriate for your chosen target group and provide a rationale for this.
10. Develop a media relations plan.

Lecturer Support Notes

1. Information about mental illness and the specified target groups.

People in Rural Areas

- There is little data about the prevalence and incidence of mental illness among people who live in rural and remote Australia.
- The 2007 National Survey of Mental Health and Wellbeing found no differences in the overall rates for affective disorders, anxiety disorders and substance use disorders between urban and rural areas but did note some gender differences. For males, the rate of disorder was slightly higher for those living in a capital city, while for females it was higher for those living in rural or remote areas.

Young people

- Young people are more likely to experience a mental illness, while the prevalence of mental disorders declines with age.
- In 2005, 27% of 18-24 year olds had experienced a mental disorder, while only 6.1% of 65 year olds and over had experienced a mental disorder.
- 14% of Australian children and adolescents aged 4-17 have mental health problems. This rate of mental health problems is found in all age and gender groups. Boys are slightly more likely to experience mental health problems than girls.
- In 2004-2005, one in 10 young Australians had a long-term mental health or behavioural problem.
- In 2003, mental disorders were the leading contributor to the total burden of disease among young Australians, accounting for 49% of that total.

- There is a higher prevalence of child and adolescent mental health problems among those living in low-income, step/blended and sole-parent families.
- Family doctors, school-based counsellors and paediatricians provide the services that are most frequently used by young people with mental health problems.
- Even among young people with the most severe mental health problems, only 50% receive professional help. Parents reported that help was too expensive or they didn't know where to get it, and that they thought they could manage on their own.
- Adolescents with mental health problems report a high rate of suicidal thoughts and other health-risk behaviour, including smoking, drinking and drug use.
- 12% of 13-17 year olds reported having thought about suicide, while 4.2% had actually made a suicide attempt. Females had higher rates of suicide ideation than males.
- In 2004-2005, there were 8,013 hospitalisations among young people for mental and behavioural disorders due to drug and alcohol use (almost 2% of all hospitalisations among young people).

Aboriginal and Torres Strait Islander people

- The term 'social and emotional wellbeing', rather than 'mental health' is preferred by Aboriginal and Torres Strait Islander peoples because of its more positive and holistic connotations.
- At present, there is no definitive national data about the incidence or prevalence of mental disorders in Aboriginal and Torres Strait Islander Australians. However, limited available research supports the conclusion that serious mental disorders occur in these populations, and such disorders are at least as common as in the mainstream population.
- Aboriginal and Torres Strait Islander people receive proportionately reduced access to specialised care for mental disorders and behavioural disorders, yet their involuntary hospitalisation rate is significantly increased compared to the wider community.
- The death rate associated with mental disorders among Aboriginal and Torres Strait Islander males is over three times the rate for other Australian males. However, the rate is the same for Aboriginal and Torres Strait Islander females as those in the general Australian population.
- An Aboriginal or Torres Strait Islander person may also see particular feelings, beliefs or hallucinations, including hearing voices, as a spiritual or personal issue rather than mental illness.

People from culturally and linguistically diverse backgrounds

- In the Australian population, the prevalence of mental or behavioural problems among people born overseas is similar to those born in Australia. Similarly, the rates among people who speak a language other than English at home are about the same as for those who speak English at home.
- People from cultural and linguistically diverse backgrounds do not access mental health services as often as the mainstream population.
- The conceptualisation of mental illness differs from culture to culture, as does the level of stigma attached to mental disorder and mental health problems. There is some evidence that people with mental illness may be more stigmatised and marginalised in some cultural groups.
- Loss, physical illness or disability, or the onset of disorders such as dementia, which often results in a loss of competency in English, can increase the risk of depressive disorders and suicide in older people from culturally and linguistically diverse backgrounds.



2. Information related to Communicating about Mental Illness

Students will need to consider appropriate use of language and the types of messages promoted through their campaign, including:

- The use of language in both verbal and written communication can influence public opinion and attitudes regarding mental illness.
- Avoid outdated negative or colloquial terms, such as “insane”, “mad”, “lunatic” and “mental patient” – these terms promote stigma and discrimination.
- Avoid labelling people by their illness. A person may “have a diagnosis of” or “live with schizophrenia”; they are not “schizophrenic”.
- Use language that the target group will understand and relate to – do not use clinical terms or jargon for community campaigns.
- The use of particular images and words can perpetuate negative and inaccurate stereotypes about mental illness – this would be an opportunity to break down some of those misconceptions.
- Avoid imagery and graphics that are based on stereotypes. People with mental illness do not look any different from others in the community.

3. Media for specific target groups

- While some media organisations aim to provide information and entertainment to the general community there are also those that cater for particular population groups.
- Multicultural and multilingual media - Australians from culturally and linguistically diverse backgrounds are served by a range of media. SBS provides multilingual and multicultural radio and television broadcasts. In addition there is a network of over 100 community broadcasters (resourced and supported by the National Ethnic and Multicultural Broadcasters Council) and many multicultural print media publications available in Australia.
- Indigenous Media - There is a variety of Indigenous media organisations in Australia, supported by the Australian Indigenous Communications Association. Broadcast media includes a commercial television network in central Australia as well as an extensive network of commercial and community radio stations across Australia. There are also two major Indigenous print media publications and several smaller ones. In addition, organisations such as SBS and the ABC have designated Aboriginal and Torres Strait Islander staff. Each of these broadcasters produce a weekly Indigenous current affairs program, SBS produces Living Black and the ABC, The Message Stick.
- As well as these two large groups there are other media organisations, broadcast and print, who target particular population groups such as youth, or older people. In addition media organisations with a broader general focus may also have sections or programs targeting particular groups.
- Students may also want to consider the importance of the internet and social networking sites for specific target groups, especially young people.

Related fact sheets are available online at www.mindframe-media.info