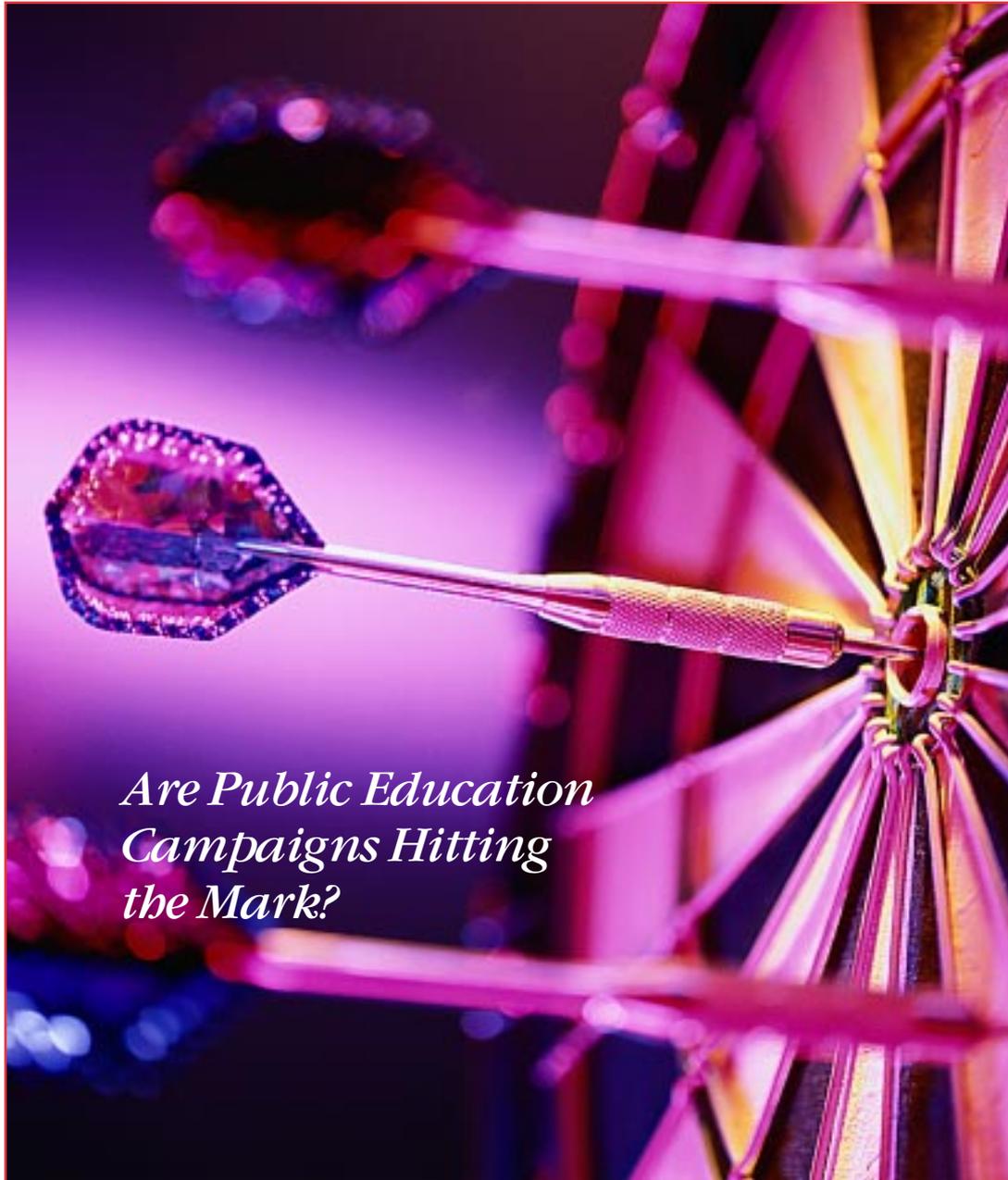


Network

VOL 16 NO. 2

SUMMER 2000



*Are Public Education
Campaigns Hitting
the Mark?*



CANADIAN MENTAL
HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

Ontario Division/Division de l'Ontario

IN THIS ISSUE:

**DIRECT: A Public Education Program
that is Meeting its Objectives**

Advocacy: An Important Element in Public Education

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OUR MISSION:

To advocate with and provide programs and services for people with mental disorders, and to enhance, maintain and promote the mental health of all individuals and communities in Ontario.

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Accelerating the Process of Change

The process of change in how mental health is regarded by the general public is gaining momentum. Over the years, CMHA, Ontario Division has helped to develop a level of readiness for people to become much more engaged and public about their mental disorders. Our education programs in many Ontario communities have played a part in that. The public has now reached the point where they are ready to speak about mental health issues. Do you remember when the word cancer was taboo? And now we can talk about cancer and get support. Some of the fear and some of the stigma about mental illness is starting to dissipate.

When we talk about public education, we are not just talking about the need for services. Professional care is only one side of the public education equation. We are also trying to build awareness for the need for support. Michael Wilson, former federal cabinet minister and now a key spokesperson for the Centre for Addiction and Mental Health Foundation has talked publicly about his son's suicide and the fact that it was not because he did not have psychiatric care, but because he was not able to tell his friends and seek their support. He felt alone and left out and ultimately committed suicide. Public education and public awareness opens the door to seeking both the services required and the support of family and friends which are equally essential.

The North East Mental Health Implementation Task Force, led by Peter Birnie, is taking a significant interest in public education. Mr. Birnie and his Task Force are very clear that mental health reform can't succeed in the community unless the community understands both the plan and mental disorders themselves. Mr. Birnie has submitted a proposal to the Ministry of Health and Long Term Care to have the Centre for Addiction and Mental Health (CAMH) and CMHA deliver a five year public education program across that region. What a treat to have such a far sighted leadership in our field!

