

Chapter Five: Strategies and Success Stories in Reducing Stigma

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Stigma surrounding mental health conditions and substance use disorders presents a pervasive challenge, hindering individuals from seeking help and receiving adequate care. This chapter explores a variety of innovative strategies and inspiring success stories from around the world that aim to dismantle this stigma. We will examine the effectiveness of educational campaigns, such as Australia's Beyond Blue initiative, which has successfully raised awareness and understanding of mental health issues. Additionally, we will delve into contact-based interventions like Canada's Opening Minds programme, which has demonstrated the power of personal narratives in changing attitudes. Through these case studies and more, this chapter provides a comprehensive overview of how targeted efforts can shift societal perceptions and foster environments that support recovery and inclusion.

1. Different Agendas and Goals of Challenging Stigma

Reducing stigma related to mental illness and substance use disorder is a multifaceted challenge that requires targeted strategies. Two primary agendas to addressing stigma are the services agenda and the rights agenda. Understanding these distinct agendas is crucial for effectively combating stigma and promoting positive change (Corrigan 2015).

The services agenda aims to remove stigma as a barrier to seeking evidence-based services by framing mental illnesses as treatable disorders. This approach encourages increased engagement with mental health services, emphasising the importance of treatment and care. The rights agenda, inspired by civil rights movements, seeks to eliminate discrimination and promote affirming attitudes and behaviours towards people with mental illness. This approach treats stigmatisation as a civil rights violation, focusing on eradicating discriminatory practices and improving opportunities for those affected (Corrigan 2015).

Not all efforts to combat stigma are equally effective. It is essential to distinguish between the services and rights agendas to develop targeted strategies that address specific aspects of stigma. This distinction helps in measuring success appropriately—whether through increased service engagement or improved employment opportunities and accommodations. Different groups drive these agendas within the mental health system. The services agenda is often championed by individuals who have benefited from treatment, their families, and service providers. They support health communication and public service campaigns aimed at broad populations. On the other hand, the rights agenda is driven by those who have experienced discrimination. Advocates use grassroots efforts, including personal stories of recovery, to challenge local discrimination and promote community opportunities (Corrigan 2015).

Understanding the different approaches to reducing stigma sets the stage for exploring specific strategies and success stories. The following sections will delve into various initiatives and examples that have effectively reduced stigma, highlighting their impact in different contexts.

2. Anti-Stigma Approaches and Strategies

To effectively challenge stigma, a range of strategies have been developed and implemented. These include education, mental health literacy campaigns, direct contact with affected individuals, peer services, protest and advocacy efforts, and legislative and policy changes. Each of these approaches offers unique benefits and challenges, and their combined efforts contribute to a comprehensive strategy for reducing stigma. In this section, we will explore these anti-stigma strategies in detail, examining how they have been applied and the successes they have achieved.

Education

Educational strategies play a crucial role in reducing stigma by addressing myths and misconceptions by providing factual information. These strategies include literacy campaigns, public awareness efforts, and various training activities, effectively contrasting myths about mental illness with accurate data (Corrigan 2011; WHO 2022).

For instance, campaigns might counter the myth that people with mental illness are violent by presenting statistics showing that homicide rates

among people with mental illness are similar to those in the general population (Corrigan et al. 2012). While much of the evidence on educational interventions focuses on mental illness stigma, the approaches used can provide valuable insights for addressing stigma related to substance use disorders as well.

Educational campaigns can be scaled from local to national levels, contributing to their effectiveness. They aim to combat public stigma, reduce self-stigma, improve stress management, and boost self-esteem when included in cognitive-behavioural therapy. Acceptance and commitment therapy also benefit from educational components.

