

Community Mental Health Good Practice Guide:

Anti-Stigma and Awareness-Raising



CBM Global Disability Inclusion

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Introduction

CBM Global wants to see a world where people with mental health conditions and/or psychosocial disabilities:

- Participate meaningfully and authentically in their communities
- Have a good quality of life and wellbeing
- Have access to dignified quality care and supports to address individual needs

Addressing stigma and raising awareness is essential to help achieve these aims.

The purpose of this document is to:

- Document and share CBM and partners' learning about anti-stigma, anti-discrimination and awareness raising work
- Draw upon recognized good practice and evidence from around the world
- Share the perspectives of people with mental health conditions and/or psychosocial disabilities



CBM's Community Mental Health Plan & Addressing Stigma

In 2019, CBM launched a Community Mental Health (CMH) Plan. The purpose of the CMH Plan was to bring focus and scale to the work that CBM does in order to have a greater impact on this area, both for people with mental health conditions and/or psychosocial disabilities, as well as the wider communities where we focus our work, and people with other disabilities, who are often at increased risk of mental health problems.

The CMH Plan has four priority areas:



The foundation of CBM's CMH Plan is to **strengthen the voices of people with mental health conditions and/or psychosocial disabilities** (Priority 1). The agency of people affected by mental and physical health problems is crucial and they are a key partner in all activities. All activities are adapted to the culture and country where they are taking place. This means, **including people with mental health problems and psychosocial disabilities at every step.**

With 15 years of experience working in mental health, CBM aims to achieve an inclusive world in which all persons with mental health problems and psychosocial disabilities enjoy their human rights and achieve their full potential. **Fostering community inclusion and participation** is critical to achieving this goal (Priority 2). All projects work with people with mental health problems and psychosocial disabilities and with their families, carers, communities and leaders to achieve fair and equal conditions and access to society and services for all.

Box 1

Mental Health and the Broader Development Agenda

CBM's CMH work is rooted in the wider, global development agenda. Two important elements of this are the United Nations Sustainable Development Goals (SDGs) and the UN Convention on the Rights of Persons with Disabilities (CRPD):

- The **SDGs** include mental health in Goal 3 on health and wellbeing, but mental health is also directly relevant to achieving many of the other 17 goals.¹
- People with psychosocial disability and mental health issues participated in the drafting of the **CRPD**. It conceptualises that disability arises when people with actual or perceived mental health issues face barriers to realising their rights.² People with psychosocial disabilities face a multitude of barriers affecting their participation across all community domains. In particular, they face entrenched attitudinal barriers and remain one of the most marginalised groups in and outside the disability movement.

In addition, the projects and aims link with wider, global disability and anti-stigma work:

- Time To Change Global have developed an Anti-Stigma Toolkit³ based on the learning from a global pilot implemented in partnership with CBM in Ghana, India, Kenya, Nigeria, and Uganda. The Time to Change tools have been used in the UK since 2007.
- A set of guides on stigma and mental wellbeing for NTDs and all forms of health-related stigma have been recently developed by the International Federation of Anti-Leprosy Associations and Neglected Tropical Disease NGO Network.⁴



“If one person can be brave and shameless enough to talk about their mental health, more people will realise this is normal.”

Sanchana, India

time to change global
let's end mental health discrimination

The Many Faces of Stigma and Discrimination

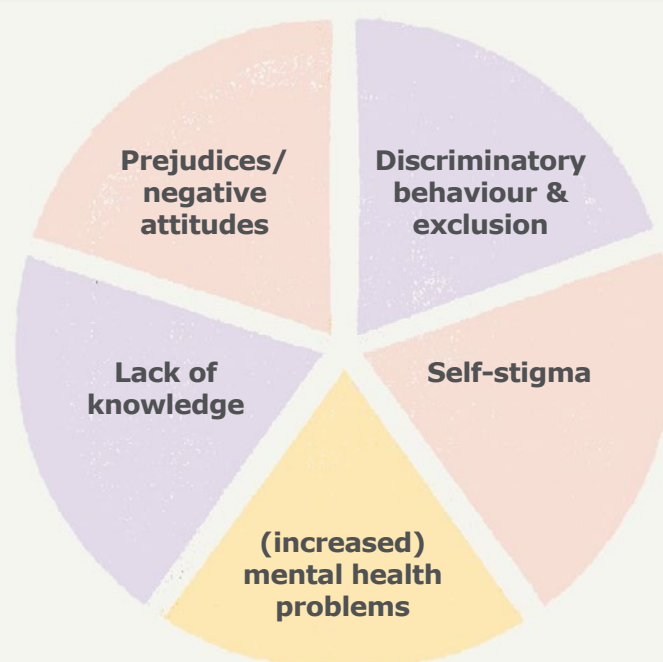
Worldwide, people living with mental health conditions and/or psychosocial disabilities are experiencing stigma and discrimination. In particular, people living with these conditions in poverty and in other marginalised groups, are at greatest risk and routinely face stigma and discrimination.