There is a changing environment within the government, in terms of the willingness to recognize the importance of educating the public about mental health issues. Service changes in the community are taking place far more rapidly than is community readiness to accept the mentally ill. This issue is being dramatically played out in the Ontario legislature this spring as members debate the proposed new mental health legislation. Lack of public understanding of mental illness, combined with public safety concerns, have led the government to propose much more broadly coercive legislation.

Public education campaigns can and must increase public understanding and decrease these fears. We have seen this happen in a very short span of time with AIDS. The media got behind the AIDS community with a massive marketing campaign to carry the message that people with AIDS must be helped, supported and included in our communities. That same message must be conveyed, through public education, about mental illness.

Mentally ill persons are seldom dangerous and when they are they are most often a danger to themselves.

Let's tell the public that we have legislation now which allows us to intervene dramatically to remove individuals to a safe place when they are a danger to themselves or others.

Let's tell the public that mentally disordered persons are desperate for support and for inclusion as citizens.

Let's remind the public that one in five of us will experience a serious mental illness in our lifetime - that mental illness in some way affects us all.

Let's act fast because it is all too easy to allow the fanning of public fears to lead us into a mental health system that resembles the criminal justice field.

It will be worth the effort.



GLENN R. THOMPSON
Executive Director

Are Public Education Campaigns Hitting the Mark?

The issues surrounding public education regarding mental health are complex and varied. That education is needed is a given. That it should be delivered in such a way that the end result is to benefit society as a whole, increasing understanding for those with a mental illness, decreasing stigma, and ultimately providing what consumers overwhelmingly say they need - 'a home, a job and a friend' - is unarguable. What is problematic is the route that is taken to achieve this end. One much debated issue is that of corporate sponsorship of public education campaigns. Is it possible for organizations in the mental health field to partner successfully with pharmaceutical companies, who quite naturally have a corporate agenda which is paramount. The DIRECT program (see page 6) would say yes. Others may have a different view. Another unique challenge that faces the marketing of this message is that of measuring the effectiveness of a campaign that seeks not to sell a specific product, but to change first the behaviours and then the attitudes of its target audience. Which leads us to another question. When does public education become advocacy, and how far down the road of advocacy can a charitable organization go? This issue of Network seeks to address some of these issues on the following pages.

Directly On Target

A public education program that is meeting its objectives

The need to provide a service that is cost effective and accessible led to the development of a phone information system based on pre-recorded “sound bites” that are available “toll-free” across Canada. Michael Quinn, program director for the Depression Information Resource & Education Centre (Toll-Free) (DIRECT) discusses the way in which this public education program is meeting its goals.

Michael, what were the main objectives that were set up when the DIRECT program was first put in place?

MICHAEL QUINN: The three goals we started with are still our main goals. We want to reduce the stigma associated with mental illness by working with the public to promote the fact that mood and anxiety disorders are common and treatable; we want to encourage individuals with these disorders to seek help from their physicians or their health care professionals; and we want to promote more effective treatments for persons with mood and anxiety disorders.

How did you initially publicize DIRECT?

MICHAEL QUINN: We had a fairly big launch in May of 1996. We did radio and television spots and had quite an extensive community physician kit which we sent out in Ontario. Since then we have relied on the reputation we have built and smaller scale initiatives. When we first launched, some people may have got the impression that we were trying to get into the health promotion/advocacy field, like CMHA and others. And that's really not what we are about. We are about being able to produce “expert” information and materials that these organizations could then use. In other words we want to augment what is being done by giving them access to quality information that has been vetted and is in the context of the Canadian health care system. We wanted our advertising to be very

much led by the people who are going to be using our system - we wanted to support their efforts.

Do you have parameters in place that will help assess the success of the program and measure how effective it is?

MICHAEL QUINN: We look at the effectiveness in a couple of ways. First of all we measure the satisfaction of people using the 1-800 lines by seeing how long they listen to the information. We have had over 65,000 calls to our 1-800 lines. We also do a lot of surveying of those who call in. So we are constantly changing and updating and revising what we do based on that feedback. In addition, what we have been trying to do is come up with an overall assessment of the impact of depression in our health care system and society and try to quantify it. When we started to do this we looked at whether we are actually improving things, or changing things, but the more we looked the more we saw that there really has never been a comprehensive study of this particular disease within our society. It's been done somewhat for cancer and some other areas, but certainly not in mental health and in the field of depression. Most of our information is gleaned from the U.S., and so part of our process has been to create a baseline of information that we will then benchmark and use to see how we are doing.

Can we talk about the funding you have received. This seems to be an issue that people have very strong views on. Some, like Dr. Phillip Long are totally against pharmaceutical sponsorship of health education; others like Neasa Martin, former Executive Director of the Ontario Mood Disorders Association believe that stronger safeguards need to be built in. How has this financial sponsorship worked for DIRECT?

MICHAEL QUINN: Initially we approached various government agencies as well as private sponsors. The government was supportive of what we were doing but they did not have any money, so we were very fortunate in that there were five pharmaceutical companies who joined together

and gave us educational grants that were unrestricted. To make sure that we were clearly at arms length we created a community advisory board as well as a scientific advisory panel. This ensures that the information that we produce is vetted properly, and also makes it clear that it is not a promotional vehicle. The five companies are acknowledged on our literature and on our website, we are very open about this. We are very proud of the fact that instead of having a single pharmaceutical sponsor we were able to bring five groups together that for the most part are very competitive. These companies have been terrific in believing in us, and they still all remain with us today. Once we were able to demonstrate our success and the fact that we have such a very efficient program, the Ministry of Health came on board and offered us a one time grant. Obviously there are people who look at partnerships with the private sector with concern. What we are trying to do is through efficiencies of scale address some very fundamental needs in education around depression. We've ensured that the information is presented in a balanced way. That is not meant to imply that pharmaceutical companies on their own would not do this, but people's perception is that because McMaster is behind this, because it has a world class reputation when it comes to depression and anxiety disorders, they can be confident that the information presented is accurate and credible.