However, evidence on the long-term effectiveness of educational interventions in reducing public stigma is mixed. Scotland's See Me campaign aimed to normalise mental illness in public perception. Surveys conducted two years after the campaign's start showed an 11% drop in the belief that the public should be protected from people with mental health problems and a 17% drop in the perception that mentally ill people are dangerous. A meta-analysis of public stigma-reduction interventions found decreases in stigma related to mental illness, psychosis, depression, and combined diagnoses, with no significant advantage for internet-based interventions over face-to-face ones. Shorter interventions have shown varied results. Canada's In One Voice social media intervention, for example, improved attitudes toward mental health issues and reduced social distance after one year but did not significantly enhance knowledge or confidence in helping someone with a mental health problem. This suggests that brief media campaigns may not result in lasting behaviour change (Livingston et al. 2011; National Academies of Sciences, Engineering, and Medicine 2016).

A review of European anti-stigma programmes found significant changes in adolescents' beliefs and attitudes in response to education. Adolescents, whose beliefs about mental illness vary more than those of adults, showed greater responsiveness to educational interventions. Corrigan and colleagues (2012) found that education was more effective than contact-based interventions in changing stigmatising attitudes among adolescents. Additionally, younger adults are more likely than older adults to view help-seeking as a sign of strength and believe that suicide is preventable.

Educational campaigns highlighting the genetic components of mental illnesses like schizophrenia have had unintended stigmatising consequences. While these messages aim to reduce blame, they can emphasise the 'differentness' of mentally ill people and imply a low chance of recovery, reinforcing self-stigma and inhibiting the pursuit of wellness goals.

Although these biogenetic messages were initially successful in decreasing attributional stigma, they are no longer considered sufficient by themselves (Corrigan et al. 2012).

To further enhance the effectiveness of educational strategies, research indicates that combining education with social contact yields better outcomes than education alone (Corrigan et al. 2012; Thornicroft et al. 2022).

Mental Health Literacy Campaigns

Promoting mental health literacy through health communication campaigns effectively reduces stigma by enhancing understanding of mental illnesses. This knowledge aids individuals in recognising, managing, and preventing mental health issues, leading them to seek appropriate treatment (Corrigan 2015).

Schools play a crucial role in addressing the mental health needs of young people through mental health literacy programmes. Endorsed by educators, health professionals, and policymakers, these programmes have shown success in improving knowledge, attitudes, and help-seeking behaviour. However, before implanting these programmes on a national scale in the United States, more research is needed to ensure their effectiveness. It's essential that mental health education is recovery-focused and tailored to different age groups' developmental and cognitive levels (National Academies of Sciences, Engineering, and Medicine 2016).

A key initiative in this domain is Mental Health First Aid (MHFA), which originated in Australia and has been significantly expanded in the United States and Canada. This eight-hour course teaches basic skills to help others with mental health problems or experiencing crises, demonstrating its effectiveness in reducing stigmatising attitudes and beliefs (Corrigan 2015; National Academies of Sciences, Engineering, and Medicine 2016). MHFA's success highlights the potential impact of structured, in-person training programmes.

Beyond schools, mental health literacy campaigns aim to encourage individuals and families to seek necessary services. Early diagnosis and treatment lead to better outcomes, yet access to high-quality, culturally informed treatment remains limited, particularly for racial and ethnic minority groups. The behavioural model of health service use illustrates the stages families go through in seeking help, starting with problem recognition. This stage is critical as families are more likely to seek treatment

for symptoms attributed to illness, rather than family relations or personality factors. Addressing the specific needs of minority groups, campaigns promoting biogenic explanations of mental and substance use disorders, though generally ineffective in reducing perceptions of dangerousness and social distance, can reduce blame and encourage help-seeking behaviours. By targeting ethnic minority parents and trusted community figures with messages about the biological underpinnings of mental illnesses, these campaigns may help close the treatment gap between white and minority groups (National Academies of Sciences, Engineering, and Medicine 2016).

In conclusion, improving mental health literacy through targeted campaigns and programmes can significantly reduce stigma, encourage early diagnosis and treatment, and promote better mental health outcomes. Addressing cultural and accessibility barriers remains crucial in ensuring these benefits reach all segments of the population.

