



The Portuguese “United to Help” movement to combat stigma and discrimination against mental illness

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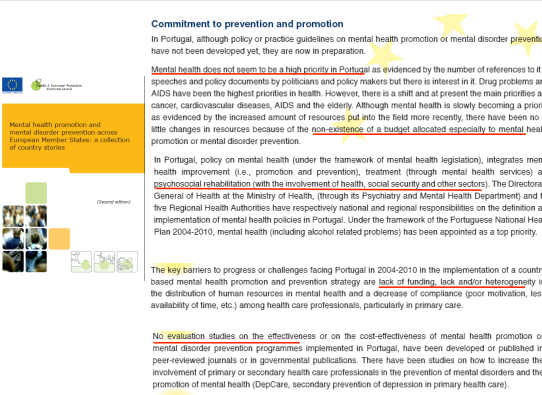
WHY ?

THE PORTUGUESE REALITY

THE NUMBERS

“The 3rd National [Portuguese] Health Survey suggested that the prevalence of psychiatric disorders in the general population is around **30%**, with approximately **12%** being severe mental disorders [...]”

(Directorate General of Health, 2004)



Commitment to prevention and promotion

In Portugal, although policy or practice guidelines on mental health promotion or mental disorder prevention have not been developed yet, they are now in preparation.

Mental health does not seem to be a high priority in Portugal as evidenced by the number of references to it in speeches and policy documents by politicians and policy makers but there is interest in it. Drug problems and AIDS have been the highest priorities in health. However, there is a shift and at present the main priorities are cancer, cardiovascular diseases, AIDS and the elderly. Although mental health is slowly becoming a priority as evidenced by the increased amount of resources put into the field more recently, there have been no or little changes in resources because of the non-existence of a budget allocated especially to mental health promotion or mental disorder prevention.

In Portugal, policy on mental health (under the framework of mental health legislation), integrates mental health improvement (i.e., promotion and prevention), treatment (through mental health services) and epidemiological rehabilitation with the involvement of health, social security and other sectors). The Directorate-General of health at the Ministry of health, through its Psychiatry and Mental Health Department) and the five Regional Health Authorities have respectively national and regional responsibilities on the definition and implementation of mental health policies in Portugal. Under the framework of the Portuguese National Health Plan 2004-2010, mental health (including alcohol related problems) has been appointed as a top priority.

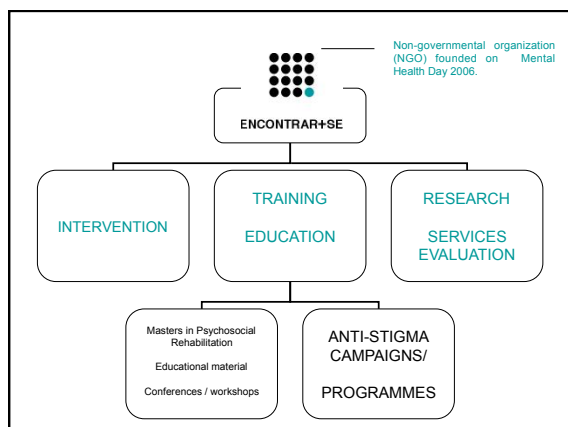
The key barriers to progress or challenges facing Portugal in 2004-2010 in the implementation of a country based mental health promotion and prevention strategy are lack of funding, lack and/or heterogeneity in the distribution of human resources in mental health and a decrease of compliance, poor motivation, less availability of time, etc.) among health care professionals, particularly in primary care.

No evaluation studies on the effectiveness or on the cost-effectiveness of mental health promotion or mental disorder prevention programmes implemented in Portugal, have been developed or published in peer-reviewed journals or in governmental publications. There have been studies on how to increase the involvement of primary or secondary health care professionals in the prevention of mental disorders and the promotion of mental health (DepCare, secondary prevention of depression in primary health care).

“Stigmatization and discrimination are among the key obstacles to care”.

Around the world people do not seek, obtain or follow treatment because of fear, deficient resources or lack of information. They are commonly victimized for their illness and become targets for human rights abuses and discrimination. Stigmatization and discrimination are key factors that impede people from obtaining the help they need.”

(World Health Organization, FIFTY-FIFTH WORLD HEALTH ASSEMBLY A55/18, Provisional agenda item 13.13 11 April 2002)



ANTI STIGMA CAMPAIGN

A Song for Mental Health
UPA - United to Help Movement

AIMS

- Increase the awareness and knowledge of the nature of mental disorders and treatment options;
- Contribute to the gradual replacement of old stereotypes with accurate information in order to reduce discrimination, and improve public attitudes towards those who have or have had a mental disorder, and their families;
- Help demystify mental illness, and reduce the feelings of hopelessness of those living with it, and their families.
- Promote preventive behaviours, by highlighting the need to seek treatment at early stages.