Box 2

What is Stigma?

- Stigma are prejudices and negative attitudes or perceptions of others, and often lead to discriminatory behaviour. It is often related to a lack of knowledge about mental health problems and disability, or linked to incorrect myths and negative cultural or social norms and beliefs.
- When not addressed, stigma and discrimination exclude people from society, employment, education, families, friends, communities, and access to health and other services, in addition to aggravating their emotional and physical suffering.
- **Addressing and reducing stigma and discrimination is critical** in helping people with mental health problems and psychosocial disabilities realise their rights, equal and meaningful participation in communities, improving their quality of life, and accessing health and social care.

Figure 1: Stigma and Mental Health



Box 3

Challenges Faced by People

People with disabilities, including people with mental health conditions and/or psychosocial disabilities, face a broad range of challenges on a regular basis:

- having fewer educational opportunities
- having fewer employment opportunities or experiencing job loss
- reduced access to quality health and social services, or being denied access out of fear that they might be dangerous or infectious
- poorer physical health and lower life expectancy
- being ridiculed and insulted, or even abused and violated
- being excluded from their families, friends and communities
- being denied normal societal participation, for instance in attending gatherings or rituals
- experiencing fewer marriage prospects
- being discriminated in their rights and opportunities through unjust laws (structural stigma)

As a result of experiencing stigma and discrimination, people with mental health conditions and/or psychosocial disabilities often:

- feel shame, guilt, and worthlessness
- might choose not to participate in social activities (self-stigma)
- tend to seek help less often, even if they would really need it
- might not even try to realise their rights and opportunities (anticipated stigma and discrimination)
- are more likely to suffer from depression, anxiety, or even self-harming and suicidal behaviour

Addressing Mental Health Stigma and Discrimination

Stigma has been recognised as a major problem in mental health, but it is hard to change peoples' deeply and long held views, attitudes and behaviour. However, there is growing evidence of what can be done to fight stigma effectively and reduce discrimination against people with mental health problems and disabilities.

For the past 15 years, CBM's partners have been addressing stigma and discrimination as part of their work, and through this, have contributed to the global evidence base. Based on projects that were effective in practice, a number of specific intervention models were developed and refined, and these can be applied more widely.

Box 4

Main Impacts of Anti-Stigma Activities

1. **Empowered individuals** living with mental health conditions and/or psychosocial disabilities, and **increased participation** in communities
2. **Increased and facilitated interpersonal contact**, care and support for people living mental health conditions and/or psychosocial disabilities
3. **Greater community, family and carer awareness** of mental health problems, and **reduced stigmatizing and discriminatory attitudes** and behaviour in the community



Case Study

A Grass-Roots Level Mental Health Awareness Programme

In Nigeria, CBM partner organisation Amaudo Itumbauzo has established anti-stigma and awareness raising work upon which several programmes are based.⁵

The grass-roots level mental health awareness programme was placed in a part of Nigeria where knowledge about treatability of mental health conditions was very limited. The programme aimed to reduce stigma and to increase the use of community-based mental health services. The programme trained village-based health workers, who are volunteers, respected in their community, and used media messaging to reinforce health messaging and awareness. This considerably increased use of community-based mental health services, and the benefits were sustained for a significant period after the programme ended. Importantly however, the programme stressed, that for attitude changes to be reinforced, awareness programmes must be repeated at regular intervals.

