

The Policy Brief for Mental Health Advocates in Latvia

**Into the mainstream- challenging stereotypes
proactively**

Executive summary

Mass media in Latvia portray people with mental health problems as dangerous, incompetent and strangers. These portrayals are reflected in public attitudes towards those with mental health problems/disabilities and mental health care policies in Latvia. In order to achieve a significant shift in publics' attitudes and governmental policy towards people with mental health problems, mental health advocates should apply more effective strategies in communication with mass media to counter current negative portrayals of people with mental health problems.

This paper argues that instead of currently widely used one-off and informational-educational campaigns that have been proved to be ineffective and expensive, mental health advocates should aim to saturate mass media by the constant flow of positive and accurate messages. Instead of challenging current strongly rooted negative stereotypes, these messages should enforce current positive attitudes towards people with mental illness and neutralise or redirect negative attitudes.

The policy brief recommends that mental health advocates in the community should become proactive in engaging the media i.e. by approaching media with well-prepared, carefully targeted information and materials. The policy further recommends that advocates should target messages and take into account mass media and publics interests.

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Current situation

According to the Latvian Mental Health Care Centre (Mental Health Care Center, 2003), around 49 000 people in Latvia have mental health problems, i.e. mental and emotional conditions that significantly negatively influence their day-to-day activities¹.

The recent study (Kamerade, 2005) suggests the public in Latvia believes that people with mental illness in Latvia are dangerous, unpredictable, responsible for their illness, incompetent and that mental illness is incurable. These stereotypes occur in all groups of society, but are especially strong among young men with higher education, parents of young children and among Russian speaking elderly. These stereotypes are facilitated by mass media representations of people with mental illness mainly as criminals, strangers, and irresponsible, weak and pitiable

These stereotypes are reflected in current Latvian laws and a mental health care system in Latvia that limits the opportunities of individuals with mental illness. Latvia is the only one of the three Baltic States that has still not introduced a Mental Health Care Law. The Law of Medical Treatment that currently regulates mental health care in Latvia states, “people with mental illnesses have all the same civic, economic and social rights as all citizens in Latvia”. However, in reality these rights are often violated. According to the Latvian Centre of Human Rights and Ethnic studies (Latvian Centre for Human Rights and Ethnic Studies, 2003), the procedure for recognising somebody as mentally ill violates human rights and that criteria for compulsory admission into mental health care institutions are too broad. Moreover, government still has not taken made any substantive attempts to develop a community-based mental health care services and the number of existing services, e.g. social care homes, is insufficient and thus unavailable for all who need them. Finally the Instruction No.24 of Ministry of Welfare of January 1998 significantly violates the human rights of people with mental illnesses requiring all health care practitioners

¹ Mental illness- “...a broad range of mental and emotional conditions thatsignificantly interferes with the performance of major life activities such as thinking, communicating, learning, and sleeping. ...mental health problems are typically treated through some combination of hospital care, medication, psychotherapy, and social support” (Open Society Mental Health Initiative, www.soros.org/initiatives/mhi/about)

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to forward sensitive and confidential personal data (e.g. name, ID number, address, diagnosis etc.) to a National Register.

Since 2000 there have been some attempts to improve the situation for people with mental health problems by promoting the acceptance of Mental Health Care Law in Latvia. However, all attempts to introduce this Law in Latvia have been unsuccessful so far. In addition, although some efforts of mental health advocates to introduce community based mental health care do exist (e.g. in Akniste Mental Health Care Hospital), they are rather very rare exceptions. As a result, thousands of people with mental illness do not receive appropriate mental health care and are isolated and discriminated against by the society at large.

While promoting the Law of Mental Health Care and community based mental health care, there is urgent need to improve government's and society's understanding of mental health care and to prepare society for wider activities related to the integration of people with mental disabilities and illnesses. Mass media is widely recognised as one of the most powerful tools to increase the 'visibility' of people with mental disabilities, to shape public attitudes towards them and consequently to influence mental health policy (Coverdale, Nairn, & Claasen, 2002; MIND, 1997). People in Latvia also identify mass media as their primary source of information on mental health issues (Kamerade, 2005).

However, in Western European countries and the USA the awareness of the significance of mass media in mental health care policy came only after mass media contributed significantly to the shift back from community based care to more controlling policies in the 1990s (Holloway, 1996; Hanningan & Cutcliffe, 2002; Hallam, 2002; Heginbotham, 1998; Paterson & STARK, 2001). Latvia still has an opportunity to use mass media to strengthen public awareness of rights of people with mental disabilities and prepare the general public for community based mental health care policies and to advance proactive policies.