PHASE 1
October-December 2007

PHASE 2
January-October 2008

PHASE 1


SPECIFIC AIMS

- TO REACH THE GENERAL PUBLIC WITH A **THEME NOT TALKED ABOUT - VISIBILITY**;
- TO **START TALKING** ABOUT MENTAL DISORDERS;
- TO **START QUESTIONING** ABOUT PRE-EXISTING IDEAS/PREJUDICES;
- TO **HELP PEOPLE SEEKING CARE/HELP**

STRATEGY

- “**VERBALIZE**” **INNER THOUGHTS** REGARDING **3 MAJOR MENTAL DISORDERS** – DEPRESSION, PANIC DISORDER AND SCHIZOPHRENIA (3 FILMS + 3 ILLUSTRATIONS FOR TV + PRESS + OUTDOORS);
- MENTION SOME **SYMPTOMS/ FEELINGS** RELATED TO THESE DISORDERS AS POSSIBLE CUES PEOPLE SHOULD NOT IGNORE;
- STRESS THE IDEA THAT MENTAL DISORDERS ARE A REALITY FOR WHICH THERE IS **TREATMENT**;

SCHIZOPHRENIA



Are you there Johny... I am speaking with you, don't pretend you are not listening... Come on... you can't get anything right for a change... You are weak, an incompetent... Estás a ouvir Johny... everyone is laughing at you... 30 years and what did you achieved... nothing you are a burden for everyone...

SCHIZOPHRENIA IS A DISORDER FOR WHICH THERE IS TREATMENT... SPEAK TO YOUR DOCTOR



FALHADOS COMO TU NÃO VALEM NADA...

UPA

A ESQUIZOFRENIA É UMA DOENÇA PARA A QUAL HÁ TRATAMENTO. FALA COM O TEU MÉDICO.

DEPRESSION



Porque quando a minha vida parece que não tem sentido... quando sinto que sou um peso para os outros... quando sinto que não sou capaz de fazer nada... quando sinto que não sou ninguém...

FELIZ NA CASA É QUE TU ESTÁS BEM!

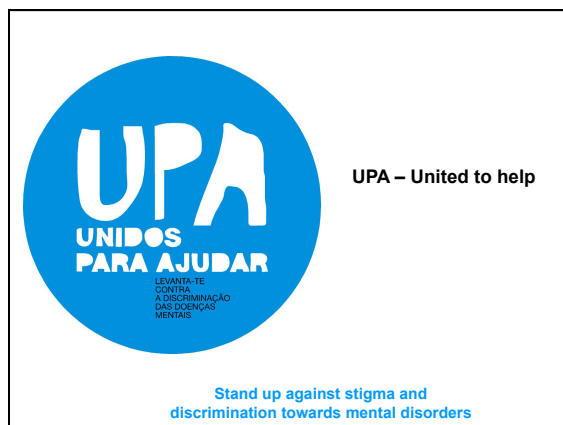
UPA


Apresentado à tua atenção, para a tua saúde e bem-estar.

PANIC DISORDER



PHASE 2



 **PHASE 2**
January – November 2008

- In a positive and constructive way, UPA seeks to help people **move one step forward** in the **acceptance** and **understanding** of mental disorders. It is addressed both for those who do not accept having a problem, who delay seeking help, and who suffer because of a mental disorder, and for everyone who deals badly with this reality;
- UPA aims to bring **hope** and **promote change**

SPECIFIC AIMS

- TO PRESENT STIGMA ATTITUDES TOWARDS MENTAL DISORDERS THROUGH **MUSIC** AND THE USE OF **ROLE MODELS**;
- TO DEAL WITH A **“DIFFICULT”** THEME IN A POSITIVE WAY;
- TO FIND A WAY OF LEDING PEOPLE TO A **SITE** WHERE THEY CAN FIND **INFORMATION** REGARDING MENTAL DISORDERS;
- TO **“MOTIVATE”** PEOPLE TO GIVE THE **FIRST STEP TOWARDS SEEKING HELP**;

