Training on advocacy skills in mental health promotion and mental disorder prevention
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This document should be quoted as:

More information on mental health promotion and mental disorder prevention as well as the electronic version of this manual can be accessed at: http://www.imhpa.net
Training manual on advocacy skills in mental health promotion and mental disorder prevention
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THIS MANUAL

This manual includes:

1. **Course basics** covering basic requirements for the course, course objectives and course structure.

2. **Background reading** – if possible this list should be distributed before the course

3. **Session outlines** describing each session’s:
   - estimated length
   - aims and objectives
   - activities
   - educational materials, and,
   - visual aids (powerpoint presentations).

4. **Educational materials** to be used within each session.
   - It is important to be familiar with these before the training as they contain important concepts and tools which will be explored during the sessions.
   - These should be copied and given to participants.

5. **Visual aids** are provided in the form of PowerPoint presentations for each session.

This manual, the educational materials and visual aids are available for download from the IMHPA web site: [www.imhpa.net](http://www.imhpa.net)

Follow the links > IMHPA Work Strands > Training
ABOUT THE COURSE

PRACTICAL REQUIREMENTS

Training size

The course is designed for a group of between 20 to 30 people. The minimum for an effective course is 10 people, and the maximum, 30 people. Many of the sessions will run slightly more quickly with a smaller number of participants.

Training venue and requirements

- The optimum venue is a large room, with tables set up in a U-shaped style
- There must be room to move around, and easily work in groups of 3-4 people
- There must be table space for course material, and refreshments available

Essential requirements

- A projector and large screen
- Wall space or poster stands for sticking flipcharts so all participants can view them
- Flip chart paper and pens
- Material for sticking paper to walls or poster stands (such as the English blue-tac)

Breaks

- At least 30 minutes for refreshment breaks mid-morning and mid-afternoon and 90 minutes for a lunch break.

Facilitators

Facilitators should be competent on mental health policy issues and have a good knowledge of mental health promotion and mental disorder prevention as well as in training advocacy skills.

Notes for translators/ adapters

It is impossible to write a manual where every piece of information fits all countries and cultures. To ensure the high quality of the training, make sure to check and if necessary adapt details to specific needs.
OBJECTIVES OF THE TRAINING

The training aims to build capacity and skills across Europe in advocacy for mental health promotion and mental disorder prevention.

The training aims to achieve the following outcomes in participants:

- To be highly motivated to advocate for promotion and prevention policies and practices in their own country
- To have skills to identify an issue and develop an advocacy strategy.
- To have strengthened leadership qualities in further developing the field of promotion and prevention in mental health within their countries and communities.

PRIOR TO THE COURSE

It’s best if course participants have the list of reading before the course so that they can get a background on the issues. Most are available online.

Participants should be asked before the course to think about a problem related to mental health promotion and mental disorder prevention relevant to their country or workplace to work on during the course.

STRUCTURE OF THE SESSIONS

The course is planned as a three day programme of six sessions. Sessions are half a day and cover two topics of between 60 and 90 minutes with a coffee break between the two topics. Times may vary depending on the characteristics of the group.

Each session begins with a brief introduction to the topic and is then organized around presentations or discussions led by the facilitator and group work using selected resources.

**Introduction to the topic / presentation – led by the training facilitator**

This may either be a short lecture or clearly led discussion. Participants’ backgrounds and existing levels of knowledge will influence the level of participation.

**Group work**

Group work may be a session where participants all work together or work in smaller groups which then come back together to discuss ideas generated and give feedback.

**Brainstorming**

This is a session eliciting ideas from the group and listing and discussing them. It is intended to raise energy levels and refocus attention on an issue by involving all group members. It enables a group to consider many aspects of an issue before focusing on key areas.

**Case scenarios/role play**

Participants discuss a situation (hypothetical or based on their own work) or play a role in which they are involved in advocacy. Group work is the best way to practice skills other than real life practice. It works best when there is a clear understanding of why and what has to be done. Within the framework of the course it is important that the groups are free to elaborate on the context information described in each session.

**Feedback**

During the course, participants are encouraged to give feedback on the ideas raised to other course participants. Flipcharts are used to note down ideas generated in the sessions and time is allowed for commenting and discussing these notes.

**Note on timing**

The timing suggested for each session is a guideline only and will vary depending on the group. Groups with a high level of prior knowledge or groups with a common language may
move more quickly than groups with less prior knowledge or where there are many different languages.

**READING**


European Commission (2008), The European Pact for Mental Health and Well-being
http://ec.europa.eu/health/ph_determinants/life_style/mental/mental_health_en.htm (included)

Consensus Papers and Policy Briefs of The European Pact for Mental Health and Well-being 2008: Prevention of Suicide and Depression; Mental health in Youth and Education; Mental health in Workplace Settings; Mental health in the Elderly. Prepared by the Department of Health Government of Catalonia, National Research and Development Centre for Welfare and Health - STAKES, the London School of Economics and the Scottish Development Centre, Luxembourg: European Communities


http://www.thelancet.com/journals/lancet/article/piis0140673607612409/fulltext (included)
# SESSION 1A: Introduction & Defining the field of promotion/prevention in your country

<table>
<thead>
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<th>90mins</th>
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### Aims and objectives

- To introduce participants to each other and to the training program.
- To give an overview of the status of mental health in Europe, the burden of mental disorders and recent developments in promotion and prevention in mental health.
- To discuss mental health prevention and promotion across Europe.

### Educational Materials


1.2 The European Pact for Mental Health and Well-being

### Presentation

- Overview of the field – Powerpoint presentation 1A

### Session Plan

- Begin by rearranging the participants (5mins)
  - Ask them to stand in order of their birthday (day and month, not year). Invite them to sit in this order; the aim is to have people in pairs with people they do not already know.
- Introductions & course outline (20mins)
  - Ask participants to introduce themselves to the person next to them (name, occupation, city/country), and to tell them what they would like to gain from the course.
  - Ask each person to introduce their partner - name, occupation, city/country, and what they would like to gain from the course. Write what they would like to gain from the course on flipchart paper and stick on the wall.
  - Discuss “ground rules”: ask participants to brainstorm things that are important for the course to run well. Write these on a flipchart and put on the wall. Ideas include: participants should speak to the group not to the trainer, return on time from breaks etc.
- Overview of the field - Powerpoint presentation 1A (40mins)
- Group discussion/brainstorm (facilitator lead) (25mins)
  - Use the Country Stories (Ed. material 1.1)
  - What is the situation of prevention and promotion in your country?
  - What improvements are needed in your view?
  - Ask the group to discuss The European Pact for Mental Health and Well-being and how this relates to their countries.
## SESSION 1B: What is advocacy?

### 60mins

<table>
<thead>
<tr>
<th>Aims and objectives</th>
<th>Aim</th>
<th>To introduce the concept of advocacy, and some of its values.</th>
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<tbody>
<tr>
<td></td>
<td>Objectives</td>
<td>By the end of the session, participants will be able to:</td>
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<tr>
<td></td>
<td></td>
<td>• Describe what is meant by advocacy.</td>
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<tr>
<td></td>
<td></td>
<td>• Describe advocacy values.</td>
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<td></td>
<td></td>
<td>• Describe people centred advocacy.</td>
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### Educational materials

1.3 A Flexible Frame for Strategy Planning  
1.4 Practice a Powerful Advocacy Mindset

### Presentation

What is Advocacy? - Powerpoint presentation 1B

### Session Plan

- Introduce the session (5mins)
- Brainstorm: What is advocacy? (15mins)  
  - Invite participants to define advocacy. Write definitions on flipchart paper and stick on the wall.
  - Using slides 1 - 5 describe what is meant by advocacy.
- Introduce A Flexible Frame for Strategy Planning (10mins)  
  - Using slides 6 – 7 introduce the 3 areas and explain that we will deal with each.
- Practice a powerful mindset (10mins)  
  - Using slides 8 – 10 introduce practicing a powerful mindset.
- **Group work:** Advocacy’s orientation (20mins)  
  - Use Ed. Material 1.4 “Practice a Powerful Advocacy Mindset”
  - Divide participants into 6 groups. On flipcharts: 2 groups list myths and truths about power; 2 groups list advocacy values; and 2 groups describe the essentials of people centred advocacy.
  - Invite rapid feedback from the groups in turn, and comment and provide input based on Practice a Powerful Mindset.
**SESSION 2A: Problem analysis. Identifying the issue.**

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<th>85 mins</th>
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**Aims and objectives**

**Aim** To identify an issue to work on, the stage of the issue, and what further information may be required.

**Objectives**

By the end of the session, participants will be able to:

- Describe the economic role and cost of mental health disorders in society.
- Know some methods of how to identify a problem or issue for an advocacy campaign.
- Consider how to commission and use research to support the advocacy campaign.

**Educational materials**

2.1 Checklist for Choosing a Problem and Issue
2.2 Identify an Issue's Life Cycle Stage and the Next Steps for Advocates
2.3 Research for Advocacy

**Presentation**

Identifying the issue - Powerpoint presentation 2A

**Session Plan**

- **Introduction.** Review “A Flexible Frame for Strategy Planning” from the previous session, explain that we will now focus on the environmental scan. (10mins)
  - Slides 1 & 2

- **Work in pairs:** Choosing an issue. (20mins)
  - Slide 3
  - Introduce Ed. Material 2.2 “Checklist for Choosing a Problem and Issue”. Ask participants to consider the issue they thought of before the course.
  - Ask each pair to agree on a problem/issue to work on during the course.
  - Invite feedback on the problem or issue, discuss and clarify any problems.

- **Work in pairs:** Stage of the problem (30mins)
  - Slide 4
  - Based on Ed. Material 2.2 “Identify an Issue’s Life Cycle”, introduce and describe the stages and life cycle of issues and problems.
  - Using flipcharts invite the pairs to write: the problem/issue; a very brief description of the problem/issue; why is it a problem; why is it a public problem; and, using Identify an Issue’s Life Cycle, the problem’s stage and why.
  - Invite the pairs to feedback their results, and stick the flipchart papers on the wall.
  - Discuss and clarify any problems.
- **Work in pairs: Research for advocacy (25mins)**
  - Slides 5-8
  - Ask pairs to think about and write down (on their own paper):
    - what additional information is needed to assess the problem,
    - the primary methods and sources for obtaining this information
  - In rapid succession, invite pairs to feedback one example of additional information and the method and source for obtaining the information.
**SESSION 2B: Problem analysis. Identifying a solution.**

| 90 mins | **Aims and objectives** | **Aim** To assess the environment in which the issue or problem is based, and to consider alternatives for solving the issue or problem  
**Objectives**  
By the end of the session, trainees will be able to:  
- Describe a frame for strategy planning.  
- Conduct a campaign oriented view using the Nine Questions strategy planning tool.  
- Be familiar with methods for choosing solutions for a problem or an issue for an advocacy campaign. |
| --- | --- | --- |
| **Educational materials** | 2.4 Triangular Analysis  
2.5 ACT-ON  
2.6 Vision of Change | **Presentation** Identifying a solution – Powerpoint presentation 2B |
| **Session Plan** |  
- Introduce the session (5mins)  
  - Slide 1. Explain that, based on the problem/issue, we will look at alternatives for addressing the problem, looking at pros and cons for each, and the recommended solution.  
- Introduce Triangular Analysis and AC-TON (10mins)  
  - Slides 2 - 4  
- *Work in pairs:* Assessing the environment (30mins)  
  - Pairs undertake an ACT-ON analysis of their issue/problem and write advantages, challenges, threats, opportunities and next steps on flipchart paper.  
  - Ask pairs to present results and put the paper on the wall.  
  - Discuss and clarify any problems.  
- Introduce the Vision of Change concept (5mins)  
  - Slides 5 - 6  
- *Work in pairs:* Making a vision (15mins)  
  - Invite pairs to write their vision on their own paper.  
  - There is no feedback to this exercise, but check if there are any problems or issues for discussion.  
- *Work in pairs:* Alternatives for solving the problem (25mins)  
  - Invite pairs to write the problem/issue and alternatives for solving it on the flipchart and stick on the wall.  
  - In rapid succession, invite pairs to feedback with alternatives for solving the problem/issue. |
### SESSION 3A: Developing an advocacy strategy

<table>
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| **Aims and objectives** | **Aim** To identify objectives for dealing with the problem or issue.  
**Objectives** By the end of the session, trainees will be able to:  
- Know how to choose a focus for an advocacy campaign. |
| **Educational materials** | 3.1 Move forward effectively towards strategic goals  
3.2 “Nine Questions”: A Strategy Planning Tool for Advocacy Campaigns  
3.3 Strategy Planning Objectives  
3.4 What objectives will we focus on? |
| **Presentation** | Developing an advocacy strategy – Powerpoint presentation 3A |
| **Session Plan** | • Introduce the session (10mins)  
- Slides 2 -7.  
- Introduce rolling incrementalism, the 9 questions and objectives, and thus moving forward effectively to strategic goals.  
• *Work in pairs*: Choosing objectives (50mins)  
- Based on “What objectives”, invite pairs to write on a flipchart their objectives for dealing with their issue/reducing their identified problem.  
- The objectives should be both short term and long term; they should be inward for their own organization, and outward for involving other partners; they should focus on action at relevant multiple levels.  
• Summary of where we are now. Review the course so far. (5mins) |
### SESSION 3B: Identifying the strengths and weaknesses in our organisations.

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| **Aims and objectives** | **Aim** To assess the organizations in which participants work, and to identify the skill mix needed.  
**Objectives**  
By the end of the session, trainees will be able to:  
- Identify the strengths and weaknesses of an organization in undertaking an advocacy campaign.  
- Identify characteristics of effective leadership. |
| **Educational materials** | 3.5 Who Are We?  
3.6 Identify an organization’s life cycle stage and the next steps for advocates  
3.7 Organizational Capacity Checklist  
3.8 Building Effective Leadership  
3.9 Advocacy Leadership Team Assessment Form |
| **Presentation** | Identifying the strengths and weaknesses in your organisation – Powerpoint presentation 3B |
| **Session Plan** | - Introduce session (5mins)  
  - Slides 1 - 3  
  - State that so far we have dealt with the first two of the 9 questions, and that now we will look at questions 6 and 7, what we have and what we need.  
- Based on the readings introduce who we are, the organization’s life cycle stage and the organizational capacity checklist. (10mins)  
  - Slides 4 – 6  
- **Group work:** Assessing our own organizations (30mins)  
  - In groups of 4 invite participants to check the capacity of the organizations in which they work using the “Organizational Capacity Checklist”.  
  - Invite the groups to comment on their discussion.  
  - Discuss and clarify any problems.  
- Introduce the concepts of effective leadership using “Building Effective Leadership” and “Leadership Taxonomy” (10mins)  
  - Slides 7 - 9  
- **Work in pairs:** Identifying effective leadership (35mins)  
  - In pairs, complete the Advocacy Leadership Assessment Form in relation to their real work and organizations.  
  - There is no feedback to this exercise, but check if there are any problems or issues for discussion. |
### Session 4A: Forming an effective coalition.

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| **Aims and objectives** | **Aim** To understand how to form a coalition and to identify the strengths and weaknesses of coalitions.  
**Objectives** By the end of the session, trainees will be able to:  
- Describe what coalitions can bring to an advocacy movement.  
- Describe some of the limitations of coalitions.  
- Identify the structures of coalitions. |
| **Educational materials** |  
4.1 Empower the Coalition  
4.2 Evaluating our Coalitions  
4.3 Alternatives to Working In a Coalition  
4.4 Choose the Right Kind of Diversity for Your Coalition  
4.5 Types of Diversity in Coalitions  
4.6 Improving Your Coalition’s Structure  
4.7 Working in Coalition  
4.8 Improving our Coalition |
| **Presentation** | Forming an effective coalition – Powerpoint presentation 4A |
| **Session Plan** |  
- **Introduce session (5mins) Slide 1**  
- **Group work: Brainstorm - What do coalitions bring? (10mins)**  
  - Participants brainstorm the advantages of working in a coalition. Write ideas generated on a flip chart.  
  - Using “Empower the Coalition” and Slide 2 comment on views generated.  
- **Group work: Brainstorm - What are the problems of coalitions? (10mins)**  
  - Slides 4 - 5  
  - Participants brainstorm the problems of coalitions. Write ideas generated on a flip chart.  
  - Using “Evaluating our Coalitions” comment on views generated.  
  - Use “Alternatives to Working in a Coalition” to discuss alternatives to coalitions.  
- **Describe coalitions and their structures (5mins)**  
  - Slides 6 - 11  
  - Based on “Choose the Right Kind of Diversity for Your Coalition”, “Types of Diversity in Coalitions”, and “Improving Your Coalition’s Structure”, describe coalitions and their structures.  
- **Work in pairs: Considering forming coalitions (45mins)** |
- Working in the same pairs as for the issue/problem.
- Using “Choose the Right Kind of Diversity for Your Coalition”, “Types of Diversity in Coalitions” and “Improving Your Coalition’s Structure” ask participants to consider whether or not they would wish to invite other pairs of to form a coalition and why.
- Ask them to consider what kind of people they might need in a coalition and what structures they might want to create?
- There is no feedback, but discuss and clarify any problems.
- This discussion may carry on over the break.
### Session 4B: Creating messages

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#### Aims and objectives

**Aim**
To create messages, tailor messages and understand how to reframe messages.

**Objectives**
By the end of the session, trainees will be able to:
- Know how to write the main message of an advocacy campaign.
- Know how to reframe a message in line with the needs of the advocacy campaign.

#### Educational materials

| 4.9   Designing Effective Outreach Strategies |
| 4.10 Messages In Advocacy Campaigns |
| 4.11 Principles of Message Development |
| 4.12 Core Messages and Tailored Messages |
| 4.13 Creating Tailored Messages |
| 4.14 Framing Messages |

#### Presentation

Creating messages – Powerpoint presentation 4B

#### Session Plan

- **Re-arrange participants (5mins)**
  - Ask participants to stand in order of how far they have travelled in the last 12 months, with the course location at one end, and New Zealand at the other. Ask them to sit in this order.

- **Introduce session (15mins)**
  - Slides 1 – 5. Message development and tailored messages
  - Based on the materials 4.9 - 4.12, describe outreach strategies, messages in advocacy campaigns, principles of message development, and core and tailored messages.

- **Work in pairs: Creating tailored messages (30mins)**
  - Based on 4.13 “Creating Tailored Messages” ask pairs to create a core and a tailored message around one of their issues or problems. Write one core and one tailored message on a sheet of flipchart paper.
  - Feedback from each pair in turn. Discuss issues or problems.

- **Framing Messages (5mins)**
  - Slides 6 – 7
  - Using “Creating Tailored Messages” and “Framing Messages” introduce framing messages.

- **Group work: Framing messages (25mins)**
  - Using Slide 6 and Ed. material 4.14 “Framing Messages”
  - In groups of four, invite groups to reframe the message on Slide 6.
  - Feedback from each group in turn. Discuss issues/problems.
### SESSION 5A: Working with the media I. Introduction to working with the media.

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<td><strong>Aims and objectives</strong></td>
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<tr>
<td><strong>Aim</strong></td>
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<td><strong>Objectives</strong></td>
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<table>
<thead>
<tr>
<th>Educational materials</th>
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<tbody>
<tr>
<td>5.1 Using the Media to Advance Your Issue</td>
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<tr>
<td>5.3 Basic Web Site Tips</td>
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<th>Presentation</th>
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<tr>
<td>Working with the media I – Powerpoint presentation 5A</td>
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<tr>
<th>Session Plan</th>
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<tr>
<td>• Introduce session (10mins)</td>
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<tr>
<td>- Slides 1 – 8 (all)</td>
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<tr>
<td>- Using Ed. Material 5.1 “Using the Media to Advance Your Issue”, discuss working with the media.</td>
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<td>• Group work: Writing a press release (55mins)</td>
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<td>- In groups of 3, write a press release on two sheets of flipchart paper based on the article by Patel et al. (<em>Ed. material 5.2</em>)</td>
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<td>- Place the press releases on the floor or on the wall for other groups to read.</td>
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<td>- Comment on the press releases identifying the strengths and areas for strengthening of each in turn.</td>
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<td>• Website development (15mins)</td>
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<tr>
<td>- If there is time, based on Ed. Material 5.3 &quot;Basic Web Site Tips&quot;, introduce and discuss some of the principles of web site development, inviting the participants to critique an existing web site, for example the IMHPA web site, <a href="http://www.imhpa.net">http://www.imhpa.net</a></td>
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### SESSION 5B: Working with the media II. Interviews and Letters to the Editor.

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#### Aims and objectives

**Aim** To understand the cost effectiveness of mental health promotion and mental disorder prevention policy and to be able to undertake a broadcast interview.

**Objectives**

By the end of the session, trainees will be able to:

- Describe the effective and cost-effective elements of mental health promotion and prevention policy.
- Consider how to conduct a broadcast and a print interview.

#### Educational materials

5.4 Handling Interviews  
5.5 Letters to The Editor

#### Presentation

Working with the media II – Powerpoint presentation 5B

#### Session Plan

- Introduce the session (5mins)
- Broadcast and print media (20mins)
  - Present slides 1 – 3
  - Based on the slides and “Using the media to advance your issue” introduce a few key items in working with the broadcast and print media.
- Letters to the editor (40mins)
  - Using Ed. Material 5.5 “Letters to The Editor” discuss key points to remember when writing letters to the editor.
  - Slide 4
- **Working in pairs:** Letters to the editor
  - Ask participants to prepare a brief letter to the editor of a local newspaper
  - Ask them to think about which paper they have chosen and why
  - Ask the group to feedback on each others´ letters
SESSION 6A: Overview of what we have learned

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### Aims and objectives

**Aim**
To provide an overview of the course and for participants to consider what they will do on returning home

**Objectives**
By the end of the session, participants will be able to:

- Describe some of the mental health promotion and mental disorder prevention policies of the countries of the European Union.
- Have a concrete plan of next steps to be taken on returning home.

### Educational materials

- 6.1 Craft the Campaign
- 6.2 A Flexible Frame for Strategy Planning (1.3 from session 1, B)
- 6.3 “Nine Questions” A Strategy Planning Tool for Advocacy Campaigns (3.2 from session 3, A)

### Presentation

- Overview of the course so far – Powerpoint presentation 6A

### Session Plan

- Introduce the session (5mins)
- Overview: Review the course so far (10mins)
  - Using the powerpoint presentation and the three readings, give an overview of planning a campaign.
- **Work in pairs**: How do we begin? (35mins)
  - In the original pairs of the issue or problem, invite participants to make a plan of how they are going to begin
  - There is no feedback of this work, but invite any questions or discussions of problems encountered.
### SESSION 6B: Preventing burn out. Wrap up and course evaluation

| 95 mins | **Aims and objectives** | **Aim** To consider burn out and its prevention and to wrap up the course  
**Objectives**  
By the end of the session, trainees will be able to:  
- Know some ways to prevent burn out |
| --- | --- | --- |
| **Educational materials** | 6.4 Work Related Stress  
6.5 How Do Advocates Sustain Themselves And Others?  
Evaluation Form |
| **Presentation** | Preventing burnout – Powerpoint presentation 11 |
| **Session Plan** |  
- Introduce the session (5mins)  
- Preventing burn out (5mins)  
  - Based on the powerpoint presentation and “Work related stress”, introduce risk factors for work related stress and burn out.  
  - *Working in pairs: Preventing burn out (40mins)*  
    - In pairs, and based on handout “How Do Advocates Sustain Themselves…” invite participants to share with each other issues of work related stress.  
    - This is a private discussion, without any formal feedback. At the end of the time invite any members who wish to reflect and share something with the group to do so.  
    - Discuss.  
- Plenary discussion (30mins)  
  - Reflecting on the course as a whole, invite a general discussion. It might be helpful to refer to the flipchart of day 1, summarizing the needs of the course participants, to see if anything has not been covered.  
  - Discuss ideas for follow-up of the course.  
  - It might be useful to invite each of the participants to offer one thing that they are going to do when they go back home, based on the course.  
- Course evaluation (15mins)  
  - Ask participants to complete the course evaluation. |
Session 1A
Education material 1.1

Session 1A

Education material 1.2

The European Pact for Mental Health and Well-being

Text of the Pact

“European Pact for Mental Health and Well-being

We, participants in the EU high-level conference "Together for Mental Health and Wellbeing", Brussels, 13 June 2008, acknowledge the importance and relevance of mental health and well-being for the European Union, its Member States, stakeholders and citizens.