Contact with Affected Individuals

The contact hypothesis, first proposed by Allport in 1954, suggests that contact with members of a stigmatised group can reduce prejudice, particularly under conditions of equal status, collaboration, motivation, repeated interactions over time, personal interactions, and institutional support (Allport 1954; Kolodziej/Johnson 1996). This hypothesis applies to both direct (face-to-face) and indirect (e.g. simulated, video, online) forms of contact, all aiming to foster positive interactions between individuals with mental health conditions and specific target groups (Thorncroft et al. 2022).

Strategies based on the contact hypothesis aim to shift negative attitudes through interactions with people living with mental health conditions, employing methods like direct social contact, simulated or video contact, and online interactions in healthcare settings (WHO 2022). Research shows that such contact strategies, especially when combined with education, are more effective than education alone in changing attitudes and behaviours (Corrigan 2011).

Effective contact strategies involve targeting key groups such as employers and healthcare providers, implementing local programmes, ensuring credibility, aligning roles with the target group, and maintaining continuous contact for sustained impact (Corrigan 2011). Studies indicate that face-to-face contact, compared to mediated forms like video, tends to have

a greater effect on attitude change (Corrigan et al. 2012; Kolodziej/Johnson 1996).

Historically, individuals without stigmatising conditions have had limited meaningful contact with those who do have them, leading to discomfort and distrust. Contact interventions aim to bridge this gap, facilitating positive interactions and reducing stigma, while also empowering individuals and boosting self-esteem, particularly through online platforms that provide anonymity and accessibility (National Academies of Sciences, Engineering, and Medicine 2016).

Combining contact with education enhances its impact on attitude change and intended behaviours, as evidenced by meta-analyses showing significantly larger effect sizes compared to education alone. In-person contact has been consistently found to be more effective than video contact for reducing social distance and changing attitudes (Corrigan et al. 2012). However, the effectiveness of contact-based interventions varies across different stigmatising conditions, and longer durations of contact do not always lead to greater attitude changes (Kolodziej/Johnson 1996; Pescosolido et al. 2008).

In conclusion, while contact-based interventions are crucial for reducing stigma, their success depends on careful implementation and consideration of context-specific factors.

Peer Services

Peer support services in mental health care leverage personal experiences to provide knowledge sharing, emotional support, social interaction, practical assistance, and advocacy. They demonstrate consistent, modest effects across various mental health conditions and interventions. These services come in diverse forms, from face-to-face self-help groups to online therapy led by trained peers and one-on-one mentoring or befriending services, all aiming to support recovery confidentially and without judgment.

Peer supporters, who may be hired staff, advocates, or volunteers with personal experience, connect with individuals facing mental health challenges by sharing their first-hand knowledge. They serve as listeners, educators, coaches, advocates, partners, and mentors, often sharing common characteristics like age or ethnicity, fostering comfort and confidence in seeking help. For example, the Michigan Peer-to-Peer Depression Awareness Program had students act as peer advocates, raising depression aware-

ness and connecting peers with resources. Post-implementation, students felt more comfortable discussing mental health issues and were more likely to seek help.

Integrating contact-based strategies through peer services effectively combats public and self-stigma. Peers within healthcare teams provide non-judgmental, non-discriminatory services, aiding others in identifying problems and suggesting coping strategies. Organisations such as Active Minds which operates on college campuses, exemplify this approach with programmes such as their Speakers Bureau, where trained peers share their stories and insights to foster understanding and reduce stigma surrounding mental health issues.

Peer support counters the discrimination, rejection, and isolation faced when seeking treatment, enhancing long-term treatment utilisation and empowering peer providers in their recovery. These services advance rights and service agendas by promoting treatment-seeking, expanding employment opportunities, improving quality of life, and boosting self-efficacy.