STRATEGY

- FROM JANUARY TO OCTOBER 2008, EVERY MONTH:
 - A **MUSIC** IS RELEASED REGARDING ONE OF THE IDENTIFIED **THEMES**;
 - A **FILM** IS MADE FOR TV;
 - AN **ILLUSTRATION** IS MADE FOR MUPIS AND PRESS;
 - THE **WEBSITE** HAS ALL THE MATERIAL AVAILABLE AND PEOPLE CAN DOWNLOAD THE MUSIC

STRATEGY

- 10 THEMES – 10 MUSICS
- 20 BANDS
- 10 FILMES
- 10 ILLUSTRATIONS
- 1 CD / DVD
- + RADIO PROGRAMMES
- + TV PROGRAMMES
- + CONFERENCES, ETC

IDENTIFICATION OF THEMES

- The identification of themes / key messages of the campaign resulted from a **collaborative work group** integrating institutions representing of health consumers, family members, NGOs, and care providers:

THEMES

The first theme represents the project's general goal:

1 – DISCRIMINATING / INTEGRATING.

The idea is to pass from denial (of diseases, of accepting being ill) and ignorance to accepting and informing, meaning:

2 - DENYING / ACCEPTING

Here we start entering the disease itself, stressing the idea that mental diseases are as any other true disease and not a choice of the individual.

3- SEPARATING / UNITING

Upon introducing mental health as a part of general health, mind and body considered as a whole, and after having accepted the disease as a disease and not as the choice of an attitude, we start dealing with different aspects of experiencing the disease and how other people perceive it. Hence:

4- FEAR / UNDERSTANDING

5- GUILT / TOLERANCE

6- SHAME / ACCEPTANCE

7- DEPENDENCE / AUTONOMY

We then pass to the most direct consequence therefrom:

8- OFFEND / RESPECT

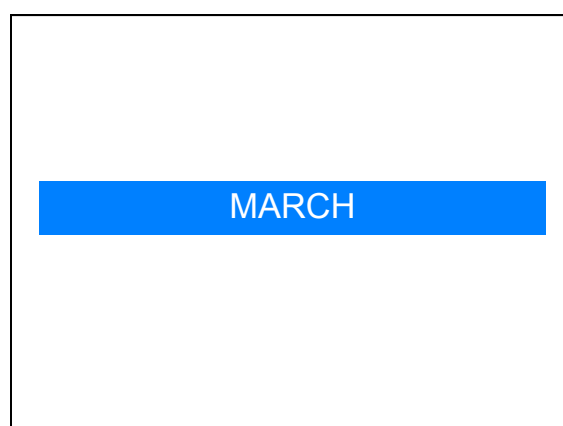
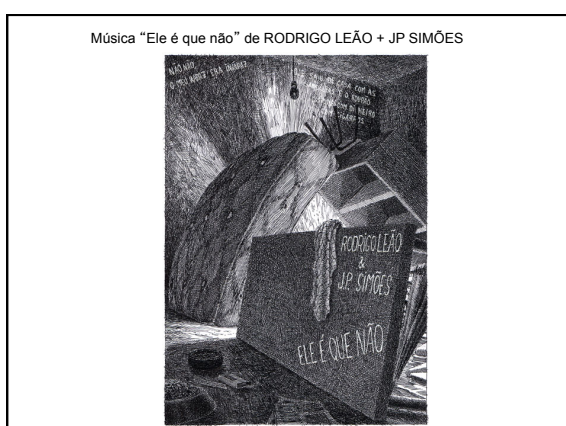
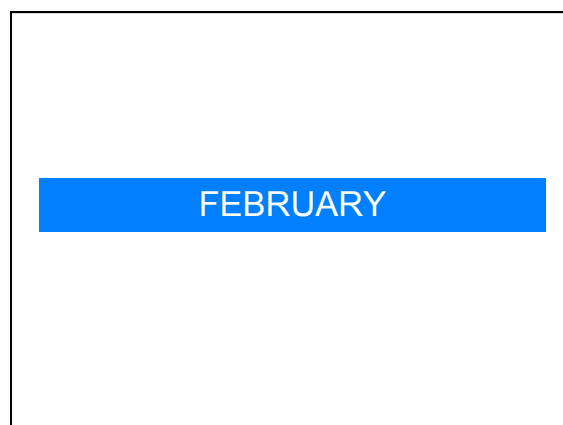
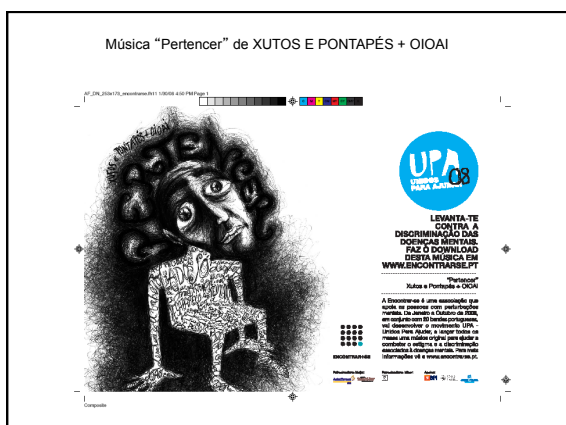
We finish with the two last themes that lead to a more positive perspective (HOPE) and the cycle is closed by returning to the initial integration theme (FRATERNITY)