The approach is taken to scale with a global anti-stigma network called INDIGO, where core components were refined, adapted to six different country/cultural settings, and regular booster trainings were included.⁶

CBMs Anti-Stigma and Awareness-Raising Approach

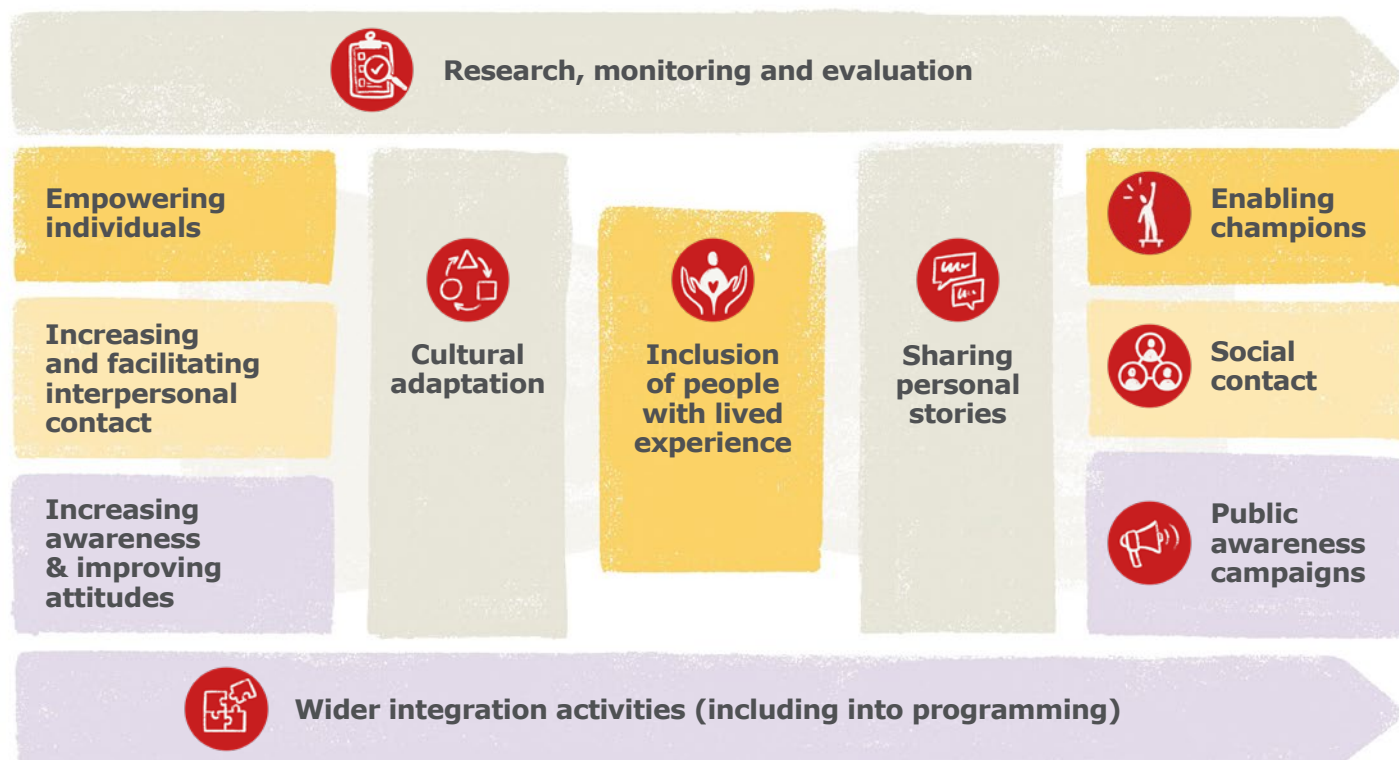
CBM's anti-stigma and awareness raising approach is based on evidenced based best practice and years of experience in the field, globally. Most importantly it is based on the experiences of our partners and people with lived experience. A clear example of this is the Time to Change Model (www.time-to-change.org.uk) and evidence brought about through our partnership with Time to Change Global (2018-2020).³

Changing Stigma and Discrimination

Interventions for changing stigma and discrimination, and raising awareness, should address and integrate three elements⁷:

1. Increasing knowledge about mental health problems and disabilities, and people living with these conditions
2. Improving attitudes about people living with mental health problems and disabilities
3. Changing behaviours against people living with mental health problems and disabilities