Dr. Phillip Long says, and I quote, "The pharmaceutical industry is a multi-billion dollar industry. Whenever big money teams up with celebrity lecturers, medical education suffers. The pharmaceutical industry currently funds the majority of psychiatric research done in universities." How would you respond to that?

MICHAEL QUINN: At McMaster University the Chairman of the Department of Psychiatry and Behavioural Sciences is an endowed chair that was sponsored by Morgan Firestone, a private citizen who has donated to a lot of causes, so not all grants that are given to mental health programs are purely pharmaceutical. I understand and can

We are very proud of the fact that instead of having a single pharmaceutical sponsor we were able to bring five groups together that for the most part are very competitive. These companies have been terrific in believing in us, and they still all remain with us today.

Directly on Target

Continued from page 7

respect what Dr. Long is saying. I'd like to add here that Dr. Long has a really good internet site and I give him a lot of credit for what he's done. However the pharmaceutical industry is also made up of people who have family members and friends who are going to be sick. They want to make sure that the products they produce are deployed and used correctly. In the area of depression that's a big issue. Although continuing education may raise brand awareness you are still talking about effective use, and although people will look at relationships with pharmaceutical companies and say, well they are vested, and that any academics who research for a pharmaceutical company in a sense have to be respectful of who funds them, academics do also have the ability to say what's on their mind. Research contracts in Canada are set up quite differently than in the U.S. In the U.S. when you sign a research contract you cannot say anything about the product unless the company agrees. In Canada you are less bound to that which is a good thing. Having said that, sometimes when academics become very vocal critics of a particular product the pharmaceutical company can get upset.

One of the big issues right now is direct to consumer advertising. Could you talk a little about this?

MICHAEL QUINN: This is a big issue and what it is is advertising directly to the consumer. In Canada, pharmaceutical companies are not allowed to directly advertise their product to the consumer. In the States they can and you've probably seen ads on television or in print with a 1-800 number which goes directly to the pharmaceutical company. U.S. magazines carry ads for products such as Prozac. The belief is that consumers will take this ad to their doctor and say this is what I want. Direct to consumer advertising blurs the line between education and selling product. If Health Canada were to make a decision that they would allow direct to consumer advertising, then centres such as ourselves would probably be less relevant because pharmaceutical companies would put their resources behind something they could brand to create awareness for a particular product.



DIRECT is an acronym for the Depression Information Resource & Education Centre (Toll-Free). The advantage of the pre-recorded messages is that it provides comprehensive information to the physicians and to the public 24 hours a day. Using pre-recorded messages, more people can access the information at the same time. The information available through DIRECT has been written, reviewed and recorded by Canada's foremost experts in depression and manic-depression. DIRECT is a McMaster University, Faculty of Health Sciences program and is also a component within McMaster's internationally recognized Mood Disorders Program which is part of the Hamilton Psychiatric Hospital. The mission, goals and objectives, services, features of the public and physician lines, a resource directory, and education activities can be visited at their website at www.fhs.mcmaster.ca/direct. The DIRECT program is made possible through support and unrestricted educational grants provided by: The Ontario Ministry of Health and Long Term Care, the Hamilton Psychiatric Hospital and St. Joseph's Hospital, Hamilton; McMaster University Department of Psychiatry and Behavioural Neurosciences; Bristol-Myers Squibb Pharmaceutical Group; Eli Lilly Canada; SmithKline Beecham Pharma Canada; Wyeth-Ayerst Canada and Pfizer Canada.

PHYSICIAN LINE 1-888-557-5050 EXT. 800

PUBLIC LINE 1-888-557-5051 EXT. 8000

DIRECT is affiliated with the Mood Disorders Program at HPH and together in 1998 they won the prestigious psychiatric services Gold Medal award from the American Psychiatric Association.

CORPORATE SPONSORSHIP

Ensuring that the interest of the public is the only goal of public education.

There is a rigorous process that takes place regarding corporate sponsorship of any educational campaign undertaken by CMHA, Ontario Division. Ensuring that the appropriate criteria and conditions are in place to protect our organization from any perceived support, endorsement or recognition of any product or service provided by the sponsor, explicit or implied, has resulted in stringent sponsorship policy guidelines. Corporate sponsorship can have extremely positive outcomes, as in the case of the DIRECT program, but it is often a controversial issue, and one that must be approached with the same caution and diligence that would be applied to any other business undertaking.

