

Derbyshire Anti-Stigma Strategy

2016-2020

Developed in collaboration with Derbyshire County Council, Derby City Council & Derbyshire County & Derby City Clinical Commissioning Groups
Lead: Claire Jones, Derbyshire County Public Health

Table of Contents

1. Introduction	3
2. Our Vision	6
3. Why do we need a strategy?	7
4. What is Stigma?.....	8
5. What are the issues for mental health and young people?	9
6. Mental Health Stigma in Derbyshire	11
7. Stakeholders.....	12
8. Our Priorities.....	13
Young person anti-stigma champion.....	13
Anti-stigma campaign	13
Training for staff that work with young to increase their knowledge	13
Developing services to enable them to be more young person friendly	13
Zero tolerance policies towards discriminatory mental health language	13
Information and support for parents	13
9. Implementing the strategy	21
Appendix 1	22
Appendix 2	28

1. Introduction

In its most simplistic terms stigma is the view that something about an individual makes them unacceptably different, leading to a discrimination or prejudice. Mental Health stigma is a problem affecting not only those with a mental health diagnosis but anyone who has a mental health concern, their friends and their family. Stigma can make individuals who are already feeling low and vulnerable feel worse and stop people seeking help at an early stage. It has been found that young people wait up to a year before revealing a problem to an adult they trust – the fear of stigma is one of the reasons for this delay. Young people are more likely to be stigmatised because of their mental health than adults and stigma can affect friendships, relationships and school work. Stigma towards mental health also affects the family and can stop families being open about any difficulties they are having, therefore removing vital support at a time when needed.

Asking for help or confiding in someone about worries can be a challenge and the fear of stigma and not being believed is a huge barrier for young people. This strategy wants to remove some of those barriers and make it easier for young people to ask for help. It also wants to ensure that when young people ask for help they are not judged or rejected by the adults and peers they have approached.

The anti-stigma strategy will focus on three main target groups:

- **Young people**
- **their families**
- **professionals working with young people.**

Tackling mental health stigma is the responsibility of everyone. Young people and their families come into contact with a wide variety of people in their lives and we need to ensure that everyone one of those contacts has a positive attitude towards mental health. Young people do not necessarily turn to the 'trained emotional health worker' or a Public Health Nurse for support but anyone and we need to think broadly in our approach to tackling stigma.

Future in Mind

The Government's aspirations laid out in Future in Mind are that by 2020 they would wish to see:

Improved public awareness and understanding, where people think and feel differently about mental health issues for children and young people where there is less fear and where stigma and discrimination are tackled.

Derbyshire's Action Plan commits to:

Improve awareness and understanding, and tackling stigma

Develop an anti-stigma strategy and action plan, in collaboration with young people and families. This will take account of good practice in other areas, and draw upon the results of the Derbyshire County Year 8 survey of pupils' health and wellbeing to identify priority issues and themes. It will include engagement and consultation opportunities and identification of a service user anti-stigma champion.

The full Derbyshire Future in Mind Transformation plan can be accessed here:

http://www.derbyshire.gov.uk/social_health/children_and_families/mental-health-and-wellbeing/default.asp.

The Derbyshire plan, and as such this strategy is submitted on behalf of four Clinical Commissioning Groups (CCGs):

- North Derbyshire CCG
- Hardwick CCG
- Southern Derbyshire CCG
- Erewash CCG.

The Plan covers two Local Authority areas:

- Derby City Council with Derby City Health and Well-Being Board
- Derbyshire County Council with Derbyshire Health and Well-Being Board.

Consultation and shaping of the strategy

Consultation around this strategy took place between April – June 2016 across Derbyshire with key stakeholders, including young people, service users, professionals working with young people both in the CAMHS workforce and wider and parents. The consultation was done in small focus groups, wider consultation events and conferences and an electronic survey. Over 600 people were asked about the vision for the strategy, which priorities were most important to focus on first, key messages and ideas to shape the media campaign. Consultation on all priorities will continue as the strategy is implemented and in particular we will be working closely with young people around the media campaign.

The strategy has also investigated other anti-stigma work in different areas and learnt from good practice (appendix 1).

Links to other strategies

- Wider Future in Mind transformation plan
- Public Health prevention framework

- Adult services and links
- Work led by First Steps about stigma faced for those with eating disorders
- Suicide prevention framework in particular strategic priority 5 – Support the media in delivering sensitive approaches to suicide and suicidal behaviour.

2. Our Vision

By 2020 as few people as possible will be stigmatised because of their mental health in Derbyshire County and Derby City.