Figure 2: Anti-Stigma and Awareness-Raising Approach

The Main Components

The key components of anti-stigma interventions aim at empowering people with lived experience to tackle stigma, increase public knowledge and awareness, improve attitudes and change behaviours. These are addressed throughout all components:



1. Inclusion of people with lived experience

- People with lived experience of mental health problems and psychosocial disability are at the centre of all CBM activities, from planning to decision-making, implementation, delivery and monitoring.
- Inclusion and participation are not an add-on, they are basic rights as defined by the CRPD.²
- Inclusion means supporting and building capacity (e.g. training, self-care, media engagement) of people with lived experience, and adapting processes to fit their needs.
- Trained as champions, people with lived experience are powerful advocates for change and for helping others understand mental health and disability, using social contact.



2. Cultural adaptation

All CBM programmes adapt interventions to the specific cultural setting:

- Finding a language that works for people with lived experience of mental ill health and the wider public
- Finding creative and effective approaches to get people talking about mental health
- Planning and budgeting time and resources to properly translate and adapt activities and materials.
- Using images in a conscious and non-stigmatising way
- Using a repository of tools and materials from CBM, Time to Change and partner projects



3. Sharing personal stories

- Sharing personal experience, or storytelling, is the core of social contact.
- Personal experience can be that of people with lived experience and/or of those caring for them, such as family or carers, and those in close contact, such as friends or neighbours.
- Sharing personal experiences through conversations with people in local communities is also the most effective way for them to learn, understand and change the narrative of mental health problems and disability.
- Personal stories are particularly powerful when they emphasise recovery, and the strength and resilience of people with mental health conditions and/or psychosocial disabilities.



4. Enabling Champions

- Champions are people with lived experience who are speaking out about mental health and stigma. They often share their personal stories and are powerful in challenging traditional beliefs and prejudices.
- They may choose to speak to individuals, to their communities or share their messages on social media, as part of marketing campaigns and wider mental health advocacy.
- Champions may need information, organisational and, importantly, financial support. In addition, emotional support is crucial to mitigate stressors related to this role and to assess and manage the personal risks of publicly disclosing a mental health problem.
- Often, champions take a lead in setting up peer-support groups, train other champions and/or lead wider advocacy activities.



5. Social contact

- Social contact with people with lived experience is the most effective intervention to reduce stigma and change attitudes and behaviour.
- Social contact is an essential ingredient in all anti-stigma interventions. It can be direct or via video, or even simulated for instance in role-play or theatre.
- Social contact emphasises the reality that mental health and psychosocial experiences are common and adds a human element to a deeply misunderstood issue. People sharing their experiences within their communities, workplaces, education or religious settings helps challenge local beliefs and harmful social and cultural norms.
- It means giving people with lived experience ownership in translating the evidence.
- There are crucial elements to social contact for it to be effective – like equal status, having a two-way conversation, and the time to challenge pre-existing prejudices.



6. Public awareness campaign

- In addition to one-on-one and local community engagement, wider public awareness campaigns can be powerful in supporting anti-stigma interventions.
- The story-telling core of social contact is a powerful way to reach a wider audience both in order to increase their knowledge, to improve their attitudes and to change their behaviour.
- Careful messaging (social marketing) to the context (taking into account local beliefs) and to the specific target group is important (e.g. young people, pregnant women/new mothers, older people)
- The campaign can use several channels that are suitable in the context: it can be through paid media channels (TV, radio, cinema, streaming, newspapers), social media and instant messaging (Facebook, Instagram, Snapchat, WhatsApp), through leaflets, posters or other advertising
- Art performances, theatre, film screenings, or roleplay can also be powerful, creative ways to reach communities



7. Research, monitoring and evaluation

- The projects are being informed and adapted based on the latest research evidence. At the same time they are informing their own practice and providing evidence and shared learning to the wider community.
- A theory of change process and continuous monitoring helps to ensure that the intervention is having the desired impact, and/or to document potential issues and adapt the process

- Evaluating and learning from results benefits future development and implementation of new projects, and informs research.
- It is important to share impact data with participants, and will support sustainability



8. Wider integration activities

Further activities can be very powerful in supporting the interventions and campaigns:

- Using a branding/ logo/ key slogan
- Myth-busting
- Involving well-known, famous, and well-respected members of the community, such as local leaders, healers, actors, VIPs and others can be major catalysts for change.
- Integration of activities into wider (regional/national/international) programming like health system strengthening, professional development programmes, or community based inclusive development
- Sharing education materials online
- Participation and sharing experiences in teaching, at conferences and webinars

Addressing Stigma and Discrimination in Different Settings

CBM and partners have addressed stigma in a number of different countries. These programmes are grown from the local context, so differ in detail, but usually include the same components.

