Personal Research

Ludivine Colin
Inter 4A
2021 / 2022

The stigmatisation of mental illness

How can actors (mental government / charities / Health professionals...) better align their communication messages to educate and improve the perception on mental health disorders to the general public, when faced with uncontrollable amounts of unverified information ?

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MA RECHERCHE PERSONNELLE

RECHERCHE PERSONNELLE TUTORÉE

2021-2022
Fiche d'évaluation-1

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PARTIE RESERVÉE À L'INTERVENANT

DOSSIER ÉCRIT

FOND — / 15PTS

Groupe 1 : la démarche — ***(note sur 7)***

- *Qualité de la démarche, rigueur et méthode*
- *Qualité des sources et de la recherche documentaire*
- *Esprit critique et capacité à interpréter les données recueillies*

Groupe 2 : la réflexion — ***(note sur 8)***

- *Qualité de l'analyse*
- *Maturité de la réflexion, capacité d'interprétation et d'anticipation*
- *Ouverture d'esprit et hauteur de vue*

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- *Qualités rédactionnelles et style*
- *Qualité du plan : logique, choix du nom des paragraphes*
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Par ex : indications en bas de page existantes mais imprécises, mise en page aléatoire, mauvaise qualité d'impression, reliure de mauvaise qualité, bibliographie mal présentée, vocabulaire imprécis ou inadapté...

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MA RECHERCHE PERSONNELLE

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2021-2022

PROJET ORAL
Fiche d'évaluation-2

FOND / 15PTS

Groupe 1 : restitution du travail écrit ***(note sur 5)***

- *Maîtrise du sujet*
- *Qualité et pertinente de l'argumentation*
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- *Qualité et justesse de la réponse*
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- *Pertinence de la réponse par rapport au contenu et analyses soutenues dans le dossier écrit*

Groupe 3 : question sur l'actualité de la communication et du marketing ***(note sur 5)***

- *Qualité de la veille de l'étudiant*
- *Capacité à construire une réponse argumentée en improvisation*
- *Qualité d'analyse et ouverture d'esprit*

FORME (AU-DELÀ DE LA CONFORMITÉ AU CAHIER DES CHARGES) / 5PTS

- *Pertinence des réflexions et analyses spontanées, gestion de la contradiction, capacité à mobiliser une expertise*
- *Inventivité, créativité, enthousiasme*
- *Qualités relationnelles et aisance à l'oral, gestion du temps*
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PENALITES TUTEURS (DE 1 À 5) / -PTS

Le tuteur se réserve la possibilité de points négatifs (de 1 à 5) si la forme, bien que recevable a priori, ne satisfait aux exigences de qualité des attentes pédagogiques.

Par ex : slides de mauvaise qualité, surchargés, manque de logique dans la présentation, discordance entre les arguments de l'écrit et de l'oral...

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SYNTHÈSE DE PROJET PROFESSIONNEL

SYNTHÈSE PROJET PROFESSIONNEL

2021-2022
Fiche d'évaluation

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Introduction - Conclusion (1 page + 1 page) — / 2 PTS

- *Qualité et hiérarchisation de l'information et du discours*
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Partie 1 : Analyse du rôle stratégique de la communication pour l'entreprise ou la marque ou le(s) clients d'une agence (4 pages) — / 9 PTS

- *Analyse du rôle de la communication pour l'entreprise*
- *Analyse de la marque, insight consommateur ou client*
- *Esprit critique sur la situation vécue*

Partie 2 : Apports personnels et professionnels, mise en perspective avec le projet professionnel — / 9 PTS

- *Précision et profondeur de l'analyse des apports professionnels*
- *Précision et profondeur de l'analyse des apports personnels*
- *Cohérence de la mise en perspective du projet professionnel*

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Summary

This research work allowed me to find solutions in order to limit the stigmatisation of people living with mental illness.
Starting with defining the key concepts allowed me to understand the context around this problematic. Then, I enjoyed analysing the elements I produced such as the survey, both interviews. Crossing them altogether was a way for me to improve my skills in analysis and synthesis.
Leading interviews with communication professionals was enriching because they taught me a lot due to their expertise. They brought me new ideas and a new motivation.
And finally, thinking about solutions helped develop a critical mind. It was very rewarding to be able to give my opinion and develop my ideas through the advanced analysis I did.

In order to complete this project, I met obstacles. Indeed the main difficulty was that it is a long-term project and I tend to lose motivation quite quickly. It was a true hardship to complete this project on time. Indeed, I enjoy a lot small projects that last a week or two but I am not able to organise myself efficiently when faced with a long project.
This research paper also helped me understand that I am not interested in doing a thesis after my master's degree. Indeed, I was questioning myself on my abilities to work on a thesis. I now know that this type of project is not made for me and I would rather complete short-term projects or long-terms one for which I am able to travel and see the world. I am definitely aware that I might need to work on a long-term project for the future. I will then try and organise myself in periods of time. Indeed, for this personal research, I was more than motivated at the beginning and conveyed my survey and my interviews very quickly. It allowed me to start my analysis quite quickly as well. However, as I worked on this project for quite a long time, I also paused it for a long period of time. It is also difficult to combine my internship in France Bleu, the writing of this personal research and my personal projects.

This project was a great way to understand what I enjoy the most doing which is thinking about solutions. Indeed, I now realise that I find my motivation in reflecting a problem. Creating communication strategies in order to improve a condition or a cause is something I will like to be doing in my future.

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Also I would like to thank my family and friends for their support. Without that support, I couldn't have succeeded in completing this project.

At last but not least, I would like to thank everyone who helped and motivated me to work on this project and most specifically the social media influencer **Olympe** who gave me the idea to write this essay.

In order to complete the second part of the personal research which is the professional project synthesis, I was guided by all my team members :

Camille Schaller in charge of the music partnership who proofread this paper ;

Anne-Florence Mignot, international communication director and event organiser ;

Laurent Coviaux, cinema partnership director and his apprentice **Jean Piquemal**

Emmanuelle Roig, RP and promotion director

Paule Paganon, RP director

And **Delphine Marcais**, communication director

I would finally like to thank France Bleu and Radio France for having supporting me and **Sandrine Martel** who offered me this amazing opportunity.

Introduction

For my 4th year in International Global Communication at ISCOM, I needed to work on a personal essay. I chose the topic of mental illness as it is a current question of society. I am also personally interested in this subject as I value inclusivity in diversity. I want to be able, in my personal and professional life to talk properly to people living with mental illness and to help improving the destigmatisation of mental illness.

The question of my personal research is the following :

How can actors (mental government / charities / Health professionals...) better align their communication messages to educate and improve the perception on mental health disorders to the general public, when faced with uncontrollable amounts of unverified information ?

I chose this question because it allowed me to develop on the topic of mental illness. It also mattered to me to understand how our modern society can limit the stigma on people living with mental illness.

The objective of this research was to find solutions in order to limit the stigmatisation of people living with mental illness. The limits I might encounter will be due to the fact that the stigmatisation of mental illness is pretty dependant to the context, culture and religion. Knowing this, it is consistent that finding solutions to tackle a global problem is a difficult task. Indeed, the best solutions need to be very specific. However, in this personal research, the idea is to produce feasible solutions.

In order to reduce the stigmatisation of people living with a mental illness, I followed the following outline :

Firstly, I am going to detail the context by explaining the concepts, giving out facts and stats about the stigma of mental illness and the number and the identity of the actors communicating on mental illness as well as their methods.

Then, I will analyse my research work. In order to complete this part, I read two books on the subject, I conveyed a qualitative survey to a large public and I lead two interviews with communication professionals whose work are to limit the stigmatisation of people with mental illness. I will also explain the World Health Organisation plan of 2013 to 2020 whose objective was also to diminish the stigma on people with mental illness.

Finally, I will assess the situation with my personal opinion and bring out solution to the questions and problematics I raised.

Part 1 : Context

1. Definitions and explanation of the concepts

" The way we talk about mental health and people experiencing mental distress can reinforce negative stereotypes and be stigmatising, without us even realising it." According to Mental Health Europe (MHE), language is a powerful tool. (Words matter, May 2019) [1]

For the purpose of this research, I have chosen to follow MHE's directions in terms of vocabulary. I am aware some of the terms might not be appropriate for everyone, however choices must be made in order to write this essay.

We will address to someone living with a mental health problem as such. The objective is to avoid using diagnostic language when referring to people. Following this logic, we will not say : "He / she is a schizophrenic", "The mentally ill/ sick", "People with mental disorders", "The mentally diseased / disordered". However, we will say : " A person with a mental health problem ", " A person living with mental ill health ", "Mental health service users", " Person with lived experience ", "Expert by experience".

We will also speak about someone's experience and not their symptoms. We will not say : "The patient", " Symptoms of depression ", "He / she has bipolar disorder", " Mental disease ", "Suffer from". However, we will say : "A person experiencing mood swings", " She / he is hearing voices or has unusual beliefs ", "He / she has been given a diagnosis of", " Someone who is currently experiencing ", "A person receiving support for", "People experiencing mental ill health / mental distress", "Encountering / experiencing emotional or psychological difficulties".

We will also be only using verified information or researches made by experts in order to avoid clichés that could be harmful. This research will be conducted about people living with a mental health problem. We will not focus on a particular mental health problem. Indeed, in their book : *Stigmatisation : les troubles mentaux en milieu de travail et dans les médias de masse*, Henri Dorvil, Laurie Kirouac and Gilles Dupuis[2] split mental health problems in two categories : common and serious. Common mental health problems being anxiety and depression disorders and serious mental health problems being disorders such as schizophrenia, PTSD or Tourettes… This research will then showcase both mental health problems and the stigmatisation they come with.

Speaking of stigmatisation, in his book *Living with a global illness in a globalised world*, Ugo Ikwuka[3] explains the notion : "*Stigma occurs when a person's actual social identity falls short of the idea identity defined by society, such as behavioural expectations in given situations*". Ugo Ikwuka also defines the

different types of mental illness stigma : public stigma which occurs when people endorse negative stereotypes and consequently discriminate against those labelled "mentally ill" (Corrigan, Druss & Perlick, 2014) which leads to thinking about people living with a mental health problem as dangerous and unpredictable. Self-stigma which is *"the transformation process whereby one's previously held identity is supplanted by a stigmatised less desirable view of one's self*" and finally associate stigma : "*the impact of stigma is not limited to the person with mental illness*." It can also affect their family, friends and associates through "courtesy stigma" (Corrigan & Miller, 2004).

In destigmatising people with mental health issues, there are multiple communication actors such as governments, charities, mental health professionals and people living with mental health problems themselves. Although the ladder do communicate on the matter, we will not consider as communication actors, the people living with mental health problem as this research focuses on professional communication actors.

2. Communicating on mental disorders

a. Stats and facts on the stigmatisation of mental illness

The stigma of mental disorder is quite fixed in our society. To understand this concept we will use figures and statistics found in surveys.

In the foreword of *Living with a global illness in a globalised world*, Ugo Ikwuka[3] explains the following : "*Mental disorders alongside cancer, cardiovascular diseases and diabetes cause 70% of deaths globally. Depression, probably the most common mental disorder, is currently among the ten leading causes of disability-adjusted life years (DALYs) and is projected to be among the top 3 by 2030 (Mathers & Loncar, 2006). Estimates of years lived with disability in 2017 confirmed that low back pain, headache disorders and depression were the top three conditions in both females and males, globally (GBD, 2017 ; Disease and injury incidence and prevalence collaborators, 2018). The direct human effect of these facts is exemplified by suicide figures : suicide is the leading cause of death in young people aged 15 – 29 years and is in the top 3 leading causes of death among those aged 15-44 years. In 2016, 79% of suicides occurred in low- and middle-income countries (WHO, 2020)*"

Stigmatising people living with mental health problems has consequences. As Ugo Ikwuka describes in his book, social exclusion, structural discrimination, increased burden of disease, impedance of help-seeking and impedance of treatment and recovery are some of the main consequences. According to a Canadian study conveyed in 2010[4], 50% of Canadians would tell friends or co-workers that they have a family member with a mental illness, compared to 72% who would discuss a diagnosis of cancer and 68% who would talk about a family member having diabetes.

42% of Canadians were unsure whether they would socialize with a friend who has a mental illness.
55% of Canadians said they would be unlikely to enter a spousal relationship with someone who has a mental illness.
46% of Canadians thought people use the term mental illness as an excuse for bad behaviour, and 27% said they would be fearful of being around someone who suffers from serious mental illness.
To compare, another survey was conveyed in 2015 with the same Canadian population :
57% of Canadians believe that the stigma associated with mental illness has been reduced compared to five years ago. 81% are more aware of mental health issues compared to five years ago. 70% believe attitudes about mental health issues have changed for the better compared to five years ago.
Even if stigma is more understood and has reduced in the past year, it still remains a barrier :
64% of Ontario workers would be concerned about how work would be affected if a colleague had a mental illness. 39% of Ontario workers indicate that they would not tell their managers if they were experiencing a mental health problem. 40% of respondents to a 2016 survey agreed they have experienced feelings of anxiety or depression but never sought medical help for it.
These facts explain the phenomenon of social exclusion faced by people living with a mental health problem. Another study conveyed by Rethink Mental Illness (Scott, 2017) found that two-thirds of people living with mental illness who are unemployed are either looking for work or want to work. 68% of employers worry that someone with a severe mental illness wouldn't fit in their teams. Yet, the "mentally ill" label does not necessarily mean that someone cannot cope with work, won't fit in, or will require lots of time off. The workplace should be able to provide the flexibility and understanding that support required adjustments. The Citizens Advice Bureau reported that people with mental illness who have jobs end up leaving because their employers convince them instead that they are unable to cope.

Moreover, the services needed by people living with a mental health problem are not easily accessible. Indeed, while mental illness accounts for about 10% of the burden of diseases in Ontario, it receives just 7% of health care budget. Relative to this burden, mental health care in Ontario is underfunded by about $1.5 billion.
Only about half of Canadians experiencing a major depressive episode receive « potentially adequate care. ». Of Canadians aged 15 or older who report having a mental health care need in the past year, one third state that their needs were not fully met.
An estimated 75% of children with mental disorders do not access specialized treatment services.
In 2013-2014, 5% of ED visits and 18% of inpatient hospitalizations for children and youth age 5 to 24 in Canada were for a mental disorder.

Wait times for counselling and therapy can be long, especially for children and youth. In Ontario, wait times of six months to one year are common.

Moreover, individuals with a mental illness are much less likely to be employed. Unemployment rates are as high as 70% to 90% for people with the most severe mental illnesses.

It can be understood because of the cost of a disability leave for a mental illness which is about double the cost of a leave due to a physical illness. A small proportion of all health care patients account for a disproportionately large share of health care costs. Patients with high mental health costs incur over 30% more costs than other high-cost patients.

In England, a study for which children were interviewed in their schools about mental illness revealed 250 different words or phrases, none of which are positive (Rose, Thornicroft, Pinfold & Kassam, 2007). Similarly, a study that investigates school children's perception of people living with mental illness in South-Western Nigeria found the most popular descriptor to be derogatory terms (33%) followed by "abnormal appearance and behaviour" (29.6%) (Ronzoni, Dogra, Omigbodun, Bella & Atitola, 2010).

To summarize this series of figures, what needs to be remembered is that when promotion, prevention, and early intervention initiatives are made, returns on investment are truly positive.

b. Actors communicating on mental illness

i. The effects of branding and marketing on mental health

In order to understand the context surrounding the communication around the stigmatisation of mental illness, it is necessary to talk about the different actors involved.