We want as many people in Derbyshire¹ to be confident talking about mental health and being able to speak about their own, families or friends mental health without judgement. No-one should feel excluded or discriminated against because of their or their family and friends mental health. This strategy will focus on young people, with links to their families and the professionals who work with them.

¹ Derbyshire throughout the strategy refers to both Derbyshire County and Derby City

3. Why do we need a strategy?

The Time to Change 'stigma shout survey' of more than 3,000 people with mental health problems suggested 90% of young people experience stigma because of their mental health. In Derbyshire this could be an estimated 9,090 children.

To enable the emotional health and wellbeing of young people and families to improve across Derbyshire we need to facilitate change to improve:-

- Attitudes around mental health and reduce stigma
- Knowledge and understanding of mental health
- Behaviour towards people who have poor mental health

Derbyshire is a large, diverse county and with work happening across different organisations and in different parts of the county. There is a danger that the key messages around anti-stigma are lost if there is not a fully co-ordinated response. Resources are limited and an overarching strategy will allow the best use of these and have the greatest impact.

A partnership approach covering both City and County will enable us to have the greatest impact and to reduce stigma around mental health, not just for young people using mental health services but for all young people and their families. Using consistent messages and branding which is easily recognised will increase the impact of the strategy over time. A co-ordinated approach to anti-stigma across partnership organisations will ensure all young people and their families in Derbyshire receive a strong multi-faceted anti-stigma strategy.

The anti-stigma strategy will encompass all elements of destigmatising mental health including delivery of an anti-stigma media campaign. However, more than media coverage is needed to reduce stigma. This strategy will enable a co-ordinated approach to anti-stigma work across Derbyshire. The strategy will also deliver the anti-stigma component of the Future in Mind plan.

The anti-stigma strategy will focus on three main target groups:

- **Young people**
- **their families**
- **professionals working with young people.**

As the strategy is part of Future in Mind strategic plan it will be overseen by the Future in Mind Core Commissioning group and led by Public Health both in Derbyshire County and Derby City.

4. What is Stigma?

Stigma literally means being marked or branded, but it refers to a group of people being categorised as being different to the social norm and being shunned and devalued as a result. The term stigma is made up of 3 elements:

- Ignorance – lack of knowledge
- Prejudice – attitude
- Discrimination – behaviour.

Ben-Zeev et al (2010) identified that stigma has significant effect on 3 areas. These are:

- Public stigma – where large social groups endorse stereotypes about mental illness
- Self-stigma – where people internalise public stigma, which results in a loss of self-esteem and self-efficacy
- Label avoidance – where people avoid seeking help and thus being labelled with a stigmatising mental health problem.

5. What are the issues for mental health and young people?

The Stigma Shout survey found that young people were more likely to experience stigma than adults. The research also showed that the way family, friends, neighbours and colleagues behave can have a big impact on the lives of people with mental health problems.

Mental Health

People with mental health problems are less likely than other groups with long term health conditions or a disability to be in:

- employment
- a long term relationship
- decent housing.

Stigma can lead to people not seeking help for their mental health or not seeking help early enough. In general some people within society have a stereotyped view that people with mental illness are dangerous and a threat to other people. This can lead to social isolation, unemployment, poor housing which in turn can lead to poor mental health, therefore potentially creating a cycle.

Young People

Children and young people have been found to suffer a higher level of stigma and discrimination than adults. Similar to other types of discrimination, young people who experience mental health stigma describe feeling isolated, ashamed, misunderstood and demeaned. Having real concerns and worries dismissed by family and friends as 'attention seeking' and a 'typical teenager' can make a big difference to how a young person feels and the likelihood of seeking help and support. It has been found that it can take people a year before they tell their close friends and family about a mental health problem (time to change), the likely reason to this is the concern about the reaction and any stigma they will face.

Time to Change also found that of those with a diagnosed mental health condition (approximately 1 in 10 young people) 26% of them said that the stigma they felt was so severe it made them want to give up on life.

A lack of understanding about the mental health problems young people are experiencing can lead to a minimisation of the problem, blaming of the young person and for the young person themselves to feel less valued and to become excluded from their peer group.

Mental Health stigma not only affects the young person with mental health difficulties but also the whole family. Family members have reported not wanting to admit that their child is being seen by CAMHS, not wanting to seek help in case their parenting is judged or not admitting to a problem so have no one they can talk to or who would

understand. This can potentially affect the adult's mental health, adding worry and stress.

6. Mental Health Stigma in Derbyshire

There are not any current local statistics on the number of young people in Derbyshire who have felt stigmatised because of their mental health. During the consultations those answering the electronic survey 27% of people had been treated differently because of their mental health. This was not exclusively completed by young people.