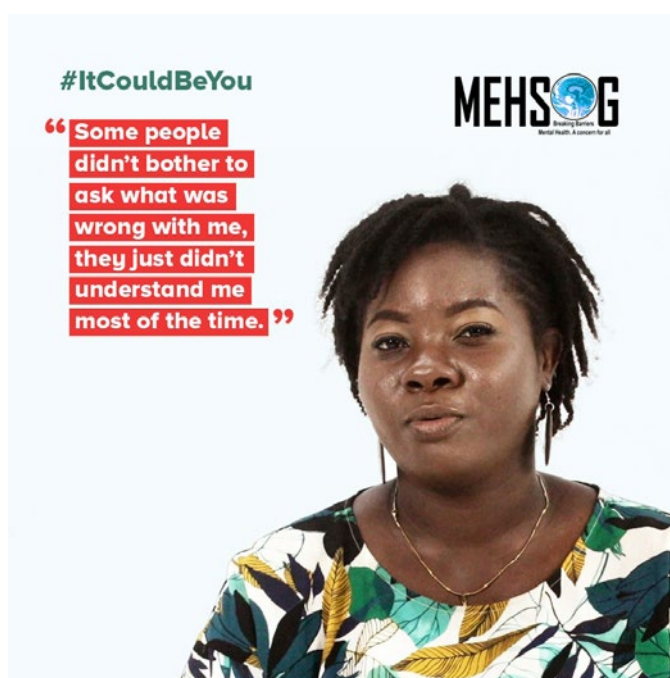
Case Study

Targeted Conversations Change Society

In collaboration with Time-to-Change Global and other partners a Global anti-stigma toolkit was developed, as a large resource of approaches, stories, tips, tools and materials³. The toolkit addresses challenges faced throughout, for instance that inclusion and changing stigma are long-term processes that take time. Important to consider are also challenges to the implementation that might come up in local, regional or even cross-country campaigns. The example of an anti-stigma campaign illustrates this.

Social marketing campaigns took place in Ghana, Nigeria, Kenya and Uganda. Very little evidence was available for the programme about the knowledge of the different communities about mental health problems, which is vital to inform the campaign strategy and for messaging to be effective. Therefore, the programme had to conduct initial audience research, and use that to develop anti-stigma messages and the content of the campaign. Initial findings showed that knowledge, attitudes and behaviours were similar in the West African countries Ghana and Nigeria, and also in the East African countries Kenya and Uganda, but differences existed between East and West Africa. In a pilot phase, four different campaigns were run in these groups with different messaging and websites. Audiences were defined (18-34 years old, living within 30 km of the capital), and a focus was set on social media. They developed personal messages that would trigger empathy by using real people and champions telling their stories and myth busting to tackle knowledge gaps. Also, the overall campaigns were kept local, by involving familiar, local partners (not the unknown logo of Time to Change Global). In addition, based on their research, in West Africa messages were personalised leading on commonality with the slogan **#It could be you!**, whereas in Kenya, prompts to encourage conversations around mental health were found most helpful, leading with the slogan **#SpeakUp** in Kenya and (the Ugandan version) **#Kyogereko** in Uganda. These messages were shared on TV, radio, and through Facebook and twitter ads.

The impact evaluation was carried out with an academic partner, King's College London, for Kenya and Ghana, and showed that the beliefs that mental health problems were related to a curse significantly dropped. In Kenya, the campaign was found to have a statistically significant improvement in knowledge among the target audience. In Ghana, the campaign significantly increased positive attributes relating to intended behaviour.



Case Study

Getting the Message to the Right Audience

In order to address stigma, specific groups need to be addressed. But it can be very challenging to engage some parts of society, for instance if they are from respected groups with strong views, or marginalised hard-to-reach communities.

The Time to Change Global and Mental Health Society of Ghana (MEHSOG) Stigma and Discrimination Pilot identified the groups of people most likely to stigmatize people with mental health conditions and that should be targeted by the campaign. They found the media, employers, schools, faith-based healers, and both literate and illiterate people need to be specifically addressed.