Firstly, brands and marketing specialists are developing this matter using their reputation in order to modify the public's perception on mental illness.

After listing these startling numbers, it is not surprising that companies turn to their branding and marketing to raise awareness. However, as it is a part of a marketing strategy, the public might be questioning the legitimacy of the communication. As a consequence, is the marketing strategy lead by brands truly effective or simply a way for companies to prove ethic values ?

Vogue Business released a report entitled : *What brands need to know about mental health and marketing to Gen Z* in March 2020[5]. Consistent with the problem explained above, the fashion magazine stated :

"Facing unprecedented stress levels and an estimated 40 per cent uptick in mortality compared with Gen Xers at the same age, young consumers value mental health, and expect brands to engage with their emotional needs in a sincere way."

In the context of the coronavirus pandemic and the fact that young people are more open to talk about taboo topics such as mental health, Generation Z (10 – 25 yrs old) are the most likely generation to report mental illness or mental health conditions. Brands are now able to connect with younger audiences through innovative mental health campaigns.

Indeed, this generational need creates an opportunity for brands to position themselves as allies by partnering up with organisations compatible with their customer's values. *"For consumers, mental health awareness campaigns aren't necessarily efforts to win business, they're brand-building exercises in standing up for the things that really matter. They can also be a way of building brand loyalty, speaking from the heart, and authentically connecting with consumers."* (Lorna Keane, 2022)

According to Melisa Kose[6] in her article : *Is Mental Health Awareness the New Marketing Strategy Trend ?* published in 2019, the more mental illness is **well**-discussed, the more people living with mental illness feel understood.

"Branding and marketing experts not only influence the mental well-being of the public with strategically placed billboards, timed radio broadcasts, and disruptive TV commercials, but also most of the people that work within a public relations profession are themselves a victim of their surroundings."

There has been a complete shift in the past three years regarding mental health. Indeed, it was frequently ignored or taboo. Katrina Gay, the national director of strategic partnerships for the National Alliance on Mental Illness (NAMI), tried gathering multiple brands together three years ago to face the stigmatisation met by people living with mental illness. She was able to find seven brands because the others were not ready to associate with mental illness due to the sensitivity of the subject. She managed to grow that number to 50 brands which recognised needing an expertise to help resonate their communication strategies to their customers.

Now that companies have understood their roles into raising awareness on mental illness, it is interesting to quote the CMO of Saga Matt Atkinson. She believes that : *"before companies and organizations raise awareness of the issues surrounding mental health, they should start from within themselves. To improve the internal understanding of mental illness, he took a variety of initiatives such as enrolling his staff on a 'mental health first aid course'. He said, "By doing the simple things you start to raise awareness of the spectrum of (mental health) issues, what you can do about them, and how you can have slightly more open conversations about things that people don't necessarily want to talk about". Head of Social Marketing Katherine Crawshaw believes that brands can avoid using clichés by providing open communication channels for people to freely talk about the issues that concern them."*

Talking about the initiatives that some companies took regarding mental health, we can quote the global vacation week. It started trending in 2021 as a way to combat company-wide burnout. Bumble, Nike, LinkedIn, PwC, The New York Times and Google employees had a paid week off. This initiative allowed employees to stop their activity and worries for a whole week given that the entire assembly line was paused.

ii. Governments and mental health policies

In 2001, the World Health Organization (WHO) took a first step in order to modify the public's perception on mental illness. The organisation devoted both its annual health day and its annual health report to mental health. It called on countries to develop mental health policies. Later on, the Institute of Medicine in Washington launched a scientific report on neurological, psychiatric and developmental disorders in low income countries. This report paved the way for taking immediate strategic action to reduce the burden of mental disorders. The European Commission, as well as various governments, national non-governmental organizations (NGOs), professional bodies and the media play an important role in prioritising mental health in their countries.

"It is important to support governments to adopt mental health policies and to integrate mental health policy into public health policy and general social policy, because mental disorder causes a heavy burden for societies, impedes the development of other health and development targets, contributes to poverty and differentially affects the poor and, last but not least, because mental health itself is of intrinsic value as is physical health." Explained Rachel Jenkins[7]. Indeed, the numerous consequences caused by mental disorders should call on governments to act in order to limit the stigmatisation of people living with mental illness.

The text of UN Secretary-General António Guterres' video message to the Global Mental Health Summit: "Mind Our Rights, Now!", in Paris, and held virtually the 5 of October of 2021, reminded governments and members of the UN parliament to discuss the topic of mental illness and its consequences if put in second position. *"This Summit, the third of its kind, is an important step to raise awareness and share innovative ideas. I welcome a growing recognition that public health-care systems must include and prioritize mental health. I urge Governments to continue along this path by increasing the proportion of their health budgets allocated to mental health. I encourage them to include basic mental health care in training programmes for primary health-care providers. This substantially increases the care available.*

And all health care, including the treatment of mental health conditions, must respect people's human rights. This is a moral imperative – and it is more effective. I therefore particularly welcome this

Summit's emphasis on human rights. I also commend its multi-stakeholder approach. By working together, Governments, mental health professionals, civil society, academia and philanthropies can have far greater impact. I thank the Government of France for convening this Summit, and wish you every success in your deliberations. Thank you.".

iii. The media and their representation of mental illness

Now that we have discussed two main actors in the communication on mental illness (governments and brands), we need to understand the way our media promotes information on mental disorders. We will discuss how mass media's influence is massive, the way it presents mental disorders and the effects triggered.

Studies consistently show that both entertainment (cinema, theatre…) and news media provide overwhelmingly dramatic and distorted images of mental illness that emphasise dangerousness, criminality and unpredictability. They also model negative reactions to the mentally ill, including fear, rejection, derision and ridicule. Mental health advocates blame the media for promoting stigma and discrimination toward people with a mental illness.

According to Ind Psychiatry in 2018 [8], there are two mass communication theories: cultivation theory and social learning theory which work in together in order to influence the "*construction and perpetuation of mental illness stigmatisation*".

Cultivation theory	Those who spend more time "living" in the virtual world of television may perceive the "real world" as per the imagery, principles, and portrayals depicted on the small screen. People who spend a lot of time watching television are likely to assume a television worldview of mental illness.
Social learning theory	Learning is achieved not only through direct experience but also through observation. People acquire knowledge about behaviors as well as social conventions such as rules of conduct from television. Television teaches or reinforces social conventions about how to treat persons with psychiatric disorders.

Due to those two theories, we can say that individuals rely on the media for their perceptions of those who have mental illnesses, rather than actually talking to people with mental disorders, or organizations such as the World Health Organization, holding more detailed and verified information.

Unfortunately, the media depicts people with mental illnesses and their mental disorders as violent, unpredictable.

They also trigger people with mental illnesses to blame themselves for their condition. This has resulted in the belief that persons with psychiatric disorders are uncontrollable and dangerous and should be feared and avoided. Research has indeed shown that negative views of individuals with mental illness are directly proportional to the time spent watching television. Regular viewers hold more negative views compared to those who watch television for a very short period.

The media do not make it clear to the public that only a minority of those afflicted with mental disorders commit severe crimes and that the actual occurrence of violence by persons with mental illness is less than by so-called normal people. A young social media influencer called Olympe living with DID (Dissociative Identity Disorder) made a video about Billy Milligan entitled : “BILLY MILLIGAN, TDI NETFLIX ET SPLIT : Pourquoi la surmédiatisation de ce cas est un RÉEL PROBLÈME?”. She explains that showcasing extreme cases such as Billy Milligan’s influences critically the stereotypes on DID. Indeed, Billy Milligan is a man living with DID who was a criminal. To Olympe’s opinion, the media and the cinema treat his case as a criminal living with DID. She states that this might cause people to think he was a criminal because he had DID – which is a terrible conclusion that leads the public to think about people living with mental illness as dangerous.

Very common in television dramas or films are depictions of persons afflicted with mental disorder as violent and unpredictable, as victims, or as incapable of holding down a job. What is prominent in television programs is not only the connection of violence with people afflicted with mental disorders but also the tendency to place responsibility for scandals and tragedies associated with them on the policy that supports deinstitutionalization and community-based services.

We are exposing the question of children simply because their education will create or modify the stigma against people with mental disorders.

“Negative effects of media on child's mind are due to factors such as immaturity (concrete thinking) and inability of the child to distinguish fantasy from reality, particularly when programs are similar to “real life” situations.” [8]

As children spend more total time watching / gaming on mass media, they spend a significantly shorter amount of time with friends as compared to those who don’t and similarly less amount of time with their families. As a result, excessive media viewing may lead to poor peer relationships (risk for social isolation) and antisocial behaviour. Also, children spending more time on the television watching violent programs, results in fears, tensions, bad dreams and tendencies towards delinquencies.

Part 2 : Analysis

1. Synthesis of the research work

As a reminder, here is the question of this research :

How can actors (mental government / charities / Health professionals...) better align their communication messages to educate and improve the perception on mental health disorders to the general public, when faced with uncontrollable amounts of unverified information ?

Data was collected through two interviews and a qualitative survey whose method I describe in the annexe. I also conducted two professional interviews.

Nicolas (Nick) Morgan who is a director of Youth Involvement Lead for an organisation called Euro Youth Mental Health. He also has other roles in the freelance realm and is a member of the technical advisory group on the mental health impacts of Covid-19 in the European region.

And Katia Couton-Wyporek. At the time of the interview, she was the communication's director of Plaisir's hospital in France specialised in mental illnesses (78). She is now the communication director of OSCAR (rare diseases regarding the bones, calcium and cartilage).

I found Nicholas Morgan via LinkedIn when searching for someone working as the communication department of a charity or as someone working for the World Health Organization. The idea behind such a profile was to be able to discuss the operation of a charity. I was also looking for someone from the UK as it is a country where mental illness is already at the heart of health issues. It was interesting to be able to draw a parallel between countries where mental illness is at an advanced stage of destigmatisation and some where it is still very taboo. Indeed, one of the books I read for this research is written by a Nigerian author, Ugo Ikwuka. He talks about the barriers to healthcare in his country.

I knew Katia Couton-Wyorek as she was my tutor last year's internship. Contacted her was not a problem. I chose her because of her expertise in the communication field as she worked for Plaisir's hospital for 8 years. Besides, this hospital is specialised in mental illnesses and has youth and elderly departments which makes its range of expertise very wide.

The objectives of my two interviews were the same as the survey's :

- Definition of a good communication message and how to make one on a large scale ?
- Finding the responsible for educating people considering mental disorders
- Find a way to better coordinate the different communication actors

Now that I explained the methodology behind my survey and professional interviews, I am able to present the recurring themes such as the influence of the media, the representation of mental illness in the media, how to write a good communication message and who should be responsible for writing it.

a. Influence of the media and the number of actors in communication

"I think because there was a time when we were saying there wasn't enough information out there about it and there still isn't in many countries across the world, probably in the UK, we're quite saturated with it in that you've got celebrities doing campaigns and footballers and all talking about their mental health and it's great, it's really good, you know, it's good to be putting it out there. But at the same time, I think there's always an importance in recognizing what background has that person or that organization got the right to be able to give X, Y, Z advice on certain information on subjects?" (Nick Morgan, interview[9]). When I interviewed Nick Morgan about the quantity of information on mental disorders in the media and most generally the web, he was torn between two ideas : he thinks there might be too much information "to a degree" because he was able to think about 10 different British organisation who deal with the stigma on mental illness. He pointed out the importance of expertise and how it is more important to have experts talking about the subject – even if there are too many. However, he noticed that if they were a "king organisation" in each country it would be easier to communicate on the subject. This way, teachers and professionals need to look through the "noise" to determine which the most valuable source is.

Moreover, I interviewed Katia Couton-Wyporek[10] who is the communication's director of Plaisir's hospital. Katia differentiated two types of information : "information pure" which is the scientific explanation of mental illness and the information which makes it banal. Indeed, some terms and expressions have entered our French language : "This person is so bipolar" and make mental illnesses commonplace. Katia Couton-Wyporek thinks it is a good think to talk about mental illness but not all the time because the lign between destigmatisation and making it banal is thin.

In my qualitative survey[11], to the question, "what influence does media have on the stigma of mental disorders ?", 57.7% speak about a negative influence, 28.8% a positive influence and 13.5% , no influence. The three main answers are opposed : "Media enable people to learn about mental disorders and to understand that a lot of people suffer from these disorders." And "They're always presented in a very bad light. They stress the defects, the risks, and rarely provide any useful tip to help people who actually struggle with mental health disorders..." and finally : "Media tend to banalize mental disorder, making something unworthy to worry about".

Besides, 17.3% feel overwhelmed with information on mental disorders whereas 82.7% don't.

Moreover, in terms of the representation of mental illness in the media influencing the stigmatisation of mental illness, Katia Couton-Wyporek, explains during the interview I conducted, that she does not understand why media act the way they do. Indeed, she questions the role media have and their massive influence. She does not agree with their way of describing tragic information : “S'il y a eu un meurtre de quelqu'un par quelqu'un d'autre, on donne le contexte général, qu'il ait une maladie mentale ou qu'il n'en ait pas. Pourquoi le dire?”. In her opinion, the media needs to consider their huge impact in order to limit the stigma on mental illness. Then, she compares mental illness to a physic illness such as a gastric problem or diabetes. She states that in case a crime has been done, media will talk about the fact that the suspect has a mental illness and they won’t if it is a physique illness. Similarly, the media use of stigmatising vocabulary can have catastrophic consequences in her opinion. Nick Morgan agrees with this point of view as he claims : “*But if something happens with someone who is diagnosed and has severe difficulties with mental health […] And something goes wrong and a horrible accident happens in terms of violence or something like that. It's then how it gets reported. As well I think, and I haven't seen a bad reporting of that sort of stuff for a long time, but, I obviously don't watch the news in other countries, so that does play an element of it, of how it's reported. But hopefully if you were to educate young people and as they grow up about it, they would understand that violence didn't happen because of borderline personality disorder. It just happened because that person and that individual is else.*” However, he also thinks there has been more positive representations in TV shows that help destigmatise mental illness.

Moreover, in the book : *Living with a global illness in a globalised world – Combating stigma and barriers to healthcare* written by Ugo Ikwuka[3], he talks about the misconceptualisation and misrepresentation of mental illness in the media : ”*the media, which tends to be more concerned with audience sentiments and ratings rather than the social responsibility of responsible framing, is characteristically awash with exaggerated stereotypes of persons with mental illness that reinforce causal myths, prejudices, misconceptions, fear and anxieties*.”

Stigmatisation : les troubles mentaux en milieu de travail et dans les médias de masse[2] deals with the stigmatisation of mental illness in the professional world. The writers use Whitley and Berry’s research from 2013 to evaluate the content of the Canadian articles dealing with mental illness for a six years period. The results show that 40% of the articles focus on danger, violence and criminality ; 19% on the treatment of mental illness and 18% on the reinstatement and recovery of the patients living with mental illness. 83% of those articles don’t quote people living with mental illness.

b. Improving the perspectives on mental illnesses

Nick Morgan states that communication plays an important part in modifying the perspectives on mental illness. Indeed, he explains that these perspectives are completely different depending on one's *"culture, religion, country, education, system*". He showcases that education is necessary starting at a very early age and that mental health needs to be taught in school, the same way physical health is : "*When you're struggling like : if you were a sportsperson, you'd say, Oh, my foot's really hurting today. But we as young people and as adults as well, often we wouldn't say, Oh my, I'm feeling quite, really sad today, actually. I'm struggling to motivate myself. So I think that's a big part*."