However there are national statistics that can be applied to Derbyshire:-

The national prevalence data is based on a 2004 survey, but remains the most recent, comprehensive national survey of prevalence of mental health conditions in children and young people.

Applying the national estimates to the local population provides an approximation of the number of children and young people in Derbyshire with a mental health disorder. There are an estimated 10,100 children aged between 5 and 16 years with a mental health disorder in Derbyshire. If 90% of these experience stigma that would be an estimated 9,090.

The 'state of stigma' survey conducted by Time to Change in 2014 with more than 7,000 people with mental health problems found that:

- 65% of people with mental health problems said stigma affected their friendships,
- 57% said it affected their family life
- 38% said it affected their personal relationships
- In addition 57% of young people said the fear of stigma has stopped them applying for a job.

The effect of stigma around mental health not only affects those with a diagnosed mental health problem but those without diagnosis, family and friends which would see the initial figure of 9,090 increasing quite significantly.

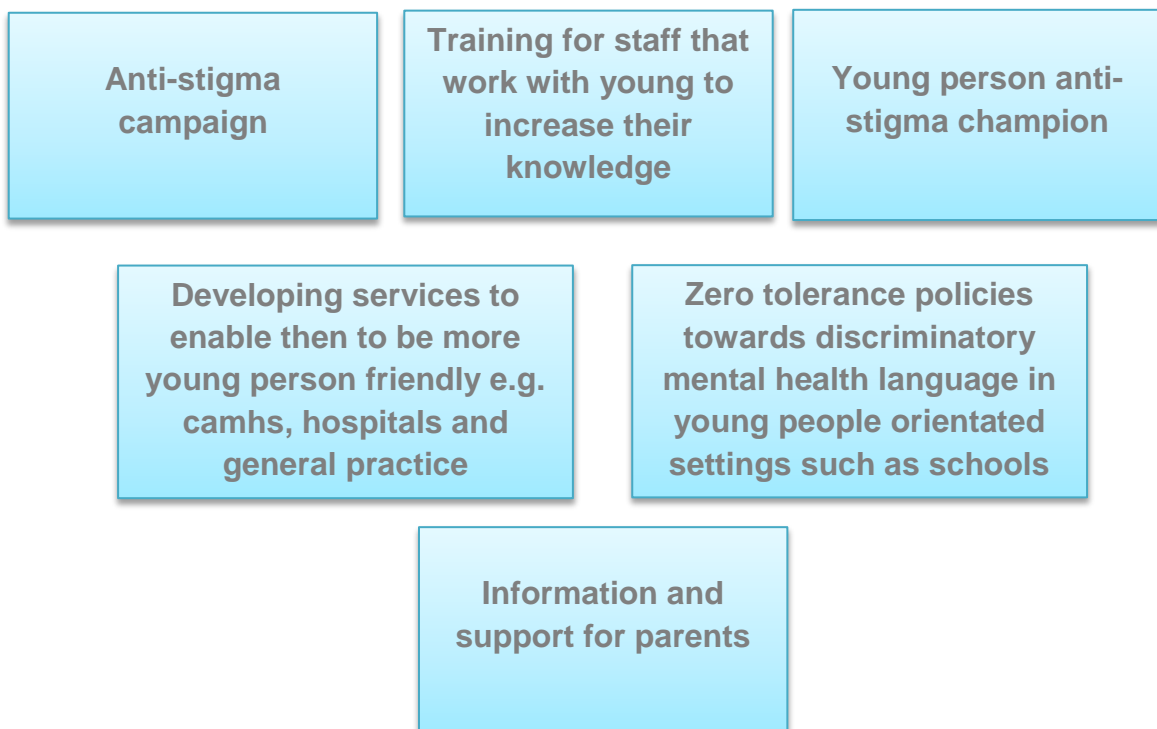
7. Stakeholders

Consulting and involving key stakeholders from the beginning is important. The strategy aims to be relevant to young people and their families. Tackling mental health stigma is the responsibility of everyone across Derbyshire and implementing the strategy's priorities will be important for every stakeholder. A joined up approach of organisations, young people, parents and professionals working together will allow a more successful approach to reducing the stigma young people face.

Stakeholders should include the following groups and will represent both Derbyshire County and Derby City:

- Children and young people (including the youth councils)
- Children and young people who have used CAMHS services or who have experienced a mental health problem
- Parents and families
- Parents and families whose children have used CAMHS services or who have experienced a mental health problem
- Schools
- Colleges
- MATs
- CAMHS professionals
- Children's Services
- GPs
- CCGs
- Public Health Nursing
- Third sector and voluntary organisations
- Public Health Adult leads including links to Healthy Workplace scheme
- Leisure organisations including Active Derbyshire
- Time to Talk Leads
- Healthwatch Derbyshire
- Local authority communications teams
- CCG Communication teams
- Future in Mind Stakeholder Group
- Suicide Prevention Group

8. Our Priorities



Consultation on the priorities ranked training for staff that work with young people as the most important priority to be taken forward, followed by developing services then an anti-stigma campaign. Whilst information and support for parents ranked the least highest priority it was regarded as an essential component to achieve the strategy.