Recognition of the value of peer support is evident in guidelines from the Centers for Medicare & Medicaid Services and the Substance Abuse and Mental Health Services Administration. While some advocate for professionalisation and standardised training, others caution against medicalisation. The National Federation of Families for Children's Mental Health's certification programme exemplifies moves towards uniform standards, reducing stigma and promoting family-driven behavioural health services. This certification programme sets standards for parents supporting others raising children with behavioural health challenges, fostering a peer support workforce. A certification commission ensures competency in essential domains, aligning with broader efforts to enhance behavioural health care quality and accessibility (National Academies of Sciences, Engineering, and Medicine 2016; Thornicroft et al. 2022; WHO 2022).

In conclusion, peer support services are vital in mental health care, offering emotional support and reducing stigma through shared experiences. These services empower individuals and improve care quality, creating a more inclusive and supportive environment.

Protest and Advocacy

Protest strategies in mental health care aim to formally challenge stigma and discrimination through various advocacy methods such as public

demonstrations, letter writing campaigns, petitions, and product boycotts (WHO 2022). These efforts are rooted in civil rights agendas and seek to highlight and criticise negative portrayals of mental health conditions in media and societal discourse (Thornicroft et al. 2022).

Typically led by individuals with lived experience of discrimination and their advocates, these grassroots campaigns utilise tactics like letter writing and public demonstrations to engage both opinion leaders and the general public. The goal is to suppress negative attitudes, eliminate harmful stereotypes, and advocate for legislative reforms that protect rights, increase access to resources, and reduce disparities.

While protest strategies have the potential to raise awareness and mobilise support, they are among the least studied approaches in stigma reduction efforts. It is important to monitor the outcomes of these campaigns as they can sometimes inadvertently reinforce negative attitudes through psychological reactance or unintended consequences.

Health professionals, particularly psychiatrists and psychologists, are increasingly encouraged to leverage online platforms for advocacy and education, combating stigma by promoting accurate information and challenging stereotypes (National Academies of Sciences, Engineering, and Medicine 2016). This proactive engagement aims to shift public perceptions and foster a more supportive environment for individuals living with mental health conditions.

In conclusion, protest strategies play a critical role in challenging mental health stigma, advocating for rights, and promoting societal change. However, careful evaluation and strategic implementation are essential to maximise their effectiveness and avoid unintended consequences in stigma reduction efforts.

Legislative and Policy Change

Legislation and regulation at national and international levels are crucial for promoting and protecting mental health in the workplace, thereby reducing stigma. The International Labour Organization (ILO) Convention on Occupational Safety and Health (No. 155) and its Recommendation (No. 164) urge countries to develop policies that safeguard workers' mental health. This convention encourages employers to integrate mental health into workplace policies, facilitating organisational interventions (WHO 2022).

In the United States, legal and policy interventions have a long history of protecting stigmatised groups. The Americans with Disabilities Act (ADA) was amended in 2008 to include individuals with mental illness, even if medication reduced their symptoms. This amendment acknowledges intermittent symptoms and discrimination based on perceived impairments, contrasting with legislation applying arbitrary criteria across various mental illnesses.

Addressing structural stigma is crucial for promoting mental well-being. Structural stigma can be intentional or unintentional, overt or covert. Policies excluding people with mental illness from health insurance coverage exemplify overt structural stigma, while the failure to distinguish between mental health apprehensions and suicide attempts on criminal records illustrates covert structural stigma. Research shows that individuals with mental illness prefer approaches addressing institutional and structural discrimination over public education alone. A US survey found significant discrimination in employment (52%), housing (32%), law enforcement (27%), and education (24%).

Comprehensive approaches are needed to address structural stigma, involving multidisciplinary and multilevel strategies. Engaging groups such as lawyers, journalists, educators, and business owners can help tackle the root causes of structural stigma. Anti-stigma efforts should not solely focus on public education and attitude change ('soft goals') but should also pursue legislative and policy changes ('hard goals') to promote social equity and improve the quality of life for individuals with mental and substance use disorders.