Katia Couton-Wyporek adds that the perception of mental illness is already improving as we talk about it more often through literature, the cinema industry and the media. She states that destigmatisation has already started as it is less taboo. However, some mental illness such as schizophrenia are still misunderstood in her opinion. A person living with schizophrenia or DID might be considered dangerous by the public. In order to invert opinions, there are multiple actions that can be taken such as communicating or culture. In her work, Katia Couton-Wyporek has organised multiple projects where patients living mental disorders were creating art. She states that showcasing their creativity demonstrates their capabilities. That is why, she tries to communicate on these cultural projects as often as possible to show that having a mental illness or not doesn't modify your capabilities to create. In her opinion, it sometimes even makes it better art. She tries communicating on the art before communicating on the person living with mental illness who created it as a way to play on ambiguity. However, working for a hospital, there is an obligation to communicate as a medical center which forces to talk about people living with mental illness as patients and not only as people.

The next step according to Katia Couton-Wyporek is the vocabulary which is crucial. Nick Morgan also agrees that the right vocabulary is necessary in order to reduce the stigmatisation on people living with mental illness.

As Katia Couton-Wyporek and Nick Morgan agree on the need to use verified sources of information in order to improve the perspective on mental illness, the survey I conveyed showcases the question of the sources. Indeed, most the respondent said they use the Internet. Some talk about health professionals via website. Others talk about government agencies and books/research papers. 87% of the respondents think the information they found on their sources are verified and true. Unlike 13% who think the opposite.

c. Actors responsible for communicating on mental illnesses and their efficiency

Nick Morgan mentions the World Health Organisation as the responsible for communicating on mental illness. As a member of their technical advisory group for the impact of Covid-19 on youth mental health, he has worked for the organisation and advised them some changes – which had been originally implemented by their clinicians. That is why, he states that it is very difficult to say who should be responsible. He, however, agreed that theoretically, the WHO is supposed to be responsible but that it is really "*down to the individual*". Nick Morgan thinks the private sector is more efficient than the government in the communication on mental disorders : "*There's lots of charities who give funding. Some of that comes from the government. But in terms of actual economic investment in the country's infrastructure and its ability to offer services and support to, I say, young people, but anyone. That it's nowhere near as good as how charities are doing. Charities are picking up the pieces in the UK and so I assume it's probably even harder in other countries. In the UK, you know, it's still only something like 7% of the health budget goes on mental health and the rest*."

Katia Couton-Wyporek states quite the opposite as she says that nobody should take the lead of the communication as it is a matter of public health issue. However, even if it affects everyone, the communication still needs to gather around the same ideas and expertise: « *Exemple quand vous êtes un gouvernement et que vous voulez communiquer sur la maladie mentale, alors il faut aller voir les patients.* » She mentions associations of patients such as Unafam which is focused on the family of patients living with mental illness and CDU (commission de représentants des usagers) which deals with representing patients and speaking for them and their needs. She also mentions "*médiateurs de santé pair*" which are nursing staff living with mental illness.

She concludes : "*Et c'est pour ça que ça, c'est un bon exemple de ce que je voulais au départ, c'est à dire que ce n'est pas un groupe de personnes qui doit communiquer, c'est tout le monde. En essayant de communiquer avec en tête : 1. le respect de la personne en général et donc des patients. 2 : Ça veut dire qu'on se documente suffisamment quand on commence à dire des choses. Parce que dans les médias, malheureusement, parfois on voit des trucs qui sont faux.*" Communication needs to respect the people living with mental illness and based on verified information. According to Katia Couton-Wyporek, the difference with the government is that their communication needs to be focused on the measures taken and not just on informing people.

Unlike Nick Morgan, Katia Couton-Wyporek does not have an opinion whereas the private sector is communicating more successfully than the public one. However, she explains that it is due to the people : "*C'est à dire qu'il y a des gens qui sont convaincus de certains trucs. Il y a des gens qui ont certaines valeurs, qui vont porter des communications et d'autres qui seront faites un peu moins*

convaincues et qui vont moins les porter. Donc pour moi, il y a autant de gens intéressants qui vont porter des discours très intéressants dans le public que dans le privé. Oui, je ne fais pas cette différence. Pour moi, c'est en termes de personnes et en termes de groupe de travail et de groupe. Oui, mais ce n'est pas pour moi en terme de public et privé." In terms of budget, the government does not affiliate funds to communicating on mental illness to the public hospitals. However, it is possible to answer to calls for projects in order to organise events that destigmatise mental illness. There is no proper fund affiliated to communication besides having communication directors in the hospital – which, according to Katia Couton-Wyporek, is not sufficient.

In the survey I conveyed, 37 people out of 52 (71.2%) think the government should be responsible for communicating on mental disorders.32 people out of 52 (61.5%), charities. 33 out of 52 (63.5%), people living with mental disorder. 10 people out of 52 think it should be experts/doctors.

For 10 out of 52 people, the government is currently responsible for communicating on mental illness. 32 out of 52 think it is charities. 28 out of 52, people with mental disorders. 23.1% think the actors that are currently communicating on mental illness are not doing it well. Most of the people are referencing to a lack of budget, the use of violent terms, and the lack of scientific expertise.

However, 40.4% think the actors currently communicating are doing it well. And 36.5% don't know.

d. Examples of communication

As a member of multiple organisations dealing with the communication on mental illness, Nick Morgan had multiple examples to develop. He mentioned Youth Mental Health First Aid which is a program specific to the countries where it is implanted. It shares verified stats and information. Then, there are trainings in the UK for professionals such as nurses, doctors, policeperson or any staff that might get close to people living with mental illness.

Schools and teacher are also trained in order to be able to educate on mental disorders : "*My whole thing is training young people. I believe if you give young people knowledge, they can have agency and support, with their friends and each other. So that's a lot of what I do and creating young people advisory boards on mental health. So kind of helping schools maybe have a mental health culture by involving a group of young people from their schools who can help design it and create it and so on*."

As for Katia Couton-Wyporek, she works with a charity named Art Convergence whose objective is to destigmatise people living with mental illness through art and culture. They don't talk about patients as patients but as artists. As for a hospital which created projects in order to destigmatise, she quotes the Vinatier. This hospital has implemented a culture department called "La Ferme" where actions

such as workshops, exhibitions, conferences, debates. Artists come to see and talk to the patients in order to fight against the bias on mental illness and psychiatric hospital. The other objectives of these actions are to improve the life of the patients in these hospitals, to favour the open-mindedness of the patients on culture.

And finally, as for the survey, the examples that were given were the fact to have a therapist in the professional structure, trainings to professional in companies (against harassment…) and "happiness manager". In France, the event called "Le Téléthon" is also big on communication on illnesses, especially rare ones.

Someone also thought about RQTH (Reconnaissance de la qualité de travailleur handicap) which is a document that grants an easier access to professional integration in France. It also allows people living with an illness to be granted financial assistance.

In the book : *Stigmatisation : les troubles mentaux en milieu de travail et dans les médias de masse* written by Gilles Dupuis, Henri Dorvil et Laurie Kirouac, some examples of organisation are given. The Great West, insurance company created the "Centre pour la santé mentale en milieu de travail" whose objective is to : "*fournir librement des ressources publiques aux employeurs, entre autres, de l'information, des stratégies, des outils, des initiatives et du soutien pour la recherche dans le but d'améliorer la santé mentale en milieu de travail*." They created a website with the idea to help Canadians employers to better deal with mental health in a professional environment.

2. Case study : World Health Organization (plan from 2013 to 2020)

Available in four languages : French, Italian, Japanese and Spanish, the WHO's Comprehensive Mental Health Action Plan 2013-2020 [12] was adopted in May 2013 by The 66th World Health Assembly, consisting of Ministers of Health of 194 Member States.

The action plan's goal is to : "*promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders*." In order to achieve this objective, it relies on six cross-cutting principles : universal health coverage, human rights, evidence-based practice, life course approach, multisectoral approach and empowerment of persons with mental disorders and psychosocial abilities.
In order to strengthen effective leadership and governance for mental health, two main ideas have been developed : "*80% of countries will have developed or updated their policy/plan for mental health in line with international and regional human rights instruments (by the year 2020)*" and "*5% of*

countries will have developed or updated their law for mental health in line with international and regional human rights instruments (by the year 2020)".

And, as a way to provide comprehensive, integrated and responsive mental health and social care services in community based settings : "*service coverage for severe mental disorders will have increased by 20%*" (by the year 2020).

In a news release from October 2021[13], the WHO reports a lack of progress in leadership, governance and financing. Indeed, "*none of the targets for effective leadership and governance for mental health, provision of mental health services in community-based settings, mental health promotion and prevention, and strengthening of information systems, were close to being achieved."*

51% of WHO's 194 Member States reported that, in 2020, their mental health policy or plan was in line with international and regional human rights instruments, comparing to the 80% target. 52% of countries met the target relating to mental health promotion and prevention programmes, also below the 80% target. The only 2020 target met was a reduction in the rate of suicide by 10%, but 35 countries said they had a stand-alone prevention strategy, policy or plan.

However, steady progress was made in the adoption of mental health policies, plans and laws.

The transfer of care to the community is slow :

"*While the systematic decentralization of mental health care to community settings has long been recommended by WHO, only 25% of responding countries met all the criteria for integration of mental health into primary care. While progress has been made in training and supervision in most countries, the supply of medicines for mental health conditions and psychosocial care in primary health-care services remains limited*."

This is also reflected in the way that government funds to mental health are allocated, highlighting the urgent need for deinstitutionalization. This term was used by Arbodela and Florez in 2001 and explained by Ugo Ikwuka in his book[3] as the following : "*entails initiatives for public education on the recognition and prevention of mental conditions and the promotion of mental health in the population*"

There is an increase in mental health promotion, but their effectiveness is quite questionable according to the WHO. Countries reporting mental health promotion and prevention programmes, have increased "*from 41% of Member States in 2014 to 52% in 2020. However, 31% of total reported programmes did not have dedicated human and financial resources, 27% did not have a defined plan, and 39% had no documented evidence of progress and/or impact."*

There is also a slight increase in the mental health workforce from nine workers in 2014 to 13 workers per 100 000 population in 2020 : "*However, there was a very high variation between countries of*

different income levels, with the number of mental health workers in high-income countries more than 40 times higher than in low-income countries."

As the WHO reported global shortfalls in investment in mental health, they extended the Mental Health Action Plan to 2030. It includes new targets for : "*the inclusion of mental health and psychosocial support in emergency preparedness plans, the integration of mental health into primary health care, and research on mental health*."

"The new data from the Mental Health Atlas shows us that we still have a very long way to go in making sure that everyone, everywhere, has access to quality mental health care," said Dévora Kestel, Director of the Department of Mental Health and Substance Use at WHO. "But I am encouraged by the renewed vigour that we saw from governments as the new targets for 2030 were discussed and agreed and am confident that together we can do what is necessary to move from baby steps to giant leaps forward in the next 10 years."

In my qualitative survey, I asked if the respondents heard of the plan from 2013 to 2020 of the WHO. 94.2% did not whereas 5.8% did (3 people out of 52). One person who had heard of it said that it was great but another one said that it lacked local relays.

Part 3 : Assessment

1. Personal opinion: humanizing mental illness

The stigmatisation of mental illness is as terrible, for people living with them, as the symptoms themselves. I am convinced the shift has already begun. Indeed, people living with mental illness are starting to talk about their difficulties on social media to make others understand what it is like. Because with knowledge and education, comes the destigmatisation. I think stigmatisation is based on our fear of something we don't know. Getting to know people living with mental illness allows us to approach a different perspective.

This is why, when, as communicators, we want to talk about mental illness in order to destigmatise, we need to listen to the people who live with it. As basic as it might sound, we can't communicate on something we don't know. It would not come to our mind to create a communication campaign for the company we work for and not knowing well our target. It is the same problem here. It is more than necessary to know the context and the people in order to promote verified information.
In the same idea, it is necessary to use the right vocabulary. In fact, the terms are evolving very quickly and some are definitely more stigmatising than others. However, I am aware it depends on the individual as some terms might be offensive for some people and completely ok for others. Indeed, Nick Morgan told me, during his interview that when he advised some new terms to the WHO, they answered that those terms had been decided by their specialists. Indeed, nobody really know what is the best term to use. And that is why, if someone wants to communicate on mental illness, one must constantly benchmark any evolution in order to limit the stigma as much as possible.
All along this research I used the terms described in the document entitled *Words Matter*[1] by the MHE. This is because I know the source is reliable and, being interested in the subject, I cross-referenced with other sources which allowed me to have at my disposal the vocabulary, I think, is the least stigmatising.

In my opinion, the media is divided in two sections. There are the scientific articles written by specialists who interview people living with mental illness as soon as possible. And there are the news media. Some news media are very careful with the vocabulary they use. But most of them actually do not bother researching for specific terms. Indeed, some writers won't use inclusive language as it is sometimes a heavy writing, difficult to understand. As, inclusive language I mean : "people living with mental illness" instead of "a mentally ill (person)". In my opinion, even if it is heavier, the ethic problematics should be the number one concern as the impact of media is massive. In fact, most of

people rather click on an article with a catchy title such as : “The mentally ill robbed a bank” rather than “A man in his 40s robbed a bank”. The unhealthy curiosity we are all victims of, trigger us to be more interested in a bizarre article than a typical one. And given that the media (as every company) is looking for clicks, views and readership, this strategy works for them.

However, for others, ethical questions are the first priority. The scientific researches based on interviews of people living with mental illness try to inform and educate on mental illness and what it is like to suffer from one. In my opinion, there will never be enough scientific articles and media, as from a reader point of view, I know the information there is verified and true.

In order to shift the stigmatisation of mental illness, one key objective would be to ensure people to choose a scientific media rather than a news one for collecting information on mental illness. Indeed, news media are necessary in order to keep in touch with the world. However, people need to have a critical mind when reading those news media, as the way they depict mental illness is often far from the reality.

2. Solutions

a. What is a good communication message and how to release one on a large scale ?

In order to create and release on a large scale a good communication message, the first necessity is to ask specialists the right terminology and explanation. However, who is a specialist ?

I guess when asking a specialist their opinion, you need to look for someone who works with people living with mental illness. Someone who works in order to destigmatise mental illness and knows someone with one is also a specialist I would trust. The idea is to be careful with specialist who studied the theory without asking, knowing or working with someone with a mental illness.

When the right message is chosen, we need to ask ourselves the way we are going to release it.

In my opinion, educating people is the right way to talk about mental illness. That is why, I think about trainings and programmes. It is necessary for me to train teachers in school, in order for them to be able to talk about mental illness the right way. Indeed, some parents might not be educated on the matter and share their stigma with their children. The video produced by Noemi, entitled : “Le regard des enfants face au #handicap vs le regard des adultes” [14] shows how stigma acts for an adult and a children. Children are able to not notice the difference between someone living with a mental illness and someone who is not. That is why, educating children at an early age is a great way for the society to evolve. In the same way, educating children on mental illnesses can allow them to better deal with their own emotions. We know that nowadays Gen Z are definitely interested in the destigmatisation

of mental illness because they are affected by it. The numbers don't lie and the number of Gen Z living with a mental illness is still growing. I will let you imagine what it will be like for the generations to come.

That is why, in order to make our societies more inclusive, educating children is crucial.