Training for staff that work with young people to increasing their knowledge

Lack of knowledge about mental health and mental illness can contribute to stigma existing in a community. People have a misunderstanding of what types of mental illnesses there are, how common it is and how to help and support friends and family. Lack of understanding can create mistrust and fear of people with mental illness leading to further stigma. It can also prevent people from seeking help for themselves or family and friends. Awareness raising can be done through a variety of ways:

- Promoting existing National resources for schools and other workers and encouraging their use
- Encouraging the use of free online resources such as young minds, MindEd
- Awareness training for school staff, parents and young people
- A website with information and sources of help.

Survey findings show that young people speak to their peers before any adult. It is therefore important that young people are confident to signpost to services and not judge.

Priority

Develop a train the trainer or e-learning packages that can be awareness training for – staff, parents and pupils.

The aim of the anti-stigma training will be to:

- Increase knowledge about mental health
- Reduce stigma when asking for help
- Ensure young people know what support is available
- Know how to ask others how they are feeling.

Evaluation – Increasing Knowledge

Knowledge should be increased across the three key groups - children and young people, parents and professionals working with young people. Any training courses delivered to any of the key groups will be evaluated to ascertain:

- Number of courses delivered
- Number of participants
- Increase in knowledge pre and post course
- Change in attitudes seen
- Any case studies or examples of changes in knowledge or practice / qualitative data
- Follow up evaluation to show knowledge is retained.

<p>Developing services to enable them to be more young people friendly e.g. camhs, hospitals and general practice</p>
--

Ensuring that GPs, school nurses and CAMHS are 'young people's mental health friendly' is important to reduce stigma in asking for help with mental health. This is not just about providing magazines and bright colours to be 'youth friendly' the concept will be to be more approachable and to allow more young people to be able to seek help. This is of particular importance for teenagers who may be accessing services, such as the GP, independently. This will be similar to the 'You're Welcome' award but with a clear focus on seeking help for concerns about mental health. Some of the organisations in the 'good practice' examples have worked on this and it would be useful to link into these, such as STAMP in Sheffield. Young people will have a key role in the development and evaluation of this priority.

Evaluation - Young People's Mental Health Friendly Services

- Development of framework to make services more accessible for young people seeking mental health help
- Number of services worked with
- Number of young people with increased satisfaction about the service

Anti-stigma campaign

The consultation found that while people welcomed a media campaign to get messages out to a large number of people, feedback was that if we are encouraging young people to speak to someone it is important that there are people who are confident to deal with that disclosure, through implementing wider training.

A strong brand image for Derbyshire's anti-stigma work will then be used across the councils, NHS, voluntary sector and across all ages. It should include easily identifiable colours and a strong 'tag line' with the campaign linking to information and advice. The consultation found that the main focus of the campaign should be to normalise talking about mental health, 'mental health is as important as physical health' and 'look after each other' and advising young people to speak to someone if they are worried.

The campaign will use a simple message and be the same across the whole of Derbyshire and across all age groups – the message should be used for adult mental health promotion and within the healthy workplace initiative and other campaigns. The way of promoting the message may alter but one key simple message for the whole of Derbyshire will have the most impact.

Young people are key in the development of the media campaign. They will be involved with the designer and developing a brand that they are happy with, the promotion and how best to get the messages across. A group of young people who are interested in being involved in this part of the strategy will be gathered and can develop the media campaign.

Communication of the anti-stigma campaign

The anti-stigma campaign will need high visibility across the county for young people and their families. A strong social media presence for the campaign will be most relevant and cost effective. With a limited budget using posters and leaflets in areas that young people and their families visit such as schools, colleges, GP surgeries, children centres, youth clubs, leisure centres, cinemas, libraries, will have a high impact, reinforce a consistent message and be accessible to people who are not online – some parents and younger children.

There will also be communication of the messages from the campaign through the key stakeholder organisations and their methods of communication. Press releases at relevant dates such as World Mental Health Day. Any work and resources for the children's workforce should also re-emphasise the anti-stigma message. For full analysis of types of communication see appendix 2.

What did people involved in the consultation want to see from the media campaign?