The mission of the Canadian Mental Health Association, Ontario Division, is to advocate with and provide programs and services for people with mental disorders, and to enhance, maintain and promote the mental health of all individuals and communities in Ontario. Undoubtedly, financial and other forms of support from outside sponsoring organizations means that effective programming can be developed that helps achieve this mission. Having in place strict policy guidelines regarding sponsorship makes for a successful partnership when conducting any type of general public education campaign. The policies developed by the CMHA, Ontario Division provide guidance in the development and implementation of programs financially or otherwise sponsored by outside organizations, particularly business corporations. These policies provide a definition of the kinds of "sponsorship" to which they apply; provide criteria to help in assessing the suitability of a sponsorship candidate; provide an outline of essential terms in the agreement between CMHA, Ontario Division and the corporation; outline key elements of the written agreement; and outline the internal CMHA, Ontario Division process for gaining approval of a sponsorship program. The extent to which a sponsorship partnership can be considered "successful" has a great deal to do with whether an organization has set up policy guidelines that are clearly understood and agreed to by both parties. Not all proponents of public

education are in agreement with corporate sponsorship. Dr. Phillip Long, whose extensive Internet site at www.mentalhealth.com provides a free encyclopedia of mental health information, makes it very clear that he does not favour corporate sponsorship (see page 11). Other organizations who have had a less than successful working relationship with a corporate sponsor are now re-examining the criteria that they need to set up to ensure that it is the interests of the public that they are attempting to serve.

The CMHA, Ontario Division sponsorship policy guidelines provide guidance in the development and implementation of programs financially or otherwise sponsored by outside organizations, particularly business corporations. The policies are contained in five sections:

Section 1 provides a definition of the kinds of "sponsorship" to which these policies apply.

Section 2 provides criteria to help in assessing the suitability of a sponsorship candidate.

Section 3 provides an outline of essential terms in the agreement between CMHA, Ontario Division and the corporation.

Section 4 outlines key elements of the written agreement.

Section 5 outlines the internal CMHA, Ontario Division process for gaining approval of a sponsorship program.

CORPORATE SPONSORSHIP

CMHA, Ontario Division's Sponsorship Policy Guidelines

**The following are excerpts from the CMHA, Ontario Division's criteria for assessing sponsoring corporations*

*The corporation should be considered highly reputable within its industry. It must uphold a reputation of quality products and services, and a quality image within its sector. It must be recognized as possessing high ethical standards and must be able to demonstrate financial viability.**

*Products and services offered by the sponsoring corporation must in no way be in conflict with CMHA, Ontario Division policies, standards, guidelines, positions, or principles.**

*CMHA, Ontario Division shall have control over the creation and/or final approval of all aspects of the sponsored program, including conceptual development and planning, program materials and resources, implementation, and evaluation.**

*If a sponsor is to be identified on printed, audio and audio-visual program materials, it will be identified as an "official supporter" of the program. There shall be no suggestions - explicit or implied - of CMHA, Ontario Division's endorsement or recognition of any product or service provided by the sponsor.**

*The use by the sponsor of CMHA's name, trademarks, logos, visual identities or other materials will not be permitted without the express prior written consent of CMHA, Ontario Division.**

The CMHA, Ontario Division may terminate a sponsorship agreement if and when:

- there are any changes in the business practice of the sponsor causing the sponsor to become ineligible in terms of the criteria for sponsorship.*
- the sponsor develops a public image incompatible with our organization's services and/or objectives;*
- the sponsor breaks any of the conditions written in the agreement.*

Delivering a Broad-Based Message

NEASA MARTIN

Former Executive Director, Mood Disorders Association, Ontario Division

There are many groups in the public sector that are involved in public education whose goal and mandate is public education, separate from corporate interests or marketing or product promotion. Those groups would include the CMHA, the College of Family Physicians, and the

Canadian Psychiatric Association. Their mandate is to educate the public and they have a core message to communicate to the public around what the signs and symptoms are that suggest that what they are experiencing has gone beyond difficulties in mastering life and into difficulties

that require professional care. Part of that message is understanding when an illness needs treatment, and that is very important. The other part is that there be an understanding that there are histories and circumstances around illness that can trigger it. For instance, if we took it out of psychiatry and put it into diabetes one recognizes that diet and lifestyle have a profound influence both on the development of the illness and the illness management. It is a broad-based message and it suggests a more rich and broadly-based approach to understanding and managing their illness and restoring health and well being. This is the kind of large scope of education that health promoters are in the business of doing. The pharmaceutical industry also has an interest in public education but there is a different goal and objective that comes from a pharmaceutical group launching a public education campaign which goes beyond public hygiene and health. It's around the fact that as the number of people who recognize depression as an illness increases, so too will the number of people who seek out care from a physician, and the more likely the physician will be to identify the illness and treat the illness through medication thereby enhancing the bottom line for the pharmaceutical industry. There's nothing wrong with that, but the interests are different. If people go to the doctor and go on anti-depressants, from a pharmaceutical industry point of view that would be the consequence of a very successful campaign. If it ends there and people don't then go on to look at those contributing factors or lifestyle issues then the campaign has only taken people on one step of a long, complicated journey. I believe that it's problematic that we've gotten into public education that reduces a message down to a simplistic solution to a complicated problem because what it ends up doing is punishing people for not getting well like they should after they've done what they've been told is the right thing to do. I also worry that the message has been shaped in a large part by an effort to enhance marketing and not by a need to enrich our understanding so that people know how to get help.

THE CASE AGAINST CORPORATE SPONSORS

DR. PHILLIP W. LONG, M.D.

Allow me to get straight to the point. I strongly believe that the pharmaceutical industry shouldn't sponsor medical education. Period. The pharmaceutical industry is a multi-billion dollar industry. Whenever big money teams up with celebrity lecturers, medical education suffers. The pharmaceutical industry currently funds the majority of psychiatric research done in universities. University lecturers compete with each other for the largest corporate sponsors. As a result, the pharmaceutical industry now dictates what research and continuing education is offered to psychiatrists. Many psychiatrists traditionally gave community lectures free of charge as a public service. Unfortunately, ever since pharmaceutical companies started to financially sponsor these seminars, many psychiatrists now refuse to do these lectures unless paid. Even patients are asking pharmaceutical companies to pay them \$800 to \$1000 before they will speak for 20 minutes at a public forum on their illness. The pharmaceutical industry has thrown so much money at continuing medical education that it has destroyed the traditional medical practice of unpaid community lectures. You will have to arrive at your own decision as to the ethics of this. I have made my decision - our website has no corporate sponsors.