Moreover, training teacher is not the only way to release a good communication message. Staff such as nursing staff (doctors and nurses) and police persons also face people with mental illness daily. Some people are already trained but some are not. It is more than necessary to be able to notice someone with mental illness for this type of staff and know what actions must be taken in order to deal with the situations gently. Programs against harassment with the objective to promote inclusion are crucial.

To put it in a nutshell, in the public sector, teachers, nursing staff and police person need to be educated in order to know how to act when faced with someone living with a mental illness and to spread the right message of inclusion and positivity.

In the private sector, programs and trainings have already been implemented. Especially in big companies where therapists are sometimes employed full-time to deal with the employees problems. However, it needs to be developed more as workers and employers stigmatise a lot people living with mental illness. Indeed, as we have seen earlier, it is rare for employers to employ people living with a mental illness because they think they are not as able as someone without one. They are more fragile and less efficient. However, the main problem is not due to the capabilities of someone with a mental illness, but to the organisation of the company which can be very strict. It has be proven multiple times that people living with a mental illness need flexibility and support to be able to work correctly. Companies should be able to provide this support.

Indeed, it would also improve their employment brands. Showing they are inclusive brands would attract workers such as the Gen Z who value a workplace which fits their own values.

In fact, those type of trainings and programmes are necessary in order to educate workers and employers on the capabilities of someone living with a mental illness. To fight against stigmatisation, it is crucial to develop targeted strategies everywhere. Indeed, as communicators, we are aware that the strategies that are the most efficient are strategies thought for a specific target. However, the actor responsible for creating these strategies should be unique. Indeed, in order to create trainings and programmes with the verified information and expertise, it is necessary for them to be unique. In my opinion, the WHO should be the one providing these trainings as it is the world organisation dedicated to health. I will explain more in details the WHO's role in the next part when discussing how to better coordinate the communication between the communication actors.

Now that we mentioned trainings and programmes in the private sector (companies), and the public sector (schools, hospitals, police stations…), we can bring up the press. Indeed, we talked about the different type of media and how news media often stigmatise people living with mental illness because they are not using the right terminology.

The following strategy can be developed for media which know that their role is to inform and when they are aware of their massive influence. What I would like to implement in the press is a toolkit of vocabulary non-stigmatising and of limits. Indeed, in my opinion, I do not see the point of telling the public everything and being a 100% transparent. This transparency increases unhealthy curiosity and can provoke stigmatisation. For instance, if a crime was perpetrated by someone which happens to live with a mental illness, what is the point in saying it ? Criminals living with mental illness are criminals because they are and not because of their mental illness. Like I said before, only a minority of people with mental illness committed a severe crime. This information which should obviously be given to the justice and doctors of the person, does not need to be given to the public as it stigmatises people living with a mental illness as dangerous and unpredictable.

In this toolkit, I would include the right terminology. Inspired by *Words Matter*[1] by MHE, a 2-page document should be sufficient. There will also be limits defined such as not mentioning the mental illness of a person who perpetrated a crime in the same way the media does not mention if a criminal have diabetes or any other physical illness.
However, this strategy questions the freedom of the press and of speech which is a fundamental right. That is why, this toolkit is a proposal for all media and most importantly a way to make them understand that if they keep communicating this way, they are stigmatising a whole community of persons. This toolkit shall never be forced into action but shall demonstrate how the media could use their massive influence in order to improve the world and making it more inclusive.

This toolkit should also be created by the WHO with the help of field charities, experts on the matter and most importantly people living with mental illness.

b. Proposition for a better coordination between the different communication actors

Everyone should communicate on the destigmatisation of mental illness. However, there should be some actors who are responsible of creating verified information. Indeed, it should be possible to turn to an organisation and know that their sources are valid, so their information is correct.
Indeed the WHO is the world organisation specialised in health. It is supposed to be the reference for everything related to health - mental illness being one of these topics.
I mentioned the WHO's plan to reduce the stigmatisation of people living with mental illness. The results of this plan were quite disappointing. In my opinion, it is mainly due to the fact that very little people had heard about the plan. It was not distributed in an efficient way.

In my opinion, it lacks local relays. By local I mean, it is necessary to have an authority in charge of mental illness in each country. In most of the developed countries, there already is an authority for people who live with a disability. However, these bodies are unknown by the public. They do not communicate on social media which is a shame because they cannot target the youth this way. Their action is limited.

It is necessary for governmental authorities to have a department or one person dedicated to communicating on mental illness/health. Allocating a budget for a position in governmental bodies is a simple way to ensure that the WHO's plan is implementing itself in the countries. Developing positions dedicated to sensitive topics like mental illness is also a way to attract new talents. Indeed, Gen Z are more than interested in the values of the place they work in.

i. Developing and developed countries

In developing countries, the stigma is less important. However, it is more than necessary to communicate on the destigmatising of people living with mental illness. Indeed, the form and nature may differ across cultures, but stigmatisation of mental illness is present in all societies and all classes of people.

However, as the form of the stigmatisation depends on the type of country and we noticed that anti-stigma campaigns are more effective with targeted than general information, the communication strategy needs to adapt to the country where it will be developed. Most importantly, it depends if they are part of the developing or the developed world.

Indeed, if it's a developed country, it is possible to communicate on the WHO's plan via the territories and governmental authorities. It is also necessary to use social media in order to target the youth.

Creative communication campaigns are also the leader in the industry of destigmatisation. Indeed, their influence is major as they are more easily shared as part of contests and prizes for the most creative communication campaign. The C2A (Creative Communication Award) is, for instance one of the awards to promote creativity in graphic design, communication and digital media. Apart from a special award, it is quite easy for a famous organisation such as the WHO to see its communication campaign being relayed on the media or the web. Indeed, in a developed country, the means that can be used by the WHO are the governmental authorities and their social media and creating striking communication campaign that catch the eye. Creating partnership is also a good way to talk about destigmatisation as if numerous actors relay the information, it is more efficient.

In a developing country, stigmatising attitudes towards persons with mental illness are less evident than in more developed societies. Stigmatisation is limited due to multiple factors : religion, culture and less differentiation between mental and physical illnesses. However, in low- and middle- income countries (LMICs), stigma remains an unresolved problem. Some initiatives have been promoted in the LMICs, however, there is a lack of survey and field evaluation which makes it difficult to create a targeted communication campaign. Indeed, even if some campaigns have been produced for developed countries, it is hardly feasible for the LMICs as the resources are limited. What is certain is that, in order to limit stigma, it is necessary to educate : "*The most consistent predictor of stigma is knowledge level, with higher knowledge scores correlating with decreased stigma.* (Ikwuka, 2016)".

In the LMICs, the targeted group must firstly be the religious representative as they are the main source of information and they are trusted by the local communities. Moreover, companies also need to be educated and to educate their employers and employees. It is necessary for companies to understand that employing a person living with mental illness is possible and positive with a little flexibility.

The families also need to be educated in order to better support the person living with a mental illness. In order to communicate to these groups, communication campaigns need to be released on social networks such as Facebook (the most visited website in Africa). In order to limit the stigma due to religion, educational interventions need to be directed towards faith leaders.

As the responsible for communicating on mental illness, the WHO needs to be able to offer trainings and mental illness education to the LMICs. I think that the most effective way to implement anti-stigma interventions in LMICs, is by doing interventions that uses the strengths of the field. Indeed, there is a social solidarity by offering work opportunities in local businesses in village associations of Latin America. In rural China, the job requirements are more flexible and family, extended kinship or a communal network support individuals with a mental disorder in Ethopia and Tanzania.

Starting where the stigma is limited allows the WHO to implant more effectively in these territories.

ii. Education and contact through a world platform to destigmatize mental illness :

In order to better coordinate the communication between the multiple actors, I think the creation of a global platform dedicated to educate and inform on mental illnesses and local initiatives is a good solution.

According to Corrigan, Druss and Perlick in 2014 [3], three approaches to address the public stigma have emerged : education, contact and advocacy : "*Education replaces stigma with accurate conceptions about the disorders. Promotion of contact challenges public attitudes about mental illness through direct interactions with persons who have these disorders. Advocacy seeks to suppress stigmatising attitudes to mental illness and behaviours that promote these attitudes. The results of these interventions have been modest and even contradictory, suggesting the complexity of attitude change."*

A world platform would be a way to educate and present the public with contact with people living with mental illness. I imagine this platform as a website and an app developed by the WHO and easily accessible through Play Store, App Store and every other digital distribution services.

Being a global platform, the problem of the language presents itself. I suppose that the main language should be English but it should translate in Mandarin, French, Spanish, Arabic, … And if possible, for the visual content : in ASL (American sign language) with subtitles available.

This platform's main goal should be to educate people on mental illness in order to limit the stigmatisation. This platform should gather scientific articles written by specialists, video and interviews of people living with mental illness and their families of their difficulties and success-stories.

I am convinced that showing people with mental illness from many different cultures, evolving in an adapted work environment, could reduce the stigmatisation and even encourage employers to promote the employment of people living with mental illness.

The National library of Medicine released an article in 2018 entitled *Media and Mental Health* [8] where methods in order to limit the stigma are detailed : "*Emphasize that mental illness is real, common, and treatable. Feature stories about people with a mental illness playing an active role in the community. Emphasize the impact that mental illness has on family members, friends, and carers.*
Offering hope to persons with mental disorders […] Encouraging people with mental illness to seek help […] Give accurate information about psychiatric disorders"

iii. Advocacy :

Advocacy is the third approach to address public stigma. It : "*seeks to suppress stigmatising attitudes to mental illness and behaviours that promote these attitudes*." [3] In order to achieve this objective, advocacy plays on jurisdiction : "*Development of national policies and legislation has the potential for the most impact in a stigma reduction effort (Addison & Thorpe, 2004)*". [3]

Some initiatives have been implemented such as the World Mental Health day (Oct 10 each year) and Mental Health Awareness week : "*It includes becoming a "stigma-buster" (by recognising and being ready to denounce news, ads, or movies that stigmatise, ridicule, demonise, misrepresent or stereotype people with mental illness as violent, unpredictable, or dangerous) or to be part of a pressure group that highlights the sufferings persons with mental illness face in securing proper housing and employment, and in accessing treatment or using public facilities*." [12]

Instagram accounts denouncing stigmatising attitudes are also blossoming in developed countries. Advocacy needs to be one of the pillars of the WHO's communication campaign. It already is one of the most used approach. However, it could be further developed. For instance, Greenpeace communication campaigns are striking and even chocking sometimes which lead to a realization of the problems in a situation. The WHO could develop their plans into striking communication campaign that will also be more shared and noticed. Communication campaign putting in parallel people living with mental illness with a job and people living with mental illness who are locked up in psychiatric hospitals.

In order for the WHO to communicate efficiently, a multidimensional approach based on education, contact and advocacy should include : "*primary prevention of disease, mental health education with experimental content, advocacy for social policies, and legislation that promote integration, cultural competency in care, and the engagement of the user's social network*." [12]

Conclusion

Destigmatising people with mental illness is one of the main challenges of our modern society.
This research paper helped prove that education and communication are the best approaches in order to complete this challenge. However, the number of actors and information relayed on this matter is massive. The fact that there are that many different actors provokes the spread of fake news and stigmatising information. This is due to our consumption society that promotes the quick relay of information whenever and wherever. Indeed, the media are one of the main actors who share information (or fake news) on mental illness. Brands and governments are also actors who communicate on this matter. They are faced with the challenge of acting in order to destigmatise mental illness.
This research paper includes communication professional points of view that possess this area of expertise. Besides, asking the opinion of a big number of random people (who have or don't have links to mental illness) guarantees the quality of the information given in this paper. It also allows to share a precise analysis in order to offer solutions with the right expertise.

As a reminder, the question of my research is the following :
How can actors (mental government / charities / Health professionals...) better align their communication messages to educate and improve the perception on mental health disorders to the general public, when faced with uncontrollable amounts of unverified information ?

To conclude this research, actors can better align their communication by choosing a leader. After analysing the context, my conclusion is to develop the WHO's influence In order to promote information that is verified and written by experts. As destigmatisation comes from communication and educating, the best solution is to promote the voice of one main actor that would be the point of contact between the public and the actors fighting against the stigma. The medium that should be created is an online platform specialised in mental illness and broadcasting articles made by scientists and mental health specialists, videos and interviews of people living with mental illness.

This research allowed me to better understand how people living with mental illness are stigmatised and how it can be prevented. It also made me research on the world of the media which I find fascinating. Indeed, my internship with France Bleu this year also helped me understand how media functions. I develop my interest in the world of media in my professional project synthesis[15].

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Annexes

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1. Synopsis : Living with a global illness in a globalised world – Combating stigma and barriers to healthcare

Title	*Living with a global illness in a globalised world – Combating stigma and barriers to healthcare*
Author	Ugo Ikwuka
Date	Published May 4, 2021
Biography	Ugo Ikwuka, PhD, lectures at the University of Wolverhampton, UK. He has published several papers on mental illness, pathways to mental healthcare, and religion.
About the book	*Living with Mental Illness in a Globalised World* examines attitudes towards mental illness first by defining the different types of mental illness stigma, the stigma predisposing factors, their consequences. It also mentions how it evolves depending on the country and culture and how to improve stigmatising attitudes. Then, it focuses on barriers to mental healthcare : ideologically, religion, culture and instrumentally linked. Finally, it focuses on the pathways to mental healthcare and how it evolves with its time and context.
Notes	I chose to exclude part 2 and 3 as it does not focus on my subject. In the following notes, I chose to add quotes so that I will be able to use them in my essay. "*Any meaningful intervention to combat stigma needs to take into consideration the cultural context*" Deinstitutionalisation policies are the main strategy by governments : "a process that involves replacing long-stay psychiatric hospitals with less isolated community" The role of the community in the prevention of mental illness and care of afflicted persons has become acknowledged as the most appropriate basis for development of community mental health programmes (Dessoki & Hifnawy, 2009) "Deinstitutionalisation entails initiatives for public education on the recognition and prevention of mental conditions and the promotion of mental health in the population. (Arboleda-Florez, 2001)" Stigma occurs when a person's actual social identity falls short of the idea identity defined by society, such as behavioural expectations in given situations. Vocabulary : in England, a study used by school children for mental illness revealed 250 different words or phrase, none of which are positive (Rose, Thornicroft, Pinfold & Kassam, 2007) Types of mental illness stigma : p**ublic stigma, Self-stigma**, **Associative stigma** Stigma predisposing factors : **culture**, **Causal explanations for mental illness**, **(mis)conceptualisation and (mis)representation of mental illness**, **Nature and symptom presentation of illness**, **Diagnosis of mental illness and psychiatric hospitalisation** Consequences of the stigma of mental illness : **social exclusion**, **structural discrimination**, **increased burden of disease**, **impedance of help-seeking**, **impedance of treatment and recovery** Pervasiveness of stigma is different in the **developing world**, the **developed world**.**Demographic correlates with stigmatising attitudes**. The most consistent predictor of stigma is knowledge level. Three approaches to addressing public stigma have emerged : education, contact and advocacy (Corrigan, Druss & Perlick, 2014). Education replaces stigma with accurate conceptions about the disorders. Promotion of contact challenges public attitudes about mental illness through direct interactions with persons who have these disorders. Advocacy seeks to suppress stigmatising attitudes to mental illness and behaviours that promote these attitudes. The results of these interventions have been modest and even contradictory, suggesting the complexity of attitude change.