- That young people are involved in the design of messages and materials
- Awareness about local services and how to access them.
- Strong brand image we can recognise as 'ours'/'Derbyshire'
- Have a day of awareness to raise more awareness
- Consistency
- Participation with role models and other aspirational groups, to help de-stigmatise mental ill health. This may include footballers and other sports personalities; media celebrities and local music celebs. By using role models, can help breakdown the stigma, especially if that can include (appropriate) personal disclosure.

Evaluation – the anti-stigma campaign

In order to gauge the success of the anti-stigma media campaign there are several, measurable results that can be used:

- Communications outputs – press releases, social media, web content etc
- Communications outcomes – web hits / enquiry forms filled in (this will be specific to each activity and will be agreed on a case by case basis)
- Positive media coverage generated during key periods (eg Launch of campaign / Mental health awareness week etc) – NB this is subject to capacity of PR officer as there is currently no dedicated media monitoring service within the DCC PR department.
- Engagement such as comments / likes on Facebook page / re-tweets etc
- Google analytics to show hits /visits to on specific webpages
- Number of people accessing mental health support services
- Number of young people accessing CAMHS who have said they have not felt stigma because of their mental health
- Campaign and brand recognition
- Young people who are satisfied with the brand development and the communication of this.

Zero tolerance policies towards discriminatory mental health language in young people orientated settings such as schools,

Although the 2010 Equality Act makes it illegal to discriminate directly or indirectly against people with mental health problems, the use of negative language surrounding mental health has a big impact on stigma. Language such as 'nutter', 'psycho'. 'schizo' that go unchallenged can help reinforce negative stereotypes and create more stigma around mental health. Phrases such as 'pull yourself together' or 'there are people worse than you' are unhelpful and have a negative effect on people with a mental illness. Reinforcing stereotypes for example by using the 'head in hands' pictorial to represent mental ill health, allowing Halloween costumes such as 'the mental patient' all create more stigma.

By ensuring that schools, colleges, youth clubs, leisure settings, workplaces have a policy of zero tolerance to name calling or negative use of mental health terms can help reduce stigma. Resources and policy documents will be produced to support organisations. Linking to the suicide prevention strategy's priority focussing on media reporting and suicide will also be important for this priority.

Organisations will also be asked to sign up to a pledge to show that they have support for people with mental health problems, whether this is directly or through signposting and that staff have received appropriate awareness training.

Evaluation – Zero Tolerance

- Number of toolkits delivered to settings
- Number of settings using the toolkit
- Number of policies adopted
- Qualitative feedback from organisations
- Positive media coverage generated.

Young person anti-stigma champion

An anti-stigma champion – or several champions, will be identified across Derbyshire. The role of the anti-stigma champion will be able to input into the strategy, help with the anti-stigma campaign and give young people a voice. The consultation saw many young people wanting a champion in each school - someone who could provide the school with key information including about the media campaign or national awareness days. Support will be given to the champion/s to help them in their role. They will also be closely linked with the youth councils and the new role of the Primary Mental Health Workers.

Evaluation – Anti-Stigma Champion

- Identification of anti-stigma champion
- Increase in skills/ confidence of the anti-stigma champion

Information and support for parents

This priority will link closely with priority number 1 – awareness raising training. Some training sessions will be held for parents but it is also important to provide information in other ways. Key information that parents will need is where to go for help with their child, how to be confident speaking to their children about mental health and to address the stigma they feel when their child has a mental health problem.

Evaluation – information and support to parents

- Number of training sessions delivered to parents
- Number of parents receiving information about mental health
- Number of parents who feel more confident speaking to their children about mental health