9- DESPAIR / HOPE

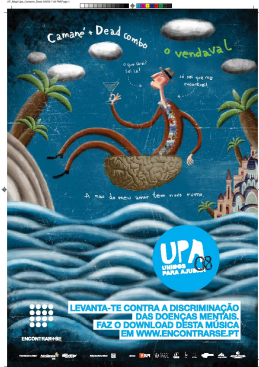
10- LONELINESS / FRATERNITY

	THEME	MUSICIANS
January 2008	DISCRIMINATING / INTEGRATING	Xutos e Pontapés / Oioai
February 2008	DENYING / ACCEPTING	Rodrigo Leão / J.P Simões
March 2008	SEPARATING / UNITING	Camané / Dead Combo
April 2008	GUILT / TOLERANCE	Sérgio Godinho / Xana
May 2008	DEPENDENCE / AUTONOMY	Cool Hipnoise / Tiago Bettencourt
June		
July 2008	FEAR / UNDERSTANDING	Mesa / Rui Reininho
August 2008	OFFEND / RESPECT	Paulo Gonzo / Balla
September 2008	SHAME / ACCEPTANCE	José Mário Branco / Mão Morta
October 2008	DESPAIR / HOPE	Mariza / Boss AC
November 2008	LONELINESS / FRATERNITY	Jorge Palma / Clã

JANUARY



Música "O Vendaval" de CAMANÉ + DEAD COMBO



APRIL

Música "O Rei vai nu" de SÉRGIO GODINHO + XANA

MAY

Música "Ouve bem" de Cool Hipnose + Tiago Bettencourt

Cool hipnose + Tiago Bettencourt
DEPENDÊNCIA? AUTONOMIA



JULY

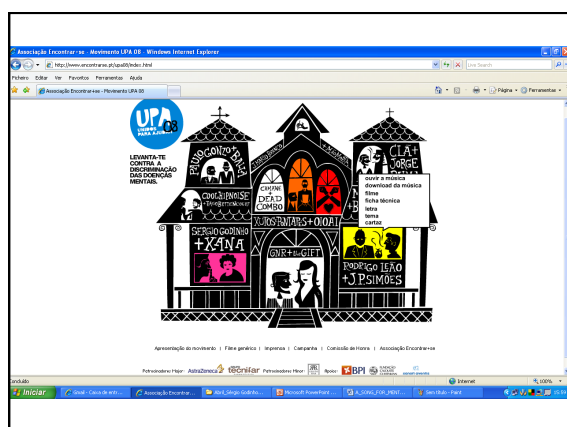
Música "Bi.polar" de MESA + RUI REININHO



AUGUST

Música "VOA" de PAULO GONZO + BALLA

www.encontrarse.pt



OUTCOMES

- 90.435 visits to the site;
- 895 donations to download the musics;
- Participation in 12 radio programmes;
- Participation in 6 TV programmes;
- Since December 2007 – 120 billboards distributed by Porto, V. Nova de Gaia, Aveiro, Faro, Évora, Viseu, Leiria)

69 % of population + 15 years of years have been exposed to the campaign at least once

		2007	2007
		DEZ	OCTOBER
TV	RTP		41 Times
	RTP2		96 Times
	SIC		591 Times
	RTPN		100 Times
	PORTO CANAL		Lack of data
	SIC NOTÍCIAS		113 Times
PRESS	SIC RADICAL		105 Times
	SIC MULHER		180 Times
	DIÁRIO NOTÍCIAS		12 Times
	JORNAL NOTÍCIAS		9 Times
	REVISTAS 24 HORAS		47 Times
	LUX		2 Times
OUTDOORS	DESTAK		13 Times
	PUBLICO IPSILON		7 Times
	MCO TV (metro)		1 every 10 minutes
TV TOTAL COVER FOR TARGET GROUP +15			69.52%



Visit of Patt Franciosi, WFMH