2. Synopsis : Stigmatisation : les troubles mentaux en milieu de travail et dans les médias de masse

Title	*Stigmatisation : les troubles mentaux en milieu de travail et dans les médias de masse*
Author	Gilles Dupuis, Henri Dorvil et Laurie Kirouac
Date	Published in 2015 and digitally the 15th of December of 2016
Biography	Gilles Dupuis is a specialist teacher in French literature. Henri Dorvil is a PhD in sociology and lectures at the University of Quebec. Laurie Kirouac is a PhD teacher in sociology.
About the book	*Stigmatisation : les troubles mentaux en milieu de travail et dans les médias de masse* showcases mental illnesses in the professional world and how the professional environment should adapt itself to people's needs. It also mentions stigmatisation of mental illness in the professional world. Then, it deals with the topic of social representations of mental illness in mass media as stigmatising and dangerous.
Notes	I chose to exclude part 2 and 3 as it does not focus on my subject. In the following notes, I chose to add quotes so that I will be able to use them in my essay. Strategic plan named : *Changer les mentalités* (2013) : the professional environment needs to evolve for people with mental illness to feel accepted and well : mutual aid groups, psychotherapy To be able for a person with mental illness to go back to work, there needs to be multiple socioeconomic factors such as gradual come back, flexibility and support from the company and colleagues. In Quebec, the access to work is difficult due to prejudices linked to mental illness : discrimination, exclusion, non-recognition of the skills… In social representations, « having an illness » and « being an illness » is often mixed up for mental illnesses. (Gervais, 2004). Social representations are, according to Giordana (2010) contributing to our stigmatising attitudes. These representations represent the unknown, the fear, rejection and reinforce comfort in keeping the people with mental illness inferior. "*Prejudice : the unwarranted negative attitudes people hold toward us based on their own beliefs, and preconceptions, rather than on our specific, individual attributes* *Discrimination : the societal codification of such attitudes, as expressed in laws and customs that reults in us having a lower social status and fewer rights than non-labelled people*" (Thornicroft, 2006) Stigma is related to 3 prejudices : people with mental illness are dangerous/violent, not able to answer to the requirements of the society and resemble a children. The media contributes to the stigmatisation of mental disorders. According to different specialists, negative attitudes and faith comes from people's ignorance, superstition, sterreotypes and lack of empathy. People with mental illness are represented as dangerous, unattracted, violent and criminals. The public uses traditional media as the main source of information. In 2013, Whitley et Berry evaluated the content of the articles on mental illness : 40% talk about danger, 19% of treatment and 18% about reinstatement. In 2019, Cyberpresse notices that : 65 articles talk about mental illnesses. However, 180 articles talk about a criminal act perpetrated by someone with a mental illness. However, a Canadian study shows that less than 3% of criminal acts are perpetrated by people with a mental illness. (Crocker, Côté et Braithwaite, 2011) The language and vocabulary used by the media has a central place in the stigmatisation of mental illness. The dominant group are the one producing the stigmatisation because they produce social norms. (Jodelet, 2010)

3. Interview with Nick Morgan

I interviewed Nicholas (Nick) Morgan who is the director of Youth Involvement Lead for an organization called Euro Youth Mental Health. He also works for other charities dealing with mental illness for youth and he is a volunteer at the WHO.

He sees the destigmatisation of mental illness as an achievable but very long-term objective. He thinks the main way to destigmatise is to educate people and especially children in school. So, that they can better deal with their own mental health issues and with others' in order to create a more inclusive environment for people living with mental illness.

He sees media as an actor with massive influence which reports people living with mental illness as dangerous and unpredictable. He thinks social media has been a lifesaver for young people during the pandemic as it can showcase people living with mental illness talking about their illness. However, he is aware of the hazards of fake news. It can also diminish the importance of getting help and talking to a therapist.

He thinks that the WHO is technically responsible for talking about mental illness and people living with mental illness. However, he is aware at is difficult because no one truly knows what the best communication/vocabulary is.

In his opinion, charities and private sector in general are communicating better than the government as they are dedicated to it and are specialised.

Full text :

Ludivine: Can you present yourself, please? And the company charity you are working for now.

Nick Morgan: Yes. Hello. My name is Nick Morgan. Nicholas Morgan – full name. And I'm the director of Youth Involvement Lead for an organization called Euro Youth Mental Health, as well as various other roles in the freelance realm.

Ludivine: Ok great. So what do you think could actually improve the perspectives of other people on mental disorders?

Nick Morgan: Personally, I think communication is a big part of it and understanding is a big part of it. Obviously I grew up in the UK but have worked with many people from different countries across the world now. And mental health and disorders particularly are understood in quite different ways depending on culture, religion, country, education, system, you know, things like that. And so I think education is a big part of it. Yeah, I'm kind of like promoting awareness. I think a big thing that we

advocate as an organisation is around mental health being taught more formally in schools. We get physical health classes but we don't really get taught, although it's happening more in the UK and some other countries now, I don't think it's happening across the world or anything, so that's a big part of it. And then through that, you know, hopefully it becomes a bit more normal as to talk about it. When you're struggling like : if you were a sportsperson, you'd say, Oh, my foot's really hurting today. But we as young people and as adults as well, often we wouldn't say, Oh my, I'm feeling quite, really sad today, actually. I'm struggling to motivate myself. So I think that's a big part. But obviously another big part about it is. I am a person with lived experience as well. I'm happy to admit I got diagnosed with depression and anxiety disorder.

Nick Morgan: But I do think it's so important to involve those who are trying to help in the conversations about this then and you know, I guess in improving awareness, you can only do that by getting some people to talk openly and candidly about that, about these disorders. And, you know, like I said, depression and anxiety are the ones that people talk about. And it's becoming in certain countries in the UK, you know, mental health has become this huge thing. But, you know, I know in, say, Bosnia, who I have a close friend I work with in Bosnia and it's never, never on the agenda or conversation, you know. So that's the differences I guess. But we want to provide that safe space as a charity. That's what we're trying to do across Europe and beyond. Like I said, we've done some global projects as well, but it's a very slow process. And yeah, I just think it's important for people to see that it's, it's just another thing that we have to deal with as humans, as we, as we grow on the school. So I know it's so to revert back to school, but I think it has such an influence on our parents and school too. The biggest influences on the makeup of a child's understanding of the world.

Ludivine : So you think it would be really interesting to educate children back in, like when they're little?

Nick Morgan : Yeah, yeah. To be quite frank. At the same level, I guess physical education is taught, you know, at, say, the age of five and six, you don't teach them the bones and the muscle names, but they start to understand that moving is fun and important. And likewise then it's about just talking about looking after your mind or your head to help your emotions. I guess there's lots of programmes in the UK now in primary schools. So that's 4 to 11 years old. On doing mindfulness with six seven year olds and talking about how to help stabilise and manage your emotions further down the line and things like that. I'm a big advocate of mindfulness, annoyingly, frustratingly struggled to do it myself, but I know that when I do it, it helps. But it's not just that, obviously. It just to have those conversations in class from the age of four or five. How are we feeling today? Sad, happy, middle, whatever as they start to grow. I guess their emotional literacy and being able to express themselves with their words, you know, and by doing that, hopefully it becomes second nature as they become teenagers. Obviously, there's teenage peer pressure to maybe come across as sad, but you, you know, work on that as they get there. Yes, I do think school has a huge part to play in the world Perspective on mental disorders.

Ludivine : Yeah. Okay. Okay, great. So. I was wondering about your opinion on media. So do you think it influences the stigmatization of mental disorders or do you think it reduces or enhances the stigma?

Nick Morgan : Yeah. Well, this is it. This is the story when I do trainings in the UK to young people and to professionals in Europe. You know, about 10 to 15 years ago, I can't quite remember how long ago, but a major supermarket chain in the UK released a Halloween costume, which was like a white coat covered in blood with a shaggy wig and an axe. And the title of that was Mental Health Patient. And yeah, like you can imagine, it was a slap. It got recalled very quickly. I'm sure if anyone did manage to get those outfits, they probably worth a penny now. But yeah, it was on the news, but it was on the front page of all the newspapers and everything. It's just like someone down that management line made that it's being fired and is never going to work. You know, we've come a long way since then. I've worked in this field for youth mental health for 18 years, maybe, I don't know, something like that. And I've seen it's been really interesting watching the world and the UK obviously being where I live, the attitudes change on mental health and then addressing it straight to media. It does have a big impact to play. I'd say that after school in education, media, media in terms of news and TV shows, and then secondly, social media in terms of connection and to strangers being able to express themselves on about anything they want, however they want, and has a big factor to play in again, your young people's understandings or thinkings of it, I think there has been a move to have positive representation in TV shows and things like that.

Nick Morgan : But it's also, you know, don't get me wrong. Well, one of the things that we always talk about, obviously, is everyone has mental health. It's where you are on kind of a spectrum on a day to day and so on. But if something happens with someone who is diagnosed and has severe difficulties with mental health and they meet in an inpatient and maybe they've just gone to an outpatient ward and been supported to go back to work, to live independently again or something. And something goes wrong and a horrible accident happens in terms of violence or something like that. It's then how it gets reported. As well I think, and I haven't seen a bad reporting of that sort of stuff for a long time, but, I obviously don't watch the news in other countries, so that does play an element of it, of how it's reported. But hopefully if you were to educate young people and as they grow up about it, they would understand that violence didn't happen because of borderline personality disorder. It just happened because that person and that individual is else.

Ludivine : Do you have with your charity any help, financial help from the government or something? I don’t need the numbers. It is just for me to understand to which extent does the government help a charity such as yours.

Nick Morgan : Okay. So we are as a charity. So for the purposes of this interview, I'm representing Youth Mental Health and its director but it's primarily run voluntarily : myself and approximately 20 other volunteers from across Europe. So we don't currently get any regular funding as a charity. But we're very new at this game, shall we say. And we, you know, we're slowly making links with European institutions as well. So I think in the future we'll get some. Yeah, for now we're not being given anything in that sense. But I do know other charities, which are a lot more established do offer fundings and grants and charity grant programs for mental health charities. Another charity I work for : the Anna Freud National Centre for Children and Families in the UK, for instance. You know, there's a lot of funding from the lottery in the UK that goes to various, various creative projects most of them. But, you know, you can make a lot of anything creative, really, if you think about it. And so, you know, we

put a 3 to 5 year project plan together and get the funding for that for 3 to 5 years. And that will fund X amount of people and so on. So there are and I can only imagine it's similar in some countries. Probably not all of them.

Ludivine : Yeah. Okay. Thank you. So what do you think about the communication, really, on mental illness? Like, who do you think should be responsible? I know you've talked about people with mental illness themselves, but like, what do you think about that?

Nick Morgan: It's a very good question. So as a European organisation in mental health, we're often trying to figure out ourselves what is the best terminologies. You know refer to the pdf you originally sent me. You've got mental disorders slash illness.

Ludivine: Yeah.

Nick Morgan: Because even you know yourself, you're not quite sure.

Ludivine: No.

Nick Morgan : And to be honest, not many people are. An organization called Mental Health Europe released, I want to say a year and a bit ago, a PDF like Graphic Wood Graphic about mental health communication. And it was European wide, it was meant to be and it was in French and English. And we still kind of refer to that as a way of trying to educate and raise awareness of how to use the words, the correct words in the correct sentence in. Not to say that they are they are they're borderline personality. You know, someone is suffering with borderline personality disorder and so on. But at the same time, I think the communication about the words and the communication of it should be like any kind of an unknown. We should recognize that people don't mean to insult if they say the wrong things. You know, similarly, if you're talking about race or particular cultures, it's okay to make mistakes. And we're just trying to raise that awareness. But I do I do still think that you mentioned who do I think supposed to be responsible?

I guess we've done some work with the World Health Organization, as you know, currently on their technical advisory group for the impact of COVID 19 on mental health, obviously huge youth representative and it is about Europe, that particular task. But we've done some other work with them and even some of their literature.

We've kind of looked at and said. We think you should change that. Like us telling the World Health Organization on Mental Health on feels incredibly weird. And understandably, I think they came back to us and said, Oh, that's just actually what we are, what our clinicians tell us to use. So I think it's very hard to say who do we think should be responsible for it. Theoretically, the World Health Organization. But right. I guess that's who I see is the pinnacle of expertise in health across the world. But I do also think it's down to the individual. You ask me my pronouns when we started, it's a similar thing, I guess to a degree, and if we're doing a training and so we did a training in the European Youth Event, a

workshop, sorry, until about 60 to 100 people from across the world in Strasbourg last year. And at the start we referenced these are the terms we're going to be using for mental health excuse me. We will use the word mental health disorders and mental health illness and mental health problems and just letting people know that's what we're going to be using and what we mean by that. So, you know, I think it's also interesting in some training I do where you talk about disorders and to me that means particular diagnosis, shall we say then, yeah. Whereas mental health problem, it might just be that they're really struggling with their sadness, but they haven't got a diagnosis, which is obviously neither here nor that session sometimes when it matters. But yeah, I'll stop there.

Ludivine : So if you could, would you change the quantity of information on mental disorders? Like, do you think that it's too much and we don't know which one is right. Which one is wrong.

Nick Morgan : That's a really good question. It's a catch 22, isn't it? I think because there was a time when we were saying there wasn't enough information out there about it and there still isn't in many countries across the world, probably in the UK, we're quite saturated with it in that you've got celebrities doing campaigns and footballers and all talking about their mental health and it's great, it's really good, you know, it's good to be putting it out there. But at the same time, I think there's always an importance in recognizing what background has that person or that organization got the right to be able to give X, Y, Z advice on certain information on subjects? You know, I'm not a trained psychologist or psychiatrist, and I don't claim to know the ins and outs of the brain. But what I do have is a wealth of experience in working with young people, particularly those with mental health problems. And that's what I say that's where my expertise come from. For information to get out, as long as it's coming from some form of expertise because that's something I'm always aware of, then it's important to be told who's written that and why they have the right to say that.

And then reference in your other point about what you said about too much information. Yeah, I mean, to a degree. Yet at the same time, it's great that there's different options, but then at the same time, you can say, well, if it was just one or king organization in each country who you knew were the experts in that field and in certain countries, there might only be one. So that's fine. But in some, like the U.K. is a great example. There are at least I can name ten mental health charities off the top of my head. And a lot of them are putting out similar but slightly different resources. And that can be hard. I think there is a lot out there. But I think what I do believe it's a professional's responsibility or let's say a teacher's responsibility to fish through, sadly, the noise, if you will, to find actual important information. And I guess so. I recently delivered my Youth Mental Health First Aid course to 16 to 19 year olds who are doing this program in their school where they're going to support younger children in their school.

Yes, great. And I said, you know, there's all these services. They're mostly text or online chat services because a young person picking up a phone to talk to someone doesn't exist anymore. And so, I mean, we're all getting it. So I know that actually, if they are going to use a service, it'll be a text or chat online where they can hide their face. But at the same time, I you know, I'll say, but if you are genuinely worried that someone is in trouble, you tell an authority, the police ideally, or a GP, your doctor. That's actually the first. And in the UK that is what you said. That is your first port of proper information and guidance would be your GP and schools would do that. They might, they might have a school nurse maybe who might be the school's first link and then they might say to their parents or it's probably might be a good idea to go to the GP because they have some expertise but not all the expertise. And so does that make sense?

Ludivine : Yeah, it does. Okay, great. So do you think the private sector so I'm talking about charities, companies maybe that have mental health programs. Do you think they are doing better than the government?