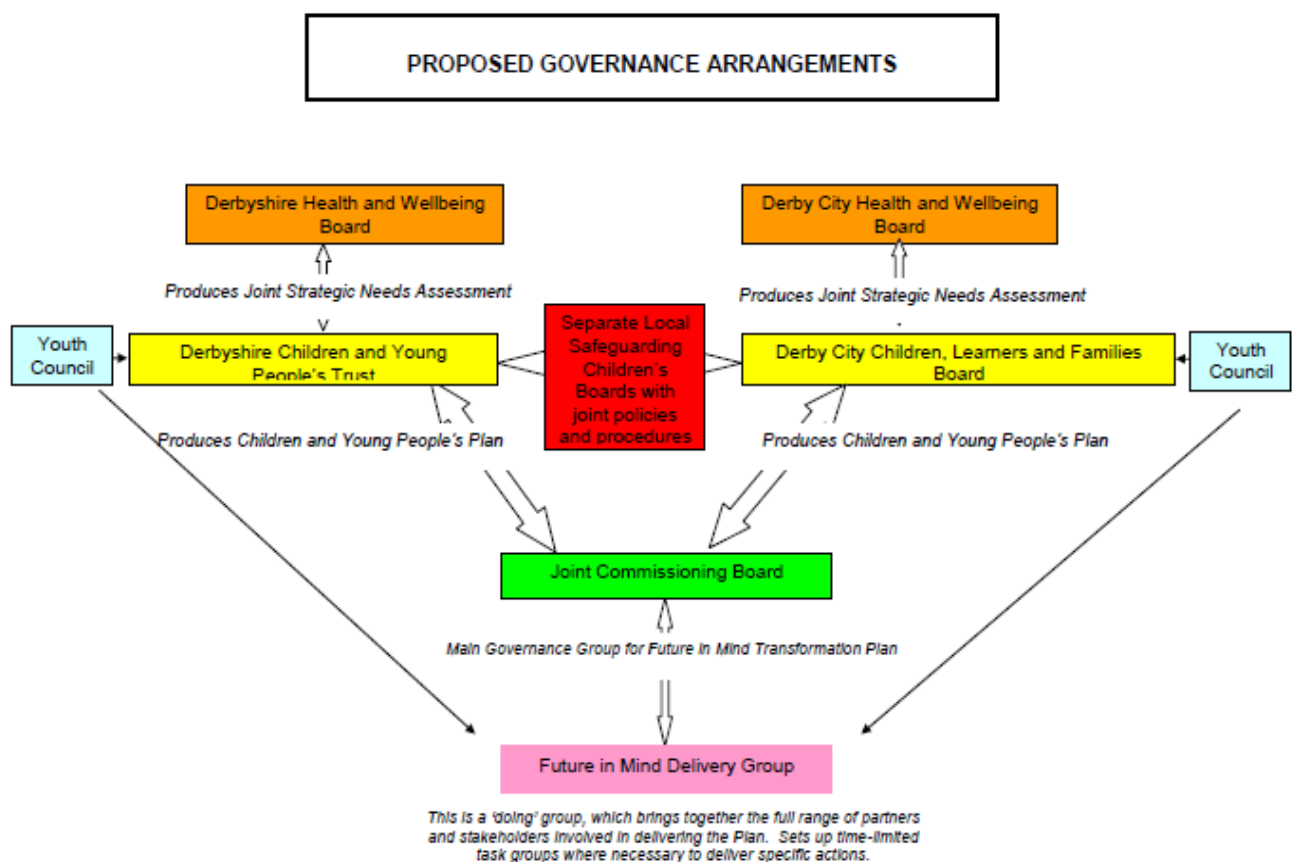
9. Implementing the strategy

Public Health will lead the implementation of the strategy on behalf of the Future in Mind core commissioning group, however the responsibility for tackling mental health stigma falls to a wide group of partners. Each priority area has a number of actions that can be led and implemented by wider partners including young people, health services and voluntary and community organisations. Every stakeholder has a responsibility to help young people be less stigmatised in Derbyshire.

Where appropriate working groups will be drawn up for each priority to ensure smooth implementation and joint working. The progress of the whole strategy will be reported to the Future in Mind core commissioning group and shared with wider stakeholders at key events, conferences and through electronic networks.

Accountability of the strategy

This strategy will feed into both the Future in Mind stakeholder group and the Core Commissioning group. The overall Future in Mind programme will be strategically monitored and reviewed quarterly by the Joint Children and Young peoples' Commissioning Board which sits across the four CCGs and two Local Authorities. The proposed governance arrangements are illustrated in the diagram below:



Appendix 1

Do Anti-Stigma Campaigns work?

Research has been carried out into the effects of campaigns to reduce stigma towards mental health, including evaluations of Time to Change. It has found that behaviour and attitude changes take a significant amount of time, particularly with a large cohort.

Since 2008 researchers at the Institute of Psychiatry, Psychology & Neuroscience, King's College London, have been annually interviewing people with mental health problems about the discrimination they face. There was a reduction between 2008-2011 in the number of reported experiences of discrimination and the number of people who have felt they had to hide their mental health problem. Government surveys have also shown reductions in discriminatory attitudes towards mental illness.

Large anti-stigma campaigns in other countries have shown success in reducing mental health stigma. New Zealand's 'Like Minds, Like Mine' was a country wide campaign with a series of adverts with celebrities discussing mental ill health. There has been an improvement in attitudes over the past decade, which the campaign has influenced.