I. We recognise that:

- Mental health is a human right. It enables citizens to enjoy well-being, quality of life and health. It promotes learning, working and participation in society.

- The level of mental health and well-being in the population is a key resource for the success of the EU as a knowledge-based society and economy. It is an important factor for the realisation of the objectives of the Lisbon strategy, on growth and jobs, social cohesion and sustainable development.

- Mental disorders are on the rise in the EU. Today, almost 50 million citizens (about 11% of the population) are estimated to experience mental disorders, with women and men developing and exhibiting different symptoms. Depression is already the most prevalent health problem in many EU-Member States.

- Suicide remains a major cause of death. In the EU, there are about 58,000 suicides per year of which ¾ are committed by men. Eight Member States are amongst the fifteen countries with the highest male suicide rates in the world.

- Mental disorders and suicide cause immense suffering for individuals, families and communities, and mental disorders are major cause of disability. They put pressure on health, educational, economic, labour market and social welfare systems across the EU.

- Complementary action and a combined effort at EU-level can help Member States tackle these challenges by promoting good mental health and well-being in the population, strengthening preventive action and self-help, and providing support to people who experience mental health problems and their families, further to the measures which Member States undertake through health and social services and medical care.

II. We agree that:

- There is a need for a decisive political step to make mental health and well-being a key priority.

- Action for mental health and well-being at EU-level needs to be developed by involving the relevant policy makers and stakeholders, including those from the health, education, social and justice sectors, social partners, as well as civil society organisations.

- People who have experienced mental health problems have valuable expertise and need to play an active role in planning and implementing actions.

- The mental health and well-being of citizens and groups, including all age groups, different genders, ethnic origins and socio-economic groups, needs to be promoted based on targeted interventions that take into account and are sensitive to the diversity of the European population.

- There is a need to improve the knowledge base on mental health: by collecting data on the state of mental health in the population and by commissioning research into the epidemiology, causes, determinants and implications of mental health and illhealth, and the possibilities for interventions and best practices in and outside the health and social sectors.
III. We call for action in five priority areas:

1. Prevention of Depression and Suicide

Depression is one of the most common and serious mental disorders and a leading risk factor for suicidal behaviour. Every 9 minutes a citizen dies as a consequence of suicide in the EU. The number of suicide attempts is estimated to be ten times higher. Reported rates of suicide in Member States differ by a factor 12.

Policy makers and stakeholders are invited to take action on the prevention of suicide and depression including the following:

- Improve the training of health professionals and key actors within the social sector on mental health;
- Restrict access to potential means for suicide;
- Take measures to raise mental health awareness in the general public, among health professionals and other relevant sectors;
- Take measures to reduce risk factors for suicide such as excessive drinking, drug abuse and social exclusion, depression and stress;
- Provide support mechanisms after suicide attempts and for those bereaved by suicide, such as emotional support help lines.

2. Mental Health in Youth and Education

The foundation of life-long mental health is laid in the early years. Up to 50% of mental disorders have their onset during adolescence. Mental health problems can be identified in between 10% and 20% of young people, with higher rates among disadvantaged population groups.

Policy makers and stakeholders are invited to take action on mental health in youth and education including the following:

- Ensure schemes for early intervention throughout the educational system;
- Provide programmes to promote parenting skills;
- Promote training of professionals involved in the health, education, youth and other relevant sectors in mental health and well-being;
- Promote the integration of socio-emotional learning into the curricular and extracurricular activities and the cultures of pre-schools and schools;
- Programmes to prevent abuse, bullying, violence against young people and their exposure to social exclusion;
- Promote the participation of young people in education, culture, sport and employment.

3. Mental Health in Workplace Settings

Employment is beneficial to physical and mental health. The mental health and well-being of the workforce is a key resource for productivity and innovation in the EU. The pace and nature of work is changing, leading to pressures on mental health and well-being. Action is needed to tackle the steady increase in work absenteeism and incapacity, and to utilize the unused potential for improving productivity that is linked to stress and mental disorders. The workplace plays a central role in the social inclusion of people with mental health problems.

Policy makers, social partners and further stakeholders are invited to take action on mental health at the workplace including the following:

- Improve work organisation, organisational cultures and leadership practices to promote mental well-being at work, including the reconciliation of work and family life;
- Implement mental health and well-being programmes with risk assessment and prevention programmes for situations that can cause adverse effects on the mental health of workers (stress, abusive behaviour such as violence or harassment at work, alcohol, drugs) and early intervention schemes at workplaces;
- Provide measures to support the recruitment, retention or rehabilitation and return to work of people with mental health problems or disorders.

4. Mental Health of Older People

The EU-population is ageing. Old age can bring with it certain risk factors for mental health and well-being, such as the loss of social support from families and friends and the emergence of physical or neurodegenerative illness, such as Alzheimer's disease and other forms of dementia. Suicide rates are high in older people. Promoting healthy and active ageing is one of the EU's key policy objectives.

Policy makers and stakeholders are invited to take action on mental health of older people including the following:
- Promote the active participation of older people in community life, including the promotion of their physical activity and educational opportunities;
- Develop flexible retirement schemes which allow older people to remain at work longer on a full-time or part-time basis;
- Provide measures to promote mental health and well-being among older people receiving care (medical and/or social) in both community and institutional settings;
- Take measures to support carers.

5. Combating Stigma and Social Exclusion

Stigma and social exclusion are both risk factors and consequences of mental disorders, which may create major barriers to help-seeking and recovery.

Policy makers and stakeholders are invited to take action to combat stigma and social exclusion including the following:
- Support anti-stigma campaigns and activities such as in media, schools and at the workplace to promote the integration of people with mental disorders;
- Develop mental health services which are well integrated in the society, put the individual at the centre and operate in a way which avoids stigmatisation and exclusion;
- Promote active inclusion of people with mental health problems in society, including improvement of their access to appropriate employment, training and educational opportunities;
- Involve people with mental health problems and their families and carers in relevant policy and decision making processes.

IV. We launch the European Pact for Mental Health and Well-being:

The Pact recognises that primary responsibility for action in this area rests with Member States. However, the Pact builds on the EU's potential to inform, promote best practice and encourage actions by Member States and stakeholders and help address common challenges and tackle health inequalities.

The reference context for the Pact is the EU-policy acquis on mental health and well-being that has emerged through initiatives across Community policies over the past years, together with the commitments which Member States’ Ministers of Health made under the WHO Mental Health Declaration for Europe of 2005 and relevant international acts such as the United Nations Convention on the Rights of Persons with Disabilities.

The Pact brings together European institutions, Member States, stakeholders from relevant sectors, including people at risk of exclusion for mental health reasons, and the research community to support and promote mental health and well-being. It is a reflection of their commitment to a longer-term process of exchange, cooperation and coordination on key challenges.

The Pact should facilitate the monitoring of trends and activities in Member States and among stakeholders. Based on European best practice, it should help deliver recommendations for action for progress in addressing its priority themes.
V. We therefore invite:

- Member States together with further relevant actors across sectors and civil society in the EU and international organisations to join the European Pact for Mental Health and Well-being and to contribute to its implementation;

- The European Commission and Member States, together with the relevant international organisations and stakeholders:
  - to establish a mechanism for the exchange of information;
  - to work together to identify good practices and success factors in policy and stakeholder action for addressing the priority themes of the Pact, and to develop appropriate recommendations and action plans;
  - to communicate the results of such work through a series of conferences on the Pact’s priority themes over the coming years;

- The European Commission to issue a proposal for a Council Recommendation on Mental Health and Well-being during 2009;

- The Presidency to inform the European Parliament and the Council of Ministers as well as the European Economic and Social Committee and the Committee of Regions of the proceedings and outcomes of this conference. “

A Flexible Frame for Strategy Planning

Source: Advocacy Center at ISC. http://www.advocacy.org/

When embarking on a journey, planning the trip and directing its course is not something that is done only once. Travellers move forward, consulting maps or other sources that inform them about what's ahead, and keeping a fixed point - a mountain peak, the stars, or a compass heading - as a reference for guidance along the way.

In social justice advocacy, strategy planning, like trip planning, reflects this kind of ongoing dialogue between advocates and their surroundings. When framing an overall approach to strategy planning, we introduce the steps that orient advocates to the process of navigating among the tools, resources, and knowledge that they have at hand.

**1. Advocacy Orientation.** Recognize, practice, and anchor the most powerful mindset for advocacy: as advocates, you are the initiators of action.

**2. Environmental Scan.** Assess where you are, always with an eye to determining your next action.

**3. Rolling Incrementalism.** Take action, while looking for and finding the forward motion towards the overall goal in every event surrounding your advocacy.

Though these steps may call for some creative thinking, none of them involve wishful thinking. To be effective, each habit must be practical and grounded in reality. With this frame in place, there are three tools:

- Practice a Powerful Advocacy Mindset,
- Assess reality to determine next steps, and
- Move forward effectively towards strategic goals.
Session 1B
Educational Material 1.4

Practice a Powerful Advocacy Mindset
Source: Advocacy Center at ISC. http://www.advocacy.org/

As advocates, we are the initiators of action
This mindset is the simplest and most powerful means for navigating among options when planning our advocacy strategy. As advocates, it is our agency that matters: choose the strategies that promote and preserve that agency.

Advocacy strategy can focus on shaping WHAT policy is - establishing a law, a policy, a decree, or some other kind of societal rule. Advocacy strategy can also focus on HOW policy happens - opening up the process by which such societal rules are made and kept.

But advocacy strategy works in the most powerful and lasting ways when it also centres on WHO makes policy happen - facilitating a process by which people know the power they themselves have in making and keeping societal rules.

This orientation towards initiative acts as our compass on our advocacy journey. No matter the twists and turns of the road, the needle keeps its orientation, allowing us to navigate in any needed direction.

Also, like a magnetized needle, advocates who practice this mindset bring others around them into the same orientation, permeating all aspects and levels of their advocacy campaigns with this very pragmatic sense of possibility.

To maintain this orientation:
- Be aware of our sources of power
- Live by values that foster the work of social justice advocacy
- Practice people-centred advocacy

3 Myths about Power; 3 Truths about Power
Social justice advocates, with good cause, rarely believe that they have a dominant hand in power relationships. Nearly every issue is affected by unequal power relationships between advocates and decision makers.

Yet there are many accounts in which those with seemingly less power have overcome tremendous odds to thwart those with greater power - greater resources, experience, and access.

We can counter three common myths about power with three truths about power:

Myth: "They have all the power"

Truth: Power is a matter of degree. It can be absolute, or shared and limited. Social justice advocacy seeks to share the power to make decisions that will affect people's lives.
Myth: "They'll always have all the power"

Truth: Power changes. It is dynamic, always shifting - not static. Just because someone has power over us today, it does not mean they will have power over us tomorrow. Social justice advocates know from experience that power is rarely given or yielded. It must be won through resistance and struggle.

Myth: "They have all the resources from which power comes"

Truth: Social justice advocates have their own sources of strength from which they draw tremendous power:

- Strategic action that engages public problem solving processes, defines and frames issues, fixes responsibility, and creates solutions.
- Innovation, invention, and initiation.
- Vision, commitment, and intensity.
- Above all, people - their knowledge, experiences, and stories.

Values for Social Justice Organizations to Live By

Transformative social movements create environments where people feel safe to experiment, learn from mistakes, ask hard questions, and are not paralyzed by perfection.

The acronym - **THE RAMP** describes a set of core values that can create an innovative, learning organization. Organizations that make THE RAMP operational provide opportunities for members and less experienced organizations to practice the skills and art of advocacy, gain confidence and self-respect, deepen their commitment, and broaden their experiences. These are key elements for sustaining social change movements.

- **T**ransparency in decision making and communication. Those responsible for decisions have no hidden agendas, and encourage an open flow of communication among everyone involved in the effort, members and leaders alike.

- **H**ope that people's advocacy efforts will create change. When realistic hope is nurtured, it can motivate advocates, giving them something to look forward to as they engage in a long-term campaign.

- **E**xchange among peers and colleagues within an organization. Everyone has something to offer. Forums need to be created for people to learn from each other, and everyone should be modest enough to know they always have more to learn.

- **R**espect for members and leaders alike, given in one-on-one relationships and in group settings.

- **A**ffirmation of people doing the work. This means not only the leaders, but also those who provide administrative and logistical support, and those who are relatively inexperienced.

- **M**odeling, setting a good example, or putting words and ideas into action. In other words, "walking the talk."

- **P**ragmatism. Actions are based on long-term and short-term objectives that are realistic, achievable, and practical. Actions just for the sake of doing something must be avoided.
Actions for People Centered Campaigns

Social justice advocates can play a role in helping amplify other people’s voices, as well as organizing people so they become their own confident advocates.

To keep campaigns people-centered, create opportunities for people to:

- **Define their own issues, objectives, and strategies based on their needs and wants.** Starting points may be creating a vision of “what should be,” assessing the current reality of “what is,” and identifying potential issues for action.

- **Identify commonalities within groups and communities that may be divided by gender, race, class, and other differences.** Time and safe space are needed for people to understand – and even empathize with – perspectives different than their own and to evaluate alternative solutions that may affect different groups differently.

- **Work toward goals by participating in many parts of an advocacy effort.** These may include leadership, strategy development, building relationships with experts and allies, meeting with officials and others in the community, and participating in protests and demonstrations.

- **Build confidence to ask something of others – individuals, groups, institutions, and decision makers.**

- **Learn by doing, from both successes and mistakes.**

Over time, people will develop the necessary skills, discipline, and deep understanding of the complex, often mysterious ways in which the political process works.

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<tr>
<th>ANTICIPATED ADVOCACY OUTCOMES</th>
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Checklist for Choosing a Problem and Issue

Source: Advocacy Center at ISC. http://www.advocacy.org/

To compare issues and choose the best focus for your campaign, use this checklist or develop your own. List the issues and using the questions record a “1” for each “yes” and a “0” for each “no”. Problems/issues with higher scores have the potential for multiple positive results.

<table>
<thead>
<tr>
<th>Problem/Issue 1:</th>
<th>Problem/Issue 2:</th>
<th>Problem/Issue 3:</th>
<th>Will resolving the problem?</th>
<th>Will the issue:</th>
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<td>Result in a real improvement in people’s lives?</td>
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<td>Give people a sense of their own power?</td>
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<td>Build strong lasting organizations and alter the relations of power?</td>
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<td>Raise awareness about power relations and democratic rights?</td>
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<td>Be winnable?</td>
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<td>Be widely felt?</td>
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<td>Be deeply felt?</td>
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<td>Be easy to communication and understand?</td>
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<td>Provide opportunities for people to learn about and be involved in policies?</td>
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<td>Have clear advocacy targets?</td>
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<td>Have a clear time frame?</td>
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<td>Avoid creating divisions amongst those you have to work with and influence?</td>
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<td>Build accountable leadership?</td>
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<td>Be consistent with your values and vision?</td>
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<td>Provide potential for raising funds?</td>
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<td>Link local issues to global issues and macro policy context?</td>
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### Identify an Issue’s Life Cycle Stage and the Next Steps for Advocates


<table>
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<th>Stage</th>
<th>Characteristics</th>
<th>Next Steps</th>
<th>Actions to Take</th>
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| Birth | • A new demand, issue, idea, or proposal takes form.  
     • It is not yet recognized by others. | • Build support to advance the idea. | • Define the issue, as well as its impact on people and communities  
     • Raise the issue through protest or other ways to exert pressure |
| Childhood | • The issue or idea begins to acquire networks of support. | • Nurture the issue or idea. | • Move “from protest to politics”: engage in public argument and generate possible solutions  
     • Build alliances  
     • Work with the media  
     • Analyze policy alternatives |
| Adolescence | • The issue or idea advances through the early stages of decision-making.  
    • It takes on more importance and legitimacy, gaining champions within influential institutions and among some key decision makers.  
    • Others begin to contribute ideas about different paths to the desired result. | • Focus the discussion in ways that are not divisive, but rather advance the issue towards a decision. | • Work inside the corridors of power to negotiate compromises with decision makers  
     • Exert steady pressure from outside to maintain political will to take action |
| Adulthood | • The issue reaches a resolute decision. | • Plan in detail for a sufficient workability. | • Analyze the budget to make sure the final solution has the commitment and resources needed to be effective |
| Maturity | • The idea is implemented. | • Monitor and evaluate actions for effectiveness. | • Work closely with constituents to monitor the solution’s impact  
     • Generate data and give feedback to decision makers |
| Renewal | • Implementation is evaluated further. | • Improve implementation and search for broader applicability. | • Review progress and determine the next action steps |
In an ideal world, governments would always try to act in the best interest of the population, carefully weigh the effects of their policies and actions, and choose those most likely to contribute to the public good. In a more realistic scenario, NGOs and individuals encourage governments to act in the public interest, and plan their work so as to increase the chances of the government adopting positive policies and programs.

While it is easy to complain about the government’s reluctance to act in the best interests of the population, we must remember that it is our responsibility to encourage the government to do what’s right. This encouraging—and sometimes pushing—of the government or other institutions to pass laws and policies, or implement programs, that will benefit the public is advocacy.

For example, if the government is considering raising taxes on buses and lowering them on private cars, NGOs might meet together and create an advocacy plan. They would start with making objectives: to raise public protest against the move, to inform the government of their opposition, and finally to convince the government to reverse its decision. They would decide on activities likely to lead to the desired result—asking experts to write letters to the newspaper about the likely effects of the new taxes on traffic jams, highlight the problems faced by commuters, hold a meeting at which government representatives discuss the tax with NGOs, etc. If their advocacy effort is successful, the government would withdraw its plan, or possibly even decide to do the opposite—raise taxes on private cars, and lower those on buses. This would represent an effective advocacy effort, and the result would be a benefit to the general public (and a few upset auto manufacturers and salesmen).

What is research for advocacy?

Evidence demonstrates that prevention and promotion are effective in reducing mental disorders and improving well being. But investment in promotion and prevention is low in comparison to the size of the burden of mental disorders. How do we convince governments to focus efforts on prevention and promotion? One way is through research demonstrating the need for increased promotion and prevention, public support for these measures and the likely outcomes (benefits) of government action in this area.

What distinguishes research for advocacy from other types of research is its focus on changing laws and policies. The research is conducted with specific policy aims in mind, as part of an overall strategy to obtain changes in policy. While other research focuses on an overall understanding of mental health, research for advocacy has very narrow and specific aims.

Research that is focused on a policy goal, interesting, and appropriate to the issue can have tremendous value for your advocacy campaign.

Getting Started

When planning research for advocacy, it is important to keep in mind a few questions:

*What policy goal does this research address?*

Since research for advocacy is so closely linked with policy goals, your goals should be clear before you plan the research to help you achieve them.

*Is this research appropriate to the policy goal?*
Research for advocacy should be targeted, meeting specific objectives. If a particular policy issue is being debated, it is important to have results specifically addressing that issue. In order to determine what sort of research will be useful, it is important to understand the political climate. If the government is reluctant to direct funding towards promotion/prevention programs a study showing the number of children with conduct disorder may not help. It may be more useful to provide an economic evaluation comparing the cost (and effectiveness) of prevention programs with the costs incurred by various agencies which come into contact with these children as they grow up.

**Will my research be done in time to meet my policy objectives?**

Research for advocacy responds to actions in the policy arena. If the response takes too long, then the utility will be drastically reduced. It is often important to consider the benefits of quick results, as opposed to a more impressive study that will take much longer (and require much more money).

**How will I use the results to advocate for that policy goal?**

When planning your research, be sure you have a plan for releasing your results. The nature and size of the research, as well as the format of your presentation, will depend on the target audience. Research for advocacy can be an important part of your media advocacy campaign. Gaining media is critical, and new research findings can be one way of gaining publicity. Creative results may be more successful than repeated “body counts” in attracting the media to the issue of mental health.

**Is there another (cheaper, easier, more effective) way to gain the same results?**

Don’t reinvent the wheel, or repeat research that already exists and can serve your purposes. Always start with what is already available.

Gathering nationwide prevalence data is no easy task. If a government institution is able to do so, and just needs some lobbying to include questions on mental health and well being to the surveys they already conduct, then your efforts may best be spent on the lobbying.

Collecting existing national statistics to demonstrate the need for action, and the effects thereof, can be important advocacy tasks. However, the lack of such data, and the inability to collect it, should not deter anyone from doing advocacy.

**II. Types of Research for Advocacy**

**Opinion polls/Surveys** Opinion polls can be useful to show—when it is the case—that the general public supports your cause. Evidence of public support can reassure the government that they will not lose popularity if they enact laws to protect public health. If the public is not supportive, then it may be your task to educate people about the importance of promoting mental health and mental disorder prevention, so that they will support the government funding prevention and promotion programmes.

While you may fear that providing background information will bias your answers, remember that some information is needed to weigh the necessity of different policies. If you polled people who had never heard of CFCs, or did not know that they harm the ozone layer (and why the ozone layer is important!), then you would find a very low level of support for banning products that contain CFCs. If you first provided the basic information, you would be much more likely to find public support. This would simply indicate that it may be helpful to provide at least minimal information on the issue at the time of passing public policy, in order to guarantee public support.

**Economics research**

Politicians often need to see research or simply numbers illustrating that directing funds towards mental health will not destroy the economy, and that it could in fact be beneficial. Research possibilities include:
• The cost-effectiveness of preventing depression to reduce absenteeism and unemployment

• Comparisons of the level and cost of contact with the judicial system for children from “at risk” families whose parents received parenting support with those whose did not

• The costs to health care and other sectors for mental disorders compared to the costs of prevention

Qualitative research

It can be very helpful to have quotes and stories with which to illustrate your argument. Such quotes not only make a research report far more interesting reading, but are more likely to be picked up by the media.

What you are looking for is quotes or stories that illustrate a truth you may or may not also be illustrating through qualitative research. In some cases, one person’s story may be more “real” and convincing than numbers, and help add a personal perspective to otherwise dry statistics

III. Presenting your research

You may, for your own uses, wish to have an exhaustive research report which goes into great detail about your methodology, presents many detailed tables, and references hundreds of documents. But often you need to present your results quickly, and to people who are unlikely to read a lengthy report. A useful tool may well be a short report with a few charts and graphs that illustrate your findings, rounded out with some quotes and/or case studies. Focus on what is directly relevant to the policy issue at hand, rather than on information that may prove interesting to you and other researchers, but that may not interest the media or politicians.

When presenting your research findings, be sure to link them explicitly to a policy issue. For example, if you are talking about the number of suicides in the past year, don’t only use the numbers to shock people but highlight the effectiveness of prevention programs in reducing this number. A headline “X suicides in Y country in 2007” which then only discusses the tragedy of suicide is less effective than “New program reduces the number of suicides by half” which goes on to demonstrate how government action to support prevention programs can work to reduce suicide.

Depending on the significance of your findings, and the size of your budget, ways of presenting your research include:

• Communicate the results directly with policymakers. If your report is long (more than a few pages), be sure to include a summary highlighting the key findings and the policy relevance (e.g. people want measures to support families; the government should include language in its mental health policy to this effect

• Hold a press conference. If possible, invite well-known people in the field covered by the research, to discuss the significance of the finding

• Invite members of the press to a meeting at your office to discuss the results. This can work well if you have little money available, if you fear the media will not attend a press conference, and if you have good relations with some members of the press.