Policy options

In recent years, mental health advocacy groups have made reducing stereotypes and stigma a priority for media campaigns. Firstly, this paper will discuss the frequently employed one-off educational approach to mass media campaigns that is used by mental health advocates worldwide and that is strongly preferred by mental health advocates in Latvia as well. Then the limitations of this approach will be identified. Secondly, alternative, potentially more effective approach will be suggested.

Interviews with mental health advocates in Latvia and literature review suggest that the most widely employed approach to mass media from mental health advocates are one-off educational campaigns aiming to improve public knowledge about mental health, illness and people with mental illnesses. The typical messages are appeals to humanity and tolerance, advocacy that “people with mental illness are people like others”. They also emphasize the commonness of mental illnesses and provision of “truth” (e.g. frequency of criminal offences committed by people with mental illnesses compared to people without). Often this approach involves interviews with people with mental illnesses themselves. All these messages are aimed to change of attitudes via better understanding, i.e. to replace wrong stereotypes with the right information.

Although such educational approach seem very effective from “common sense”, a considerable amount of evidence suggests that “one should avoid a naïve position that ‘informing’ people of the ‘truth’ will achieve change” (Sayce, 2000): 212). The evaluation of educational informative campaigns show that they are ineffective or have mixed results or even can provoke opposition and protests (Sayce, 2000).

The reasons for failure of this approach are:

Firstly, although educational campaigns might have some short-term effects, one-off educational campaigns cannot compete with constant flow of negative or misleading portrayal of people with mental illness as odd, dangerous and laughable (Wahl, 2003; Sayce, 2000). The messages sent by one-off campaigns are diluted and overwhelmed by frequent and regular contradictory information.

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Secondly, it is strongly established in psychology that strongly rooted stereotypes and stigma cannot be overcome by provision of correct information if this information contradicts established belief. Even more, information that contradicts established negative conviction cannot only be fully rejected but even more- met with protests and objection. People tend to select information that confirms information they already have (Sayce, 2000, p.283). Therefore, psychologists suggest that in order to achieve attitude change, new information should take into account existing stereotypes and should not contradict them directly. Education- replaces wrong stereotypes by correct information but has limited effects (Watson, 2005), Sayce, 2000). Education campaigns also generally have only short- term effects (Sayce, 2000, p.284).

Thirdly, one-off educational campaigns are often not focused. Firstly, objectives of these campaigns are general and; secondly, campaigns are aimed at wider audience. As famous communication researcher McGuire said- if something is aimed to achieve everything and to reach everybody, it is very likely that it won't achieve anything and won't reach anybody.

Finally these campaigns are very expensive, especially for campaigns that reach most of the public (Wahl, 2003).

Policy recommendations:

The approach suggested addresses all limitations of one-off campaigns and will be based on basic principles for successful advertising and public relations campaigns. I suggest that mental health advocates aim to regularly work with media and should set specific objectives and have objectives for specific groups. The message designed for media communication should take into account the audience aimed for and should build on existing opinions, attitudes and stereotypes by facilitating positive and redirecting negative.

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Constant flow of new narrative

Firstly, mental health advocates should aim to create a constant flow of new narrative on mental health and people with mental illnesses in the mass media in order to balance and counter negative messages (Sayce, 2000). Mental health advocates, people with mental illness, their relatives, mental health professionals know a lot of stories about caring, coping, achievements that can be appealing to editors and journalists but who are not aware about them (Wahl, 2003). Constant flow of new narrative can be created in two ways- with proactive and reactive activities. Proactive activities are aimed at regular, active establishment of relationships with mass media and information in them. Reactive activities are responses to specific instances of media positive or negative picturing of people with mental illness. In both cases, positive material on mental health and people with mental illnesses should appear regularly (at least as regular as negative misrepresentation, if not more often).

How can mental health advocates achieve this? The methods used most likely will be the same as before- press releases, information for news, stories, thematic articles about persons, popular medicine articles, participation in press conferences, shows etc. Reactive activities might include punishment (such as boycotts) for negative or inaccurate stories and rewards for positive picturing.

However, the way that it should be done should be changed considerably. Mental health advocacy organizations need to be constantly aware of the media and be ready to respond when and if negative stories, inaccurate information or unfair portrayals surface. They also need to develop an awareness of the news and human interest value of the lives around them. Then need to cultivate relationships with reporters, producers and writers proactively and provide them with positive stories and or story ideas.

Focus on the needs and interests of audience

In order to achieve a regular appearance in mass media, mental health advocates should focus on the needs and interests of the general public, mass media and their audience(s).

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Firstly, interviews with representatives of mental health advocates indicate that currently they tend to prepare messages from the point of view of themselves and peoples with mental illness and usually to send the same message (information) to all selected media. As the result, representatives of mass media in interviews complain that the information provided by mental health advocates is irrelevant to their audience and “nobody will read it”. Mass media are consumer –driven industries. The mass media work for profit and therefore they must be presented with what public will buy, i.e. content relevant and interesting for their audience. Therefore they tend either to ignore mental health advocate messages or to dramatise and misrepresent people with mental illnesses (Wahl, 2003).