Advocacy organisations have been instrumental in driving policy changes that promote mental health awareness and protect individual rights. Successful legislative efforts, such as the Mental Health Parity and Addiction Equity Act, have reduced discrimination in healthcare settings and ensured equal access to mental health services (National Academies of Sciences, Engineering, and Medicine 2016).

In conclusion, addressing structural stigma through comprehensive legal, policy, and advocacy efforts is essential for creating a more inclusive society and improving the well-being of individuals with mental health conditions and substance use disorders

3. Successful Campaigns Around the World

This section explores the outcomes of large-scale anti-stigma campaigns conducted both within and outside the United States. Highlighted campaigns include national-level initiatives from Australia (Beyond Blue), Canada (Opening Minds), and England (Time to Change). In the United States, significant campaigns reviewed include the Eliminations of Barriers Initiative and What a Difference a Friend Makes, as well as state-based initiatives like the California Mental Health Services Authority. Additionally, efforts by the US Departments of Defense and Veterans Affairs (VA) aim to reduce mental health stigma and promote treatment-seeking among military personnel and veterans, featuring campaigns such as Make the Connection and the Real Warriors campaign.

Similar large-scale efforts have been implemented in other countries. Scotland's See Me campaign, initiated in 2002, mobilises people and groups to work collaboratively, focusing on changing negative behaviours and addressing human rights issues. Denmark's One of Us campaign, a newer initiative, targets young people, the labour market, service users and providers, and the media. Spain's Idecada4 campaign aims to increase social acceptance of mental illness by making it more visible, emphasising that one in four people will experience a mental disorder in their lifetime. Figure 1 illustrates three well-known global campaigns (National Academies of Sciences, Engineering, and Medicine 2016; WHO 2022).

Time to Change: England's Anti-Stigma Campaign

Time to Change was England's largest programme aimed at reducing stigma and discrimination against people with mental health problems. Since its inception in 2008 until it came to an end in 2021, the campaign focused on raising awareness and changing attitudes through a multifaceted approach that included social marketing, mass media activities, community events, grassroots projects, and targeted work with key stakeholders such as medical students, teachers, employers, and young people.

A key element of the campaign was fostering social contact between people with and without mental health problems. Community events facilitated positive interactions, which helped reduce stigmatising attitudes. Many participants reported high levels of selective disclosure and positive intergroup interactions, crucial for breaking down 'us versus them' think-

ing. People without mental illness who experienced positive contact factors were more likely to support individuals with mental health problems in the future.

CAMPAIGN AND COUNTRY	ACTIVITIES	KEY FINDINGS
<p>TIME TO CHANGE</p> <p>Anti-stigma campaign</p>  England	<ul style="list-style-type: none"> • Social marketing and media activity. • Local community events. • Grants for projects led by people with lived experience. • Targeted interventions for stakeholders, e.g. students, teachers, employers, and young people. • Research and evaluation. 	<ul style="list-style-type: none"> • Social marketing and media activity was most effective at influencing intended behaviour toward people with mental health conditions. • Grassroots contact-based projects were particularly effective at reducing self-stigma. • Public awareness was strongly associated with campaign activity and increased awareness was associated with more favourable attitudes.
<p>BEYONDBLUE</p> <p>Mental health literacy programme</p>  Australia	<ul style="list-style-type: none"> • Focus on depression and anxiety. • Media advertising and training. • School-based programmes. • Mental health first aid training. • Community discussion forums. • Mental health champions. • Research and evaluation. 	<ul style="list-style-type: none"> • States with more activity saw more improvement in public awareness about depression and the benefits of treatment. • Training programmes delivered moderate increases in knowledge about mental illness. • Public perception of depressed people as dangerous and unpredictable persists.
<p>OPENING MINDS</p> <p>Contact-based education</p>  Canada	<ul style="list-style-type: none"> • Targeted interventions for stakeholders (youths, health care providers, employers and employees, news media). • Mental health champions. • Research and evaluation. 	<ul style="list-style-type: none"> • Big media campaigns were not effective at changing attitudes. • Programmes that target a specific mental health condition may reduce stigma more effectively than those targeting mental ill-health in general. • The quality of the contact matters more than the duration: stories of hope and recovery were the most successful.