Dr. Long's website at www.mentalhealth.com provides a free encyclopedia of mental health information.

CMHA BC Campaign

Every year the British Columbia Association of Broadcasters gives an award to a non-profit agency or cause. In 1998 the CMHA, BC office found themselves in the enviable position of being the recipient of that award. With the equivalent of three million dollars of free air time on radio stations, television and print ads, a campaign was launched to educate the public on the main message that CMHA, BC wanted to convey. In a 30 second TV or radio spot, the challenge was not only to increase awareness of mental illness - the fact that one in five people will experience this - but also to make the general public stop and examine why their attitude towards someone would change dramatically when they became aware that the person had a mental illness.

The campaign ran from July 1, 1998 to June 30, 1999 and included TV, radio and transit ads. A dedicated 1-800 number was set up and provided a tracking mechanism both for the number of people who saw and responded to the ads, and to provide a way for the public to give their input on the impact the ads had on them.

ADVERTISING AGENCY: COSSETTE COMMUNICATIONS
SENIOR ART DIRECTOR: RICHARD HADDEN



This man has a
mental illness.



What's really sick



is how your opinion
of him just changed.

Shaping the Message

Jenny Street (Chair), CMHA, Ontario Division Public Education Committee discusses the way in which they are addressing the urgent need for public education.

The CMHA, Ontario Division's Public Education Committee's Long Term Planning Group is currently working on a strategy to address the desperate need for public education. "So many people have views that are shaped by media, gossip and assumptions", explains Jenny Street. "The general public needs some serious knowledge about mental illness and mental health. Our contribution from the Public Education Committee perspective is to use information and persuasion to help communities to accept and support people with significant mental health problems. Consumers have told us persistently that they, like the rest of us, want 'a home, a job, a friend'. Our job is to help make that message clear."

One program that the Education Committee has been working on for some time is called 'Open Hearts, Open Minds'. An extensive series of packages aimed at a specific audience, it identifies clusters of people (health and social service providers, volunteers, members of the media, people of influence, etc.) for whom specific information needs to be prepared and delivered. Distributed through the Branches, it would collect input that would then be used to measure public understanding and awareness of the challenges that people with mental health problems face. The end result would hopefully be that consumers

"We are optimistic that the planning process that we have put in place under the leadership of Neil McGregor will help us to focus our efforts most effectively. We are convinced that the focus on a few very specific messages is important."

would have a more accepting climate in their community. Funding is still being sought for this public education campaign.

One of the strategies identified by the Education Committee is that of the need to create partnerships. Many people and organizations are likely to have concerns which overlap with those of CMHA, such as employers, police, families, and clergy. Corporation sponsors

have also been identified by other groups as welcome partners in providing public information. The CMHA National Office has partnered successfully with a variety of corporations, and their experience has been positive. There are however concerns among some that such partnerships would dilute or shape the values and principles of the organization. If

partnerships are to be entered into then the Education Committee strongly believes that the CMHA's criteria, their standards and goals and objectives must be clearly stated up front.

The Public Education Committee is currently in the process of forging a relationship with the North East Implementation Task Force and the Centre for Addiction and Mental Health to develop an updated education package.

The province-wide poster contest is another example of a successful collaboration between the CMHA Branches in Ontario. Piloted in Barrie Simcoe, each of the Branches is running a poster contest on the theme of mental health which is open to people in the community. Each Branch will submit their winning entry and the finalists will then be judged at the CMHA Conference in June. Permission has been given by entrants for their posters to be reproduced by CMHA, resulting in a province wide campaign carried out in a cost-effective manner. "This is how our most effective public education is being carried out," explains Ms. Street, "when all of the Branches and Ontario Division collaborate to provide the same message and the same approach."

"One of our strengths is our network of Branches. Each are committed to public education and to delivering programs that are suited to their own community. With little or no funding specifically for public education, they develop creative, focussed activities and tools which make education fun."

Social Marketing:

Meeting the Challenge of Changing Behaviour and Attitudes

Conveying a message to a pre-determined target audience is being carried out in increasingly sophisticated ways by commercial corporations as they seek to sell their product. At the end of the day commercial corporations hope to see an increase in their financial bottom line. Social marketers have a more difficult challenge to meet: that of changing behaviour and opinions. Diana Daghofer, senior consultant at GPC Communications in Ottawa, talks about the way in which social marketers are utilizing the new technology, and the importance of determining your target audience and designing an appropriate message for them.

Diana, what are the strengths and weaknesses of the various media available today and how is changing technology playing a role in where we should be advertising?

DIANA DAGHOFER: Social marketing doesn't really differ that much from product marketing in terms of where you advertise. It's really a matter of determining where your target audience can be found. There tends to be a lot of research that goes into new product development in terms of saying who requires this product, where are they, what's the best way to reach them, and a similar process happens with social marketing. The key difference between the two is that often the target audience for social marketing doesn't really want the product. If you are trying to discourage people from smoking or drug use or encouraging people with mental difficulties to seek assistance from a physician, you are often talking to an audience who doesn't really want to hear your message. If we were to think about environmental issues for a moment, if we look at the extreme end of the spectrum environmentalists would prefer that nobody drove cars into the city. Obviously that's not going to happen so what environmentalists need to do and what social marketers try to do as much as possible is determine what level of thinking their target

audience is at. Would encouraging car pools be a good intermediate step, for example? It's important to determine who is implicated in a particular issue, what their views are, and then hone in. For instance on a health issue you might find that those most amenable to change would be women between the ages of 25 and 45 who are responsible for their family's health. Your target audience will of course change depending on what the cause is and according to the particular nuance you are putting to it. For instance, youth may view the issue one way, the elderly may also have strong views but think about it in a different way. Furthermore, people within a demographic group may have widely different opinions, so it's important to determine who you will create a message for, that will help them move their behaviour towards your goal. And the type of media you use to do that will really depend on who you are trying to reach.