• Call one journalist with whom you have a good relationship, or who has written on mental health, and give him/her “exclusive” rights to the research, with the possibility that it will then be an important feature.

• Write a press release and fax/send it to various media. Be sure to make it interesting as well as policy relevant—a press release, not a scientific abstract.

• Refer to your findings in letters to the editor, letters to politicians, speeches, and in banners at rallies.
• Share your results—if not a formal report, at least the key findings, which may be all that most people read anyway—with other potentially interested organizations. Enclose a letter encouraging them to join your alliance, write to newspapers or politicians, cover the issue in their newsletter, and/or get in touch with you for collaborative action.

IV. Specific suggestions on research to conduct to meet your advocacy objectives

General guidelines when conducting research:

• Your advocacy objectives should guide your research. Start with what information you need to press for a certain policy change; then plan your research.
• Use the information in this guide as guidelines only; always adapt the questions for your local context.
• Test the questions before use, to make sure they are clear.
• Decide which questions you need and which you don’t.
• Plan your data analysis in advance—if you will use a computer, set up the form on the computer before you conduct the survey. Make sure you have the time and ability to do the analysis.
• Only do the survey if you know how it will be useful for you.
• When possible, share information with the people you interview, after you finish the questions; also explain to them how you will use the information.
• Remember to tie the results into your policy initiatives.
Triangular Analysis

Source: Advocacy Center at ISC. http://www.advocacy.org/

Political solutions to problems often take more than just law or policy reform. There are many examples from different countries where laws changed, while the people did not. Laws are a critical part of public policy because they regulate work and social relations, and access to economic resources, opportunities and political power.

Laws and policies, however, can be unjust in three ways: content (the written law or policy may be discriminatory or inadequate in today’s context); application (policies may not be implemented or at least not as envisioned; laws may not be enforced, or enforced in a prejudicial way); and culture (if citizens are unaware of policies, the laws or their rights, or if social attitudes run contrary to the substance of the law or policy, even a just law or policy cannot benefit people in practice).

When selecting an advocacy issue, you need to identify where the change needs to occur – at the level of policy, at the implementation level, or in the culture and behaviour of the people themselves. This is known as triangular analysis.

Questions to guide triangular analysis

- Is a new or improved law or policy needed?
- Is the existing policy or law being implemented or enforced adequately?
- Do people know the law and believe that they have rights in order to pursue solutions or make demands on the system?
“ACT – ON”
Source: Advocacy Center at ISC. http://www.advocacy.org/

A Tool for Assessing your Environment and Creating an Initial Strategic Plan

A - Advantages
   refer to organizational or internal capacity

C - Challenges

T - Threats
   refer to societal or external environment

O - Opportunities

N - Next steps
   refers to initial plan of action
Example of ACT-ON analysis for the tobacco control movement in US

ADVANTAGES (Internal movement strengths)
While there have been disappointments and conflicts within the tobacco control movement, as well as unimagined advances, this movement continues to enjoy potent strengths, as well as the benefit of valuable, if painful, lessons learned in the upheavals of the past several years. These strengths – or advantages – include:

- Moral authority grounded on a strong scientific base;
- A deep reservoir of dedicated human resources, among them a growing army of veteran advocates throughout the country;
- A solid movement infrastructure of technical support and funding;
- A growing diversity of advocates, both culturally and politically;
- Many mature, experienced state and local coalitions;
- New partnerships forged with public health and education organizations, trial lawyers, the faith community, elected policy makers, pharmaceutical companies, and even tobacco growers; and
- Hundreds of advocates adept at media advocacy and a veteran press corps with whom they have developed working relationships of trust and confidence.

CHALLENGES (Internal movement weaknesses)
Many of our challenges are the mirror image of our advantages. Perhaps the most formidable challenges deal with our relationships with each other. As one veteran state advocate told us, “there is a challenge to improve collaboration and cooperation within the movement. A need to find ways to throw bombs at the industry, not at each other.” Among the challenges we face are:

- The growth and bureaucratization of the movement has leached some of the inspiration and energy that sprung from being citizen Davids challenging the industry Goliath;
- Dependence upon public and philanthropic funding, which constrains advocacy, coupled with an aversion to political engagement among too many tobacco control professionals, even in their role as private citizens;
- The persistent narrowness of the tobacco control movement’s base, despite new outreach efforts, among minority communities, parents and educators, labor, faith communities, business and tobacco farmers;
- Flawed intra-movement strategic communications that leave many state and local advocates feeling “out of the loop” in strategic decision making, and sometimes lead to inflammatory misinformation;
- A lack of sufficient resources for state and local coalitions to effectively address all tobacco control policy objectives, coupled with a reluctance to set priorities;
- The persistent gap between tobacco control funding and tobacco industry war chests;
- Serious internal divisions among tobacco control advocates over core values and goals, strategies, leadership roles, and issues of open communication and information exchange; and
- A residue of lingering resentments, valid or not, including perceived inequities in funding, perceived self-promotion, perceived patronizing arrogance of some newcomers towards tobacco control veterans, perceived patronizing by some national leaders of state and local leaders, and perceived conflicts of interest.

THREATS (External threats to the movement)
The tobacco control movement’s success has itself engendered a new set of external threats. Among them:

- High profile media coverage of such challenges to the tobacco industry as the state attorneys general law suits and the multi-state settlement has left many Americans believing that the tobacco “problem” has now been dealt with;
Years of exposing tobacco industry wrongdoing has left the public numbed to additional revelations, and there is even evidence of nascent sympathy for an industry that appears to have been "punished enough;"

There are signs of disenchantment with tobacco control programs that do not result in immediate and dramatic declines in youth and adult tobacco consumption;

There is increasingly harsh commentary by journalists and others – not industry flacks – who raise concerns about the effectiveness, the fairness, the overreaching, and the political expediency of tobacco taxes and other tobacco control objectives;

Some citizens suspect that advocates for new, large tobacco control programs are more motivated by self-interest in potential new jobs than in the public health.

While tobacco control advocates initially heralded the state attorneys general lawsuits as opening a powerful new front against the tobacco industry, the multi-state settlement opened the door to several threats including:

Preemptive language and other tobacco industry subversion of state settlement enabling legislation and appropriations;

Straitjackets on tobacco control funding, such as limiting media initiatives to ineffective “just say no" campaign;

Tobacco industry payments under the settlement, even when not applied to tobacco control programs, providing politicians an excuse for opposing any new tobacco excise tax increases.

There is no “new" tobacco industry, but there are efforts underway to cultivate the appearance of a contrite and reformed industry that is now a responsible corporate citizen. This “new" tobacco industry is armed with an arsenal of more subtle strategies designed to deflect public outrage and prevent implementation of programs that aggressively attack the tobacco industry and that promise effective tobacco use reduction.

Both the Congress and the state legislatures remain treacherous forums for tobacco control, as tobacco industry-backed legislators work hand in hand with tobacco’s bipartisan army of lobbyists to undermine in the shadows what they would not dare to do in the spotlight of media attention.

Meanwhile, that critical spotlight dims as broadcasters and publishers lose interest in the “old news” of tobacco fights, which are crowded out by new events and new public issue agendas.

**OPPORTUNITIES (External movement opportunities)**

Despite the struggles and pitfalls delineated earlier, no set of opportunities holds greater potential than those presented by the November 1998 $206 billion multi-state tobacco settlement. Throughout the country, state coalitions this year are seeking nearly $2 billion, or roughly 30% of the first year settlement payments. These funds can not only underwrite an effective tobacco control program in every state, they have already spurred renewed collaboration, organizing, and alliance building as tobacco control advocates join together to fight against their diversion to politicians’ competing pet causes.

In Washington, D.C., there may be a convergence of forces promoting the adoption by Congress of broad, strong FDA authority over tobacco products – although not without struggle and risk. There is also untapped opportunity for riding the continuing momentum towards strong local clean indoor air ordinances and private workplace policies.

In addition, there are:

Opportunities for exploiting the “treasure chest” of tobacco industry documents for media advocacy, renewing public outrage at the tobacco industry’s corrupt practices;

Accelerating litigation opportunities to unearth more damaging industry documents, to force settlements that result in public health advances and to cause financial harm to the industry, precipitating tobacco price increases which discourage use; and
• Opportunities for forming new partnerships and alliances with interest groups seeking a portion of the settlement funds.

Perhaps the most encouraging developments in 1998 occurred not in the United States but internationally. These international opportunities include the ascension of the dynamic Dr. Gro Harlem Brundtland to Director General of the World Health Organization (WHO). She has already set tobacco control as a top priority and recruited an exemplary tobacco control team. WHO’s priority initiative – the adoption of a worldwide International Framework Convention for Tobacco Control that includes an international model for national tobacco control laws – can give impetus to U.S. domestic legislative efforts, as well as those in lesser developed countries.

NEXT STEPS
This analysis points the way to both short-term and long-term public policy initiatives and movement-building needs. Short-term common ground policy initiatives: As of January, 1999, and at least through the current legislative sessions, several priority campaigns command broad consensus:

• State-by-state campaigns to secure the appropriation of settlement-generated funding for comprehensive, politically unshackled tobacco control programs;
• Pursuit of federal legislation securing unfettered FDA authority to regulate the marketing and manufacture of tobacco products – and steadfast resistance to any “Trojan Horse” federal legislation which masks a weakening of FDA authority or unjustified concessions to the tobacco industry;
• Reinvigorated local clean indoor air initiatives, supported and sustained by the national organizations – and efforts to roll back preemption of strong local ordinances in those states where state preemption laws still prevail;
• Advocacy for greater and better-targeted investment in tobacco use prevention and control research by NCI, CDC, and the soon to be established national foundation, funded by the multi-state settlement; and
• Advocacy for the funding of cessation/treatment programs.

Short-term funding and technical support needs:
• Comprehensive technical assistance and unrestricted funding to support state-wide campaigns, especially to hire lobbyists specializing in state appropriations processes;
• National strategic media advocacy campaigns designed to rekindle and sustain appropriate outrage at tobacco industry corrupt practices; and
• State media advocacy campaigns, supporting tobacco control funding initiatives, tailored to the political culture and environment of each state.

Long-term movement building initiatives:
This strategic analysis strongly indicates the need for additional long-term movement-building initiatives including:

• Unity-building strategies that encompass long-term strategic planning, priority setting and consensus building through participatory and collaborative decision-making;
• Broadening movement leadership: nurturing and developing leadership capacity;
• Rewarding political supporters and punishing political foes;
• Broadening policy objectives beyond a youth focus;
• Strengthening intra-movement communications;
• Developing the capacity to engage in “watch dog” advocacy as states and the federal government implement new tobacco control programs; and
• The integration of international and national tobacco control advocacy.
Vision of Change
Source: Advocacy Center at ISC. http://www.advocacy.org/

What is our vision of change?
Some advocacy efforts do not begin with a vision. It is possible to create a strategy and engage in advocacy without one. However, creating a vision - whether at the beginning of an effort or mid-course - can be a significant sustaining force for those working for long-term, transformative change.

With a vision, a group can:

• Focus and make strategic decisions when faced with turning points or setbacks
• Identify common ground and build cohesion
• Motivate people who do not yet believe change is possible
• Evaluate alternative solutions
• Identify practices and behaviours that can be enacted in the present
• Imagine a future world that is different for their children and grandchildren
• Call members to action now to build toward changes that may not be realized in their lifetimes
• Bring forth a sense of purpose as a significant sustaining force
• To create a vision for your group, ask yourselves:
  • If the changes we want happen, what would be different? Whose lives would be improved? How?
  • If we created a world based on our values of a just, decent society, what would be different?
  • Will the solutions we want help to create this world? How?
  • What can we do now to begin to create this world on a smaller scale - in our personal relationships, families, communities, organizations, and/or civil society?
  • Imagine that we resolve all the problems we described. Imagine a morning five, ten, twenty, fifty years from now. When people awaken, how do we want the world to be?
Session 3A
Educational Material 3.1

**Move Forward Effectively Towards Strategic Goals**

*Source: Advocacy Center at ISC. http://www.advocacy.org/*

Moving forward with an advocacy strategy is about more than taking next steps – it is about finding the forward motion in everything that happens.

When acting on their strategies, successful advocates adopt a kind of "rolling incrementalism" - an awareness of those aspects of their campaigns, whether results or processes, that signal moving forward towards their overall vision.

Your environmental scan focuses on our capacities and on all the factors in our context that affect those capacities - timing, allies, knowledge, experience. Through rolling incrementalism, advocates go on to:

- **Select strategic goals**: Identify key capacities and set advocacy objectives around them
- **Consolidate gains**: Recognize and celebrate important gains that may take place - even during seeming setbacks - in arenas they might not otherwise have noticed
- **Fine-tune strategic choices for greatest effectiveness**: Recognize when small gains in multiple arenas may together warrant the reassessment of their capacities - and the selection of new strategic targets

Rolling incrementalism requires a balance between short-term and long-term views, always relating the one to the other. One way to get started is to translate our long-term vision into short-term objectives. Some tools for keeping a wider perspective when setting advocacy objectives include:

1. Strategy Planning Objectives point out multiple dimensions for advocacy objectives, which can also mean multiple arenas in which to identify later progress
2. Anticipated Advocacy Outcomes also illustrate multiple levels on which a campaign can focus its possible gains
3. A tool for choosing objectives, which offers a way to prioritize among the possible objectives and make the most strategic choices.
Session 3A
Educational Material 3.2
“Nine Questions”: A Strategy Planning Tool for Advocacy Campaigns
Source: Advocacy Center at ISC. http://www.advocacy.org/

1. What do we want? (GOALS)
Any advocacy effort must begin with a sense of goals. Among these distinctions are important. What are the long-term goals and what are the short-term goals? What are the content goals (e.g. policy change) and what are the process goals (e.g. building community among participants)? These goals need to be defined at the start, in a way that can launch an effort, draw people to it, and sustain it over time.

2. Who can give it to us? (AUDIENCES; KEY PLAYERS; or POWER-HOLDERS)
Who are the people and institutions you need to move? This includes those who have the actual formal authority to deliver the goods (i.e., legislators) and those with the capacity to influence those with formal authority (i.e., the media and key constituencies, both allied and opposed). In both cases, an effective advocacy effort requires a clear sense of who these audiences are and what access or pressure points are available to move them.

3. What do they need to hear? (MESSAGES)
Reaching different audiences requires crafting and framing a set of persuasive messages. Although these messages must always be rooted in the same basic truth, they also need to be tailored to different audiences depending on what they are ready to hear. In most cases, advocacy messages will have two basic components: an appeal to what is right and an appeal to the audience’s self-interest.

4. Who do they need to hear it from? (MESSENGERS)
The same message has a different impact depending on who communicates it. Who are the most credible messengers for different audiences? In some cases, these messengers are “experts” whose credibility is largely technical. In other cases, we need “authentic voices,” those who can speak from personal experience”. What do we need to do to equip these messengers, both in terms of information and to increase their comfort level as advocates?

5. How can we get them to hear it? (DELIVERY)
There are many ways to deliver an advocacy message. Ranging from the genteel (e.g. lobbying) to the in-your-face (e.g. direct action). The most effective vary from situation to situation. The key is to evaluate them and apply appropriately, weaving a winning mix.

6. What do we have? (RESOURCES)
An effective advocacy effort takes careful stock of the advocacy resources that are already there to be built on. This includes past advocacy work that is related, alliances already in place, staff and other people’s capacity, information and political intelligence. In short, you don’t start from scratch, you start from building on what you’ve got.

7. What do we need to develop? (GAPS)
After taking stock of the resources you have, the next step is to identify the advocacy resources you need that aren’t there yet. This means looking at alliances that need to be built, and capacities such as outreach, media, and research, which are crucial to any effort.

8. How do we begin? (FIRST STEPS)
What would be an effective way to begin to move the strategy forward? What are some short term goals or projects that would bring the right people together, symbolize the larger work ahead and create something achievable that lays groundwork for the next step?

IMHPA Training in advocacy skills for mental health promotion and prevention  http://www.imhpa.net
9. How do we tell if it’s working?  (EVALUATION)

As with any journey, the course needs to be checked along the way. Strategy must be evaluated by revisiting each of the questions above (i.e., are we aiming at the right audiences; are we reaching them, etc.) It is important to be able to make mid-course corrections and to discard those elements of a strategy that don’t work in practice.

Note: A common confusion in the development of advocacy strategy is the difference between “strategy” and “tactics.”

Tactics are specific actions – circulating petitions, writing letters, staging a protest – that are the building blocks of advocacy.

Strategy is something larger, an overall map that guides the use of these tools toward clear goals. Strategy is a hard-nosed assessment of where we are, where we want to go, and how we can get there.
Strategy Planning Objectives
Source: Advocacy Center at ISC. http://www.advocacy.org/

Change is multi-dimensional. Small changes occur simultaneously, ultimately building toward long-term, transformative change.

Our objectives for advocacy campaigns, then, need to be multi-dimensional as well. Consider the following questions:

1. **Do we have both short- and long-term objectives?**
   
   Short-term objectives help draw people into the effort and create a belief that change is possible. Break long-term objectives into smaller pieces - specific, short-term objectives that may be achieved in six months to two years. Focus our action plan on these short-term objectives.

   Long-term objectives build on short-term victories, momentum, and excitement by relating them to a larger vision of the future. Use long-term objectives to help us evaluate our progress to date and re-strategize as necessary.

2. **Do we have objectives that both look outward and inward?**
   
   Look outward to people and institutions - such as government and corporations - that have the power and authority to make the desired changes, through law, policy, or behaviour. Also, look outward by focusing on the processes by which changes or decisions are made.

   Look inward to develop a strong grassroots group that can monitor implementation of the policy and hold the government accountable over time. Also, look inward to see the numerous wins that may come even with the loss of a specific battle. Such successes are incredibly valuable, both building toward future efforts and making an immediate impact on the lives of those engaged in the struggle from day to day.

3. **Do we have objectives focused on action at multiple levels?**
   
   When looking outward, focus our objectives on the local, national, and/or international level. When looking inward, focus our objectives on having a positive effect on individuals, organizations, communities, and/or civil society as a whole.

   With this multidimensional understanding of objectives, we can then fine-tune existing objectives or bring forward new ones.
Session 3A
Educational Material 3.4

What objectives - or piece of our vision - will we focus on?
Source: Advocacy Center at ISC. http://www.advocacy.org/

We may be able to see what we want to create, but our vision may seem so big, so complex - how could we possibly do it all? The key is to focus on one piece of our vision - one set of objectives.

As we focus, remember that objectives have multiple dimensions: short-term and long-term, outward and inward, and multi-level.

To choose a set of objectives, think about which piece of our vision is:

- Important enough?
  - To build the support and/or active involvement of those affected by the issue?
  - Of potential allies? (For example, is it a priority issue for them? If not, will they at least support our efforts?)
  - To engage the general public?
  - To build toward our vision?

- Small enough to achieve in the short-term (six months to two years)?

Many steps - and people's sustained involvement - will be needed to reach our long-term objectives. A small, achievable step that leads to visible, concrete results will give our group a sense of progress and momentum while we build confidence, skills, and support.

- An opportunity to build skills and facilitate grassroots empowerment?

Inward objectives are incredibly valuable. By drawing people in and creating opportunities for people to "learn by doing," an advocacy effort can build its long-term capacity, and strengthen and sustain itself in the long run. By investing in "hands-on training" for those directly affected by the issue, advocacy efforts can also begin to shift the power of who can be an "advocate" and who can participate in public argument and problem solving.

Inward objectives also link to outward objectives. By drawing people into the effort, especially those affected by the problem, an advocacy effort broadens its grassroots base and increases its credibility and legitimacy - both to the affected groups and to the key decision makers.

To choose one piece of our vision as a focal issue for our campaign, an issue checklist can be used.

As we move on to gathering more information about our specific context and forming our action plan, strategy planning tools can be used.
Session 3B
Educational Material 3.5

Who Are We?

Source: Advocacy Center at ISC. http://www.advocacy.org/

Our group's identity will guide the objectives we ultimately choose. Who we are and how we think affects what we care about and how we relate to others. What we learn from self-analysis can then be used in improving our participation and in changing the wider power relations affecting our advocacy.

We may return to these kinds of questions throughout your strategy development. Consider:

- Who are we? What perspectives and identities do we bring to our work?
- Do we represent someone besides ourselves? If so, what is our accountability to these people?
- What are our sources of power?
- What are our sources of legitimacy and credibility? From the perspective of those we represent? From the decision makers' perspective?
- What risks do we face? What are we afraid of? What might happen if we take action?
- What are our values? Why are we engaged in advocacy? How do we want to work together as a group?
### Identify an Organization’s Life Cycle stage and the Next Steps for Advocates


<table>
<thead>
<tr>
<th>Stage</th>
<th>Characteristics</th>
<th>Actions to Take</th>
</tr>
</thead>
</table>
| Birth  | • An organization is created and establishes its presence.  
        • Help develop the leadership skills of others within the organization  
        • Develop preliminary systems for the organization | |
| Childhood | • An organization begins to learn new skills and to build a solid, supportive organizational infrastructure.  
          • Invite and accept nurture of organizational potential by more experienced leaders, organizations, and funders | |
| Adolescence | • An organization expands the scope of its actions, learning as it goes.  
        • Experiment  
        • Take on more difficult challenges  
        • Take responsibility for action or inaction  
        • Learn from and be mentored by those with more experience | |
| Adulthood | • An organization assumes a greater level of responsibility.  
           • Take the lead on an issue even without significant credit  
           • Take appropriate risks even if defeat is possible  
           • Nurture and mentor organizations in their childhood and adolescence | |
| Maturity | • An organization uses its legacy to strengthen the movement overall.  
           • Turn over responsibility to others  
           • Share wisdom and experiences  
           • Set an example for personal and organizational renewal | |
| Renewal | • An organization resists the urge to stay comfortable.  
          • Develop a new strategic focus or new organizational leadership | |
Session 3B
Educational Material 3.7

**Organizational Capacity Checklist**
Source: Advocacy Center at ISC. http://www.advocacy.org/

Use the following questions to identify your organization’s current strengths and – by matching these to the issue’s current stage – determine which roles your group can best play and which skills and capacities your organization needs to develop.

**Leadership**
- Is the organization run by a single, charismatic founder? Or is second and third generation leadership being developed?
- Are staff members encouraged to take on greater levels of responsibility?

**Organizational Infrastructure**
- Does the organization have the people resources – staff and/or volunteers – to do the work?
- Does the organization have a sound financial base?

**Skills and Capacities**
- What are the organization’s strengths?
- What areas could be developed?

**Relationships**
- Does the organization have a constituency base?
- Does the organization work with other organizations, or compete against them for resources and recognition?
- Does the organization have productive relationships with other civil society organizations (CSOs), decision makers, the media, and funders?

**Experience and Confidence**
- Is the organization willing to try new things and learn from its mistakes?
Social justice advocates often struggle with questions of effectiveness: "How do we plan better; how do we more powerfully deliver our message?" In seeking to be more effective, the answer may lie not in "how," but in "who."

Before focusing on strategy planning or message development and delivery, it is sometimes necessary to take a step back and look first at the team that is leading and carrying out the campaign. Are some key players missing?

