Stigma is one of the greatest challenges facing people with mental illness today. In addition to the distress and feelings of rejection it causes, stigma can lead to housing and employment discrimination and can cause people to avoid seeking help for their illness due to shame and fear. Social contact—direct, personal contact between members of the general public and members of a stigmatized group—is one of the most promising strategies for reducing stigma and discrimination. Since the 1960s, research has investigated the use of social contact between members of the general public and people with mental illness to reduce stigma associated with mental illness. Recent research has incorporated more sophisticated randomized trials and meta-analysis methods to investigate specific components and mechanisms of social contact. The current literature, however, lacks naturalistic studies which apply the social contact theory at the population level. In this viewpoint, we discuss Time to Change as an example of a way to facilitate research and application of the social contact theory in naturalistic settings at the population level and the necessary features which should be incorporated in order to optimize results. We argue that the development of novel and innovative ways of incorporating social contact in the field of public mental health will make a significant impact towards decreasing stigma and discrimination against those with mental illness.

‘Time to Change’ interventions

In January 2009, two mental health charities, MIND and Rethink, launched the largest ever programme in England to combat mental health stigma and discrimination, with the Institute of Psychiatry as the evaluation partner. A key aim of the Time to Change programme is to reduce stigma by facilitating social contact between members of the general public and people with mental illness on a large scale. This is particularly significant as it addresses two limitations of previous social contact research. First, it has been noted that one of the problems of using social contact as a means to combat stigma is that, unlike education, it is difficult to reproduce on a large scale and there have thus been relatively few large-scale social contact interventions. A second limitation is that social contact research in the past has mostly been conducted in experimental rather than naturalistic settings, making it difficult to evaluate whether or not the results can be translated into the real world. Although Time to Change aims to incorporate social contact across the entire programme, three projects in particular demonstrate the potential for facilitating social contact on a large scale in a naturalistic setting: Get Moving!, the Living Library and Education Not Discrimination.

‘Get Moving!’

Get Moving! comprises a week of over 100 mass participation physical activity events taking place throughout England in October each year. These events are advertised throughout the community as a call to action against mental health stigma. By bringing together diverse members of the community both with and without experience of mental illness to participate in various sporting and other physical activity events, Get Moving! provides an informal, real-world setting in which optimal conditions needed for social contact to be effective (i.e. equal status between group members, common goals, mutual cooperation and institutional support) can be met. For example, a Get Moving! event might consist of a football game, where each team is made up of individuals both with and without mental illness. Not only do the participants have equal status as group members because they are equal participants in the game, but they also cooperate to work towards the common goal of winning the football match for their team. Institutional support is present because the match takes place in a supportive environment where the event coordinators aim to facilitate social contact. This event provides the opportunity for friendship and for the disconfirmation of previously held beliefs people might have had about persons with mental illness, two more elements that have been cited as important for social contact to be effective. Get Moving! events like this one thus provide a relaxed setting for social contact between people with mental illness and members of the general public to take place, and are unique in that they exist in the real world and can be easily reproduced on a large scale.

‘Living Libraries’

At the Living Library, individuals who have experience of mental illness volunteer to wear T-shirts with their diagnosis written on the back, illustrating how the general public often use diagnoses as a label and do not see the individual behind it. Members of the public can then ‘check out’ a volunteer to have a half an hour conversation about that person’s experiences. In this instance, contact is clearly facilitated and both friendship and disconfirmation of beliefs can take place. Additionally, the volunteer is the ‘expert’ thus giving them equal, if not higher, status than the individual without a mental illness. This type of event is different from Get Moving! in that, rather than promoting large group interaction through physical activity, it promotes one-on-one, direct contact, and ensures that people are aware that they are speaking with a person with a mental illness. In this sense, the Living Library may have some advantage over Get Moving!—if Get Moving! were able to facilitate similar methods for people to easily disclose their mental illness, these events might be more likely to promote awareness of mental illness and conscious intergroup contact.