The Internet is radically changing the parameters of how organizations and individuals communicate a message. Is social marketing making the most of new technology?

DIANA DAGHOFER: Social marketing is very much about creating communities of like-minded people working towards a common goal: a change in behaviour. A lot of campaigns have a grassroots or community outreach aspect to them, and the Internet is invaluable as a communications tool. It creates virtual communities, pulling people together from all across the country to share ideas or post information and documents of interest. Just about every social marketing campaign, like any commercial campaign, now has a web site for further information. I also recommend the use of an Extranet for an organization that has a widely dispersed set of members or participants. It is basically a password-protected Internet site, allowing members to share ideas or draft copies of materials that are not yet ready for the public. You would have one site accessible to the public,

From the practitioner's point of view the biggest difference between product and social marketing is the fact that the target audience often doesn't want the product, and that's what makes it so much more challenging. We are dealing mainly with a shift in behaviour rather than a shift in consumption. It's so much more difficult to change people's behaviour than their choice of a product.

DIANA DAGHOFER,
SENIOR CONSULTANT,
GPC COMMUNICATIONS

and another which is used by organizers of the campaign. I don't think social marketers are using the new technologies for the "one-to-one" or "permission" marketing that is becoming so common among product marketers. This may have a lot to do with the fact that our target audiences are not necessarily looking for our "product" - our message. The Internet is essentially a "pull" technology. People go there because they seek information on a certain subject. I belong to an extensive list-serve that has the most respected social marketers in the business on-line. A few weeks ago, when we set up this interview, I sent a message out to everyone, asking how they are using the new technologies to get their message out. I got only one response! The National Youth Anti-Drug Media Campaign in the U.S. is making banner ads available on its site at www.mediacampaign.org, for others to download and spread the message via their own web sites. They have a really interesting page where 10 banner ads are available, half directed towards youth and half towards adults. It's using a pretty imaginative ad to attract people's attention. That's the only example of using on-line marketing techniques as opposed to straight communication, that I am aware of right now.

Most commercial corporations of course have much bigger budgets, not only to launch a campaign but to measure the effectiveness of their campaign. Does new technology provide any tools that help social marketers assess effectiveness in a more cost-effective manner?

DIANA DAGHOFER: I'm not really sure that the new technology is being used as effectively in this area as it could be. I guess from an evaluation point of view, hits on a website can tell you the numbers of people who are visiting your site, and depending on the sophistication of the tracking you can find out quite a bit about where they are going and the type of person who is visiting the site. But evaluation still tends to be the part of the budget that gets dropped off the table. Social marketing has been around for almost 30 years now so it's not a brand new discipline at all, but it's still not that

widely understood. We still run into situations where people think, 'we've got the website, we've got brochures and a poster, our job is done'. They don't recognize that those are simply the tools you need to start developing an effective campaign. Distributing brochures, counting how many people turned up for a presentation is not enough. The outcome evaluation in terms of, did this campaign move behaviour, is something that is extremely difficult to do because we don't have a tangible product that we can watch sales of. Also, there are many many factors that affect people's behaviour so it is next to impossible to definitely say yes, it was this campaign that raised people's awareness of this issue and encouraged them to go and seek help.

Are you saying that we cannot really ask the question as to whether a public education campaign is or is not successful?

DIANA DAGHOFER: No, it does need to be asked. What tends to happen though is that people will be more satisfied with anecdotal answers. Basically at the end of the day they will say, 'this is a really good message to get out there. I can't measure how it changed people's behaviour but I'm sure it helped'. The focus of a workshop that I did a year ago was all on evaluating social marketing campaigns. Any text book that you go to will give you lots of ways to do that, but they also end with the proviso that it is very expensive to do the kind of detailed research that you need to do. Essentially you have to put in place longitudinal qualitative analysis of a large number of people and that is extremely expensive. So when it comes to allocating a budget for a campaign, questions like, 'is a strict evaluation going to be important to ensuring that I will receive ongoing funding?' are extremely important. If the answer to that question is yes, then obviously you need to spend a higher percentage of your budget on doing that than if you have backers who understand and believe in the philosophy of what you are doing and so don't need that kind of empirical data.

The key characteristic that distinguishes social marketing from commercial marketing is its purpose; that is, the benefits accrue to the individual or society rather than to the marketer's organization.

**NEDRA KLINE
WEINREICH
HANDS-ON SOCIAL
MARKETING, SAGE
PUBLICATIONS**

Advocacy:

An Important Element in Public Education. Are the rules changing?