The right combination of leadership roles can result in an organization or coalition that responds faster, more flexibly, more strategically to its challenges, increasing its chances of success. Leadership roles include:

- **Visionaries** raise the view of the possible
- **Strategists** chart the vision and achieve what's attainable
- **Statespersons** elevate the cause in the minds of both the public and decision-makers
- **Experts** wield knowledge to back up the movement's positions
- **Outside Sparkplugs** goad and energize, fiercely holding those in power to account
- **Inside Advocates** understand how to turn power structures and established rules and procedures to advantage
- **Strategic Communicators** deploy the rhetoric to intensify and direct public passion toward the movement's objectives
- **Movement Builders** generate optimism and good will, infecting others with dedication to the common good
- **Generalists** anchor a movement, grounded in years of experience
- **Historians** uphold a movement's memory, collecting and conveying its stories
- **Cultural Activists** pair movements with powerful cultural forces

Though some individuals may fill several roles, no one person can fill them all. It might be important to identify which roles are missing in order to be strategic in bringing in new leaders or developing existing ones. The happy confluence of each of these leadership roles is the hallmark of a successful movement.

**Visionaries.** Movements take flight through visionaries. Visionaries lift the horizons of others, setting goals that have never before been imagined or seen as realistic. Visionaries challenge the conventional view of the possible, aim high, take risks, and rethink priorities.

**Strategists.** Strategists sort out that part of the vision that is realistically attainable, and develop a road map to get there. Strategists anticipate obstacles, including those laid by unruly coalition members, and provide guidance to insure that the movement remains headed in the right direction.

**Statespersons.** Statespersons carry the movement flag. They are the “larger than life” public figures that embody authority and trust. Statespersons radiate credibility for the movement far beyond its core supporters.

**Experts.** Experts ensure that all new discoveries and public policy positions are well reasoned and grounded in facts. They possess special skills and knowledge that lend credibility to and back up the positions.
Outside Sparkplugs. Sparkplugs are agitators: unabashed tellers of truth to power. They operate outside of conventional, political (or other) establishments, free of the ties that bind “inside” players, and capable of holding governments and other established organizations up to their own rhetoric of mission and commitment. Sparkplugs can kick-start a movement, coalition, or organization, and keep energy flowing through it. A community may be concerned, even outraged, but it may not be moved to action without a fiery pusher. Sparkplugs are often irritating and difficult, but they churn up our collective conscience and annoy us into action.

Inside Advocates. Inside Advocates are wise in the ways of the political process, they are skilled negotiators, and positioned to influence key policy makers. Inside Advocates occupy seats of power or establish an open door to them, understand the approaches and arguments that resonate with policy makers, and press them in ways that are not easily dismissed.

Strategic Communicators. Strategic Communicators are public teachers, masters of the “sound bite” as the concentrated encapsulation of potent messages. They translate complex scientific data, complex public policy, and basic concepts of truth and justice into accurate, powerful metaphorical messages, the significance of which can be instantly grasped by the broad public.

Movement Builders. The quiet heroes of any successful movement, Movement Builders reach out to draw in new allies; they recruit new activists and make them feel welcome, valued, and heeded. They do the same for longtime movement members as well. They know that a movement is weakest when it shuns diversity and seeks only a narrow, homogeneous base. Builders bridge generations, link local with national, even international advocacy, create space for the knowledge gained through experience to be passed on, and initiate new approaches to participation so diverse voices are heard and their demands heeded. Builders also heal. They circumvent organizational turf hurdles, they convene and facilitate, seek to explore differences through civil discourse and debate, and heal division.

Generalists. Generalists bring multi-layered skills to the effort, often cultivated through many years of experience. They see a movement’s activities from many sides, and can turn their hand to many tasks. Generalists model and live out the ideals of a movement, integrating them into their day-to-day perspective.

Historians. Historians are keepers of the movement’s memory, bringing to bear the learning of past experience. They recount the history of relationships with partners and key players, as well as the history and evolution of the issue itself over time. They ensure that activists benefit from the hard-won lessons of those who came before them. Historians provide activists with a sense of their legacy, an honor of and obligation to the past, which renews the call for continued action in the present, and the hope of leaving a new generation of lessons and accomplishments for the future. They are the teachers, torchbearers, and conscience for a movement.

Cultural Activists. Cultural Activists use cultural preservation, history, and activism to sustain movements. They are public opinion leaders, trusted insider figures whom members of a cultural community tend to believe and follow. They build bridges between the movement’s actions and powerful cultural meaning, interpreting back and forth between them in a way that strengthens both.
## Advocacy Leadership Team Assessment Form


<table>
<thead>
<tr>
<th>Leadership Type</th>
<th>Who do you know of? (incl. yourself)</th>
<th>Where are the leadership gaps in your effort?</th>
<th>What are the action steps you can take to develop or recruit more diverse leadership?</th>
</tr>
</thead>
</table>
| **Visionaries** | - Lift the horizons of others, setting goals that have never before been imagined or seen as realistic  
- Challenge the conventional view of the possible  
- Aim high, take risks, and rethink priorities | | |
| **Strategists** | - Sort out that part of the vision that is realistically attainable and develop a road map to get there  
- Anticipate obstacles  
- Provide guidance to insure that the movement remains headed in the right direction  
- Choose tactics strategically, plan for contingencies, and seize new opportunities | | |
| **Statespersons** | - Carry the movement flag  
- Act as “larger than life” public figures that embody authority and trust  
- Radiate credibility for the movement far beyond its core supporters | | |
| **Experts** | - Ensure that all new discoveries and public policy positions are well reasoned and grounded in facts  
- Have special skills and knowledge that lend credibility to and back up the positions | | |
### Outside Sparkplugs
- Agitate and unabashedly tell the truth to power
- Operate outside of conventional establishments, free of the ties that bind “inside” players
- Hold governments and established organizations up to their own rhetoric of mission and commitment
- Kick-start a movement and keep energy flowing through it
- Though often irritating and difficult, churn up collective conscience and annoy into action

### Inside Advocates
- Act as skilled negotiators, wise in the ways of the political process and positioned to influence key policy makers
- Occupy seats of power or establish an open door to them
- Intuit the approaches and arguments that resonate with policy makers, and press them in ways that are not easily dismissed

### Strategic Communicators
- Serve as public teachers, masters of the “sound bite”
- Translate complex scientific data, public policy, and ideas of truth and justice into accurate, powerful metaphorical messages for the broad public

### Movement Builders
- Reach out to draw in new allies
- Make both new activists and longtime movement members feel welcome and valued
- Bridge generations
- Link local with national and international advocacy
- Create space for the knowledge gained through experience to be passed on

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http://www.imhpa.net
### Educational Materials: Session 3

- Initiate new approaches to participation so diverse voices are heard and their demands heeded
- Circumvent organizational turf hurdles, convene and facilitate, and seek to explore differences through civil discourse and debate

<table>
<thead>
<tr>
<th>Generalists</th>
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<td>Bring multi-layered skills to the effort, cultivated through years of experience</td>
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<td>See a movement’s activities from many sides and can turn their hand to many tasks</td>
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<td>Model the ideals of a movement, integrating them into their day-to-day perspective</td>
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<th>Historians</th>
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<td>Ensure that activists benefit from the lessons of those who came before them</td>
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<td>Recount the history of relationships with partners and key players, as well as the history and evolution of the issue itself over time</td>
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<td>Provide activists with a sense of their legacy: honor of and obligation to the past, renewing the call to act in the present and to leave new lessons for the future</td>
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<th>Cultural Activists</th>
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<td>Use cultural preservation, history, and activism to sustain movements.</td>
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<td>Serve as public opinion leaders whom members of a cultural community follow</td>
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<td>Build bridges between the movement’s actions and powerful cultural meanings</td>
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Empower the Coalition

Making partnerships and collaborations that work

Source: Advocacy Center at ISC. http://www.advocacy.org/

Movements don't just happen; the energy that underlies them must be marshalled, channelled, and focused. The principal means by which this is achieved is through advocacy networks and coalitions.

Coalitions exist for joint action. To reach a specific goal, members invest significant resources, share decision making power, and coordinate their strategies, messages, and action plans. In addition to a common interest, coalition members must share a high level of trust. Skilled leadership is needed to guide members through their differences so the coalition can function.

Coalitions bring powerful benefits:

- **Strength in numbers.** Working together can create pressure on decision makers and legitimacy for the issue, and can increase the ability of individuals to take calculated risks with the group.

- **Strength in diversity.** A coalition is often stronger when it draws together coalition members who are not usually seen as partners. A wide variety of perspectives and constituents creates a broader, holistic picture of the issue; enhances problem solving; strengthens outreach and impact; and increases credibility.

- **Shared workload and resources.** A diversity of talents, work styles, and resources is needed to carry out a multi-faceted action plan, to reduce the burden on any one organization, and to address tough problems.

- **Cohesion and solidarity.** Shared values, goals, and experiences help advocates overcome isolation, build confidence, and renew faith that change is possible.

- **Creating a micro-model of a just, decent society.** Coalitions provide the opportunity to practice on a smaller level the skills and attitudes needed for a strong democracy.

There are steps advocates can take when first forming a coalition that can contribute to its later strength and flexibility, in helping to make a coalition work.

Making the Most of Coalitions

Our job is to work with the people that invite us in to identify additional stakeholders in the community and strategies for stoking their interest.

Once those stakeholders and strategies for outreach and education have been identified, the next step is to identify mechanisms to build trust and strategies. The most effective way to build trust is developing conscious coalition-building model structures and decision-making processes that are clear, transparent, and democratic. Developing clear processes as well as platforms or principles of unity that are both ways of holding all of us accountable as well as clearly stating what our purpose is - that is the most effective way of building trust.

Enduring involvement rises out of both of these clear processes, platforms, and campaigns with measurable outcomes that reflect both short-term and long-term goals. Otherwise if a campaign of structure, a coalition, is open-ended without any clear goals, enduring involvement can become alienating and ineffective.

There are four important components of a workable coalition:

- Clear coalition structures
- Open communication
- A unified platform
- Campaigns with measurable long-term and short-term outcomes

IMHPA Training on advocacy skills for mental health promotion and prevention
http://www.imhpa.net
Both new and established coalitions can benefit from exploring and applying these principles. Through practice, time, and flexibility, a coalition's leadership and members will develop the comfort and confidence needed to minimize conflicts and work together effectively and help make a coalition work.

Improving Your Coalitions - Building a Unified Platform

A coalition's success relies on whether members trust and can rely on each other. Basic coalition structures and accountability processes lay the groundwork. Trust and confidence also come with time, working together on concrete projects, and informal interaction.

Just thinking about the following questions can help leaders to identify potential sources of misunderstanding or frustration among members, and to find ways to address them in the full group.

In addition, sometimes revisiting questions like these - considering the group's commonalities and complementarities - can bring a new view to who its members are in relation to one another.

If you are just starting your coalition, you might use these as discussion questions to open the group's first meeting.

- Who are we? Who do we each represent?
- Why are we each here? Why do we care about the issue? Why do we need or want to join the coalition? What are our agendas?
- What do we each bring? What is our perspective - individual and organizational? What are our resources? What can we do? What are our strengths?
- What are our limits? Do any of us have resources that we cannot contribute to the coalition? Can we each make decisions on behalf of our organizations? Are there issues about which any of us are sensitive? For example, could a particular stand on an issue weaken our credibility with our constituents or threaten our sources of funding? How can we accommodate these sensitivities?
Evaluating our Coalitions
Source: Advocacy Center at ISC. http://www.advocacy.org/

The benefits of coalitions are clear. Yet many advocates are wary of entering them because they demand high levels of coordination and interdependence among members.

Looking clearly at some of the possible pitfalls of coalitions can lead to an informed and powerful choice about membership, one way or the other:

- Differences among members could paralyze the coalition, preventing it from making progress toward its goal and discouraging members from working in future coalitions.
- Working in a coalition may take time and energy away from working closely with constituents and members.
- The investment of resources could outweigh the benefits received, especially if other members don't do their share of the work.
- Shared decision-making power could mean members surrender control over the agenda, tactics, resource allocation, and other strategic decisions.
- An organization's identity could be masked by the coalition identity, making it difficult to act autonomously.
- The coalition may become too large or "bureaucratic" to function.
- Rather than cooperating with each other, members may end up competing with coalition partners for resources, funding, and public recognition.

When evaluating present or future coalition work, the honest answers to some tough questions can help clarify a decision or even get a coalition back on track. Advocates can also find other ways to collaborate outside of coalitions.
If we are wary of working in a coalition and don’t have a compelling reason to do so, then it probably isn’t worth the investment of time, energy, and other resources at this time. However, we do have alternatives:

- Continue building and maintaining new relationships, on both the individual and organizational level.
- Continue sharing information through networks.
- If no one else is ready to work on the issue, get started anyway and keep others informed about what we work.
- Collaborate with each other in less intense ways. For example, work together on a single event or short-term campaign. Or develop parallel organizations that work separately toward the same goals. This may be an effective way to bridge large differences between organizations, such as the power differential between smaller and larger organizations, or organizations from the global South and global North.

Such alternatives can help organizations develop trusting and respectful relationships, and the potential for future action together.
Choose the Right Kind of Diversity for Your Coalition

Source: Advocacy Center at ISC. http://www.advocacy.org/

Diversity in a coalition is an investment, and there need to be clear, strategic reasons for that investment. When strategizing about broadening your coalition's membership, before asking "who," ask "why." In fact, there are many dimensions of diversity to consider beyond race, class, or ethnicity, and the types of diversity your coalition needs will ultimately be determined by the whole of your strategy - especially the key audiences you identify.

Think about:

- For each key audience - especially the decision makers - what or who influences them? Who needs to be involved to give your coalition credibility and legitimacy?
- Whose expertise or information is needed to create an effective strategy?
- Who has the resources needed to carry out an action plan?

Remembering our strategy can help us build the right kind of diversity into our coalition, and can even help us remain united during the inevitable moments of conflict that arise. We can return to our common stake together by seeing each member as someone who brings a critical contribution to the team.
The types of diversity needed for your coalition will be determined by your strategy. Consider whether diversity in any of the following categories would strengthen your coalition, in terms of the work or resources your strategy requires.

**Diversity by Issue Sector**
Those immediately connected to the issue or serving the same constituents ↔ Those focused on broader issues

**Diversity by Civil Society Sector**
Groups affected by the issue or historically marginalized ↔ Groups sympathetic to the issue
Organizations: NGOs, community-based organizations (CBOs), people’s organizations (POs), trade unions, professional groups, academics, students, churches, clubs ↔ Individuals who work in the business or government sectors but who engage in public roles that are separate from their work affiliation

**Diversity by Geographic Region and Scope**
Village, town, and state ↔ National, regional (global South or North), and international

**Diversity by Organization Size**
Small organizations working on a limited scale ↔ Larger organizations

**Diversity by Personal Background, including:**
Race
Ethnicity
Class
Caste
Gender
Religion
Ability / Disability
Profession
Residence (Rural or Urban)
Education
Age
Life Experiences

**Diversity by Organizational Resources, including:**
Legitimacy and credibility in the eyes of key decision makers and your constituents alike.
People power: Talented coalition members; grassroots base and other volunteers; paid staff dedicated exclusively to the coalition’s work.
Knowledge: Experience and perspective on the issue; information and data.
Expertise: Community organizing and mobilizing; lobbying; communications (developing messages, working with the media, graphic design); research and analysis; facilitation.
Relationships: Grassroots base and constituency; decision makers; journalists; donors.
Money.
Facilities: Meeting space; office space, computer, copier, phone, fax, e-mail, etc.
Improving Our Coalitions - Basic Structures

Source: Advocacy Center at ISC. http://www.advocacy.org/

Basic coalition structures help a coalition function and manage tensions or differences. The key is to keep it simple, creating structure, processes, and rules only when needed. If your coalition is experiencing procedural problems, has enough attention and time gone into creating these structures? Are problems arising because the existing structures do not serve all members equally? Is anything missing? Does anything need to be revisited? Do structural complaints mask other, deeper complaints?

**Basic coalition structures:**

- **Membership:** Who can join the coalition? What criteria must be met?
- **Participation:** How are members expected to participate? What is the minimum level of participation? Who represents organizational members, attends meetings, and participates in discussions? Do they need to have decision making authority within their home organization? How are resource needs shared by members? Do larger organizations contribute more? Can smaller organizations contribute resources other than money? How do members participate in decision making? How are roles defined and assignments made? What are the consequences if assignments aren't completed?
- **Leaders:** How are the leaders chosen? How are they held accountable to the members?
- **Making decisions:** How are decisions for the coalition made? Basic, simple processes are needed to identify which decisions need group discussion, to create space for discussion, and to mediate conflicts over decisions. Are decisions made by leadership after group discussion, or by the full group? By consensus or voting? If voting, do larger organizations have more votes? Or does each organization get one vote, allowing smaller groups to have an equal voice? If a member doesn't have decision making authority within their home organization, can more time be given before voting? Are there different processes for strategic decisions, day-to-day decisions, emergency decisions?
- **Coalition identity and members' autonomy:** When do members act as a group? Through what process is this decided? How long does that process take? Is there a shorter process during emergencies? When and how can members act alone? What are the consequences for violating agreements?
- **Communication:** Are notes taken at each meeting? Are they distributed to members? How? What information needs to be shared between meetings? How is it shared? Through phone? Fax? E-mail? Mail? A web page? Some combination? How do members stay in touch when there is an emergency? What language(s) should be used? What impact does this have on time needed during meetings? On resources for interpreters, translating materials, and so on?
- **Logistics:** How often does the coalition meet? How often to subgroups or task forces meet? Where does the coalition meet? Is the location rotated or fixed? Who facilitates each meeting? Is facilitation shared and/or rotated? How is the meeting agenda created? At the beginning of the meeting? Through consultation with members before the meeting? Who prioritizes the agenda items?
Whether joining a prospective coalition or evaluating a current one, it may be useful to step back and ask some tough questions about whether it is worthwhile to participate. These questions may clarify a decision to hold back, or may equally uncover important reasons to make the commitment. More, the questions may reveal elements in the coalition that are missing, or steps to take.

How might we or our partners in the coalition answer these questions? What may be necessary to make the coalition a proposition that everyone can say "yes" to?

- Is the issue a priority for our organization? Will joining a coalition help further our organization's agenda?
- Do we have the organizational capacity to commit resources to the coalition? Or will joining a coalition drain our organization's leadership or other resources?
- How will joining a coalition affect our relationship with our constituents and members? How do we stay accountable to them?
- Can we achieve our goal if we don't work with others? Do we have the resources and support we need? If we don't join a coalition, is there another way to achieve our goals?
- Who else will be involved? Do we have - or want to have - a relationship with any of the potential coalition members? Do we share similar ideologies and values? If not, are we willing and able to work through our differences so the coalition can function? Do other members demonstrate the same commitment to "agree to disagree"?
- What trade offs will we be making if we join the coalition? If we don't join?
A coalition's success relies on whether members trust and can rely on each other. Basic coalition structures and accountability processes lay the groundwork. Trust and confidence also come with time, working together on concrete projects, and informal interaction.

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Educational Materials Session 4

Session 4B
Educational Material 4.9

Speak to Inspire
Designing Effective Outreach Strategies

Source: Advocacy Center at ISC. http://www.advocacy.org/

Social justice advocacy goals almost always require the support of some segment of the public in order to move forward. Therefore, significant attention needs to be paid to planning the appropriate outreach and communications effort.

Just as the Nine Questions can assist in planning the overall campaign strategy, they can be used to guide your specific outreach efforts. Namely:

1. **What do we want? (Goals)**
   What is it you want your audience to do once they've heard your message?

2. **Who can give it to us? (Target Audiences)**
   Which segment of the public is in the best position to hear and act effectively upon our message? (NOTE: The “general public” is not a target audience.)

3. **What do they need to hear? (Messages)**
   What is the best language, use of words, that will impact them powerfully and move them to action?

4. **Who do they need to hear it from? (Messengers)**
   Who is this particular target audience most likely to listen to?

5. **How do we get them to hear it? (Delivery)**
   What is the best medium to reach them (e.g., print, radio, television, email)?

6. **What have we got? (Resources; strengths)**
   What resources do we already have at our disposal—good messages, graphic artists, web specialists, motivating speakers— that can help us achieve our communications objectives?

7. **What do we need to develop? (Challenges; gaps)**
   Who do we need to bring in? What skills do we need that we don't have? What organizational culture issues might hamper our efforts?

8. **How do we begin? (First steps)**
   What are some things we can do right away to get the effort moving forward? Then what will we do after that?

9. **How will we know it’s working, or not working? (Evaluation)**
   What mechanisms will we put into place to measure the impact of our message and our approach?

On the next page are a number of tips for using the media to advance your issue.
1. Basic Principles of Media Advocacy
   - Be Flexible, Spontaneous, and Creative
   - Seize the Initiative/ Don't be Intimidated
   - Stay Focused on the Issues
   - Make it Local/Keep it Relevant
   - Know the Medium
   - "Narrowcast," or Target Your Media Messages
   - Make Sure Your Media Know and Trust You
   - Your Best Spokesperson May Be Someone Else
   - Wit and Humor Have Many Uses and Virtues

2. Strategies for Gaining Access to the Media
   - Soft Path and Hard Path
   - Creative Epidemiology
   - Relative Harms of Smoking
   - Localizing Statistics
   - Public Policy Implications
   - Timely Reaction to the General News Environment
   - Turning the Tables of the Industry
   - Distortions of Science
   - Marketing, Advertising, and Promotional Excesses and Abuses
   - The Misuse of Philanthropy
   - Political Excesses
   - Public Policy Initiatives are Newsworthy
   - Promoting Public Policy Role Models
   - Creating News with Created Events
   - Public Service Announcements
   - Paid Advocacy Advertising

3. Strategies for Framing and Seizing the Symbols of the Debate
   - Labeling "We" and "They"
   - Associating Public Policy Objectives with Popular and Legitimate Values and Symbols
   - Not Proven
   - Freedom of Speech
   - Freedom of Choice
   - Public Civility
   - Maturity, Sophistication, Liberation
   - Liberation
   - Everybody Knows
   - Economic Benefits
   - Regulations Don't Work
Messages in Advocacy Campaigns
Source: Advocacy Center at ISC. http://www.advocacy.org/

"Your message is your organizing theme. And no media advocacy campaign can succeed without a powerful, coherent organizing theme, a theme that is at the same time logically persuasive, morally authoritative, and capable of evoking passion. A campaign message must speak at one and the same time to the brain and to the heart."

A well-formulated message can be the basis for a successful advocacy campaign. Messages bring clarity and focus to specific issues and campaigns and allow advocacy practitioners to frame public debate on their terms.

Advocacy practitioners use their messages to raise attention around social justice issues and ensure that public discourse is focused and well-informed. A thoughtful and succinct message also enables an organization and its constituents to speak with a unified voice about specific social justice issues and campaigns.

What is a message?
A message is a brief, straightforward statement based on an analysis of what will persuade a particular audience.

A good message is:
- Simple
- To the point
- Easy to remember
- Repeated frequently

People need to hear a message again and again to retain it. Simple repetition also builds comfort and familiarity with ideas and issues over time, making the repetition of a well-formed message an important tool in persuading a target audience. Using the same message repeatedly promotes retention more effectively than using multiple messages.