‘Education Not Discrimination’

Education Not Discrimination (END) is a targeted anti-stigma training programme delivered to medical students, trainee teachers and educational professionals throughout England. In addition to a lecture on mental health stigma and various interactive activities, a key
component of END is a talk by one or more volunteers with experience of mental illness; the volunteers recount their life experiences before, during and after the onset of their mental illness, discuss their recovery and relay instances in which they have felt discriminated against or stigmatized and how these instances have affected their lives. This type of social contact differs from that involved in the Living Library and Get Moving! because it is indirect and involves a targeted group. Although it is less likely that direct conversations will occur between people with and without mental illness, one advantage of END over the other two projects is that it is issued in an educational, easily reproducible format and can reach large groups of students, something that may be considered to be a limitation of direct social contact interventions.

Implications for future research and interventions

Each of these three projects provides a novel and potentially promising way to facilitate social contact. As such, it is important to clarify and evaluate the impact of these various interventions and their underlying mechanisms. Given the significant effects found to be associated with social contact and the growth in interest across Europe in developing mental health-related anti-stigma campaigns, further exploration of population interventions which incorporate social contact is an important area for future research. While ‘Time to Change’ is making a start in the right direction towards employing social contact on a large scale, there is a need for evaluation to assess which methods of delivering social contact are effective. In general, there is a need to reduce the gap between the theory of stigma reduction and the practice of employing it through various anti-stigma campaigns; exploring the ways in which to utilize the theory of social contact in practice is thus a crucial step towards eradicating mental health stigma in years to come. Given the magnitude of the discrimination which currently exists against people with mental illness, and the fact that one in four of us will have a mental illness in our lifetime, we would be remiss in our duties as public health advocates to ignore the possible benefits of social contact and the impact it could have on millions of lives.

Acknowledgements

We are grateful for feedback provided by the ‘Time to Change’ evaluation team including: Graham Thornicroft, Claire Henderson, Kirsty Little, Elizabeth Corker and Mirella Genziani. For their collaboration on the evaluation, we are thankful to: Sue Baker, Maggie Gibbons, Paul Farmer and Paul Corry. We would also like to acknowledge those who are responsible for the delivery of the interventions: Sally Gomme, Jo Loughran, Sally Reichardt and Oz Osborne.

Funding and support

‘Time to Change’ is England’s most ambitious programme to end the discrimination faced by people with mental illness and improve the nation’s well-being. Mind and Rethink are leading the programme, funded £16m from the Big Lottery Fund and £4m from Comic Relief and evaluated by the Institute of Psychiatry at King’s College, London.

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Jillian London, Sara E. Evans-Lacko
Health Services and Population Research, Institute of Psychiatry, King’s College London, London SE5 8AF, UK

Correspondence: Jillian London, e-mail: Jillian.London@iop.kcl.ac.uk
doi:10.1093/eurpub/ckq014
Advance Access published on 19 February 2010

Rethinking ‘Mental Health Stigma’

The stigma of mental illness is devastating for both sufferers and their families, and can affect every area of life including interpersonal relationships, access to employment and other desired social roles and quality of health care.1 It is certainly a problem in contemporary Britain where half the population believes that people with eating disorders feel different from ‘normal’ people, more than 60% of the population believes that people with severe depression are hard to talk to and more than 70% of the population believes that people with schizophrenia are a danger to others.2

London and Evans-Lacko3 evaluate Time to Change 3—a large-scale intervention, based on contact theory, aimed at reducing prejudice against persons with mental illnesses in Britain. From an intervention standpoint, the three strategies mentioned—Get Moving!, Living Libraries and Education Not Discrimination (END)—are likely quite robust. Contact is one of the most robust and reliable means of reducing intergroup prejudice. It has been shown to work with a variety of outgroups and under varied circumstances, despite many of them being less than ideal.4

Furthermore, contrary to London and Evans-Lacko’s assertion that, ‘social contact research in the past has mostly been conducted in experimental rather than naturalistic settings’, a recent meta-analysis of all available contact research4 showed that the majority of contact research conducted thus far involved participants reporting (albeit retrospectively) on their experiences of actual contact with members of outgroups in their day-to-day lives and their attitudes towards these groups. A more naturalistic setting would be difficult to imagine.

However, what is missing from the research is a detailed and structured look at when and how contact reduces prejudice against people with mental health problems. Part of the difficulty is that research on the effect of contact on prejudice against those with mental