A similar cross-societal approach was taken in a four-year anti-stigma programme in Sierra Leone (2019-2022) in partnership with the University of Makeni, Makeni City and the Mental Health Coalition. A specific aim was set to engage with communities to change attitudes and reduce stigma: 320 community leaders (traditional leaders, chiefs, faith healers, teachers, police, health workers) have been specified to attend an anti-stigma Community Mental Health Forum^{8,9} per year for 3 years (80 per year in 4 districts; 960 total), and 100 members of community groups for youth, women and men, in each of 4 districts annually for 3 years (1200 total) are to be engaged in contact interventions designed to address stigmatising attitudes. The work is being based on CBM's earlier anti-stigma work in Nigeria, and being supported and informed by, a global research group, the INDIGO Network, who are also learning from their experiences.

Case Study

Champions are Leading the Way Against Stigma

Stigma and negative attitudes and behaviour against people with mental health problems and psychosocial disabilities can be changed and need to be addressed. **Champions play a powerful role in improving people's knowledge, attitudes and behaviour.** Champions are empowered, trained people with lived experience, who advocate change through social contact, sharing their experiences as part of social marketing and/or social media activities as well as wider advocacy work.

Organisations such as the patient advocacy organizations Mental Health Users and Carers Association of Malawi (MeHUCA), are building up champions to advocate against discrimination, raise mental health awareness and promote welfare of people who previously suffered mental health difficulties.

Abena is a champion for mental health. She became project coordinator for the Mental Health Society of Ghana as part of the Time to Change Global programme, supporting a group of 25 women and men to speak out, share their stories and help end mental health stigma in Greater Accra. She identifies as having bi-polar disorder. Abena has gained understanding of herself and keeps championing mental health: *"It took me a long time, but last year I decided to share a picture on Facebook in front of the sign for the psychiatric hospital where I was having a review. The post received a lot of comments. People told me how bold I was. Some people messaged me to say that seeing that I didn't look like their perception of a 'crazy person', helped them realise it was ok to go to the hospital. Sharing your experience can give people hope that, even if they might be in a dark place right now, it is possible to recover."*



Cecilia is another champion from Ghana, who was part of the Time to Change Global Programme. She stresses the importance of belonging to her community and feeling part of a wider global family, in order to overcome stigma. With her own lived experience, she keeps encouraging others to fight stigma and to stand up for people with mental health problems and disabilities.



Box 5

Moving Forward with Anti-Stigma and Awareness-Raising Activities

The following will support the scale-up of anti-stigma and awareness-raising activities in low and middle income countries (LMICs):

- **Research:** The majority of mental health stigma research has taken place in high income countries. Growing the body of stigma related evidence from LMICs is essential.
- **QualityRights:** All anti-stigma and awareness raising activities should take an approach that promotes human rights and access to quality mental health care.
- **Central to Community Mental Health (CMH) Work:** All community-based models of mental health should be implemented with activities raise awareness and combat stigma related to mental health.
- **Full and Meaningful Participation of People with Lived Experience:** People with lived experience should fully participate in the design, development, implementation and evaluation of all CMH interventions.
- **Emphasis on Lived Experience in Advocacy:** CMH practitioners and organisations must ensure that advocacy is carried out with and by people with disabilities – ‘nothing about us without us’.

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- Time to Change Global

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For further information on CBM's Community Mental Health work:

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CBM Global Disability Inclusion

CBM Global Disability Inclusion works alongside people with disabilities in the world's poorest places to transform lives and build inclusive communities where everyone can enjoy their human rights and achieve their full potential.

Community Mental Health Thematic Area in CBM Global

Mental health conditions are a major cause of disability and ill-health worldwide. Those living in poverty are at greatest risk and least likely to access treatment or support. Many people experiencing mental health conditions and/or psychosocial disabilities face stigma, discrimination, even abuse. With decades of experience in the field of global mental health, CBM Global recognises the central role of mental health in wellbeing and works to promote good mental health, challenge the exclusion of people with mental health and/or psychosocial disabilities, and strengthen mental health systems, so that mental health needs are recognised and addressed.

This is one of a number of guides that CBM Global will be producing to share our work and experience in community mental health.

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