Research into 'Time to Change' has shown that between 2003-2013 there has been an increase in positive attitudes. These have continued to improve throughout the recession and the researchers suggest this is likely to be due to Time To Change. Research has also been carried out on smaller scale anti-stigma campaigns to see if they too can improve the attitudes towards mental health. London et al (2010) evaluated a 4 week campaign in Cambridge. Specific campaign activities in Cambridge included: advertising at bus stops, on the local radio and in the local paper; advertising using beer mats and postcards; street art in the city centre; 'talking points' around town including public sofas staffed by people with experience of mental health problems; and a one day 5-a-side football tournament. Changes were seen in the proportion of people reporting campaign awareness, this increased incrementally over the 4 week campaign period with a peak in the last week. There was, however, significant increase in participants knowledge about mental health knowledge which were sustained after the campaign had finished. The research found that it may be easier to influence outcomes pertaining to knowledge in the short term rather than aiming to influence attitudes or behaviour.

In the last ten years research (primarily carried out by the Psychiatry, Psychology & Neuroscience, King's College London) has found three main ways to reduce stigma and discrimination:

- Personal contact with people with mental health problems

- Social marketing campaigns
- Education and training.

One research project found that making education around mental health a routine part of the school curriculum significantly changed the attitudes of pupils.

Training for professionals such as student doctors, trainee teachers, police officers, teachers and other school staff has also evaluated well. Focusing on the facts around mental ill health and presenting people's personal experiences has helped challenge preconceptions and increase respect.

Good Practice in Other areas

Learning from the good practice in other areas and linking to National campaigns is important to Derbyshire's anti-stigma strategy. It is useful to know what is happening in other areas and learn from others as well as utilising resources from National programmes.

Northamptonshire Talk Out Loud

Northamptonshire has a strong anti-stigma strategy. It is a joint NHS and Local Authority programme driven by young people. The programme is branded under 'Talk Out Loud' with a website, videos and information, all with consistent marketing.

There is an established Mental Health Stigma Programme Participation group which is made up of young people across different schools. Their aims are to –

- Raise awareness of mental health and mental health needs
- Reduce the stigma associated with mental health
- Say that it's ok to 'TALK OUT LOUD' about your mental health
- Help young people to know that 'YOU'RE NOT ALONE' – there is always somebody to talk to
- Raise awareness about where you can go if you need help and support
- Drive the programme
- Have our say on mental health services

The Talk out Loud have a video online for young people to encourage their peers to seek help, to talk and not to judge - <https://vimeo.com/21404408>

There is a dedicated website <http://www.talkoutloud.info/> which includes tabs – 'how do you feel?', 'helping yourself', 'who can help?' 'talk out loud'. It contains information about mental health, about where to access further support and things to do to help yourself and links to social media accounts and national websites for help and information.

Liverpool – CALM (Campaign Against Living Miserably)

CALM is a registered charity aimed at reducing suicide in men. Before 2001 it was targeted at young men (15-35) but is now universal.

Their aims are -

- Offering support to men in the UK, of any age, who are down or in crisis via our helpline and website.
- Challenging a culture that prevents men seeking help when they need it,

- Pushing for changes in policy and practice so that suicide is better prevented via partnerships.

CALM work at tackling stigma by creating a strong branding image amongst young men at venues such as sport venues, pubs, clubs and music festivals. By creating a strong brand image and prompting young men to talk about mental health stigma is reduced.

The dedicated website has real stories of men with similar experiences, articles to inspire, support and entertain and information about mental health conditions and support organisations. <https://www.thecalmzone.net/>

Sheffield – STAMP (Support, Think, Act, Motivate, Participate)

Registered charity Chilypep work on the STAMP project with a group of young people aged 14-25. They have a STAMP Out stigma campaign, challenge discrimination and campaign for change. They also carry out regular consultations with young people to inform their work and some members are Health Ambassadors. They have created a board game - 'Dare you Share?' that promotes discussions amongst young people around mental health. Based on a theme park to symbolise life's ups and downs, young people work their way round rides such as 'hall of mirrors', 'food court', or stigma standpoints, where they can explore and discuss mental health in a creative and thought provoking way. They have also implemented the 'You're Welcome' standards in CAMHS in Sheffield.

<http://www.chilypep.org.uk/with-young-people/stamp-emotional-wellbeing/>

Good Practice Nationally

Time to Change

Time to Change is England's national campaign to reduce mental health stigma and discrimination, with its own 'Time to Talk' day. There are several focuses to Time to Change – a high profile anti-stigma campaign, work with organisations, communities and young people alongside 'Time to Change activists' who work to combat discrimination.

They have a number of free resources including posters, magazines, session plans, videos and toolkits; all available to schools and people working with young people. The Time to Change website offers a significant amount of information about mental health, views of young people and the impact of judgement.

Time to Change's current campaign 'It's the small things' aims to encourage people to share the small things that they've done to support a friend, or something that a friend has done for them.