Here are some examples of messages that successfully took root in the Tobacco Control movement:
- Passive smoking is a serious health hazard.
- Smoking kills more people than heroin, cocaine, alcohol, AIDS, fires, homicide, suicide, and automobile accidents combined.
- Women are just as much at risk as men are for diseases caused by tobacco. Women who smoke like men, die like men
Session 4B
Educational Material 4.11

Basic Principles of Message Development
Source: Advocacy Center at ISC. http://www.advocacy.org/

1. Keep it simple
   - Easy to grasp
   - Jargon free
   - Short and uncluttered
   - Define key terms that may sound like jargon, ex: sustainable development

2. Put your frame around the issue
   - Shift audience attention to your perspective by highlighting specific aspects of an issue, such as who is responsible for the cause and who offers possible solutions
   - Employ metaphors and visual images

3. Know your audience
   - Knowledge (is there a startling fact that might cause the audience to rethink their position or move to action)
   - Values and beliefs (what values are most important to your audience)
   - Feelings (trigger compassion, outrage, or disgust)
   - Needs and priorities (what does your audience care deeply about or fear)

4. Invite the audience to “fill in the blank” and reach your conclusion on their own
   - Hold back from including every detail, and implicitly invite the audience to use their own thought processes and thus to take ownership of the message

5. Present a solution
   - People are more responsive if solutions are the focus versus focusing on the problem’s cause
Core Messages and Tailored Messages
Source: Advocacy Center at ISC. http://www.advocacy.org/

Advocates often develop a media campaign around a core message, which typically includes:

- Their analysis of a problem
- The problem’s cause
- Whom they hold responsible for solving the problem
- The proposed solution (if they have one)
- The action they ask others to take in support of the solution

Some messages may appeal more strongly to specific audiences than others. A message developed with a specific audience in mind is called a tailored message. Tailored messages can be developed for voters in specific districts, for politicians, or for other constituent demographics.

Examples of core messages and tailored messages
The Tobacco Control movement provides some good examples of core messages and the tailored messages that were developed from them:

Core message
Most smokers become addicted to tobacco when they are too young to make “informed choices” that will affect their health and life.

Tailored messages
For a conservative or religious audience: We should have the moral strength to preserve a heritage of smoke-free air for our children.

For an audience of middle-aged voters (parents!) or a teachers' association: Advertising restrictions and bans have proven effective in keeping fewer young people from starting to smoke.

Core message
Reducing smoking-related illness makes health care more affordable for everyone.

Tailored message
For an audience of doctors: Passive smoking is an expensive public health hazard that requires responsive public health laws and regulations.

For an audience of policy makers: Smoking bans in public places achieve clear health benefits at reasonable or low costs and are politically popular.

Core message
The health of all workers is equally important. All workers deserve a safe, healthy, smoke-free work environment. Clean indoor air is a basic right to which all workers should be entitled.

Tailored messages
For an audience of union members: No worker should have to breathe something that causes cancer to hold a job, or give up a job just to prevent getting sick. Clean indoor air is a basic right to which all workers should be entitled.

For an audience of business leaders or fiscal conservatives: Less time lost by workers who get sick from tobacco smoke and cannot work brings economic benefits to employers.
Creating Tailored Messages
Source: Advocacy Center at ISC. http://www.advocacy.org/

What is a core message of your campaign?
To which specific audience would you like to express this message?

To tailor a message to a specific audience, consider:

1. What will be most persuasive for that audience?
2. What information does your chosen audience need to hear?
3. What actions do you want your audience to take?

How will the needs of this audience affect your message in terms of its:

1. Content?

2. Form (words, images, etc.)?

3. Length?

4. Medium (mass media, one-on-one meetings, demonstrations, street theater, letters to the editor, speaking engagements, etc.)?

5. Messenger or spokesperson?
A message’s content becomes exponentially more powerful when set in the right context. Every message is positioned inside an interpretive frame, a background set of signals made up of language, metaphors, visuals, and messengers, that tell an audience how to interpret what they hear.

Frames trigger meaning. They tap into the listener’s belief system and create instant filters. The moral and cultural models that are sparked by the frame cause the hearer to disregard certain details and focus on others.

Ultimately, a frame triggers a deep, unconscious connection with a moral belief or cultural identity. The listener moves toward that deeper connection.

Advocates can make strategic use of frames to bring new power to their campaigns. Where the current frames for issues are less desirable for their campaigns, they can craft messages to bridge to more advantageous ones.
Session 5A
Educational Material 5.1

Using The Media To Advance Your Issue

Source: Advocacy Center at ISC. http://www.advocacy.org/

Learning about the media

Simply by calling local media outlets or checking at the library, gather information about the operating policies, audiences, deadlines, and key personnel of local media that might be interested in covering your story. As you put together an overall picture of the media in your community, begin to read, watch, and listen. Note who is writing or reporting about your issue and where. See which media outlets -- newspaper, radio, television -- spend the most time on legislative issues. Identify the particular journalists who cover issues related to your issue and become familiar with their style. This background will prove helpful in your efforts to contact the media.

Gaining access to the media

Media outlets daily receive a deluge of story proposals and information from special interest groups pushing a wide range of important issues. Therefore, if you want the media to do a story on your issue, the information you present must be significant, interesting and new; it must stand out and be “newsworthy.” You need to be searching continuously for new pegs, angles and hooks for your issue.

Here are some guidelines to increase the chances for media coverage of your issue:

1. **Make sure the information is timely.** Initiate stories when your issue is timely; relate your issue to a local event or news story in your community.

2. **Localize the issue.** Stories about broad national issues or distant locales may be important but, from a community newspaper’s standpoint, they are less likely to increase circulation and viewership. Try to use local examples and statistics when presenting the issue, instead of -- or in addition to -- broad national statistics. Explain how your issue would affect your hometown or community as well.

3. **Accent the human interest angle.** Explaining how your issue affects real people. Use personal stories to get the message across.

4. **Demonstrate support** for your issue by quoting or having someone of prominence in your community or state as a spokesperson.

5. **Always make sure that your sources are credible** and your information is correct and consistent with the facts.

Framing your issue

Framing, or shaping the image of the issue to your advantage in the media, is crucial if your efforts to promote legislation are to be successful. Labels and symbols, the building blocks of framing, can shape public attitudes about administrative license revocation. Many labels and symbols capture and reflect widely shared public values. Positive concepts such as health, freedom, legitimacy, and common sense, and negative ones such as extremism, paternalism, and illegitimacy all have meaning to the public and the media.

The way an issue is framed may determine who joins your effort. If you choose the right symbols and associate sound public health and safety objectives with them, you can solidify support and even win new converts to the cause. Frame your position positively; negativity and defensiveness make your message less appealing and identifiable. Present yourself and the issue as pro-safety, pro-health, and pro-freedom from public hazards and death. Speak on behalf of the “public,” “citizens,” and “community,” not “supporters of specific action or legislation.” Come across as representing the community, not a special interest group. Do what you can to frame opponents in a negative context.

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http://www.imhpa.net
Organizing materials on your issue

It is useful to collect a kit of materials that can easily be sent to reporters to inform them about your issue. Materials supplied by state or national advocacy organizations can be helpful. Naturally, these should be supplemented with local facts and data where possible.

The media kit should supply basic information, emphasizing the positive without being deceptive. A cover letter, perhaps containing a “pitch” for a particular story angle, is a helpful addition to the packet. The kit contents may include:

- Background information and position papers.
- Fact sheets and Q & A brochures.
- Quotes or endorsements on your issues by prominent legislators and authorities.
- Biographies of issue spokespeople and organizational contacts.
- A news release.

Enclose a sample of these materials within a folder with the organizational name on the front.

Pitching a story

You don’t have to wait for reporters to come to you. If you have a new take on your issue or can piggyback on a recent event, it is worthwhile to call (or write) a columnist or reporter (or talk show host) and pitch your idea. Get to know who would be likely to do a story covering these issues. Explain concisely why your issue would make a good story or column right now -- why it is interesting, important, and timely. Introduce yourself, or your experts. This is a selling piece, so spare most of the modesty!

If you call, be particularly sensitive about time. Media people, especially on deadline, don’t have much of it. It’s a good idea to start out a three or four sentence pitch by asking whether the call comes at a convenient time, or whether another time is better. Get right to the point. Don’t argue if there’s no interest in the story; go on to pitch someone else. Leap on expressions of interest with offers of more information, then and later. Don’t linger unless you feel a strong invitation to do so. Follow up immediately on anything you’ve promised.

News releases

News releases are short, clearly written accounts of an event, accomplishment, or report. Ideally, the 5 “W’s” and an “H” -- who, what, when, where, why, and how -- should be covered in the first two paragraphs.

A news release is typically built like an inverted pyramid: the important (or “thickest”) part of the story up front, acting as a foundation for the rest. Releases are structured this way so editors can cut stories from the bottom, without missing critical points; likewise, the releasing organization has some control over its information. Also, it makes it a whole lot easier on editors, who can tell at a glance whether they’re interested or not.

Basic pointers

- Put the time for release on the left, organizational contacts on the right, just below the news release letterhead.
- Use a headline, bold and centered, summarizing the contents of the release briefly so that journalists can decide immediately whether they are interested.
- Be brief. Use short words, short sentences, short paragraphs.
- Make the story factual and accurate. Proofread until the release is perfect.
- Use active verbs that move the reader forward.

The news release should generally be no longer than a page and a half. If you use a second page, don’t split paragraphs between pages. Center “more” at the bottom of the first page. Write an abbreviation of the headline and the page number at the top of the second page.
Editorial board meetings

Meeting with editorial boards, the movers and shakers at a newspaper who determine editorial positions on community and other issues, may be an effective means of affecting the media slant on your issue. These points will help you organize a meeting and your approach to it.

1. **Develop a thorough knowledge of what stand the newspaper has taken** and the stories that have been written about your issue. Be sure to read the paper the day of the meeting. Be prepared.

2. **Timing may be important.** A supportive editorial to open a campaign may not be as effective as an editorial released on the eve of an important vote on your issue in the State legislature. On the other hand, an early editorial may also help to rally public support and encourage legislative sponsors, as well as generate media coverage of the issue.

3. **To make an appointment, simply call the editor of the newspaper.** The meeting may be with a few or several board members; if possible, find out who will be there, and advise who will attend from your side. If you can arrange to have a reporter present as well, you might get coverage of the issue even if no editorial is published.

4. **Remember to bring summary fact sheets,** other written materials on your issue, and the names and numbers of experts to contact for more information. Bring enough copies for everyone.

5. **Keep the number of “delegates” to the meeting small,** usually no more than three. A good mix includes a community person, an expert, and a respected community leader.

6. **Prepare an opening statement** summarizing your organization’s position on your issue, the evidence that supports that position, and responses to the most frequent criticisms of your issue.

7. **At the meeting, present your statement and defend your position** as counterarguments are presented. Board members may ask questions that seem “hostile;” don’t take this as a sign that the paper is necessarily opposed to your issue. More often than not, the editors will be testing you and their potential defense of a supportive editorial position.

8. **If the board decides not to run an editorial,** or comes out on the other side, suggest that they publish an op-ed piece or letter to the editor from your group. Avoid offering such an alternative until you are sure you’ve lost their support.

9. **If the board does publish an editorial supporting your point of view,** send a note congratulating the writer on a good editorial. Follow up the editorial with supportive letters to the editor.
Global Mental Health 3

Treatment and prevention of mental disorders in low-income and middle-income countries

Vikram Patel, Ricardo Araya, Sudipto Chatterjee, Dan Chisholm, Alex Cohen, Mary De Silva, Clemens Hosman, Hugh McGuire, Graciela Rojas, Mark van Ommeren

We review the evidence on effectiveness of interventions for the treatment and prevention of selected mental disorders in low-income and middle-income countries. Depression can be treated effectively in such countries with low-cost antidepressants or with psychological interventions (such as cognitive-behaviour therapy and interpersonal therapies). Stepped-care and collaborative models provide a framework for integration of drug and psychological treatments and help to improve rates of adherence to treatment. First-generation antipsychotic drugs are effective and cost effective for the treatment of schizophrenia; their benefits can be enhanced by psychosocial treatments, such as community-based models of care. Brief interventions delivered by primary-care professionals are effective for management of hazardous alcohol use, and pharmacological and psychosocial interventions have some benefits for people with alcohol dependence. Policies designed to reduce consumption, such as increased taxes and other control strategies, can reduce the population burden of alcohol abuse. Evidence about the efficacy of interventions for developmental disabilities is inadequate, but community-based rehabilitation models provide a low-cost, integrative framework for care of children and adults with chronic mental disabilities. Evidence for mental health interventions for people who are exposed to conflict and other disasters is still weak—especially for interventions in the midst of emergencies. Some trials of interventions for prevention of depression and developmental delays in low-income and middle-income countries show beneficial effects. Interventions for depression, delivered in primary care, are as cost effective as antiretroviral drugs for HIV/AIDS. The process and effectiveness of scaling up mental health interventions has not been adequately assessed. Such research is needed to inform the continuing process of service reform and innovation. However, we recommend that policymakers act on the available evidence to scale up effective and cost-effective treatments and preventive interventions for mental disorders.

Introduction

The previous two reviews in this Series on global mental health have summarised how mental disorders are related to other health conditions, and described the gap between needs and services for mental health, especially in low-income and middle-income countries. We investigated whether interventions to treat and prevent mental disorders are sufficiently effective and affordable to support a substantial scaling-up of such services in low-income and middle-income countries.

Although evidence for the effectiveness of such interventions is robust, most of it has been derived from high-income countries. Because differences in sociocultural factors and health systems probably limit the generalisability of evidence to low-income and middle-income countries, we restricted our review to evidence gathered in these countries. We focused on four mental disorders that pose the greatest burden in adults and children: depression, schizophrenia, alcohol-use disorders, and developmental disabilities.

Search strategy

We searched the PsTri database (EU Mental Health library) and the separate registers of trials held by Cochrane groups (Depression, Anxiety and Neurosis Group; Drugs and Alcohol Group; Schizophrenia Group, and Developmental, Psychosocial and Learning Problems Group) for studies of the treatment of mental disorders. We also did a manual search of the online databases PubMed and Medline. We searched for “depression”, “schizophrenia”, “developmental disabilities”, “mental retardation”, and “alcohol-use disorders”. We selected all randomised controlled trials generated in low-income and middle-income countries, about any treatments for these four key disorders.

Limitations of our review include time delays between identification of a reference in the PsTri database, obtaining a hard-copy publication, and coding into PsTri. Second, because the participating countries in multicentre trials are not always listed in PsTri, we excluded multicentre trials since we could not select multicentre trials that were conducted solely in low-income and middle-income countries. We were also unable to ensure that the large number of Chinese schizophrenia studies excluded duplicates.

(Continues on next page)
To assess the evidence for cost-effectiveness of interventions for the four disorders, we applied more stringent inclusion criteria to the results of our search. For depression and schizophrenia, we focused on trials that assessed interventions identified by the Disease Control Priorities Project (DCP2) as cost-effective for low-income and middle-income countries. Because the DCP2 project did not include alcohol-use disorders and developmental disabilities, we reviewed all intervention types for these disorders. We only included controlled trials (placebo or usual care) published since the World Health Report in 2001.

To find studies about the prevention of mental disorders, we used the WHO Report on Prevention of Mental Disorders and a systematic search of PsycInfo, Medline, Pubmed, and Cochrane databases, with the following keywords: “prevention”, “mental disorders”, specific mental disorders (“depression”, “schizophrenia”, “developmental disabilities”, and “alcohol-use disorders”); and major risk factors (“child abuse and neglect”, “violence”, “family disruption”, “mentally-ill parents”, “poverty”, and “refugee status”). We used an unpublished systematic search for studies of interventions during and after conflict or disaster situations in low-income and middle-income countries that include quantitative preintervention and postintervention measures. We searched for descriptions of “conflict” (“war”, “violence”, “refugees”, and “torture”) and “disaster” (“earthquake”, “hurricane”, “tsunami”, and “volcano”) combined with “treatment outcome” and “mental health services”.

Global evidence for clinical treatments

We identified 11 501 trials worldwide that assessed interventions for the treatment or prevention of schizophrenia, depression, developmental disabilities, or alcohol-use disorder. Table 1 shows that most of this evidence is derived from high-income countries. Fewer than 1% of identified trials were from low-income countries and only about a tenth of identified trials were from low-income and middle-income countries. Of these trials, about two-thirds (958/1521) were from China, and more than half (834/1521) assessed interventions to treat schizophrenia in China.

Table 2 shows that about three-quarters of all trials in low-income and middle-income countries investigated treatments for schizophrenia, and one-quarter investigated depression. We identified only 11 trials dealing with alcohol dependence or harmful use of alcohol, and 12 trials dealing with developmental disabilities. The most recent trial for mental retardation was in 1994. Over half of all trials in low-income and middle-income countries (838/1521) were published after the World Health Report on Mental Health in 2001.
Fewer than 1% of these trials had more than 500 participants; nearly three-quarters had fewer than 100 participants.

Three-quarters (265/361) of all depression trials and half of the schizophrenia trials (548/1137) included at least one antipsychotic drug for treatment of moderate or more severe depression. Nine of the 11 trials of treatments for alcohol dependence or harmful use and five of the 13 developmental disability trials assessed pharmacological interventions. Table 3 shows that more than two-thirds (769/1137) of schizophrenia trials that assessed DCP2 interventions were on antipsychotic drugs. Similarly, about four-fifths (292/361) of all depression trials that assessed DCP2 interventions were about either antidepressants or mood-stabilising drugs. A fifth (67/361) of all depression trials compared first and second

<table>
<thead>
<tr>
<th>High-income countries</th>
<th>Low-income and middle-income countries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depression</strong></td>
<td><strong>Schizophrenia</strong></td>
</tr>
<tr>
<td>Antidepressants</td>
<td>First generation antipsychotics</td>
</tr>
<tr>
<td>Psychological interventions</td>
<td>Programmes such as assertive community treatment, supported housing, and vocational rehabilitation are effective for integration of people with schizophrenia within the community</td>
</tr>
<tr>
<td>Alcohol misuse and alcohol dependence</td>
<td>Pharmacological interventions</td>
</tr>
<tr>
<td>Psychological interventions</td>
<td>Brief physician-delivered interventions are effective, especially for patients with less severe drinking problems. Brief screening tools are an effective method for detection of drinking problems in primary care</td>
</tr>
<tr>
<td>Developmental disabilities</td>
<td>Psychological interventions</td>
</tr>
<tr>
<td>Pharmacological interventions</td>
<td>Functional analysis helps reduce problem behaviours associated with mental retardation. Methylphenidate improves behaviour in children with ADHD and is cost-effective</td>
</tr>
<tr>
<td>Psychosocial interventions</td>
<td>Interactive group psychoeducation improves parental orientation towards child-rearing, knowledge towards intellectual disability, and attitude towards management of mental retardation</td>
</tr>
<tr>
<td>Community interventions</td>
<td>Community living offers lifestyle and skill-development advantages associated with improved life quality compared with living in large residential institutions</td>
</tr>
</tbody>
</table>

Table 4: Evidence for effectiveness of interventions for selected mental disorders by income level of country

| Levels of evidence: 1=systematic review, 2=two or more randomised controlled trials (RCTs), 3=one RCT, 4=observational evidence. ADHD=attention deficit hyperactivity disorder. |
generation antidepressants. Table 4 summarises evidence for treatments for these disorders in countries with various income levels.60–68

Cost-effectiveness of clinical treatments
We reviewed all controlled trials (placebo or usual care), published since 2001, that assessed cost-effective clinical interventions for treatment of depression and schizophrenia, as described in DCP2.13 of the 361 depression trials and four of the 1137 schizophrenia trials were included. We included all identified trials of interventions for alcohol misuse and developmental disability in low-income and middle-income countries, since so few of these studies were available and since DCP2 did not assess the cost-effectiveness of treatments for these disorders.

Depression is ranked as the seventh most important cause of disease burden in low-income and middle-income countries.79 It tends to be disabling, recurring or chronic, and untreated; for example, depression is the leading cause of disease burden in Brazil,80 and the second leading cause in women in Chile.81 Because depression typically occurs with anxiety in community and primary-care settings, these are often described as common mental disorders.82 Table 5 summarises five randomised controlled trials that assessed the efficacy of simple, efficient, and feasible treatments for depression in predominantly poor communities in Uganda,83,84 Chile,85 India,86 Pakistan,19 and Mexico.87–89 Most of these trials tested psychological interventions. Two of three trials that assessed group psychological interventions showed efficacy, as did one of the two that assessed individual psychological interventions. Group psychological interventions in low-income and middle-income countries, for example in Latin America90 and Asia,46 might be experienced as an extension of traditional social mechanisms, such as support through social networks and collective action.

Antidepressants were tested in two trials: as a discrete treatment in India96 and as part of a multimodal intervention in Chile.15 The Indian trial showed that antidepressants were more effective than placebo or usual care, but only in the short term; however, low adherence could have contributed to reduced efficacy in the long-term. In the Chilean study, patients in the intervention group had a higher recovery rate than controls; however, they were also more likely to receive medication, in more appropriate doses, and for longer periods of time than controls. The structured monitoring and support associated with the intervention probably also helped to ensure better compliance with medication.

Eight other trials of a range of psychosocial and pharmacological interventions in low-income and middle-income countries were not included in table 5, either because we could not assess their methodological quality or because sample sizes were small. Some of these trials showed that antidepressants were more effective in combination with psychotherapy than alone.62–65 Informational support for postnatal depression was effective in the short term,77 as was sports training with cognitive behavioural therapy for mild depression.72

<table>
<thead>
<tr>
<th>Setting</th>
<th>Study design</th>
<th>Sample</th>
<th>Intervention</th>
<th>Comparison group</th>
<th>Main results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda83,84</td>
<td>Villages Cluster RCT</td>
<td>248 villagers of both sexes with depression</td>
<td>Group interpersonal psychotherapy</td>
<td>Villages without intervention groups</td>
<td>93.5% recovered with intervention vs 45.3% in comparison group at the end of treatment and 88.3% vs 45.3% at 6 months (p&lt;0.001)</td>
</tr>
<tr>
<td>India85</td>
<td>General medical outpatients at district hospital RCT</td>
<td>450 adults with common mental disorders</td>
<td>Fluoxetine or individual problem-solving treatment</td>
<td>Placebo</td>
<td>70% of antidepressant group recovered at 2 months compared to 54% of placebo group (p=0.01); no difference between psychotherapy and placebo</td>
</tr>
<tr>
<td>Chile86</td>
<td>Primary care RCT</td>
<td>240 depressed women living in deprived urban areas</td>
<td>Multi-component stepped-care programme including psychoeducational groups for all and antidepressants for more severe only</td>
<td>Usual care</td>
<td>70% recovered with intervention vs 30% in usual care at 6 months (p&lt;0.001)</td>
</tr>
<tr>
<td>Pakistan91 Karachi92</td>
<td>Urban Community RCT</td>
<td>366 lower middle class women with depression or anxiety</td>
<td>8 individual counselling sessions at home by minimally trained counsellors</td>
<td>No intervention</td>
<td>Reduction in mean symptom scores (p&lt;0.001) at the end of intervention (8 weeks)</td>
</tr>
<tr>
<td>Mexico93,94</td>
<td>Community mental-health centres in Mexico City RCT</td>
<td>135 female patients with depressive symptoms</td>
<td>6 psycho-educational group sessions</td>
<td>One session of information</td>
<td>Both groups improved but no differences between groups at 4 months and deterioration at 2 years (only 33 women included in final analysis)</td>
</tr>
</tbody>
</table>

Table 5: Randomised controlled trials for treatment of depression in low-income and middle-income countries since 2001

Results from research in China accord with these outcomes. Thus, services for people with schizophrenia are most effective when they are organised to ensure early recognition, adequate outreach and health-care and social interventions. Increasingly, consumers and carers have helped to improve the accessibility, equity, and acceptability of services that have been validated for use in low-income and middle-income settings despite the availability of screening instruments that have been validated for use in low-income and middle-income countries. 

Schizophrenia is a psychotic disorder of low prevalence, which is often chronic and very disabling. Although effective treatments for schizophrenia are available, the accessibility, equity, and acceptability of services that deliver such interventions are inadequate in countries of all income levels. Rates of dropout from treatment programmes are high, and people with schizophrenia have increased rates of death, comorbid substance abuse, and social dislocation, all of which contribute to poor outcomes. Thus, services for people with schizophrenia are most effective when they are organised to ensure early recognition, adequate outreach and engagement, promotion of human rights, and provision of individualised care through a range of flexible health-care and social interventions. Increasingly, psychosocial interventions have been adopted and consumers and carers have helped to improve the acceptability of services.