GORDON FLOYD

In Canada, charities are not allowed to get involved in the kind of advocacy that many of them believe to be important. This includes educating the public about the causes that they are working on. There are very tight spending limits that are imposed on any efforts to influence public opinion and many feel that those spending limits are really quite unfair and inappropriate in a modern democracy. For instance, I don't think you would get any arguments from people at the Canadian Cancer Society that the work they have done to change tobacco taxation and the marketing rules around tobacco have probably played at least as big a part in the battle against cancer as the efforts they have undertaken to promote research. The restrictions on advocacy are rooted in a desire to ensure that charities don't become political bodies, and a nervousness on the part of politicians that if charities were allowed to engage in unrestricted advocacy then they would become indistinguishable from political parties. Many of us think that this type of concern is way off base. Nobody is suggesting that charities should be able to field candidates or even raise money for candidates or get actively involved pro or con in partisan politics, but what we are suggesting is that in a modern democracy the voices of ordinary people are often heard most clearly through the charities that work for the causes that they are concerned about. There are no restrictions on the kind of advocacy activities that corporations can undertake. In fact they are allowed to deduct from their income before taxation all of the expenses that they incur in so doing. Individual Canadians, on the other hand, if they want to band together to make a point in the public policy arena have to spend after-tax dollars. This is not a level playing field. There are proposals for change in the wind. The Federal government and leaders from the voluntary sector got together last year to look at a number of issues concerning the volunteer sector and the committee looking at regulatory reform produced two significant recommendations that

relate to advocacy. The first is that the spending limits on charities advocacy activities should be significantly eased and they should have much more scope to engage in advocacy activity. It was suggested by the committee that instead of being restricted to spending no more than 10% of their resources on advocacy they should be allowed to spend up to 50%. The second recommendation was that some types of groups that exist only for the purpose of advocacy should also be able to issue tax receipts to their donors. One example would be a group that is advocating on behalf of people with disabilities, which exists for that purpose alone, even though this type of organization could never legally become a charity because their purpose is advocacy. Other types of organizations which would come under this category include: groups that promote tolerance and understanding within the community of groups enumerated in the human rights code; organizations that promote the provisions of international conventions to which Canada has already subscribed, or that promote tolerance and understanding between various ethnic and national backgrounds, and groups that exist to disseminate information about environmental issues and to promote sustainable development. In all of these proposals the joint table felt that it was important to be clear that neither charities nor these so called 'deemed charities' should be allowed to engage in activities that are partisan, they couldn't be involved in illegal speech, and they should have to base their advocacy on what they believe to be fact and reasoned argument. Revenue Canada is currently soliciting comments on the clarity and helpfulness of a draft text which incorporates recent court decisions affecting the law related to charities, as well as comments submitted by the public and charities on an earlier draft version. The web address for this draft text is www.ccr-aadrc.gc.ca.

Gordon Floyd is the Vice President, Public Affairs for the Canadian Centre for Philanthropy.

There needs to be some serious talk about what types of advocacy should be allowed and how we make sure that what we are doing in any changes to the law is encouraging and enabling people to engage in productive policy dialogue in a democratic system.

Advocacy, Public Education and Political Activity Guidelines

The role of education or advocating a cause is often both a necessary activity and a responsibility of the CMHA, Ontario Division, in support of its service for others. Yet, it can be quite difficult for the Provincial Office to speak out for what it believes. This is because the rules relating to charitable activity are very technical, and not always clear. One of the most confusing charitable activities involves advocacy. (See article on page 16.) In charity law, advocacy is sometimes considered educational, while at other times, it is a prohibited political activity. This is only important because the Provincial Office, which is registered under the Income Tax Act (ITA) is required to follow legal requisites. To maintain its registered charitable status under the Income Tax Act, the CMHA, Ontario Division, must devote all of its resources to activities in pursuit of its own charitable purposes. The Provincial CMHA's Letters Patent, dated September 10, 1973, incorporated the CMHA, Ontario Division for the following objects:

1. To improve the treatment and rehabilitation services for the mentally ill;
2. To work for the promotion of mental health and the prevention of mental illness; and
3. To improve attitudes towards mental illness and community acceptance and understanding of, and responsibility for, the mentally ill.

In pursuit of its objectives, the CMHA has based its educational and advocacy work within a mental health/health promotion and prevention framework. This framework enables the organization to educate and advocate within a population-based environment that addresses the needs of all individuals in the province of Ontario in relation to mental health and mental illness. In order to ensure that the CMHA, Ontario Division, can effectively pursue its mandate within its charitable objects and status, adherence to the following guidelines concerning acceptable, and interrelated advocacy, public education and politically related activities are necessary.

Advocacy

THE CMHA, ONTARIO DIVISION, CAN ENGAGE IN ADVOCACY ACTIVITIES THAT:

Are considered charitable under the Income Tax Act.

Demonstrate there is a reasonable expectation that the activity concerned will effectively further the stated purposes of the Association.

Are ancillary to the Association's charitable objects.

Are within the powers that the Association has to achieve its purposes.

Are appropriate to a non-political organization.

Are non-political and non-partisan in nature.

Demonstrate that the views expressed are based on a well-founded and reasoned case and are expressed in a responsible way.

THE CMHA, ONTARIO DIVISION, CANNOT ENGAGE IN ADVOCACY ACTIVITIES THAT:

Are not considered charitable under the Income Tax Act.

Exclude the benefit of the whole society in that they only promote and defend the interests of its members.

Do not present a well-reasoned presentation of facts.

Attempt to change individual behaviour using slanted, incomplete information and an appeal to people's emotions.

Are directed to change people's opinions.

Advocacy, Public Education and Political Activity Guidelines

Continued from page 17

Public Education

THE CMHA, ONTARIO DIVISION, CAN ENGAGE IN EDUCATIONAL ACTIVITIES THAT:

Are considered charitable under the Income Tax Act.

Demonstrate there is a reasonable expectation that the activity concerned will effectively further the stated purposes of the Association.

Are non-political and non-partisan in nature.

Involve formal training of the mind or formal instruction, or that improves a useful branch of human knowledge through extensive analysis.

Are reasonably objective and demonstrate that all sides of an issue are presented.

Enable people to draw their own conclusions.

Are based on extensive research and analysis of a subject in order to encourage informed discussion and debate.