Figure 1: Successful national campaigns (WHO 2022, p. 84).

The campaign also made significant strides in media impact, increasing the number of balanced, anti-stigmatising articles about mental health in news-

papers across England. The mass media component effectively influenced intended behaviours towards people with mental illness. For example, survey responses to the item ‘In the future, I would be willing to live with someone with a mental health problem’ showed consistent improvement.

Time to Change also demonstrated the cost-effectiveness of long-term, national-scale anti-stigma efforts. Repeated exposure to the campaign significantly improved public knowledge, attitudes, and intended behaviours towards mental health issues. The cost per person for improved intended behaviour was relatively low, highlighting the campaign’s efficiency compared to other public health initiatives (National Academies of Sciences, Engineering, and Medicine 2016, pp. 82–85).

Overall, Time to Change contributed significantly to reducing public stigma around mental health in England, emphasising the importance of multifaceted, sustained efforts in changing public perceptions and behaviours.

Opening Minds: Canada’s Contact-Based Interventions

Opening Minds is a national initiative in Canada focused on using contact-based interventions to reduce stigma associated with mental illness. Launched by the Mental Health Commission of Canada in 2009, it has a ten-year mandate and an annual budget of USD 2 million. This programme aims to change attitudes and behaviours towards individuals with mental health conditions and encourage the elimination of discrimination. It is the largest systematic effort of its kind in Canadian history and received the Global Innovator Award at the Together Against Stigma International Conference in 2015.

Initially, Opening Minds started with a small public education media campaign, which proved ineffective. Shifting strategies, the commission issued a request for interest to government agencies, universities, stakeholders, and grassroots anti-stigma programmes across Canada, all of which used contact-based education. Researchers partnered with these programmes to evaluate and scale up effective initiatives.

The campaign targeted four groups: youth aged twelve to 18, healthcare providers, employers, and the news media. Consistent evaluation strategies across these settings helped identify the most effective activities, aiming to develop replicable, evidence-based models. Findings showed that while contact-based education was the most effective anti-stigma effort, the suc-

cess of these programmes depended on delivering messages of hope and recovery.

For healthcare professionals, both short and long programmes were effective if they included various forms of contact-based education, such as live personal testimonies and recorded events. Successful programmes often offered incentives like continuing education credits or paid time off. A meta-analysis of over 20 ‘Understanding Stigma’ programmes highlighted that the quality of contact was more important than its duration, with recovery and inclusion messages driving positive change.

Programmes focusing on specific mental illnesses tended to reduce stigma more effectively than general ones. Future efforts will identify the most successful programme components, understand variations in stigma reduction among different audiences, and determine the processes that facilitate positive changes in attitudes and behaviours.

An analysis of over 20,000 print articles and 1,300 television reports revealed that Canadian media frequently linked mental illness with crime and violence, with less than 25% of articles including voices of individuals with lived experiences or mental health experts. To combat this, Opening Minds partnered with journalism schools to develop a curriculum featuring contact-based education, ideally delivered by graduates. They also distributed 5,000 copies of the media resource guide, *Mindset: Reporting on Mental Health* (Corrigan 2015; National Academies of Sciences, Engineering, and Medicine 2016, pp. 88–91).

In conclusion, contact-based education emerged as the preferred strategy for stigma reduction. Partnerships with community and grassroots groups, combined with systematic evaluation and standardised interventions, were key to developing best practices. Moving forward, the focus will be on scaling up these successful approaches for nationwide implementation, ensuring that the positive impacts of Opening Minds continue to grow and benefit more Canadians.