Antipsychotic medications are the mainstay of treatment for schizophrenia. Many practitioners prescribe second generation antipsychotics, even though they are far more expensive than older antipsychotics, and do not ensure better outcomes for people with schizophrenia. Results from research in China accord with these results. In low-income and middle-income countries, where resources for interventions in mental health are scarce, the treatment gap for schizophrenia is already large because mental health systems are absent or poorly developed, and mental health is prioritised below competing health needs. Absence of mental health services delays treatment for schizophrenia, which in turn worsens long-term outcomes. The direct and indirect costs of treatment with antipsychotic drugs are high, and long-term outcomes for those in low-income and middle-income countries with chronic psychotic disorders can be poor. Work begun in the 1990s suggested that clinical and social outcomes for people with schizophrenia can be improved by involvement of families and communities in interventions aimed at reduction of discrimination, improved adherence to medication, and strengthening of social integration (table 6).

One trial, from Mexico, reported that the effects of psychotherapeutic, pharmacological, and placebo treatments for mild to moderate depression were similar at 33 weeks. A Sri Lankan pilot trial assessed the effectiveness of cognitive behaviour therapy for reduction of medically unexplained symptoms, which are a frequent presentation of depression and anxiety. The intervention, consisting of six sessions of cognitive behaviour therapy over three months, reduced symptoms, visits, and distress, and increased patient satisfaction in the short term. Schizophrenia is a psychotic disorder of low prevalence, which is often chronic and very disabling. Although effective treatments for schizophrenia are available, the accessibility, equity, and acceptability of services that deliver such interventions are inadequate in countries of all income levels. Rates of dropout from treatment programmes are high, and people with schizophrenia have increased rates of death, comorbid substance abuse, and social dislocation, all of which contribute to poor outcomes. Thus, services for people with schizophrenia are most effective when they are organised to ensure early recognition, adequate outreach and engagement, promotion of human rights, and provision of individualised care through a range of flexible health-care and social interventions. Increasingly, psychosocial interventions have been adopted and consumers and carers have helped to improve the acceptability of services.

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Alcohol abuse is growing rapidly in low-income and middle-income countries, especially in men, and contributes to the burden of disease both as a disorder and as a risk factor for more than 60 other health problems, especially injuries. Many people with alcohol-use disorders might not seek health care for their alcohol problem, because of shame, low awareness, or scarcity of established services. Recognition of alcohol-use disorders tends to be poor in primary-care settings despite the availability of screening instruments that have been validated for use in low-income and middle-income countries. Advice and brief counselling delivered by physicians and primary health workers has been shown to reduce consumption and intensity of drinking in men with alcohol-use disorders, especially those who are hazardous drinkers, although its effectiveness for treatment of alcohol dependence, the most severe form of alcohol-abuse disorder, is less certain. People with alcohol dependence who seek

### Table 6: Intervention studies for the treatment of psychotic disorders in low-income and middle-income countries since 2001

<table>
<thead>
<tr>
<th>Setting</th>
<th>Study design</th>
<th>Sample</th>
<th>Intervention</th>
<th>Comparison group</th>
<th>Main results</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>Cluster randomised trial, 9-month follow-up</td>
<td>326 patients with schizophrenia</td>
<td>Medication and psychoeducation group and group receiving medication alone.</td>
<td>Not offered active treatment</td>
<td>Psychoeducation enhanced relatives’ knowledge, caring attitudes, medication compliance (p&lt;0.05) and reduced relapse (p&lt;0.05)</td>
</tr>
<tr>
<td>China</td>
<td>Randomised controlled trial, 52-week follow-up</td>
<td>160 patients with first-episode schizophrenia or schizophreniform disorder</td>
<td>Chlorpromazine (FGA)</td>
<td>Clozapine (SGA)</td>
<td>80% of both groups achieved remission in 1 year, although median time to remission was shorter in those receiving clozapine (p&lt;0.02); by 52 weeks differences were not significant.</td>
</tr>
<tr>
<td>China</td>
<td>Randomised controlled trial, follow-up 9 months after discharge</td>
<td>101 patients with schizophrenia and their families</td>
<td>Patient and family education (in hospital: 8 and 36 h with patients and families, respectively; in community: 2 h per month for 3 months after discharge)</td>
<td>Usual care</td>
<td>9 months after discharge, patients in the intervention group displayed better overall functioning (p&lt;0.024) and lower clinical severity scores (p&lt;0.008). Rates of relapse in the two groups did not differ.</td>
</tr>
<tr>
<td>China</td>
<td>Randomised controlled trial, 2-year follow-up</td>
<td>103 patients with schizophrenia</td>
<td>Community re-entry programme</td>
<td>Group psychoeducation</td>
<td>CRP group improved in terms of social functioning (p&lt;0.001) and psychiatric symptoms (p&lt;0.001) compared with the psychoeducation group; re-employment rate was higher and relapse and rates of readmission to hospital were lower in the CRP group</td>
</tr>
</tbody>
</table>

FGA=first-generation antipsychotic. SGA= Second-generation antipsychotic. CRP=community re-entry programme.
timely help from specialised treatment programmes, such as inpatient management of withdrawal from alcohol, rehabilitation treatment, and mutual help organisations (eg, Alcoholics Anonymous), have been shown to have better outcomes than those who do not seek help. This evidence, which is almost entirely from high-income countries, does not show that any one intervention approach (for example, pharmacotherapy compared with psychotherapy) is more effective than others. Opioid antagonists (such as naltrexone) and acamprosate produce a moderate reduction in the rate of relapse to heavy drinking. A meta-analysis showed that acamprosate produced an overall 13% improvement in 12-month continuous abstinence rates in alcohol-dependent patients. Two small randomised controlled trials in low-income and middle-income countries have shown the efficacy of these drugs for the management of alcohol dependence.

Although children comprise between a third and a half of the population in low-income and middle-income countries, little research has focused on interventions for developmental disabilities in childhood, such as mental retardation, autism, and attention deficit hyperactivity disorder. However, in high-income countries, pharmacological and psychosocial treatments for developmental disabilities including attention deficit hyperactivity disorder, mental retardation, and autism have been shown to be effective. A clinical trial from India showed the efficacy of a herbal preparation for management of behavioural and cognitive deficits in children with mental retardation, and a trial from Brazil showed that methylphenidate was effective for attention deficit hyperactivity disorder. Although community-based rehabilitation programmes have been actively promoted as feasible and affordable models for treatment of developmental disabilities in low-income and middle-income countries, trial evidence is scarce and such programmes can only be accessed by 2% of people in these countries. Uncontrolled trials of community-based rehabilitation in low-income and middle-income countries show that participants have improved levels of independence (eg, as measured by school attendance).

### Prevention

Preventive strategies aim to reduce: the incidence, prevalence, and recurrence of mental disorders; the time spent with symptoms; the risks for such mental illnesses; and the effects of illness on affected people, their families, and society. Meta-analytic reviews of controlled trials, almost exclusively from high-income countries, have showed substantial mean effect sizes for preventive trials targeted at depressive symptoms. In school-aged children and adolescents, preventive interventions targeted at use of alcohol and drugs are effective. Small to moderate effect sizes have been reported for stress management, child abuse prevention programmes, and interventions to reduce aggressive behaviour and eating pathology. Group-based parenting interventions are effective for improvement of emotional and behavioural adjustment in children aged under 3 years. Outcome indicators for these studies are mostly observational evidence-based risk factors, psychiatric symptoms, and pathological behaviour.

We excluded six of the 26 primary prevention trials identified in low-income and middle-income countries because information about their outcomes was inadequate. Table 7 shows four randomised controlled trials for prevention of anxiety and depression.

In China, a depression prevention programme that educated schoolchildren in positive thinking, conflict management, and decision-making skills was effective for reduction of depressive symptoms. A school-based physical exercise programme in Chile reduced anxiety and depression.

### Table 7: Trials of interventions for prevention of depressive and anxiety disorders and symptoms in low-income and middle-income countries since 2001

<table>
<thead>
<tr>
<th>Design</th>
<th>Sample</th>
<th>Intervention</th>
<th>Comparison group</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chile39</td>
<td>Controlled trial with classes randomly assigned to conditions</td>
<td>Structured school-based physical activity programme, over 1 year, three sessions a week, designed jointly by students and teachers (adult learning approach)</td>
<td>Adolescents of same age, following standard exercise class once a week</td>
<td>Anxiety decreased more in intervention group than controls (13.7% vs 2.8%, p&lt;0.01) and self-esteem increased 2.3% vs −0.1% (p&lt;0.0001). No change in depression score</td>
</tr>
<tr>
<td>China40</td>
<td>Randomised controlled trial</td>
<td>Penn Optimism Programme, 10 weeks of 2 h sessions</td>
<td>No intervention</td>
<td>Children with intervention showed fewer depressive symptoms at post-test (p&lt;0.001) at 3 months (p&lt;0.001), and at 6-months (p&lt;0.001) of follow-up.</td>
</tr>
<tr>
<td>Iran41</td>
<td>Randomised controlled trial</td>
<td>Educational counselling sessions every week for 12 weeks to reduce anxiety</td>
<td>No intervention</td>
<td>At follow-up intervention nurses showed lower anxiety than controls (p&lt;0.005). Self esteem decreased in control nurses and increased in intervention nurses (p&lt;0.001)</td>
</tr>
<tr>
<td>Nigeria41</td>
<td>Randomised controlled trial</td>
<td>Self-instructional training (SIT), or rational emotive therapy (RET)</td>
<td>No intervention</td>
<td>SIT reduced anxiety (p&lt;0.05) and RET reduced depression (p&lt;0.05) in comparison to no intervention</td>
</tr>
</tbody>
</table>
levels, but not depression. One trial, targeted at Iranian nursing students, reported that a one-semester programme of educational counselling every week reduced anxiety in the long term. The implications of prevention of work stress and related depression and anxiety problems in nurses in low-income and middle-income countries could be important for health systems in these countries. Another randomised controlled study, of prevention methods in adults at risk for depression and anxiety such as surgical patients, also reported beneficial effects.

Suicide is a leading cause of death in low-income and middle-income countries, especially in young people. Controlled studies of suicide prevention in low-income and middle-income countries are scarce. In Sri Lanka, a country with very high suicide rates, a community-befriending programme in a rural village decreased suicidal behaviour in the intervention village from 13 suicides during the 6-year preimplementation period to no suicides at the end of the time-series trial; however, suicides also decreased in the comparison village. Self-poisoning with pesticides is common in low-income and middle-income countries, with estimates of 300,000 deaths a year in the Asia-Pacific region alone. However, so far the feasibility or effectiveness of reduction of access to pesticides, or improvement of medical care for pesticide poisoning in low-income or middle-income countries have not been assessed in controlled studies.

Figures from Argentina, Philippines, and Sri Lanka showed that the number of suicides fell after pesticides were banned or imports were reduced. We have reported on the results of a modelling exercise that estimated the number of deaths that could be averted by improvement of depression treatment in China.

We did not identify any trials for the prevention of schizophrenia or other psychotic disorders in low-income or middle-income countries. Although alcohol and drug-misuse are rapidly growing health problems, we identified only one controlled prevention study. In China, an unblinded matched community-based trial showed that a programme of participation and action by various community sectors and leaders, which included education in schools, literacy improvement, and employment opportunities, reduced the incidence of drug abuse. Control strategies, such as a programme in South Africa consisting of random breath testing and higher taxation, have been shown to be cost-effective for prevention of alcohol abuse. In high-income countries a 10% increase in price can reduce the long-term consumption of alcohol by about 7%, and some data suggest that in low-income countries it could be reduced by about 10%. An uncontrolled trial of a community-based programme in rural India that emphasised education and awareness building, action against drunken men, advocacy to politicians to limit the sale and distribution of alcohol in bars and shops, and mass oaths for abstinence reported a 60% reduction in alcohol consumption.

DCP2 summarised evidence for the effectiveness of a range of interventions for primary prevention of childhood developmental disabilities, such as rubella vaccination; fortification of food with iodine and folic acid; prenatal screening for Down’s syndrome; prevention of maternal alcohol abuse; and interventions to reduce child abuse. A meta-analysis showed that iodine supplementation increased IQ level by an average of 12·2 points. An uncontrolled Turkish observational study reported that a short-term mass-media education programme encouraged consumption of iodised salt in regions with high rates of iodine deficiency. Most prevention studies from low-income and middle-income countries focused on early psychosocial stimulation. Five randomised controlled trials in Bangladesh, Bosnia and Herzegovina, Jamaica, and Turkey and two non-randomised controlled trials in Cyprus and Serbia reported positive outcomes from interventions that aim to enhance early mother-child interaction, parenting, and child mental development through group sessions or home visits. Outcomes with relevance to mental health included improvements in maternal responsiveness, child psychophysiological functioning, cognitive development, problem solving, and self esteem, and reductions in parental distress and maternal depression. Studies in Jamaica showed that addition of psychosocial stimulation to a nutritional intervention not only reduced the development of long-term disabilities in undernourished infants and young children but also prevented the development of depressive and anxiety symptoms in adolescence. Nutritional and psychosocial interventions targeted to populations that are vulnerable to developmental disorders, such as undernourished children living in poverty, can help to prevent developmental delays and behavioural disorders in childhood and adolescence.

Mental health interventions during and after emergencies
Although mental disorders are commonly encountered in emergency situations associated with conflict or natural disaster, research about the outcome of interventions done in the midst of such emergencies is rare. Humanitarian agencies now recommend implementation of mental health interventions and psychological support during and after emergencies. Most research on mental health interventions during acute emergencies has focused on post-traumatic stress disorder. However, there has been much debate about whether it is appropriate to focus on this disorder ahead of other social and mental health problems, such as the problems of people with severe pre-existing mental disorders.

Small-scale studies of discrete traumatic stressors in high-income countries indicate that cognitive behaviour interventions can prevent at least post-traumatic stress disorder. Similarly, a small study from the midst of a large emergency in Northern Uganda suggested that
behavioural therapy could be effective to treat post-traumatic stress disorder. Moreover, a programme of early childhood care and education for 5 and 6 year old Bosnian children and their mothers was shown to have many positive effects, including weight gain and improvements in psychosocial functioning in the children. We need to investigate whether these findings can be extrapolated and used effectively in large-scale emergencies, and especially in low-income settings with few mental health professionals. A review of qualitative social-science research suggested that various emergency social interventions, which are more easily made available to large numbers of people than are psychological interventions, can be effective. We expect that emergency interventions such as organisation of family reunification, and facilitation of engagement in cultural mourning ceremonies could protect mental health; we need to know whether they could prevent diagnosable mental disorders. Studies in high-income countries suggest that single-session psychological debriefing for post-traumatic stress disorder immediately after trauma is ineffective, and a non-randomised controlled study of 69 teenage refugees in Gaza showed that post-traumatic and depressive symptoms did not improve with seven sessions of clinician-facilitated group crisis intervention based on a psychological debriefing protocol. For people in severe acute distress, so-called psychological first aid (consisting of protection from harm, solutions for basic needs and concerns, and provision and raising of social support) has been recommended immediately after trauma. However, research into the outcomes of such interventions is scarce.

Interventions implemented months or years after acute emergencies have been better studied, although not all have been shown to be effective. Studies more than a year after a large earthquake, in Turkey, showed that brief behaviour therapy reduced post-traumatic stress disorder and depression. Moreover, symptoms of post-traumatic stress disorder were reduced in adolescents after an earthquake in Armenia, and in those in post-conflict Bosnia who received school-based psychotherapy for trauma and grief. Importantly, most studies during and after emergencies tend not to assess the effect of the interventions on daily functioning, an outcome variable of key interest to rural communities, in which members typically need to contribute to the community. Despite increasing international consensus on good practices, evidence for mental health interventions during and after emergencies needs to be strengthened.

### Investment in mental health interventions

Decisions about investment in mental health systems can be based on at least three economic criteria: the economic consequences of no investment; the amount of investment needed to address identified needs; and the cost-effectiveness of investment in relation to competing public-health needs. Moreover, non-economic criteria, such as equitable access to health care, human rights protection, and poverty reduction, might be at least as important within the broader process of setting priorities in mental health. The economic consequences of mental disorders include lost production, premature mortality, and expenditures on ineffective or inappropriate

<table>
<thead>
<tr>
<th>Treatment setting</th>
<th>Treatment coverage (target)</th>
<th>Intervention</th>
<th>Cost-effectiveness range (US$ per DALY averted)*</th>
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<tr>
<td>Schizophrenia</td>
<td>Hospital outpatient 80%</td>
<td>Older (neuroleptic) antipsychotic drug</td>
<td>$US 2499–7230</td>
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<td></td>
<td></td>
<td>Newer (atypical) antipsychotic drug</td>
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<td></td>
<td></td>
<td>Older antipsychotic drug + psychosocial treatment</td>
<td>$US 5 743–4 847</td>
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<tr>
<td></td>
<td></td>
<td>Newer antipsychotic drug + psychosocial treatment</td>
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<tr>
<td>Bipolar affective disorder Hospital outpatient 50%</td>
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<td></td>
<td>Newer mood stabiliser drug and psychosocial treatment</td>
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<tr>
<td>Depression Primary health care 50%</td>
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<td>$US 478–4 288</td>
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<td>Episodic treatment with older antidepressant drug + psychosocial treatment</td>
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<td>Newer antidepressant drug and psychosocial treatment</td>
<td>$US 6 71–1 188</td>
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DALY=Disability-adjusted life-year. *Range reported for six low-income and middle-income regions. 

| Table 8: Interventions for reduction of mental disorders in low-income countries |
care outside the formal health-care system. Low levels of health-care coverage and insurance in low-income and middle-income settings mean that these costs fall largely on households. For example, a substantial proportion of the direct and indirect costs of schizophrenia, including treatment with antipsychotic drugs, are borne out of pocket by families in low-income and middle-income countries. Excessive health expenditure is strongly associated with depression in women. The economic consequences of not treating mental disorders have only rarely been analysed in low-income and middle-income countries, but a useful indication can be gleaned from baseline assessments carried out as part of a prospective study. For example, three separate mental health economic studies in India showed that most out-of-pocket medical expenses were for informal care sector visits, informal caregiving by household members, and other time and travel costs, and that these costs exceeded the subsequent costs of targeted clinical interventions by public health-care providers.

Because mental health expenditure in most low-income and middle-income countries is very low, the cost of dramatic increases to provide appropriate care or prevention to populations in need will be large, and a process of gradual, stepwise increase is likely to be economically more feasible. We have estimated the financial costs of scaling-up effective interventions for mental health care in low-income and middle-income countries in another article in this Series. The DCP2 report identified a basic mental health care package, which consisted of outpatient-based treatment of schizophrenia and bipolar disorder with first generation antipsychotic or mood stabilising drugs and adjudvant psychosocial treatment; proactive care of depression in primary care with generic selective serotonin reuptake inhibitors (SSRIs) and maintenance treatment of recurrent episodes; and treatment of panic disorder in primary care with generic SSRIs (table 8). The report estimated the cost of such a package per head of population per year as US$3–4 in sub-Saharan Africa and south Asia, and US$7–9 in Latin America and the Caribbean. The addition of brief interventions by primary care physicians for high-risk alcohol users was estimated to cost an additional 0·04$ per head in south Asia and sub-Saharan Africa and 0·36$ per head in central Asia and Latin America. Available data are not sufficient to allow estimation of the costs of treatment for child mental disorders in low-income and middle-income countries.

In India, two separate studies estimated the cost of episodic treatment of depression with antidepressants in primary care to be equivalent to about US$20–40 for a 6-month treatment episode. An analysis for the southeast Asian region put the 6-month cost of treatment at $30–60 for tricyclic antidepressants and $60–80 for SSRIs, although the price of generic SSRIs has fallen since then. Investment for treatment and care of severe mental disorders is expected to be greater (at least $25 per person per month, even with low-cost treatment strategies). Returns on actual or potential investment are usually expressed in terms of improvements in health (with occasional references to non-health benefits such as increased rates of employment or productivity) and cost

Panel 1: A model of community-based rehabilitation for chronic schizophrenia in rural India

Community-based rehabilitation addresses the needs of people with disabilities as an integral part of overall community development efforts. Its goal is the rehabilitation, social inclusion, and equalisation of opportunities for people with disabilities, and it is implemented through the combined efforts of disabled people, their families and communities; and the appropriate health, vocational, and social services. The principles of community-based rehabilitation, specifically the use of local human resources and involvement of patients, families, and local communities, were adapted to complement the specialist services for psychotic disorders to improve access, equity, and acceptability of the interventions in a very disadvantaged part of rural India. Local members of the community were trained as community-based rehabilitation workers to deliver comprehensive, home-based services, such as identification of people with chronic schizophrenia; access to the clinical team in outreach clinics (figure 1); regular follow-up; monitoring compliance; education for disabled people and their families (figure 2); and planning of rehabilitation interventions. In addition, concerted efforts were made to promote awareness, address stigma, and facilitate economic and social rehabilitation. In most villages, families of mentally ill people and other concerned members also formed self-help groups to promote the social and economic reintegration of local members with severe mental disorders. The clinical and disability outcomes for clients within the community-based rehabilitation programme were better compared to clients who received outpatient care alone; superior medication compliance played an important role in mediation of these effects. This approach to service delivery had a focus on empowerment of clients, mobilisation of existing community resources, intersectoral linkages (welfare, local government, and health sectors), and a human rights perspective. The success of community-based rehabilitation has prompted the district-health committee of the district government, in partnership with a non-governmental organisation, to include mental-health services in their planning and budgeting exercise with a view to scaling up the programme to the entire district.

Figure 1: An outreach camp at a local primary health subcentre
effectiveness (such as the cost per day or year of healthy life gained by implementation). For example, a Chilean trial calculated with 90% probability that the incremental cost of an extra depression-free day with an intervention to treat depression would not exceed the equivalent of US$1·04. Economic analysis can provide decision makers with information to support prudent investment choices, whether for the mental health system or for the health sector in general. For example, the higher cost of new antipsychotic drugs means they are less cost-effective than the equally effective older drugs in low-income and middle-income countries. Pharmacological treatment for depression is estimated to yield 20–22 disability-free days or 0·06 disability-adjusted life-years for each treated 6-month episode. Based on treatment costs of $30–60, the cost-effectiveness ratios for low-income settings are about US$300–1000 per averted disability-adjusted life-year. This amount of investment for a healthy year of life seems unfavourable relative to, for example, vaccination programmes or tuberculosis control, but when compared with interventions for other chronic disorders, treatments for common mental disorders are about as cost-effective as antiretroviral treatments for HIV/AIDS, secondary prevention of hypertension, or glycemic control for diabetes. These findings do not incorporate other economic benefits of mental health care such as reductions in inappropriate use of health care, absence from work due to sickness, and premature mortality, which could even outweigh the investment costs.

Implications for policy and practice
We conclude that effective, locally feasible, and affordable treatments for depression and schizophrenia in low-income and middle-income countries do exist; however, less evidence exists for the effectiveness of interventions to treat developmental disabilities in childhood or alcohol-use disorders. Evidence suggests that social interventions to support mental health in the midst of emergencies might be effective, as might social interventions for the prevention of depression, substance abuse, and delays in child development. However, most of the evidence for the prevention of mental disorders in adults is from high-income countries.