Nick Morgan: Short answer is Yes. Okay. Absolutely. There's not enough funding in mental health services even. And not to. I'm very aware of my potential UK bias being that I live and primarily work here. But obviously I've got lots of colleagues and have done trainings and things with people from across the world. And they do look at the UK as a kind of organisation that does a lot for that organisation. A country that does a lot for mental health is at the pinnacle of kind of either them or the States. And I know most people would prefer to go to me to think, talk about the UK than the states. And so looking at it from our point of view, I think there's like I said, your question about funding earlier. There's lots of charities who give funding. Some of that comes from the government. But in terms of actual economic investment in the country's infrastructure and its ability to offer services and support to, I say, young people, but anyone. That it's nowhere near as good as how charities are doing. Charities are picking up the pieces in the UK and so I assume it's probably even harder in other countries. In the UK, you know, it's still only something like 7% of the health budget goes on mental health and the rest.

And don't get me wrong, there's many other serious illnesses that need investment and research. But I do, especially youth. I think it's because with mental health, like physical health or with mental health, if something happens when you're younger and you don't get the support, it can mess your whole life up. And if you can catch it if catch it, it's not at the plane, but it can support someone effectively from an early age. Going back to my initial conversation about schools. But if you can provide some support and ways that people can help their mental health early then you know you're saving a lot of because I think the cost then down the line of people taking sick leave or having to have lots of doctor's appointments and therapy and everything else is actually double what it would be if they just invested in young people's mental health services now. And that's in the UK. So I, like I said having spoken to people who live in Bosnia as a mentioned earlier, you know, it's funny to know there's over 1% of the budget going into mental health there. And he's a trained psychiatrist. So it's charities are doing better than the government private sector.

Ludivine : Okay, great. So to go back to the social media part, so you were talking about social media. How do you think they do in doing campaigns and so in the mental health? And how do you think they can improve maybe?

Nick Morgan : Yeah. I mean, I get asked this question a lot given that my work is with young people and, you know, I'm talking to a lot of work done to 12, 11 years old. So generally adolescent / teenage development and the parents and professionals understandably are quite like, oh, the social media, it's holding all the things, you know, they pin that on everything if they could. And at the same time, social media from some young, vulnerable people that I've worked with over COVID has been a lifesaver. In the community that you can find online that you might not have in your local area. And, you know, if you've never met someone else who has a social phobia, let's say before, but then you see a video of someone maybe just a few years older than you talking online about their social phobias.

It can bring that community: there are other people who go through this. This isn't just like a complete weirdo, although personally, I think being weird is a good thing. But yeah, so I think it's an interesting one.

I do think so. Then it's a good space for young people to find some information. But it's also that fake news type stuff not to bring Trump into this conversation, but and it goes back to the communication about particular illnesses. Look, I've done videos online talking about my experiences of my mental health problems, but stressing that that's just me, you know, that's just how I experience it and everyone will experience it completely differently. So when I have a terrible time with my mental health, that doesn't mean that everyone in my exact position is always going to have a terrible time in their mental health when I have a good time in my and so on. But then of course, there's lots of. You know, there's also some videos about mental health. A lot of Tik Tok ones, I think I'm not on TikTok of kind of like doing a dance and then going how to look after their mental health and they point and then they point then at food point, sleep point.

To a degree, it's harmless enough, but if someone who can be easily influenced is watching that and thinks that's all they might need to do to support what might be a severe mental health difficulty, it diminishes the importance of actually getting help and looking after yourself a bit. I think it's a very fine line, but I do want to stress that from people I've spoken to who often struggle, they have said that social media has been a lifesaver due to the community. They'll find another type in depression or something and you might find some rubbish. But I guess social media is another subject I think should be taught in schools by the way, or something around that. But it's about the people who know what they're looking for. And that's a whole other lesson for children to find the right stuff online. So yeah, it doesn't really give a definitive answer, I'm afraid. But no, but it's.

Ludivine : There's no definitive answer with the social media. So. Okay, thanks. Last question. Do you know examples of mental health trainings that are implemented in the UK or in a company or a program or something? An anecdote, basically.

Nick Morgan: Sorry. Can you ask, do I know trainings?

Ludivine : Yeah. Do you know either mental health programs that were implemented in the country or mental health trainings? I've heard maybe the policemen are also trained or something like that. So that's if you have any idea.

Nick Morgan : So I'll start with in the country, I guess the UK, I mentioned Youth Mental Health First Aid earlier, so that's actually a program that originated from Australia. Some professionals in Australia, it's now running something like 17 countries across the world and each version is specific to that country. So they use stats and information and videos and media from that country. So, I really want to see all the other countries stuff, but I can't get access to it. But yeah, so that's that was a big thing I want to say just recently, maybe just before COVID schools especially. And then like police people, doctors, you know, were being given nurses and sort of any staff, although I have particular skill set, it was, it's a next level of mental health that was being trained yeah. To schools got funding to buy training of that sort of nature across the UK and it's still kind of being rolled out but there's a couple of

competitors now, the idea of competing in a positive world in a positive way. But I know it happens that are being rolled out. There's an organisation called one of the ones I work for, Anna Freud, National Centre for Children and Families. They have a school's mindfulness program.

That's what I link to earlier, that they run rollout to something like 800 schools or something and that's like primary school level. And yeah, I guess there's also an organisation called “We are beyond” who fundraise to then give school because the government doesn't give schools money anymore for that stuff. But they then give schools money to train teachers and do workshops in their school. My whole thing is training young people. I believe if you give young people knowledge, they can have agency and support, with their friends and each other. So that's a lot of what I do and creating young people advisory boards on mental health. So kind of helping schools maybe have a mental health culture by involving a group of young people from their schools who can help design it and create it and so on. And then, I mean, from a company, as youth mental health, one of the things that we've become a bit of a niche is training volunteers who support Erasmus students and other kind of travelling young people. So what I mean by that is people going on their six month study or volunteering project. So, they link up with volunteers in that country from, let's say, ESM, the European Student Network.

And we've trained so we've trained volunteers in the ESM, student network and Euro Desk, as well as another one in how to support someone around their mental health. Who's doing that sort of travelling., I guess those are some of the big things that I can think of and we’re looking to do more as an organisation. I think youth workers for me are a big gap in terms of and I know they want to, they just don't have the money either in the youth work world to buy in training. But I'm a youth worker by trade. That's how I started my career and fell into the world of mental health accidentally and ended up loving it. But I think there's a big youth work in the UK. I don't say it die in trade. But, you know, the government doesn't invest a lot in youth work, let's say but not just the UK. You know, youth workers across Europe I know need more support and training on how to support their young people struggling with mental health and even maybe their own. You know, there's an element of that need as well.

4. Interview with Katia Couton-Wyporek

I interviewed Katia Couton-Wyporek for this research. She was the director of communication of Plaisir's hospital in France (78).

For Katia Couton-Wyporek, the perception on mental illness has already improved since it is less taboo. In order to keep destigmatising people living with mental illness, she explains that communication and culture (art and creativity) are the two main solutions. She adds that everyone should be able to communicate as everyone is affected by mental illness.

According to Katia Couton-Wyporek, media are destigmatising because they talk about it. However, they don't always use the appropriate vocabulary. They also depict people living with mental illness as dangerous and unpredictable in movies, TV shows and even in the news. For Katia Couton-Wyporek, it is, for instance, unnecessary to mention if a criminal has a mental illness or not as it stigmatises those people more. She adds that there will never be enough scientific information explained by a specialist in the media. However, she differentiates destigmatisation and making mental illness banal – which it is not.

For Katia Couton-Wyporek, it is a not a question of public or private organisation. Indeed, the best communication comes from people who are interested in the matter.

Full text :

Ludivine: Et du coup, je m'étais dit que, ce ne serait pas mal de vous avoir comme interlocutrice, parce que l'objectif est d'interroger des communicants, des professionnels de la communication – ce qui est votre domaine d'expertise accessoirement. Ok, est ce que vous pouvez vous présenter?

Katia CW: Alors Katia Couton-Wyporek. Donc responsable de la communication sur le centre hospitalier de Plaisir, en charge de la culture à l'hôpital sur ce même centre hospitalier et adjointe à la direction de la direction commune des quatre établissements : CHV donc Versailles, Le Vésinet, Les Aulnette et CHP.

Ludivine: À votre avis, qu'est ce qui pourrait faire évoluer la perception que les gens ont des maladies mentales?

Katia CW: Alors moi, je dirais qu'aujourd'hui la perception des maladies mentales est déjà en pleine évolution. Y a beaucoup plus de communication sur ces maladies-là. Il y a beaucoup plus de films, beaucoup plus de littérature, d'écrit. Enfin, je dirais que la déstigmatisation, elle, est déjà amorcée.

Oui, et ça, c'est de manière assez générale. Par exemple aussi, je dirais que c'est un peu côté général, il y a des personnes, quand elles voient par exemple un psychiatre ou un psychologue, elles, en parlent beaucoup plus facilement auprès de leurs collègues, de leurs amis qu'avant. Donc on a un contexte général où on va dans le bon sens par rapport à la déstigmatisations. Par contre, par rapport aux possibilités d'amélioration et donc de la perception de ces maladies, parce que malgré tout, pour certaines catégories de personnes, ça reste encore un peu tabou. Mais aussi malgré tout, ça continue de faire un petit peu peur, en particulier des maladies qui sont peut-être moins connues et moins médiatisées. On a beaucoup médiatisé la bipolarité, plutôt du côté positif, parce qu'il y a ce côté créatif qu'on a en période d'excitation maniaque. On a beaucoup médiatisé la schizophrénie, malheureusement plutôt du côté négatif aussi, avec je ne sais pas quoi, il y a par exemple des meurtres, etc on a tendance, selon les médias à bien dire que ce sont des schizophrènes alors qu'en fait ce n'est pas le sujet pour moi. Voilà. Mais il y a certaines maladies mentales qui sont moins connues et qui peuvent éventuellement faire peur encore aux gens. Donc votre question, c'était quoi déjà?

Ludivine: C'était qu'est ce qui pourrait faire évoluer la perception des gens?

Katia CW: Ça, c'était un peu l'intro. Donc ce qui peut faire évoluer les gens, c'est de comprendre que ce n'est pas parce qu'on est donc malade mental, qu'on est inadapté à la société, qu'on est méchant, qu'on est dangereux. Et donc, pour faire comprendre ça aux gens, on a plusieurs façons de faire. Et moi, dans mon domaine, j'essaye d'agir par rapport à ça. Premièrement avec la com. Deuxièmement, avec la culture à l'hôpital. Et du coup la com sur la culture. Donc en fait c'est faire comprendre par la communication que les malades mentaux, puisqu'on peut le dire comme ça en France, des personnes qui ont des maladies mentales. D'ailleurs, vaut mieux dire qu'on a une maladie plutôt qu'on est malade mental. Si on a une maladie, c'est justement moins stigmatisant aujourd'hui qu'on aime vraiment pas. Et dans la com ça, ça peut jouer justement. Donc il faut faire comprendre qu'il y a souvent beaucoup de créativité chez ces patients là et qu'ils veulent parfois réaliser des œuvres d'art qui seraient peut-être même parfois plus qualitatives que celles que peuvent éventuellement réaliser des personnes qui n'auraient pas ces maladies là. C'est vrai qu'on voit, on voit un lien. Non, ce n'est pas hyper scientifique, mais on voit quand même un lien entre créativité et maladie psychique. Et ça, on peut communiquer dessus et pour communiquer dessus, il faut qu'il y ait des projets qui existent. Ou là, typiquement, nous, on fait des projets culturels qui permettent de montrer que, à un moment ou l'autre, peu importe finalement si on est malade ou si on ne l'est pas.

Katia CW: Mais dans la création culturelle, ce qui va compter, en fait, c'est le résultat, c'est comment on peut partager, comment on peut être ému de voir une œuvre d'art, etc. Donc la culture est un très bon point d'entrée pour déstigmatiser et faire comprendre aux gens qu'une personne qui a une maladie psychique, elle n'est pas moins bien qu'une autre, une autre personne et donc elle entraîne la culture. Elle est très intéressante et au niveau com, ce qui est intéressant, c'est de communiquer d'abord sur l'œuvre d'art et après sur le fait, qu'il y ait une maladie mentale, oui. Et de ne pas mettre forcément en exergue le fait que ce sont des patients qui ont crée et parfois même laisser l'ambiguïté. Ça peut être intéressant. Nous en tant que centre hospitalier, c'est vrai que comme on participe à des projets, il y a toujours un moment ou l'autre marqué « hôpital », centre hospitalier. On ne peut pas faire l'économie de ça parce que c'est aussi notre image à nous d'un hôpital qui fait de la culture et qui permet aux personnes d'être des citoyens comme les autres, des personnes comme les autres. Et justement de communiquer sur le fait que la maladie mentale n'entrave pas les qualités humaines.

Donc nous, on est obligé de communiquer « centre hospitalier de Plaisir ». Mais on peut avoir des manières de communiquer qui montrent que sur un projet par exemple, on peut avoir aussi bien des patients que des soignants.

Katia CW: On a des projets, par exemple sur la musique ou vous avez un groupe de musique qui va se produire, par exemple avec les Deschamps à Plaisir et on ne sait plus finalement qui est patient et qui est soignant. Quand vous regardez le groupe de musique, et parfois si là vous cherchez à savoir, vous allez vous tromper. Donc ça, c'est super intéressant. On pourrait développer beaucoup plus ces questions là. Mais c'est vrai qu'en fait, comme point d'entrée, on a la culture. Et après, il y a une autre façon de déstigmatiser. C'est vraiment de faire très attention au vocabulaire qu'on emploie. Quand on écrit un texte, on va dire soit dans un magazine parce que nous, on a un magazine interne, ou alors quand moi, je transmets des notes à des journalistes ou etc Il faut toujours faire très attention et au maximum relire aussi les textes qu'on a donnés aux journalistes. Quand certains journalistes proposent de relire, il faut bien relire, parce que parfois il y a des erreurs d'appréciation et un vocabulaire plutôt qu'un autre, va vraiment tout changer dans la perception de ce que peut avoir le lecteur. Donc en fait, le choix du vocabulaire sur ce genre de sujet, c'est hyper important et ce n'est pas juste. Ce n'est pas juste y réfléchir comme ça, c'est vraiment hyper fondamental.

Ludivine: Ok ok, super intéressant. A votre avis, comment les médias influencent la stigmatisation des maladies mentales? Est ce qu'ils ont plutôt une tendance à réduire ou à augmenter la stigmatisation et comment il pourrait peut être s'améliorer, médias en général.

Katia CW: Par rapport aux médias en général? Moi je trouve qu'ils font les deux, en fait. C'est à dire que, à la fois, ils déstigmatisent parce qu'on en parle. Et ça, j'ai envie de dire que plus on en parle, plus ça devient un peu le quotidien des personnes. Dire que maintenant, quand on entend bipolarité, on est plus complètement affolés, etc Donc quelque part, le fait d'en parler tout simplement, le fait que ça arrive dans les médias, ça fait du bien. Voilà, c'est comme sur la question de l'égalité homme femme, on en parle et donc ça fait forcément évoluer les mentalités. Mais malheureusement dans pas mal de - en particulier, les médias d'information, oui, pas les médias où on va commencer à réfléchir, pas les émissions par exemple sur la maladie mentale à la radio ou sur France Inter ou quoi que ce soit, mais vraiment dans les informations, on a tendance à nous stipuler quand il y a une maladie mentale. Et si il y a un truc tragique qui s'est passé, on a tendance à vouloir nous le stipuler. Mais pourquoi ? Rien. Pour moi, il est là le problème.