Beyond Blue: Australia’s Mental Health Literacy Programme

Beyond Blue, an Australian mental health literacy programme, is a significant initiative addressing label avoidance and care-seeking behaviour. This social marketing campaign, which has been active for nearly 20 years, includes public service announcements that frame depression as a treatable condition. It has achieved notable penetration, with 60% of Australians

being aware of the programme. Awareness of the campaign is linked to better recognition of mental illnesses and a greater understanding of the benefits of treatment.

In the 1990s, the Australian government launched a national initiative to improve the mental health knowledge and skills of primary care practitioners and other health professionals. However, the importance of public knowledge was initially overlooked. To highlight this gap, researchers introduced the concept of ‘mental health literacy’, defined as the knowledge and beliefs about mental disorders that aid in their recognition, management, or prevention. Key components of mental health literacy include recognising disorders in oneself and others, knowing available professional help and treatments, understanding effective self-help strategies, providing aid and support to others, and preventing mental disorders.

Beyond Blue, initially launched as ‘Beyond Blue: the national depression initiative’, now addresses both depression and anxiety. Its goals include raising public awareness, reducing stigma, supporting consumers and caregivers, promoting prevention and early intervention, enhancing primary care training, and conducting applied research. The initiative disseminates information through television, radio, the internet, and print media. Notably, Beyond Blue partnered with Schools Television to raise awareness and engaged well-known actors to share their personal experiences with mental illness.

Funded primarily by the Australian national government, with additional support from state governments and non-governmental sources, Beyond Blue began as a five-year initiative in 2000 but continues to operate. Surveys conducted before and during the implementation of Beyond Blue allowed researchers to track trends in public attitudes. Respondents viewed vignettes of depressed individuals and answered questions about various interventions and their perceived effectiveness. States with higher levels of campaign activity showed greater improvements in public awareness, beliefs about treatment efficacy, and positive attitudes towards people with depression.

The Mental Health First Aid training programme, a part of Beyond Blue’s efforts, has shown moderate increases in knowledge about mental illness and smaller effects on attitudes and behaviours, with improvements sustained over six months. The programme aims to train 11% of Australian adults, with 2% trained and certified so far. The programme’s sustainability is supported by fees paid by individuals and organisations for the training.

The concept of mental health literacy has become a national and state policy goal. A survey at the ten-year mark of the campaign found that 87% of Australians were aware of Beyond Blue's work. Between the first Beyond Blue report in 2004 and the second in 2009, there was a significant increase in the availability of primary care services for depression. However, while public awareness increased, it remains unclear whether stigma and discrimination against people with depression decreased. Despite a steady decrease in social distance over time, public perceptions of people with depression as dangerous (68%) and unpredictable (52%) persist (Corrigan 2015; National Academies of Sciences, Engineering, and Medicine 2016, pp. 85–88).

Beyond Blue's comprehensive approach highlights the importance of public education in improving mental health literacy and reducing stigma, demonstrating the value of sustained, multifaceted efforts in addressing mental health issues.

4. Conclusion

Reducing stigma associated with mental health conditions and substance use disorders requires a comprehensive and multifaceted approach. The initiatives discussed in this chapter, from Australia's Beyond Blue to Canada's Opening Minds, highlight the importance of combining educational efforts with personal contact and community involvement. Educational campaigns have proven effective in increasing awareness and understanding, while contact-based interventions have shown that personal stories of recovery can significantly alter public attitudes. Furthermore, legislative and policy changes play a crucial role in supporting these efforts and ensuring sustained impact. As we move forward, it is essential to continue evaluating and refining these strategies, scaling up successful approaches, and fostering collaborations between governments, communities, and grassroots organisations. By doing so, we can create a more inclusive and supportive society where individuals with mental health conditions and SUD feel empowered to seek help and embark on their recovery journeys.

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