Promote and distribute educational materials, bulletins, magazines, brochures, etc., that demonstrate that all sides of an issue are canvassed and represented.

Promote properly conducted, ethical and objective research, using a methodology appropriate to the organization's purposes.

Are based on CMHA, Ontario Division Values and Mission insofar that the Values and Mission are stated up front.

THE CMHA, ONTARIO DIVISION, CANNOT ENGAGE IN PUBLIC EDUCATION ACTIVITIES THAT:

Are not considered charitable under the Income Tax Act.

Exclude the benefit of the whole society in that they only promote and defend the interests of its members.

Only offer general and selected information and opinions that do not contribute to a full examination of a subject or that lack training or instruction.

Present incomplete information.

Rely on an appeal to emotions.

Offer courses, workshops, or conferences if they ultimately seek to create a climate of opinion or to advocate a particular cause.

Supply information that it knows, or ought to know, to be inaccurate or which has been distorted by selection to support a preconceived position.

Promotes the results of research conducted by itself or others which it knows, or ought to know, to be flawed.

Undertake research for another body where it is clear that body intends to use the research for party political or propagandist purposes.

Manipulate published results of research to present a partial view to support a preconceived position or objective.

The Need to Combat Stigma

Dear Editor

I have just finished reading the Spring 2000 issue of *Network* which we receive because my husband donates to Presents for Patients every Christmas. Instead of making me feel good all over your issue on stigma infuriated me more than I can express. Where is your compassion for families living with severely psychotic, substance abusing, treatment refusing, mentally ill family members with a history of violence? For example, you might have mentioned at least once that those heinous crimes against family members reported in the media are often committed by substance abusing, treatment refusing, severely psychotic mentally ill family members who have repeatedly sought and been denied help for their loved ones. You did not. What kind of coping strategies would you suggest for these often ignored victims of mental illness? Family members barely got a mention in your publication. The best way to combat stigma would not be to brush this problem under the carpet. Instead you should be challenging and recommending changes in a mental health system that allows it to happen.

RUTH MALLOY

One of the biggest challenges when determining the editorial content for each issue of Network is deciding what can actually be included within the twenty pages. Because of space limitations it is not possible to cover the topics we approach in the depth that we would like. In our articles we frequently refer to books and papers that will give the reader a broader view. Such was the case with the issue that dealt with stigma. An extremely important topic that the editorial board felt needed to be addressed within the pages of Network, we chose to concentrate primarily on the need for education to combat stigma. For many, their source of education is the media, and this can give a very distorted picture. The CMHA, Ontario Division recognizes the need for reform in the mental health system in Ontario and in the summer 1999 issue of Network focussed on that need and the steps that the CMHA, Ontario Division is taking to ensure that the necessary changes are made in Ontario's mental health laws.

This column is designed for you, our readers. Due to space limitations, letters may be edited. Please take a few moments to send your comments for publication to:

The Editor,
Network,
Canadian Mental
Health Association,
Ontario Division,
180 Dundas Street
West, Suite 2301,
Toronto, Ontario
M5G 1Z8

*or fax them to
(416) 977-2264.*

*Letters may also be
e-mailed to:
division@ontario.cmha.ca*

CALENDAR

June 14-16, 2000

Biology of Violence. Forensic conference sponsored by the Mental Health Centre Penetanguishene. Info: Sue Labrie at (705) 549-3181 ext. 2680, e-mail: confor@mhcp.on.ca, web-site: www.mhcva.on.ca/forensic.htm.

June 14-18, 2000

Beyond 2000: Healthy Tomorrows for Children and Youth. Canadian Pediatric Society, Canadian Academy of Child Psychiatry and Canadian Institute of Child Health. Ottawa. Info: www.cps.ca

June 26-June 29, 2000

"Toward a Healthy Future" - Seventh Annual Ontario Health Promotion Summer School, Toronto, Ontario. Sponsored by the Centre for Health Promotion and MOHLTC. For more information: (905) 727-2169, email: C.Stanton@aci.on.ca or kremer@globalserve.net. Web: www.utoronto.ca/chp/summer.htm.

August 9-12, 2000

"Roots of Resilience". CMHA National Conference, Hotel Newfoundland, St. John's, Newfoundland. For more information: (709) 753-8550 or visit the website: www.infonet.st-johns.nf.ca/cmha/conf2000/index.html.

October 20, 2000

"Research Symposium 2000". Vaughan Estates of Sunnybrook 8:00 am - 4:00 pm. For information: Maria Cadavid, (416) 340-3646, fax: (416) 340-3792, e-mail: research.education@utoronto.ca, web: <http://www.library.utoronto.ca/cre/>

Networking in Mental Health & Addiction

Exploring Innovation and Emerging Trends

The demand for increasingly effective mental health and addiction systems is clear.

Although lack of adequate funding and supportive legislation continue to challenge these systems, there are hundreds of exciting and effective solutions across Ontario. And there are hundreds, even thousands of individuals who are pushing the boundaries of current knowledge and providing innovative services and programs.

Networking in Mental Health and Addiction: Exploring Innovation and Emerging Trends is a key educational opportunity for people in the mental health and addictions fields to examine leading edge research, programs, and services, translating the latest breakthroughs and knowledge into improved services.

Date: June 22-23, 2000

Place: Fanshawe College, London, Ontario

For further information or to receive Conference information, please contact Allen Flaming at (416) 977-5580 or by email aflaming@ontario.cmha.ca or Lianne McKay at (416) 535-8501 ext. 4253 or by email Lianne_McKay@camh.net, or visit the website at <http://www.ontario.cmha.ca/conference/index.htm>

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de santé mentale

Network

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