Although many mental health programmes have incorporated such evidence and achieved local success, few have been systematically scaled up to serve the needs of regional or national populations and even fewer have undergone systematic assessments of their effectiveness in the real world. Thus, despite the increasing array of treatments for mental health, evidence for their feasibility and effectiveness when integrated into routine care settings in low-income and middle-income countries is lacking. Furthermore, most available evidence does not reflect the burden of disease or cost-effectiveness: tables 1, 2, and 3 show that the smallest evidence base comes from the poorest countries, most trials focus on a narrow range of mental disorders, and most assess only pharmacological interventions. Thus, most of the evidence is of limited relevance for mental health care in low-income and middle-income countries. A small, but important and growing, evidence base supports the effectiveness of integration of mental health care into routine health-care programmes, such as primary care and extension of community care (see panel 1), though more evidence is needed. Most mental health systems in the world are dominated by large custodial psychiatric hospitals that squander resources on ineffective and inappropriate interventions. Furthermore, attempts to create national integrated primary care or community-care programmes have often not lived up to initial expectations.
We recommend that, at the very least, governments should consider scaling up the coverage of mental health interventions for which there is credible evidence of effectiveness. The process of scaling up such interventions in poorly resourced settings will be hindered by barriers such as scarce financial, human, and technical resources and other health needs (eg, HIV/AIDS, tuberculosis, and malaria) that compete for priority.

Optimism arises from examples such as the intervention used in the treatment of depression in primary health care in Chile, which has become the model for a national depression treatment programme (panel 2). The programmes of non-governmental organisations (NGOs), such as the Schizophrenia Research Foundation and Basic Needs, provide integrated models for care of people with schizophrenia. WHO projects in a number of countries are developing accessible mental health services as a vehicle to deliver effective interventions.

One of the strategies we call for is research to inform the scaling-up of interventions for mental disorders in low-income and middle-income countries. Such research needs to be retargeted to the needs of low-income and middle-income countries, not only to inform health policy in these countries, but also to demonstrate to high-income countries that interventions that rely on non-specialist health workers and low-cost technologies and strategies can deliver equally effective mental health interventions. Future research should examine not only the clinical benefits of such interventions for individuals and families, but also operational factors that affect their delivery and their effects on the wellbeing of entire communities; for example, by improvements to performance of schoolchildren, reduction of suicide rates, or reduction of inappropriate use of health services. We must take seriously the need for evidence that mental health services represent a social investment and not simply another expense item on a health budget.

The need for more research must not be used as an excuse to delay scaling-up of mental health systems. We believe that the old pretence that overstretched and inefficiently used resources can take on a greater burden of care by integration of mental health into primary care must be abandoned. We must explore radical options such as the recruitment of a new group of health workers whose role is to facilitate the detection of chronic diseases, including mental disorders, and the delivery of psychosocial interventions. In addition, we need arguments for the moral or ethical imperative to extend mental health care services, based on human rights and social responsibility. Put simply, people are entitled to receive help when ill. We have identified good evidence for what that help might comprise for people with poor mental health.

Contributors
All authors have participated in the data analysis and reporting stage of this manuscript, and seen and approved the final version.

Conflict of interest statement
We declare that we have no conflict of interest.

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1. **Match your tone to your target audience**

Setting the right tone is critical. The first step in any website planning should be to establish who your target audience is, and the first step in reviewing any draft is make sure that you have succeeded in creating the tone that will communicate best to that audience.

You can imagine how you might vary your tone for the following different kinds of audiences:

- Individuals, families, or organizations
- Volunteers, full-time activists, academics, or lawmakers
- Community members, movement allies, or potential funders
- Local, regional, nationwide, or international

Remember, the broader your target audience, the more specialized information you will have to explain or avoid. If you have a large enough site, you can emphasize a broader tone on your homepage and get narrower for more specific tiers of the site.

2. **Structure your content for skimming and easy updates**

Your readers are already in information overload - they are unlikely to read everything you present, no matter how important. You must break information down into chunks and make it easy to skim wherever possible.

- Keep your key points prominent.
- Use subheadings for pages that cannot help but be long, and consider providing links to those subheadings from the top of the page.
- Plan ahead. Not only do you want your website to be easy to navigate as you launch it, you want to make sure that section requiring updates are adequately maintained. Have a plan in place for how and when pages are updated and make sure that other people review the site for readability and typos.

3. **Keep your language clear, simple, and consistent**

The first rule in writing for a website is to be brief. The second rule is that unless you have a very specific audience that requires direct information on their terms, language should be simple and universal.

- Present information on your main pages in the form of single paragraphs (or even sentences) with the basic message you want to share, then link to another page (on your website or an outside source) that will elaborate the how, when, and why behind it.
- For the broadest audiences, aim for a mid-school grade reading level. Avoid jargon whenever possible, and explain your intended meaning when you cannot. Ask someone who is in no way involved in your work to review materials to ensure they are understandable.
- Language should be consistent throughout your various materials, both online and off. Use the same terms to describe your work and use them consistently.
4. Tailor the technology level of your pages to the needs and desires of your target audience

Depending on your base, you will want to think carefully about how advanced to make each page of your website.

- Consult with average constituents to find out what technology is most stimulating without being inaccessible.

- Do not let online media run too long. Media can take up a lot of a computer's resources, so it is unlikely your viewers will be able to listen or watch passively. No video or audio should run more than 5 minutes without a warning, but whenever possible reduce to 15-60 second segments.

- Be conscious of how much memory you are taking up with your website or email, especially if it includes video/audio and/or lots of high-quality graphics. Even up-to-date computers can become sluggish when overloaded with media, especially if they are connected via dial-up. Most graphics files can be reduced significantly by changing the resolution or converting to black-and-white (be sure to save separately from the high-resolution version in case you need it), but such changes are more distracting with video and audio.
Broadcast interviews
Identify radio and/or television programs - news programs with interview segments, public affairs shows, talk shows, call-in shows - that might cover your issue. Consider the target audience, who you want to hear your message, and the audiences of the various programs. Send a pitch letter to the program’s producer introducing your organization, your spokesperson(s), and the issues that s/he can discuss which will interest their audience. Follow this with a phone call.

1. **Before the interview**, watch several shows and study them for interviewing style, setting, and degree of audience participation.
   i. Organize your information; write a script if needed to develop a strong lead point. Practice responses in 30 to 60 second “sound bites” (or less) that can easily be quoted.
   ii. If there will be a panel, find out who the other members will be and plan how best to respond to their likely concerns.

2. **Several days before the interview**, send briefing materials to the interviewer or producer.

3. If the interview is in your office or home, make sure it is quiet; turn phones and pagers off.

4. **If there is a pre-interview** to establish procedures for the interview, use it to tell the interviewer which points you hope to stress.

5. Assume the camera and microphone are on from the moment of arrival.

6. **Give clear answers, phrasing them for the audience.** Use vivid language, examples, and statistics. Answer questions honestly. If you don’t know, say so. Keep the time frame in mind to ensure that all topics are covered. Select two or three basic points or themes to stress and keep going back to them. Tell the story you want to tell, not someone else’s.

7. **On a panel, use interruptions strategically.** Remember, you’re on the air; get your message across, and don’t allow an adversary to either hog your time or distort the facts or your position. Be assertive but avoid outright rudeness. Smile modestly, where appropriate; be natural and likable.

8. **Thank the interviewer and producer after the program.** Offer to provide assistance whenever needed. If the show comes out well, don’t hesitate to send a note thanking the producer for the opportunity to express your point of view. There’s always the possibility of a next time.

Print interviews

1. **Learn as much as you can** about how the interview will be used and where and when the story will be run. Ask how long the interview will be and whether others are to be interviewed for the same article.

2. **Before the interview**, send the reporter written materials.

3. **During the interview**, stop to think through the answers carefully. Rephrase or clarify statements when necessary. Provide background information that will set comments in context, rather than assuming that the reporter can do so. As much as possible, keep the reporter on your track. If s/he wants to go into issues that are off your point, help if you can, but try to stay focused on your story.

4. **Ask the reporter to check facts and quotations with you after the interview.** Do not hesitate to refer the reporter to others, even opponents, who might help with the story. Refer only to credible spokespeople. A good, tough story is always better than one that is confused by incompetents, on either side of the issue.

5. **After a helpful article appears**, even one in which you’re not quoted, send a note thanking the reporter, offering to serve as a resource in the future.
Letters To The Editor

A good way to share your viewpoint on your issue is to write a letter to the editor of your local newspaper. The “Letters to the Editor” section of a newspaper is among its most highly read parts; it appears every day and is intended to, and often does, reflect the mood of the people or a current debate within the community. You can take the initiative to alert readers or respond to a previous letter or article advocating the “other side.” Even a letter applauding another letter writer, journalist or editorial position may be appropriate and successful at times.

Generally, one responds to a letter, article or editorial that omits important facts, gives false or misleading information, or makes key points that need clarification. Exposing the private or special interests of the author of a published letter or of a source in an article (if his or her true affiliation, funding, or allegiance was not identified) is also a good reason to communicate with the paper and the public.

Newspaper editorial policies for deciding which letters to publish vary widely. Major dailies may place a greater emphasis on publishing letters from credentialed authorities, while smaller papers are generally more inclined toward publishing letters from grassroots citizens. Take this into consideration when deciding on a strategy that will improve your chances of getting published. Pursuing both approaches simultaneously might be the best technique.

A barrage of letters can help set a community agenda, stimulate editorial and news coverage, and help educate community leaders and politicians on your issues. This can be a very effective tactic to build pressure.

Never bombard a newspaper with multiple copies of the same “form” letter. Each person’s viewpoint should be expressed individually and originally. Each letter writer must be clear on the facts and issues so that the letters don’t contradict each other. An organized group letter, listing a number (usually two or three) of prominent community or organizational leaders, can also work to get your message out there.

After determining a strategy, be sure you know the newspaper’s requirements. Many papers have restrictions on length, require the letters to be typed, and signed with a phone and address, etc. Looking in the “Letters to the Editor” column or calling the letters editor of the newspaper should provide the necessary information.

Here are some guidelines to keep in mind in writing a letter to the editor:

1. **Be timely.** Make sure your letter is relevant to current news by relating it to a recent news event or published article or report.
2. **Be concise and to the point.** You will have a far better chance of getting your letter published if it is brief and gets to the point quickly. Keep in mind the concept of “tight-writing” by being succinct and eliminating extra words. Spend time editing and fine-tuning.
3. **Use facts and examples to back up your opinion.** A few important facts and brief examples will strengthen and illustrate your point. If responding to a previous letter or article, be sure to bring up facts or details that were overlooked or misleading.
4. **Be sure to explain the subject to the reader first.** Don’t assume that readers will know what you are writing about. If you are writing in response to an article or previous letter to the editor, begin your own letter by naming the article or letter and the date it appeared.
5. **Use a local angle for the most impact.** The “Letters to the Editor” column is the section where the newspaper interacts most directly with the community. Letters with a local angle therefore have a better chance of publication.
6. **Be creative and original.** Don’t hesitate to make judicious use of humor, irony or outrage. Try the unexpected, be provocative, help the reader gain a new perspective on the issue.
Craft the Campaign
Planning & implementing powerful advocacy initiatives

Source: Advocacy Center at ISC. http://www.advocacy.org/

In general, advocates have fewer resources than their opponents, so they must be strategic in how they use them. Therefore, careful and thoughtful planning is key to a successful campaign. Investing time in planning the strategies that your organization will use to pursue its advocacy work will benefit you in the following ways:

- Assess your particular situation, including the current reality, your sources of power and current capacity, and possible starting points for creating change.
- Select achievable targets for getting started.
- Create an action plan, including how to use your resources, what capacities to build, and which actions, tactics, and tools to use.
- Navigate the little victories, setbacks, compromises, unexpected opportunities, and uncertainties that line the road to the long-term change you want to achieve.

Session 6A
Educational Material 6.2 – A flexible strategy frame for strategy planning
See Session 1, B. Educational Material 1.3

Session 6A
See Session 3, A. Educational Material 3.2
# Work-related Stress

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<td>● Organizational characteristics</td>
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<td>○ Working shifts</td>
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<td>○ Psychological environment</td>
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<td>○ Contingency of organizational outcomes</td>
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<tr>
<td>● Personal characteristics</td>
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<td>○ Social support</td>
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<td>○ Personal expectations</td>
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<tr>
<td>○ Career expectations</td>
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<tr>
<td>○ Personality characteristics</td>
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<tr>
<td>○ Coping strategies</td>
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</table>
How Advocates Sustain Themselves And Others

Source: Advocacy Center at ISC. http://www.advocacy.org/

Be a mentor to someone new
Being a source of support and guidance to a young person, or someone new to the field, can actually energize you. There’s just something about being a contribution to others that ends up being a contribution to yourself.

Make contact with friends not involved with the issue
Take time to connect with friends or colleagues working in an entirely different issue area or different industry altogether. And who knows? They may provide you with a new insight that you never expected!

Laugh at and learn from your mistakes
Who is it who said that every difficulty is an “opportunity for growth”? When we can allow ourselves some humor and humility about our mistakes, perhaps a way can open up to see what’s now in front of us in a new light.

Don’t take things personally
When we’re focused so closely on events, we can come to feel that every little thing that happens is a reflection on us personally. Remember that, as a person, you are so much more than the events happening around you.

Be with those most affected by the issue
Sometimes we’re so busy advocating our issue that we lose touch with those for whom we advocate. Spend time with them to remind yourself why you’re doing this, why it’s so important.

Take time out
Yes you can. Other leaders will step up – and they’ll thank you afterwards.

Realize it’s not all up to you; don’t try to carry the world on your shoulders
Take a moment and remember your team - first your day-to-day colleagues, then your allies farther afield. You are not in it alone; you don’t have to carry it alone.

Spend time with friends and family
Do something entirely different from your work. Throw an impromptu block party; go to that movie you keep meaning to see. Hold that newborn niece or nephew for awhile.

Remember there is a divine plan for everything; get in touch with the divine
Whatever your expression of the divine, a return to that context will never fail to recontextualize everything else, and give a sense of renewal.

Cook and throw a party for everyone
There is time, to laugh and reconnect. There are rich sights and smells to be enjoyed. There are tasks that have a finite beginning and a finite end – and that are their own reward!

Compare your difficulties with those endured by people before you
Our predecessors give us not only perspective, but also pride - a renewed energy to carry on their legacy.

Tell people about your work
You’ll find yourself remembering all over again what inspires you, why it is important.

Draw on energy from other positive people
We catch the spark from one another and take fire again. Find someone whose enthusiasm is burning brightly in this moment, and let it kindle your own.
IMHPA Training on advocacy skills for mental health promotion and prevention
http://www.imhpa.net
Session 6B
Course Evaluation

Please tick the box that best describes how you feel about each objective.

At the end of the course do you feel able to:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Not at all</th>
<th>Not much</th>
<th>To some extent</th>
<th>A lot</th>
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</thead>
<tbody>
<tr>
<td>Describe the current status of mental health in Europe</td>
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<tr>
<td>Describe briefly what is meant by public health</td>
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<tr>
<td>Describe briefly what is meant by mental health promotion and mental disorder prevention</td>
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<tr>
<td>Describe what is meant by advocacy</td>
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<td>Describe people centred advocacy</td>
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<tr>
<td>Describe the economic cost of poor mental health to society</td>
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<tr>
<td>Know of some methods of how to identify a problem or issue for an advocacy campaign</td>
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<td>Consider how to commission and use research to support the advocacy campaign</td>
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<td>Describe a frame for strategy planning</td>
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<td>Conduct a campaign oriented view using the nine questions strategy planning tool</td>
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<td>Know of some methods of how to choose solutions for a problem or issue for an advocacy campaign</td>
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<td>Know how to choose objectives to focus an advocacy campaign on</td>
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<tr>
<td>Identify the strengths and weaknesses of an organization in undertaking an advocacy campaign</td>
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<td>Identify characteristics of effective leadership</td>
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<tr>
<td>Describe some of the impacts that poor mental health has on society</td>
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<td>Describe some of costs of poor mental health to sectors other than health</td>
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<tr>
<td>Describe what coalitions can bring to an advocacy movement,</td>
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<tr>
<td>Task</td>
<td>Yes</td>
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<tr>
<td>Describe some of the limitations of coalitions,</td>
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<tr>
<td>Identify the structures of coalitions</td>
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<tr>
<td>Understand the importance of open communication and listening</td>
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<tr>
<td>Describe some ways of managing tensions in coalitions</td>
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<tr>
<td>Describe some ways of managing deviant members of coalitions</td>
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<tr>
<td>Know how to formulate (write) the main message of an advocacy campaign</td>
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<td>Know how to reframe a message in line with the needs of the advocacy campaign</td>
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<tr>
<td>Understand what is meant by media advocacy</td>
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<td>Write a press release</td>
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<td>Be aware of some elements of effective web design</td>
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<tr>
<td>Describe the effective elements of mental health policy</td>
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<td>Consider how to conduct an interview with the press</td>
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<tr>
<td>Consider how to write a letter to a newspaper</td>
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<tr>
<td>Describe the influence of the European Union on mental health policy</td>
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<tr>
<td>Describe the influence of the mental health policy</td>
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<tr>
<td>Know some ways to prevent burnout</td>
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</table>
Please comment or make suggestions on the following:

The pace of the course
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The methods used
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The course materials (handouts and visual aids)
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Thank you
VISUAL AIDS – Powerpoint presentations
Session 1A Overview of the field: Mental Health Promotion and Prevention of Mental Disorders

The burden of poor mental health

- 450 million people suffer mental health problems
- 1 in 4 of us
- In Europe 20% of all ill health and premature death
- Depression third leading cause of disability (6%)
- Suicide in Europe is the highest in the world (80% higher in Eastern Europe)

- The burden is rising

EU population with a new mental health problem in the last 12 months

It’s not just mental health disorders - it’s also about good mental health and well-being...

"a state of well-being, which helps the individual to:
- realize his or her abilities,
- cope with the normal life stresses,
- work productively and fruitfully,
- make a contribution to the community"

WHO, 2001

The cost of poor mental health
**Session 1A**

**Costs of mental illness**
- Health care costs
- Employment-productivity
- Impact on families
- Premature death

**Costs Europe 3-4% of GNP**

- Mental Illness
- Cancer
- Respiratory disease
- Others

**Why prevention? - Care alone will not be enough**
- Most effective treatment for 1/2 of all people with depression
- Burden reduced by less than 1/4

**Total burden still not tackled**
- 76%
- 24%

- Prevented DALYs due to depression (24%)
- DALYs due to depression (76%)

**To improve mental health**
PREVENTION - PROMOTION - CARE - REHABILITATION

**The social determinants of mental health**
- Reduced productivity
- Increased physical illness
- Increased aggression, violence and crime
- Unemployment
- Social inequality
- Poor school achievement
- Social exclusion
- Negative economic effects

**The costs are social and economic**
- Reduced productivity
- Increased physical illness
- Increased aggression, violence and crime
- Unemployment
- Social inequality
- Poor school achievement
- Social exclusion
- Negative economic effects

**Poor mental health has a large social and economic impact**
- Reduced productivity
- Increased physical illness
- Increased aggression, violence and crime
- Unemployment
- Social inequality
- Poor school achievement
- Social exclusion
- Negative economic effects

**IMHPA: Advocacy training for mental health promotion and mental disorder prevention.**
www.imhpa.net
Social determinants of mental health

People with lower socio economic status experience
- poorer physical health
- poorer mental health
- shorter life expectancy

Comorbidities
- Evidence shows links between poor mental health and poor physical health

Major risk factors

**Macro level**
- Poverty & economic stress
- Violence & abuse
- War trauma and displacement
- Discrimination and isolation
- Natural disasters

**Community**
- Neighborhood disorganization
- Poor social networks and support
- Law attachment to neighborhood
- Violence and delinquency
- Work stress & unemployment

**School**
- Aggression and bullying
- Lack of social-emotional education
- Poor school-parent relation
- No school HP policy

**Family**
- Poor start of life
- Parental mental illness & substance use
- Child abuse & neglect
- Poor parenting & lack of care
- Marital disruption

Need to engage sectors which impact social determinants, these impact mental health

- Education
- Urban planning
- Employment
- Social support and welfare
- Workplace legislation
- Housing
- Elder care
- ...

Inequalities and mental health: before birth and during childhood

Poor maternal nutrition, smoking, alcohol:
- decreased birth weight
- cognitive impairment
- conduct disorders
- mental ill health

Prevention and promotion, how are they different?

Do they work?
**Prevention and Promotion: are they not the same?**

<table>
<thead>
<tr>
<th>Promotion</th>
<th>Prevention*</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve mental health, wellbeing and quality of life</td>
<td>To reduce risk, symptoms, incidence of mental disorders, impact on those affected</td>
</tr>
<tr>
<td>Empowering and participatory</td>
<td>Targets groups at risk (no disorder yet)</td>
</tr>
<tr>
<td>Targets health determinants and all population</td>
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</tbody>
</table>

*Primary prevention - non-pharmacological interventions*

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**There is a large body of evidence showing prevention and promotion work**

**Effective interventions, some examples**

**Interventions to support parenting**

Effective approaches:
- Parental proactive skills (e.g., attachment)
- Help pregnant mothers stop alcohol and substance misuse
- Training for parents at risk

Results:
- Birth weight
- Mental health gain over time
- Improved child behaviour
- Parental depressive symptoms

**School-based programs**

Repeated evidence shows:
- Competence and resilience
- Social and coping skills
- Self esteem
- Prosocial behavior
- Anger control
- School achievement
- Problem behavior
- Aggression
- Youth delinquency
- Smoking
- Substance use
- Depressive symptoms
- Anxiety

**Pre-school education**

_E.g. The Perry Preschool Project_  
Half day curricula for poor children

- Better mental health
- Increased high school graduation
- Increased employment

Source: *Schweinhart & Weikart, 1988*
The economic argument

The Perry Preschool Project, dollars saved

Source: Barnett, 2003

The economic argument

Job training skills for the unemployed

- Increased self efficacy
- Reduce depressive disorders (39%-25%)
- Increase employment

Three-fold cost saving after 2½ years
More than ten-fold saving after 5 years

Source: Price et al., 1992; Vinokur et al., 1991

Other promising developments

- Interventions much earlier in life
- Addressing clusters of problems (comorbidity)
- Public measures and legislation can have preventive effect, e.g. alcohol drugs policies
- Community programmes: Communities that Care
- Making successful use of internet: E-health

Promotion & prevention in mental health represent large social and economic values

Good mental health contributes to:
- better school achievements
- reduced school drop out
- higher productivity at work
- more safety and less violence
- better health and less mortality
- significant savings

What are the outcomes of effective prevention?

- Prevention for children at risk can reduce new episodes of depression by 40%
- Social support and physical activity for older people increase well-being, community participation and reduce depression
- For the same money it costs to treat 1 person with depression, it can be prevented in 30

We can all contribute to different extents...

- Initiatives to stimulate discourse on mental health
- Reach out to more colleagues
- Engage other sectors emphasising the centrality of mental health
- Identify areas within our specialization that can stimulate implementation
A multi-disciplinary workforce for mental health

- General Practitioners
- Social Workers
- Support Workers
- Psychologists
- Occupational Therapists
- Psychiatrists
- Nurses
- Clergy and/or other leaders in the community

Mental health in the political arena

European action and policy development

2005: WHO European Conference on Mental Health

- 31 Ministers of Health
- 51 European countries

signed the Declaration and Action Plan

The WHO Declaration for Mental Health

1. Promote mental health across the lifespan
2. Prevent mental disorders
3. Interventions for vulnerable groups
4. Stigma and discrimination
5. Primary Care
6. Care in the community
7. Centrality of mental health
8. Partnerships
9. Develop a competent workforce
10. Population health status
11. Research and evaluation
12. Funding

Mental Health Promotion and Mental Disorder Prevention: A Policy for Europe 2005

Supported by the European Commission

- presents a policy framework for evidence-based action in mental health promotion
The European Pact for Mental Health and Well-being 2008

Supported by the European Commission and launched in June 2008.