Therefore before preparing information for mass media; mental health advocates should attempt to answer to two questions- “Why should other people (people without mental illness) be interested in this information I want to provide?” and “How can I make my information relevant and interesting to the audience of certain magazine/newspaper/TV show etc.?” Simplistic appeals to humanity, tolerance and other general values most likely won’t work, except for media whose public image is related to it.

If mass media advocates focus only on their needs there are two risks. Firstly, such a focus tends to emphasise the otherness of people with mental illness; secondly, it is very likely that because of this negative otherness, people won’t be interested in reading the material.

Advocacy organizations should attempt to become credible and trusted sources of information. They should provide messages that emphasise non-stereotyped images and create peer relationships (socio-economic and others) that make anchors so that people without mental health concerns can identify with the people with mental health problems. Messages should attempt to reduce the perception of “otherness” of people with mental health problems by not emphasising the person’s mental illness but rather similarity, relevance of some of his/her issues to other peoples.

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Secondly, message should be tailored according to the needs and interests of target audience of certain mass media in order to get it accepted. For example, women's magazine whose main audience are family orientated women might be more interested than women magazine orientated to career women in stories and advice about women whose children have mental illness or discussion among rights of women with mental illness to have children. In turn, career women magazines might be more receptive towards article about women who have made achievements despite their mental illness. Nevertheless they are interested in new, unusual information, stories about accomplishments and struggles that might engage their readers or viewers (Wahl, 2003). Ignoring their interests is losing opportunity to reach public via mass media.

Finally, it is strongly suggested that mental health advocates create/produce information on mental health/illness themselves, preferably in written form. The interviews revealed that both sides- journalists and mental health advocates complain about constant misunderstanding. Journalists very rarely have any experience on mental health issues, for example, when they portray people with mental illness as dangerous they are often unaware that they are giving incorrect information (Wahl, 2003).

It is easier to distort information given in interview (often on the phone) than to misinterpret written information. Thus it might address, for example, a common complaint of mental health advocates that labels are often used incorrectly and serve to misinform and confuse viewers and reader, depiction as violent and criminal.

Frequently the media has space to fill and often not enough material and therefore ready-made materials are more than welcomed. Editors and writers are often short of time and happy to have some almost ready made material. For example, The Mental Health association recruited volunteers that prepared brief articles on mental health issues and sent them in camera-ready format to local newspapers. Despite there being no official agreements between editors and mental health care advocates, many of these papers got published (Wahl, 2003).

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Constant flow of new narratives should be carefully targeted.

Special attention should be given to Russian language newspapers and magazines and Latvian tabloids. Research indicates that the most negative stereotypes are portrayed in them.

Target groups should be chosen to maximize the benefits of such efforts. Of special importance are the young (age 25-40), well-educated men, parents and older Russian-speaking people. Messages and media choices should reflect the perspective of the target audience not the advocacy groups. For example, articles that emphasise the rights of the mentally ill will evoke protests because people firstly think about their own safety. It doesn't matter how wrong it seems to you, to achieve your goal, you should take into account the perception of your audience. Each program should target a specific group and corresponding attitudes and behaviours for change. For example, parents of small children have the strongest prejudice towards people with mental illness. They fear for their children, in general as well. So, articles on safety of children, on situations when and how usually children suffer from other unfamiliar adults might be very interesting for them.

Testing the messages

In order to predict possible effect that certain material might create in audience, mental health advocates should preferably test messages showing them to representatives of the potential audience, mental health advocates should preferably test messages. The classical approach is to show and ask how they perceive certain material, what are their thoughts, feeling and whether they find the material interesting and appealing. The results of such tests can give indications how potential audience will perceive the message. Tests allow to avoid negative unintended consequences. For example, Hallam (2002) demonstrates how media coverage of issues of schizophrenia patients promoted with good intentions by advocates of rights of these patients in UK raised unexpected reactions of public and consequently led to the opposite result- more controlling mental health care policy. Although mental health advocates were telling stories about people with schizophrenia who do not receive appropriate help and who have miserable life conditions caused by exclusion from society in order to increase understanding of public on situation of people with

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schizophrenia the defect of this message was adverse. The public understood from this message that a lot of people with schizophrenia are just wondering around, without professional help and attention from their families, so they are very dangerous.

If advocates do not pursue proactive engagement with the media, it is possible that public attitudes toward the mentally ill will become more negative and that opposition to positive change will grow. By not persistently challenging of otherness advocates allow these images and beliefs to persist in informing decisions about treatment, assistance and acceptance.

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