Katia CW: S'il y a eu un meurtre de quelqu'un par quelqu'un d'autre, on donne le contexte général, qu'il ait une maladie mentale ou qu'il n'en ait pas. Pourquoi le dire? Pourquoi le dire au grand public? Pourquoi? Et ça, pour moi en fait, c'est que les médias devraient réfléchir à ça. Ils devraient réfléchir à leur impact énorme. En fait, ils ont un énorme impact sur nos concitoyens, en fait. Et en fait, je trouve qu'ils devraient réfléchir au vocabulaire qu'ils emploient et que ce soit pour ça ou pour d'autres choses. Les sujets sont souvent tournés comme ça en urgence, mais si on a une ligne de conduite, une espèce de charte où on se dit qu'il y a des lignes rouges qu'on ne franchit pas, il y a certaines informations dont le grand public n'a pas besoin. L'information, elle, va être donnée. Je ne sais pas à l'avocat, elle va être donnée au juge. Elle va être donnée cette information, mais on n'a pas besoin toujours d'avoir

ce genre d'informations. Est ce qu'on va dire? Est ce qu'on va dire que la personne qui est supposée avoir tué, elle a une maladie gastrique? Non. Donc pour moi, c'est vraiment encore une fois choisir le vocabulaire et choisir ce qu'on dit ou ce qu'on dit pas.

Katia CW: Il y a des choses qui doivent rester, on va dire dans les enquêtes, etc. Par contre, quand on parle des médias en général, je trouve qu'on a quand même de plus en plus d'émissions sur la maladie mentale. Je parle en général de plus en plus de dossiers, même dans les magazines. Allez. Pas hyper intello enfin quand même. Même ce qu'on appelle les magazines féminins, etc. Il y a même des trucs du genre êtes vous bipolaire? Et là, quelque part, c'est pas du tout scientifique, ce n'est pas hyper intellectuel. Et les médecins qui lisent ça doivent s'arracher les cheveux? Mais ça a le bénéfice de déstigmatiser les personnes qui seraient éventuellement. Parce que si on se pose, nous en tant que lectrices de Elle, est ce qu'on est bipolaires ou pas parce qu'on a des hauts et des bas? Ça veut dire que quelque part, on est un petit peu comme les bipolaires et que quelque part, on est tous un peu dans le même bateau et que pour moi, ce genre d'articles qui ne sont pas forcément très scientifiques malgré tout, ça peut aider pour dédramatiser et déstigmatiser.

Et autre chose : les médias communiquent beaucoup trop tôt sur des thèmes juridiques qui peuvent évoluer et sans avoir les éléments. Il faut faire attention à ne impliquer les patients quand one st pas sûr mais aussi les institutions – qui peuvent apparaître comme maltraitantes alors qu'elles ne le sont pas. Faut pas communiquer trop tôt. L'exemple avec les EHPAD, ils ont attendu les preuves. La grosse question n'est pas : Est-ce qu'ils communiquent trop ou pas assez, c'est, est-ce qu'ils communiquent trop tôt ou pas ?

Ludivine: Ok super. Est ce que vous avez des exemples d'entreprises d'organisation, d'associations ou genre de choses qui ont mené des campagnes de stigmatisation, qui ont plutôt réussi ou non des choses, qui vous ont êtes choqués dans les médias que vous avez vu?

Katia CW: Tient. Je réfléchis. Bon, nous, on travaille avec une association qui s'appelle Art Convergence, qui travaille beaucoup sur la déstigmatisation puisque justement elle, elle parle d'artistes et non pas de patients. Et d'ailleurs, c'est pour ça que j'avais eu du mal, moi, à ce qu'il y ait « artistes » au niveau com purement. Elle ne voulait pas du côté médical. Mais moi, j'avais besoin qu'il y ait le logo et la charte. Mais typiquement, ce genre d'association là, ce sont des culturels. Encore une fois, on reprend sur la culture. Cette association-là qui a une petite notoriété dans ce milieu là quand même, qui connaît et qui a beaucoup de partenaires en matière. Qui a des contacts avec pas mal de partenaires, y compris le ministère de la Culture, et cetera Ce genre de partenaires là, ça fait évoluer les choses. Après. Reposez-moi votre question s'il-vous-plaît.

Ludivine: Par exemple, une entreprise qui a mené des campagnes auprès de ses enfants, auprès des collègues. Ce genre de choses.

Katia CW: Pas comme ça. Après, moi, je connais beaucoup les hôpitaux du coin parce que je travaille là dedans. Typiquement comme hôpital qui est intéressant à citer puisqu'après tout c'est mon domaine. C'est le Vinatier. Oui, il y a eu tout un projet de culture à l'hôpital avec véritablement un

responsable de culture, mais vraiment des actions qui dépassent même le cadre de l'hôpital avec des véritables artistes etc et là typiquement il y a eu un sujet culture et santé et nous on essaye de s'inspirer de ça dans la philosophie, ici au CHP. Il y a eu un sujet culture et santé qui a dépassé l'hôpital, qui est allé jusqu'aux professionnels. Et ce qu'on essaie de faire aussi, quand on fait des expos par exemple, et de sensibiliser parce que quand on travaille dans un hôpital et qu'on est un professionnel, même si on est aux ressources humaines et gestionnaires par exemple, l'idée, c'est d'ouvrir cette porte, de se dire que la culture permet cette déstigmatisation. Le Vinatier, vous verrez que c'est assez extraordinaire ce qui a pu être mis en place. Mais à partir d'un hôpital.

Ludivine: Oui, ok. Du coup, je sais à peu près ce que vous en pensez de la communication, sur la maladie mentale. A votre avis, qui devrait être responsable de cette communication. Est ce que c'est plutôt le gouvernement? Plutôt des patients, en fait plutôt des personnels de santé ?

Katia CW: Alors responsables? Dans quel sens?

Ludivine: Qui devrait produire les informations.

Katia CW: Alors pour moi, il n'y a pas une catégorie de personne qui doit produire une information. C'est un sujet de santé publique et c'est un sujet qui concerne, je dirais, toute la société française puisqu'on parle de la France. Pourquoi? Tout simplement parce qu'on connaît tous quelqu'un qui a une maladie mentale. Oui, parfois, on le sait d'ailleurs, et parfois on le sait pas. Mais à un moment ou l'autre, on est tous concernés par rapport à ça. Et meilleur sera la connaissance. Meilleure sera l'empathie et meilleure sera la compréhension. Et aussi, on va dire, le fait de réussir à être un peu tolérant aussi par rapport à ça. Parce qu'effectivement, une personne qui a une maladie mentale et qui va être un peu trop fatiguée, trop d'arrêts maladie ou choses comme ça. Si on sait qu'elle a un souci, peut être qu'on arrivera à la comprendre, alors peut être qu'on réussira à être compréhensif par rapport à ça. Donc ça, c'est le truc de base. Et donc, quand je dis que ça concerne tout le monde, c'est que ça concerne aussi bien les soignants, les patients, les familles, les médias, le gouvernement. Donc on doit tous se mettre ensemble pour communiquer. Mais ce qu'il faut, c'est que quand on communique, en fait, on tienne compte, on tienne vraiment compte des autres communications. Exemple quand vous êtes un gouvernement et que vous voulez communiquer sur la maladie mentale, alors il faut aller voir les patients.

Katia CW: Et quand je dis les patients, c'est qu'il y a plein d'associations de patients autour de la maladie mentale. Exemple l'Unafam. Nous, on travaille par exemple avec l'Unafam. Il y a des choses que moi que j'arrive à comprendre parce que le représentant d'usager qui travaille avec nous et qui font partie de l'Unafam, qui est donc l'association concernant les proches de patients atteints de maladies mentales m'apprennent des choses et je comprends aussi des choses par rapport à ça. Et moi, si je me mets à communiquer sur ces sujets là et que je n'en tiens pas compte et idem pour le gouvernement et le gouvernement ne veut pas parler des malades mentaux sans avoir la voix des malades mentaux. Et ça, c'est la première chose. Mais il ne va pas non plus faire l'économie de savoir ce que ce que ce qu'on pense et comment on mette en œuvre les choses et comment vont pouvoir

parler des choses, les soignants et les médecins. Ce qu'on appelle les soignants, nous dans notre jargon, c'est tout le paramédical en gros et les médecins, le corps médico soignant. Et en fait, je dirais que on ne peut pas parler d'une seule voix. Mais par contre, il ne faut pas oublier d'écouter les patients et parfois on les écoute pas assez. Et nous, c'est ce qu'on essaie de faire, justement parce qu'on travaille avec les représentants d'usagers. Dans les hôpitaux, il y a une instance qui s'appelle la CDU, la commission des représentants des usagers.

Katia CW: Et donc il y a des personnes qui représentent les usagers, qui portent leur voix parce qu'ils sont des proches ou parce qu'ils sont patients eux-mêmes. Chez nous, on a des patients et à la fois des soignants et des familles. Et donc, à partir de là, travailler avec eux, c'est aussi comprendre les choses du côté patient. Et on a d'ailleurs deux professionnels au sein de l'établissement qui sont des médiateurs de santé pairs, c'est à dire qu'ils seront concernés eux-mêmes par la maladie mentale. Mais en même temps, ils sont soignants. C'est un statut très spécifique. C'est très intéressant parce qu'ils ont cette double casquette et donc ils apportent une pierre à l'édifice dans l'équipe soignante complètement différente parce qu'il y a effectivement une extrême empathie avec les patients et en même temps, ils ont pris un certain recul, une certaine distance par rapport à leur maladie. Et ils ont appris aussi une certaine gestion de leur maladie qui leur permet en fait d'avoir un peu de surplomb sur cette maladie là et de à la fois comprendre les patients, mais vraiment comme des pairs, mais en même temps de faire partie de l'équipe soignante. Et c'est pour ça que ça, c'est un bon exemple de ce que je voulais au départ, c'est à dire que ce n'est pas un groupe de personnes qui doit communiquer, c'est tout le monde. En essayant de communiquer avec en tête : 1. le respect de la personne en général et donc des patients. 2 : Ça veut dire qu'on se documente suffisamment quand on commence à dire des choses. Parce que dans les médias, malheureusement, parfois on voit des trucs qui sont faux. Et le gouvernement, pourquoi c'est important? Parce que le gouvernement, ce qu'on attend de lui dans la communication, c'est qu'est ce qu'on met en place pour les maladies mentales? Par exemple, on sait qu'il y a des pathologies mentales qui sont remboursées à 100 % ou pas. Par exemple, moi, j'ai appris la bipolarité, on rembourse les séances de psychiatrie. Par contre, pour tout ce qui est psychothérapie, ça n'existait pas le remboursement. Donc les personnes qui étaient un peu désargentés ne pouvaient pas faire un suivi psychologique alors qu'elles avaient besoin. Je crois qu'il me semble que ça vient de changer. Mais tout ça pour dire que le gouvernement, ce qu'on attend de lui dans la communication, c'est qu'est ce qu'on fait pour ces personnes là? Oui, et je dirais même aussi qu'est ce qu'on fait pour les personnes qui prennent en charge ces personnes là? Et donc en plus, qu'est ce qu'on fait pour les proches de ces personnes là? Voilà.

Ludivine: Ok, super. Est ce que si vous, si vous le pouviez, est ce que vous changeriez la quantité d'informations qu'on a sur la maladie mentale? Est ce qu'il y en a trop? Est ce qu'il y en a pas assez?

Katia CW: Alors sur l'information pure, c'est-à-dire : l'explication de la maladie mentale, les articles un peu scientifiques, un peu médicaux. Je dirais qu'on n'en a jamais assez, parce que ça permet aux personnes de se documenter. Mais moi, ça, c'est ce que j'appelle des articles scientifiques. Par contre, là ou on en a trop, c'est, je trouve : C'est bien de déstigmatiser, mais il faut faire attention à ne pas banaliser. Parce que, comme je disais tout à l'heure le mot bipolaire, on l'entend partout et d'ailleurs on l'entend tout le temps. C'est à dire que même maintenant, on peut dire à quelqu'un qui a des hauts et des bas, mais simplement basique et on va lui dire à mettre un peu bipolaire toi. Ok, donc c'est bien parce que ça déstigmatise, mais c'est pas bien parce que ça banalise. Faut qu'on fasse attention. Parce

que ces personnes là sont vraiment, vraiment, vraiment en souffrance. Et qu'à un moment ou l'autre, elles ont envie d'être comme tout le monde. Mais elles ont aussi un petit peu envie parfois, qu'on reconnaisse leur souffrance. Quelqu'un qui a un cancer, il a envie aussi qu'on reconnaisse sa souffrance. C'est difficile de dire trop ou pas assez quand même. Parce que c'est très, très tranché comme truc, mais globalement. Pour moi, c'est bien d'en parler. Bon, c'est pas bien d'en parler tout le temps. Mais entre déstigmatisation et banalisation, il faut faire attention. Oui, parce que ce n'est pas rien d'avoir une maladie mentale. Les personnes qui ont une maladie mentale en meurt parfois parce que le risque de suicide est accru.

Ludivine: Dernière question est ce que vous pensez que le secteur privé est plus efficace que le gouvernement dans sa communication?

Katia CW: Alors, qu'est ce que vous entendez par secteur privé?

Ludivine: Par exemple, les hôpitaux privés qui n'ont pas de lien avec le gouvernement, en tout cas qui agissent de leur propre chef.

Katia CW: Je n'ai pas d'avis là dessus parce que je vais vous dire franchement, un truc que je pense vraiment et qui est un peu malheureux, c'est que pour moi, c'est personne dépendant. C'est à dire qu'il y a des gens qui sont convaincus de certains trucs. Il y a des gens qui ont certaines valeurs, qui vont porter des communications et d'autres qui seront faites un peu moins convaincues et qui vont moins les porter. Donc pour moi, il y a autant de gens intéressants qui vont porter des discours très intéressants dans le public que dans le privé. Oui, je ne fais pas cette différence. Pour moi, c'est en termes de personnes et en termes de groupe de travail et de groupe. Oui, mais ce n'est pas pour moi en terme de public et privé. Ça c'est bon, ça c'est à réfléchir.

Ludivine: Parce que du coup, dans le secteur public, il y a un lien avec le gouvernement. Mais est ce que le gouvernement accélère les processus, aide les processus? En terme de campagne, de com, est ce qu'il y a un budget? Est ce que ça aide ou est ce que vraiment il n'y a pas grand chose de proposé?

Katia CW: Pour ce qui est de l'argent qui est affilié à la communication? Forcément, il y en a beaucoup pour le gouvernement. Vous voyez bien qu'il y a des campagnes de com en ce moment sur le covid. Par contre, il n'y a pas d'argent plus que ça qui est affecté aux hôpitaux par exemple. On fait avec les moyens du bord. Donc on n'a pas, on n'a pas de moyens spécifiques. Par contre, ce qu'on a, c'est qu'on peut répondre à des appels à projets pour être éventuellement financés. Voilà, je suis en train de répondre à un appel à projets Culture et santé DRAC ARS (direction des affaires culturelles et ARS : l'Agence régionale de santé Ile de France). Si on obtient un financement sur ce projet là que je vais déposer, on aura un financement sur un projet culturel et à partir de là, on pourra faire de la com déstigmatisante sur la maladie mentale. Il y a des dispositifs qui peuvent nous aider, mais par contre, il n'y en a pas d'argent affecté spécialement pour ce type de communication là. Par contre, on peut quand même observer dans les hôpitaux publics, il y a beaucoup de responsables de communication

quand l'hôpital est relativement grand et il y a quand même des responsables com alors qu'avant, c'est un métier qui n'existait pas dans les hôpitaux. Oui, et ils sont financés puisqu'ils les personnes sont payées, mais pour moi ça ne va pas assez loin.