<https://www.time-to-change.org.uk/about-us/challenge-stigma-young-people>

See Me – Scotland

See Me is Scotland's programme to tackle mental health stigma and discrimination. There are sections for people working with young people with resources, information on the role of family and friends and real life stories. The focus is more on knowledge to challenge stigma than a large media campaign. There are sections for young people and advice about how to have a conversation about mental health at school, home and further education. There is a social media presence and campaigns to 'walk a mile'. They have also worked with the media to promote responsible reporting of mental illness and suicide.

<https://www.seemescotland.org/>

Lessons Learnt from the Good Practice

All of the above have the following in common:

1. They are more than just a media campaign
2. There is a strong brand image that is not linked to Local Authority or NHS and is young people focussed
3. There are websites with information, toolkits and sections for young people, parents and professionals
4. There is a strong young person involvement, often including a key young persons group
5. Numerous organisations are involved and signed up to the strategy.

From this we can learn that the City and County strategy must encompass more than a media campaign and have strong branding that is designed in consultation with young people. Information about mental health for professionals, parents and young people is also important. The voice of young people is seen throughout the good practice examples and it is important that the City and County strategy includes young people and they have ownership of the anti-stigma strategy.

Appendix 2

Analysis of the most cost effective form of communication for the anti-stigma campaign:

a) News media

Rationale: There are around 70 news outlets – newspapers, radio and television – covering the county.

Proposal (no cost) Comms lead to produce press releases to tie in with campaign launch, national campaigns such as Mental Health Awareness week / World Stress Day etc. but add value by promoting local services. This can be edited by partners to feature their own councillor / spokesperson's quote.

Proposal (cost) Advertising in local media. There is potential to reach a large audience through advertising in local media. However it is difficult to evaluate how many people have seen an advert or acted on it. Newspapers are not the channel of choice to reach young people through and as such it is not recommend to use newspaper advertising for this campaign.

b) Organic Social media - Facebook / twitter (free)

Rationale: Social media is one of the quickest growing forms of communication and provide a source of constant, reliable and regularly updated information for residents. DCC alone has over 28,000 twitter followers and 10,000 Facebook likes.

Proposal: To continually utilise social media to reach our target audience by tying into key events such as Mental Health Awareness week and promote the campaign. Utilise new campaign imagery to create eye catching posts and signpost to local support services.

Nominated comms lead to produce a calendar of social media content that other members can choose to push through their own social media channels.

The aim is to create consistent, joined up messages instead of a proliferation of different messages coming from each partner agency.

c) Paid for social media – Facebook advertising

Rationale: We know that growing number of people now access information from the internet before any other channel. Facebook advertising offers a cost effective, highly targeted and evaluative method of reaching our audiences.

Proposal: Derbyshire County Council's e content team can produce in-house Facebook advertising. This involves an initial set up cost of £250 plus 15% of your agreed advertising budget. They will set up, monitor, optimise and evaluate the campaign on our behalf. This proves more cost effective than using external social media agencies.

d) Posters / leaflets

Rationale: Having a consistent, joined up message spread across a range of campaign literature will reinforce our key messages to Derbyshire residents.

Proposal: Produce campaign resources that all partner organisations can use such as posters, leaflets, training packs, lesson plans etc.

Posters / leaflets to be displayed in high traffic areas where large concentration of young people are to be found. EG children's centres, youth clubs, schools, leisure centres, cinema, libraries, festivals etc.

NB All collateral materials will be decided following focus groups with target audiences. We need to know how young people actually choose to consume information and then provide it to them in this format.

e) Anti -stigma webpages

Rationale: Research shows that increasingly people choose to access information online in the first instance and appreciate information that is presented simply, concisely and all in one place.

Proposal: To create new pages on existing organisation websites that detail the anti-stigma campaign as well as signpost to other relevant sites / support services. Encourage all partner agencies to signpost to this page from their own websites. Alternatively an option could be to have similar pages on Derby City council website to reflect differences in services.

Siting the pages within existing websites reduces on costs involved in creating a new site from scratch /purchasing a new domain name. It also ensures that we retain control of the information and can make changes whenever we need to without incurring additional costs.

f) DCC, CCGS and Derby City internal and external communications channels

Rationale: Each partner has access to their own internal communications channels offering a wide and varied audience. This offers an ideal opportunity to spread consistent messages across the county. This includes e- bulletins, magazines and newsletters

Proposal: Each member will spread agreed messages through their own communications channels. This will include Youthinc (the DCC youth service website) and other targeted young peoples websites.

g) Bus advertising

There are several agencies who offer bus advertising on Derbyshire buses. This can vary from internal adverts to fully wrapped buses. Costs are very high and again it is difficult to quantify how many people have seen the adverts.

Analysis provided by Colleen Marples (DCC Communications Team) January 2016