Intersectoral action in 4 thematic priority areas:
- Prevention of Depression and Suicide
- Youth, Education and Mental Health
- Mental Health and Older People
- Mental Health in Workplace Settings

A 5th strand, Combating Stigma and Social Exclusion, runs through all thematic areas.

European Pact for Mental Health

Prevention of Depression and Suicide
- 17% women and 9% men in EU suffer major depression at some point in life.
- Depression is the leading cause of suicide.
- At least 59,000 deaths in EU27 in 2006 due to suicide.
- Promotion of good mental health, prevention, early recognition and adequate treatment are the key measures in avoiding depression and suicide.
- Multisectoral comprehensive suicide prevention programmes achieve best results.

European Pact for Mental Health

Youth, Education and Mental Health
- Investing in children and families benefits society.
- Good mental health in childhood is a prerequisite for:
  - optimal psychological development
  - productive social relationships
  - effective learning
  - economic participation in adulthood.
- Promoting positive mental health through shaping early childhood experience, positive parenting, effective educational services, school programmes and youth involvement is effective.
- Schools and the community are central.

European Pact for Mental Health

Mental Health in Workplace Settings
- The working environment can impact on mental health.
- Stress and mental health problems contribute to absenteeism, reduced productivity and early retirement.
- Poor mental health can account for >40% of all long term disability claims.
- Actions at organisational level combined with measures targeted at individuals are needed.
- Supported employment programmes, flexible benefits and enforcement of anti-discriminatory legislation can increase the participation of people with mental health problems in the labour market.

European Pact for Mental Health

Mental Health and Older People
- Older people contribute to society, their life knowledge is instrumental to shaping personal, family and community identity.
- Most enjoy good mental health and well-being but some show high prevalence of neuropsychiatric conditions.
- Interventions addressing physical, mental and social issues have the greatest impact.
- The number of older people is growing; this impacts public health and social protection systems, labour markets and public finances.
- Efforts to enable more people to grow old with good mental health and well-being will have cost effective outcomes for all.

Mental health is on the political agenda and the momentum is building.

Advocacy is needed to keep it going and to encourage evidence based mental health promotion and mental disorder prevention.
Mental health

"a state of well-being, which helps the individual to:
- realize his or her abilities,
- cope with the normal life stresses,
- work productively and fruitfully,
- make a contribution to the community"
Session 1B

What is advocacy?

- What is advocacy?
- Advocacy's strengths
- Advocacy's orientation and values
- People centred advocacy

Advocacy

- The function of an advocate: the work of advocating: pleading for or supporting
- One who defends, maintains, publicly recommends, or raises his voice on behalf of a proposal

Advocacy has purposeful results

1. to enable access and voice in the decision making of relevant institutions;
2. to change the power relationships between these institutions and the people affected by their decisions, thereby changing the institutions themselves; and
3. to bring a clear improvement in people’s lives

In an ideal world...

... governments would always try to act in the best interest of the population, carefully weigh the effects of their policies and actions, and choose those most likely to contribute to the public good.

In a more realistic scenario, NGOs and individuals encourage governments to act in the public interest, and plan their work so as to increase the chances of the government adopting positive policies and programs.

While it is easy to complain about the government’s reluctance to act in the best interests of the population, we must remember that it is our responsibility to encourage the government to do what is right.

This encouraging—and sometimes pushing—of the government or other institutions to pass laws and policies, or implement programs, that will benefit the public is advocacy.

A flexible frame for strategy planning

- Advocacy Orientation
  Recognize, practice, and anchor the most powerful mindset for advocacy; as advocates, you are the initiators of action.
- Environmental Scan
  Assess where you are, always with an eye to determining your next action.
- Rolling Incrementalism
  Take action, while looking for and finding the forward motion towards the overall goal in every event surrounding your advocacy.

Source: Advocacy Center at ISC. http://www.advocacy.org/
Three tools for advocacy

1. practice a positive and powerful mind for advocacy;
2. assess reality to determine next steps; and
3. move forward effectively towards strategic goals.

Advocacy’s orientation

To maintain this orientation

1. Be aware of your sources of power
2. Live by values that foster the work of social justice advocacy
3. Practice people-centred advocacy

Anticipated advocacy outcomes

1. A problem is dealt with by having a law amended, a policy made, decree issued, etc.
2. The decision making process is changed toward more:
   - Involvement of citizens
   - Accountability
   - Transparency
3. Citizens are aware of their power, and use this power to influence the decision making process.
Session 2A
Identifying the issue

- Describe the economic role and cost of mental health disorders in society.
- Know some methods for identifying a problem or issue for an advocacy campaign.
- Consider how to commission and use research to support the advocacy campaign.

Checklist to identify issue or problem

<table>
<thead>
<tr>
<th>Problem/Issue 1</th>
<th>Problem/Issue 2</th>
<th>Problem/Issue 3</th>
<th>Identify the problem's stage and why?</th>
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</thead>
<tbody>
<tr>
<td>Link local issues to global issues and macro policy context?</td>
<td>Provide potential for raising funds?</td>
<td>Be consistent with your values and vision?</td>
<td>Build accountable leadership?</td>
</tr>
<tr>
<td>Avoid creating divisions amongst those that you have to work with and influence?</td>
<td>Have a clear time frame?</td>
<td>Have clear advocacy targets?</td>
<td>Provide opportunities for people to learn about and be involved in policies?</td>
</tr>
<tr>
<td>Be easy to communicate and understand?</td>
<td>Be deeply felt by people?</td>
<td>Be widely felt by many people?</td>
<td>Be one that can be won?</td>
</tr>
<tr>
<td>Raise awareness about power relations and democratic rights?</td>
<td>Build strong lasting organizations and alter the relations of power?</td>
<td>Give people a sense of their own power?</td>
<td>Result in a real improvement in people's lives?</td>
</tr>
<tr>
<td>Will resolving the problem/issue solve some other underlying problems?</td>
<td>What policy goal does this research address?</td>
<td>Is this research appropriate to the policy goal?</td>
<td>Will my research be done in time to meet my policy objectives?</td>
</tr>
<tr>
<td>Will it be easier, cheaper, or more effective to gain the same results?</td>
<td>How will I use the results to advocate for that policy goal?</td>
<td>Is there another (cheaper, easier, more effective) way to gain the same results?</td>
<td>Define the problem</td>
</tr>
</tbody>
</table>

- What is the problem?
- Why is it a problem?
- Why is it a public problem?
- Identify the problem's stage and why?
Types of Research for Advocacy

- Opinion polls/Surveys
- Economics research
- Review of mental health policy websites and actions
- Qualitative research

Presenting your research

- Communicate results directly to policymakers.
- Hold a press conference.
- Invite press to meet at your office to discuss results.
- Call a journalist with whom you have a good relationship, or who has written on the topic, and offer “exclusive” rights to the research.
- Write a press release and send it to various media.
- Refer to your findings in letters to the editor, letters to politicians, speeches.
- Share your results, if not a formal report, at least key findings (which may be all that people read) with other potentially interested organizations.

Specific suggestions on research to meet advocacy objectives

- Your advocacy objectives should guide your research. Start with what information you need to press for a certain policy change; then plan your research.
- Test the questions before use, ensure they are clear.
- Decide which questions you need and which you don’t.
- Plan your data analysis in advance—if you will use a computer, set up the form on the computer before you conduct the survey. Make sure you have the time and ability to do the analysis.
- Only do the survey if you know how it will be useful.
- Remember: tie results in to your policy initiatives.
Session 2B

Identifying a solution

- Describe a frame for strategy planning.
- Conduct a campaign oriented view using the "Nine Questions" strategy planning tool.
- Be familiar with methods for choosing solutions for a problem or an issue for an advocacy campaign.

Triangular analysis

- **CONTENT** refers to the constitution, written laws & policies, budgets
- **APPLICATION** refers to the process and institutions of the state that implement and enforce law and policy such as courts, police, ministries, schools, etc.
- **CULTURE** refers to shared values, attitudes and behaviors, level of awareness about law and government, sense of rights

Questions to guide triangular analysis

1. Is a new or improved law or policy needed?
2. Is the existing policy or law being implemented or enforced adequately?
3. Do people know the law and believe that they have rights in order to pursue solutions or make demands on the system?

ACT ON

- **Advantages** refer to organizational or internal capacity
- **Challenges** refer to societal or external environment
- **Threats**
- **Opportunities**
- **Next steps** refers to initial plan of action

What is our vision of change?

With a vision, a group can:
- Focus and make strategic decisions when faced with turning points or setbacks
- Identify common ground and build cohesion
- Motivate people who do not yet believe change is possible
- Evaluate alternative solutions
- Identify practices and behaviours that can be enacted in the present
- Imagine a future world that is different for their children and grandchildren
- Call members to action now to build toward changes that may not be realized in their lifetimes
- Bring forth a sense of purpose as a significant sustaining force

Creating a vision of change

To create a vision for your group, ask yourselves:
- If the changes we want happen, what would be different? Whose lives would be improved? How?
- If we created a world based on our values of a just, decent society, what would be different?
- Will the solutions we want help create this world? How?
- What can we do now to begin to create this world on a smaller scale – in our personal relationships, families, communities, organizations, and/or civil society?
- Imagine that we resolve all the problems we described.
- Imagine a morning 5, 10, 20, 50 years from now. When people awaken, how do we want the world to be?
Session 3A

Developing an advocacy strategy

- Know how to choose a focus for an advocacy campaign

Through rolling incrementalism, advocates go on to:

- Select strategic goals
  - Identify key capacities and set advocacy objectives around them
- Consolidate gains
  - Recognize and celebrate important gains - even during seeming setbacks - in areas they might not otherwise have noticed
- Fine-tune strategic choices for greatest effectiveness
  - Recognize when small gains in multiple areas may lead to a reassessment and the selection of new strategic targets

“Nine Questions”

1. What do we want? (GOALS)
2. Who can give it to us? (AUDIENCES; KEY PLAYERS; or POWER-HOLDERS)
3. What do they need to hear? (MESSAGES)
4. Who do they need to hear it from? (MESSENGERS)
5. How can we get them to hear it? (DELIVERY)
6. What do we have? (RESOURCES)
7. What do we need to develop? (GAPS)
8. How do we begin? (FIRST STEPS)
9. How do we tell if it’s working? (EVALUATION)

Strategy planning objectives

1. Do you have both short- and long-term objectives?
2. Do you have objectives that both look outward and inward?
3. Do you have objectives focused on action at multiple levels?

Anticipated advocacy outcomes

1. A problem is dealt with by having a law amended, a policy made, decree issued, etc.
2. The decision making process is changed toward more:
   - Involvement of citizens
   - Accountability
   - Transparency
3. Citizens are aware of their power, and use this power to influence the decision making process.
To choose objectives, think about which piece of your vision is:

- Important enough:
  - to build the support and/or active involvement of those affected? Of potential allies? (e.g., Is it a priority issue for them? If not, will they at least support your efforts?)
  - to engage the general public?
  - to build toward your vision?

- Small enough to achieve in the short-term (6 months to 2 years)?

- An opportunity to build skills and facilitate grassroots empowerment?

What objectives will we focus on?
Session 3B
Identifying the strengths and weaknesses in your organisation.

- Identify the strengths and weaknesses of an organization in undertaking an advocacy campaign.
- Identify characteristics of effective leadership.

“Nine Questions”

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Who are we?

- Who are we? What perspectives and identities do we bring to our work?
- Do we represent someone besides ourselves? If so, what is our accountability to these people?
- What are our sources of power?
- What are our sources of legitimacy and credibility? From the perspective of those we represent? From the decision makers’ perspectives?
- What risks do we face? What are we afraid of? What might happen if we take action?
- What are our values? Why are we engaged in advocacy? How do we want to work together as a group?

Organization checklist

Leadership
- Is the organization run by a single, charismatic founder? Or is second and third generation leadership being developed?
- Are staff members encouraged to take on greater levels of responsibility?

Organizational Infrastructure
- Does the organization have the people resources – staff and/or volunteers – to do the work?
- Does the organization have a sound financial base?

Skills and Capacities
- What are the organization’s strengths?
- What areas could be developed?

Relationships
- Do we represent someone besides ourselves? If so, what are our sources of legitimacy and credibility?
- Do we have a constituency base?
- Do we have productive relationships with other civil society organizations (CSOs), decision makers, the media, and funders?

Experience and Confidence
- Is the organization willing to try new things and learn from its mistakes?
Building effective leadership

- **Visionaries** who raise the view of the possible
- **Strategists** who chart the vision and achieve what’s attainable
- **Statespersons** who elevate the cause in the minds of both the public and decision-makers
- **Experts** who wield knowledge to back up the movement’s objectives
- **Outside Sparkplugs** who good and energize, fiercely holding those in power to account

Building effective leadership

- **Inside Advocates** who understand how to turn power structures and established rules and procedures to advantage
- **Strategic Communicators** who deploy the rhetoric to intensify and direct public passion toward the movement’s objectives
- **Movement Builders** who generate optimism and good will, infecting others with dedication to the common good

Building effective leadership

- **Generalists** who anchor a movement, grounded in years of experience
- **Historians** who uphold a movement’s memory, collecting and conveying its stories
- **Cultural Activists** who pair movements with powerful cultural forces
Session 4A

Forming an effective coalition

- Describe what coalitions can bring to an advocacy movement
- Describe some of the limitations of coalitions
- Identify the structures of coalitions

Coalitions bring powerful benefits

- Strength in numbers
- Strength in diversity
- Shared workload and resources
- Cohesion and solidarity
- Creating a micro-model of a just, decent society

Coalitions bring difficulties

- Differences among members could paralyze the coalition, preventing it from making progress toward its goal and discouraging members from working in future coalitions.
- Working in a coalition may take time and energy away from working closely with constituents and members.
- The investment of resources could outweigh benefits received, especially if other members do not do their share of the work.
- Shared decision-making power could mean members surrender control over the agenda, tactics, resource allocation, and other strategic decisions.
- An organization’s identity could be masked by the coalition identity, making it difficult to act autonomously.
- The coalition may become too large or “bureaucratic” to function.
- Rather than cooperating with each other, members may end up competing with coalition partners for resources, funding, and public recognition.

Resources that groups can bring to advocacy coalitions

Public Credibility  A Large Membership Base
Access to Decision Makers  Advocacy Experience
Staff Time  Media Contacts/Expertise
Funding  Space/Equipment/Postage
Volunteers  Diversity
Contacts With Potential Allies  People Directly Affected

Alternatives to coalitions

- Continue building and maintaining new relationships, on both the individual and organizational level.
- Continue sharing information through networks.
- If no one else is ready to work on the issue, start anyway and keep others informed about your work.
- Collaborate in less intense ways
  - work together on a single event or short-term campaign.
  - develop parallel organizations that work separately toward the same goals. This may be effective to bridge large differences, such as the power differential between smaller and larger organizations.

Choose the right kind of diversity for your coalition

- For each key audience - especially the decision makers - what or who influences them? Who needs to be involved to give your coalition credibility and legitimacy?
- Whose expertise or information is needed to create an effective strategy?
- Who has the resources needed to carry out an action plan?
Diversity
- by Issue Sector
- by Civil Society Sector
- by Geographic Region and Scope
- by Organization Size
- by Personal Background

Diversity by organizational resources
- Legitimacy and credibility
- People power
- Knowledge
- Expertise
- Relationships
- Money
- Facilities

Basic coalition structures
- Membership
- Participation
- Leaders
- Making decisions
- Coalition identity and members’ autonomy
- Communication
- Logistics

Four important components of a workable coalition
1. Clear coalition structures
2. Open communication
3. A unified platform
4. Campaigns with measurable long and short-term outcomes

Types of coalitions

<table>
<thead>
<tr>
<th>Coalition Types</th>
<th>Informal</th>
<th>Formal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Information sharing only</td>
<td></td>
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<tr>
<td></td>
<td>No organized meetings</td>
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<tr>
<td></td>
<td>Do not take joint positions</td>
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<tr>
<td>Ad Hoc Coalition</td>
<td>Have a specific objective</td>
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<tr>
<td></td>
<td>Have informal leadership</td>
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<tr>
<td></td>
<td>May not have a name</td>
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<tr>
<td></td>
<td>Membership Fluid</td>
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<tr>
<td>Formal Coalition</td>
<td>Have name, letterhead, etc.</td>
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<tr>
<td></td>
<td>Have formal leadership</td>
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<tr>
<td></td>
<td>Eligibility rules</td>
<td></td>
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<tr>
<td></td>
<td>May have fees</td>
<td></td>
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<tr>
<td>Permanent Coalition</td>
<td>Bylaws</td>
<td></td>
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<tr>
<td></td>
<td>Fees structure</td>
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<tr>
<td></td>
<td>May have staff/office</td>
<td></td>
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<tr>
<td></td>
<td>Have executive committees</td>
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</tbody>
</table>
Session 4B
Creating messages

- Know how to write the main message of an advocacy campaign
- Know how to reframe a message in line with the needs of the advocacy campaign

"Nine Questions"

1. What do we want? (GOALS)
2. Who can give it to us? (AUDIENCES; KEY PLAYERS; or POWER-HOLDERS)
3. What do they need to hear? (MESSAGES)
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8. How do we begin? (FIRST STEPS)
9. How do we tell if it’s working? (EVALUATION)

A good message is

- Simple
- To the point
- Easy to remember
- Repeated frequently

Keep it simple

- Put your frame around the issue
- Know your audience
- Invite the audience to "fill in the blank" and reach your conclusion on their own
- Present a solution

Core messages and tailored messages

Core message
Reducing smoking-related illness makes health care more affordable for everyone.

Tailored message
For an audience of doctors:
Passive smoking is an expensive public health hazard that requires responsive public health laws and regulations.

For an audience of policy makers:
Smoking bans in public places achieve clear health benefits at reasonable or low costs and are politically popular.

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Framing exercise

Some policy makers see bullying in schools as "part of growing up" and not as a serious problem.

There is an unspoken perception that being bullied "toughens" weaker children and that it does no long-term harm.

Bullying is seen as "serious" only when assault or robbery occurs and then it is seen as an issue for the police not a health issue.

How can advocates reframe this message?
<table>
<thead>
<tr>
<th>Desired Problem Definition</th>
<th>Current Problem Definition</th>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Desired Person/Institution/Phenomenon Responsible</th>
<th>Current Person/Institution/Phenomenon Responsible</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Desired Proposed/Operating Solution</th>
<th>Current Proposed/Operating Solution</th>
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Session 5A

Working with the media

- Understand what is meant by media advocacy
- Write a press release
- Be aware of some elements of effective web design

Basic Principles of Media Advocacy

- Be flexible, spontaneous, and creative
- Seize the initiative - don’t be intimidated
- Stay focused on the issues
- Make it local/keep it relevant
- Know the medium
- Target your media messages
- Make sure your media know and trust you
- Your best spokesperson may be someone else
- Wit and humor have many uses and virtues

Guidelines to increase the chances for media coverage of your issue

- Make sure the information is timely
- Localize the issue
- Accent the human interest angle
- Demonstrate support for your issue
- Always make sure that your sources are credible

Learning about the media

- Gather information about the operating policies, audiences, deadlines, and key personnel of local media that might be interested in your story.
- Note who is writing about or reporting your issue and where.
- See which media (newspaper, radio, television) spend the most time on your and related issues.
- Identify journalists who cover issues related to your issue and become familiar with their style.

Framing your issue

- Frame the position positively - negativity and defensiveness make messages less appealing and identifiable.
- Present yourself and the issue as pro-safety, pro-health, and pro-freedom from public hazards and death.
- Speak on behalf of the “public,” “citizens,” and “community,” not “supporters of specific action or legislation.”
- Come across as representing the community, not a special interest group.
- Do what you can to frame opponents in a negative context.
Organizing materials on your issue

- Background information and position papers
- Fact sheets and Q&A brochures
- Quotes or endorsements by prominent authorities
- Biographies of spokespeople and organizational contacts
- A press release

Delivering a story

- If you call, be particularly sensitive about time.
- It’s a good idea to start out by asking whether it is a convenient time, or if another time is better.
- Get right to the point. Don’t argue if there’s no interest in the story; deliver it to someone else
- Leap on expressions of interest with offers of more information, then and later.
- Don’t linger unless you feel a strong invitation to do so.
- Follow up immediately on anything you’ve promised.
Session 5B
Working with the media II
Conducting an interview

- Describe the effective and cost-effective elements of mental health promotion and prevention policy
- Consider how to conduct a broadcast interview

Conducting a broadcast interview

1. Before the interview, study several shows for interviewing style, setting, and degree of audience participation.
2. Several days before the interview, send briefing materials to the interviewer or producer.
3. If the interview is to be done in your office or home, make sure the setting is quiet and pleasing; turn telephones and paging systems off.
4. If there is a pre-interview to establish procedures for the interview, use it to tell the interviewer which points you hope to stress.
5. During the interview, assume that the camera and microphone are on from the moment of arrival.
6. Give clear answers, phrasing them to suit the audience.
7. On a panel, use interruptions strategically.
8. Thank the interviewer and producer after the program.

Conducting an interview for print media

1. Learn as much as you can about how the interview will be used and where and when the story run.
2. Before the interview, send the reporter written materials.
3. During the interview, stop to think through the answers carefully.
4. Ask the reporter to check facts and quotations with you after the interview.
5. After a helpful article appears, even one in which you’re not quoted, send a note thanking the reporter, offering to serve as a resource in the future.

Letters to the editor

- Be timely
- Be concise and to the point
- Use facts and examples to back up your opinion
- Be sure to explain the subject to the reader
- Use a local angle for the most impact
- Be creative and original
Session 6A

Overview of what we have learned

- Describe some of the mental health promotion and mental disorder prevention policies of the countries of the European Union.
- Have a concrete plan of next steps to be taken on returning home.

Crafting the campaign

- Assess your own situation, including the current reality, sources of power and capacity, and possible starting points for creating change.
- Select achievable targets for getting started.
- Create an action plan, including how to use your resources, what capacities to build, and which actions, tactics, and tools to use.
- Navigate the little victories, setbacks, compromises, unexpected opportunities, and uncertainties that line the road to the long-term change you want to achieve.

Flexible frame for strategy planning

```
Environmental Scan
Where are we?  Where are we going?

Rolling Incrementalism
Advocacy’s Orientation:
We can (and we will)
```

“Nine Questions”

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Anticipated advocacy outcomes

1. A problem is dealt with by having a law amended, a policy made, decree issued, etc.
2. The decision making process is changed toward more:
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   - Transparency
3. Citizens are aware of their power, and use this power to influence the decision making process.
Session 6B
Preventing burn out
Wrap up and course evaluation

Work-related stress and burnout

<table>
<thead>
<tr>
<th>Symptoms</th>
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<tbody>
<tr>
<td>Emotional distress</td>
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<tr>
<td>Anxiety, depression</td>
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<tr>
<td>Burn-out</td>
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<tr>
<td>Emotional exhaustion</td>
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<tr>
<td>Depersonalization</td>
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<tr>
<td>Personal accomplishment</td>
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<tr>
<td>Gastrointestinal disorders</td>
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<td>Headache</td>
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<tr>
<td>Sleeplessness</td>
</tr>
<tr>
<td>Cardiovascular disorders</td>
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<tr>
<td>Musculoskeletal disorders</td>
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</tbody>
</table>

Determinants - Characteristics of the job and role
- Role ambiguity
- Role conflict
- Role overload
- Time pressures
- Interpersonal conflict
- Supervisor abuse
- Exposure to violence and threats
- Lack of control
- Quality of support systems

Determinants - Organisational characteristics
- Working shifts
- Psychological environment
- Contingency of organizational outcomes
- Social support

Determinants - Personal characteristics
- Personal expectations
- Career expectations
- Personality characteristics
- Coping strategies