Ludivine: Oh ok. Super, j'ai plein plein d'éléments. Donc ça, ça va être très très chouette pour développer. Il y a quelque chose à ajouter ?

Katia CW: Oui, d'accord, par rapport au concret de faits concrets des choses. Voilà. Alors en fait, ce qu'on peut ajouter par rapport à votre autre interview, ce qui me paraît très intéressant, c'est quand on a commencé à parler du soutien un peu institutionnel ou du soutien ou du gouvernement ou des ARS etc. Et il faut quand même savoir que ce qui est très très encouragé, j'en ai un tout petit peu parlé, mais ça il faut que vous fassiez ressortir. Ce n'est pas qu'au niveau financier parce qu'il y a des moyens financiers, des moyens humains, parce que pour faire de la com, il faut des gens. En somme, il faut de l'argent. Je ne sais pas si vous avez besoin d'un appareil photo, d'une caméra, etc et mais par contre il faut aussi une impulsion, on va dire un peu comme des valeurs hospitalières, oui. Donc par rapport à cette déstigmatisation de la maladie mentale, oui. On va dire que si on prend l'exemple de Plaisir, on a un soutien institutionnel. Et on a un soutien ARS, et on a un soutien aussi gouvernemental, c'est à dire que oui, il y a quand même cette impulsion depuis quelques années où on nous a encourage à travailler avec les patients en direct. Exemple on fait beaucoup d'éducation thérapeutique, pas que pour les maladies physiques, on le fait pour le diabète, mais on le fait aussi pour la maladie mentale. L'éducation thérapeutique, c'est : comment je deviens acteur de mon propre problème de santé et que je trouve moi même des solutions grâce à des professionnels de soins. Mais qu'est ce que je peux mettre en place dans mon hygiène de vie? Je sais pas si j'ai une maladie psychiatrique que j'ai remarqué qu'à chaque fois je me couchais à 4 h du matin, je décompressais. Je vais mettre en place des trucs pour que vous faire peut être moins de soirées et me coucher plus tôt. Il y a tout un travail sur la réhabilitation, donc documentez-vous sur la réhabilitation. C'est un sujet hyper important et on a beaucoup de communication là dessus. Oui, on communique sur la réhabilitation, sur l'éducation thérapeutique et beaucoup sur la psychiatrie. Donc nous, on nous, on nous encourage. En fait, nous, en tant que communicants, on nous encourage à déstigmatiser. Ça, c'est sûr, à travailler avec les patients, ça, c'est sûr. Et les équipes de soins, comme on les encourage à travailler de plus en plus avec les patients qui deviennent acteurs eux mêmes de leur projet de soins. Alors, nous, on a de la communication à faire sur ça et donc en fait, il y a les deux entrées. Oui, voilà. Mais par contre, on peut quand même dire que dans une des possibilités, il manque quand même des moyens. Voilà, il manque du fric, il manque des gens, ça c'est sûr.

Ludivine: Parce que les gens ont pas envie de le faire ou parce que juste il n'y a pas assez de gens.

Katia CW: Parce qu'il a pas assez de gens. Typiquement, dans un hôpital comme ça, moi, j'ai eu une assistante en arrêt maladie pendant un an et demi. Là, il y a peut être deux mois, on m'a proposé de remplacer cette personne, mais ça fait plus d'un an et trois mois que j'étais seule. Et quand on met un projet en priorité, on devrait pouvoir remplacer. Or, je sais très bien qu'il y a aussi des histoires de fric dans tout ça. En fait, oui. Globalement, je trouve quand même qu'il n'y a pas assez de, sur cette question spécifique de la maladie mentale, de la com sur la maladie mentale et la déstigmatisation,

etc et le fait tout ce qu'on a expliqué juste avant. Oui, malgré tout, oui, je trouve qu'il n'y a pas assez de moyens humains parce que le problème, c'est quand on met une responsable de com sur un hôpital, elle n'a pas que ça à traiter. Pour en faire un sujet vraiment central, il faut vraiment, vraiment être motivé. C'est là que je rejoins mon idée de départ. Dont je vous parlais, c'est qu'il y a un peu le côté personnes dépendant. Moi j'en ai fait un peu un cheval de bataille et c'est peut être pour ça que vous avez pensé à moi pour m'interviewer. Parce que c'est vrai que ça fait partie de mes priorités. Oui, c'est pas forcément le cas dans tous les hôpitaux..

5. Qualitative survey

The population chosen was all social classes, all ages, all genders, all races, all nationalities… Indeed, in order to conduct a survey on this type of subject, it is necessary to include everyone as the idea was to be able to understand what everyone expects from communication actors in the education on mental disorders. I conveyed this survey for one month (from start of November to the start of December of 2021).

The objectives of the survey were the following :

- Definition of a good communication message and how to circulate one on a large scale ?
- Highlighting the responsible for educating people on mental disorders
- Finding a way to better coordinate the different communication actors and messages

Leading this survey, I had two main hypothesis. Firstly, supposing that media has, at the moment, a negative influence towards people living with mental illness, my hypothesis applies to the objective of defining a good communication message. I suppose that normalising the talk about people living with mental illness whilst providing verified information and facts is a way to diminish stigma. Moreover, as a way to better coordinate communication between the numerous communication actors and messages, the there is a need to create a unique platform with information written by experts with verified facts.

The expected results of this survey is that people are interested in verified information and the creation or the step-up of a modern and unique World platform releasing information.

Here is the link to the full results of the survey :

https://docs.google.com/forms/d/1t0jESXN88PnvMApsevMTBDDLBwN_Dt1Eo-OaupK7Ps0/edit?usp=sharing

Synthesis of the results :

I was able to collect 52 results for my survey. The population is quite large. Indeed, 63.5% are students, 17.3% are intellectual professionals and executives, 13.5% are employees3.8% are workers and 1.9% are unemployed. As a result, 48.1% are 21 to 29 years old. 25% are between 16 to 20; 13.5% is between 30 to 37; and 3.8% are between 38 to 45 years old. 44.2% are men and 55.8% are women.

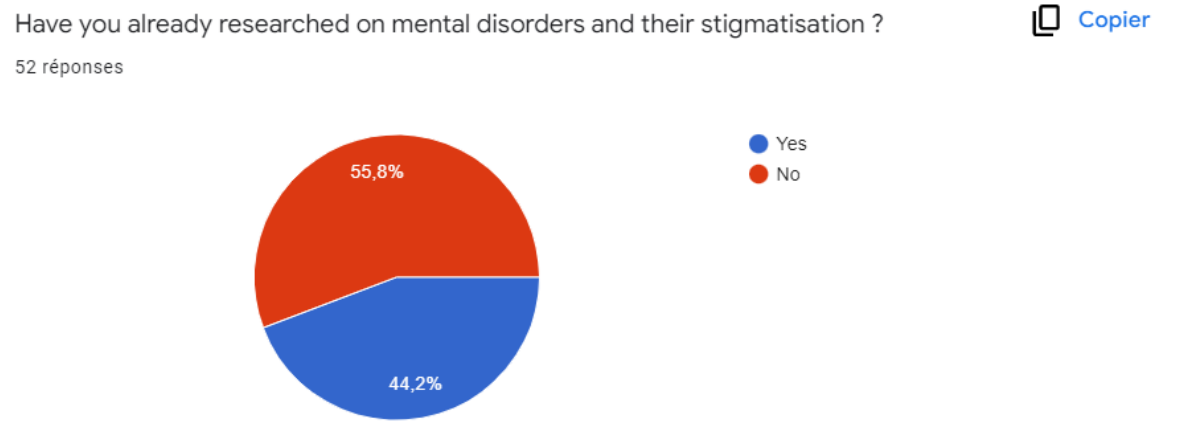
However, the countries of origin are not very varied. 95% of the respondents are from France, 2.6% from Ireland and 2.6% from Israel. I would have preferred more a more varied demographic in order to better grasp the world context on the stigmatisation of mental illness.

People are interested in a unique platform where it is possible to find verified information at only 69.2%. 7.7% do not agree with this method. 13.5% do not care. And 7.7% agree but this platform does not need to be unique and should not replace everything.

People think the media has a negative influence on the stigma on mental disorders at 57.7%. 28.8% think it is positive and 13.5% think it has no influence whatsoever. People feel overwhelmed with information on mental disorders at 17.3% and don't at 82.7%. They think governments should be responsible for communicating on mental disorders at 71.2%; charities at 61.5%; people with mental disorders at 63.5% and others think specialists/doctors should be responsible.

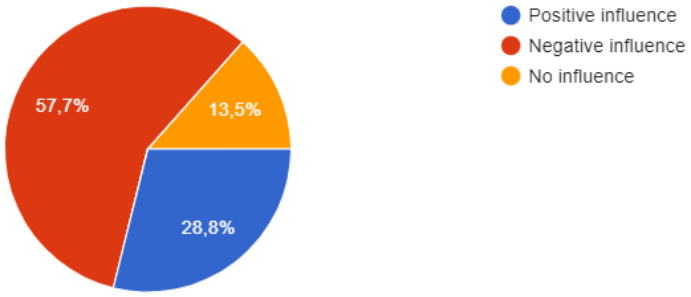
In order to find information, the source the most used are Internet, specialists blogs/interviews, papers and government websites, Wikipedia and books. 87% of the respondents think the information they have is verified and true, whereas 13% think it is not.

Screenshots of the results :



In your opinion, what influence does media have on the stigma of mental disorders ? Copier

52 réponses



Why ?

34 réponses

They do have a kinda good influence but the negative part always take the lead,because we remember it better

Publicité pour aider les autres, telethon...

It's like when they try to be positive, they just show us a way to pity them on TV. Like if they were just sick people.

Handicap

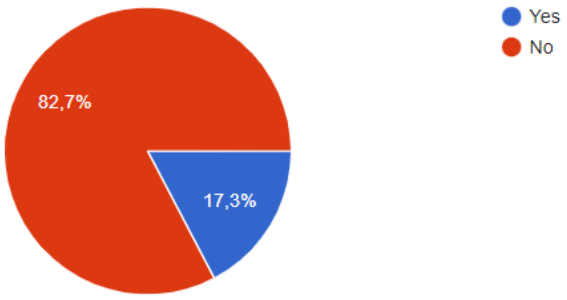
The representation helps, and it is easier to find people with common needs in order to create a community which can then focus on getting better and healing.

Because there people speak of their mental disorders which helps us understanding more their mental illness

Media enable people to learn about mental disorders and to understand that a lot of people suffer from these disorders.

Do you feel overwhelmed with information on mental disorders ? Copier

52 réponses



Who do you think should be responsible for communicating on mental disorders ?

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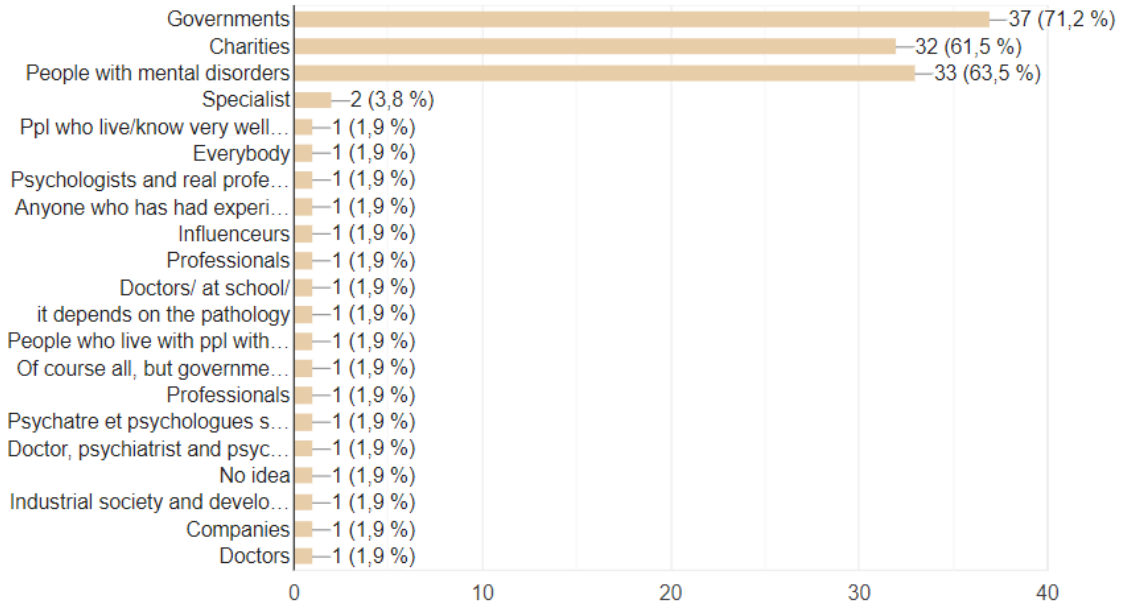
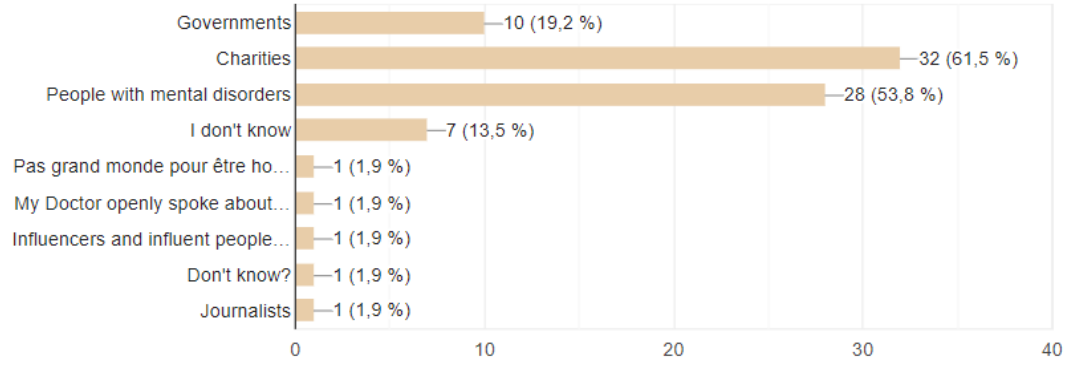
52 réponses



In your opinion, who is currently doing it ?

Copier

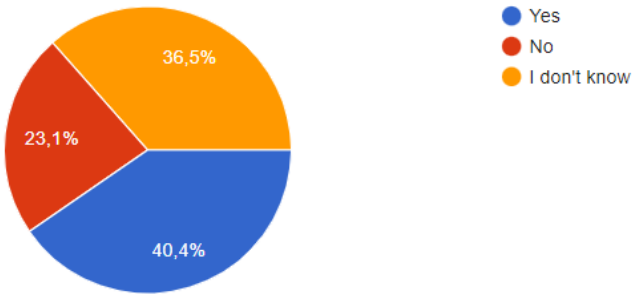
52 réponses



Are they doing it well ?

Copier

52 réponses



If no, how do you think they should do ?

14 réponses

I believe it lacks nuances. It either depicts one exclusive type of mental disorder or focuses too much on rare details. I believe they should put more work towards understanding the mechanism behind one's brain.

They live it differently, for example showing recovery as a success can be seen oppressive for those that still struggle, or inspire others to recover

People who actually struggle with mental disorders help by sharing their experiences, but they obviously have a bias : it is their reality, and they can't be objective about it. It is great to have testimonies, but they are no scientific knowledge, and can be sometimes unreliable.

Get a first-person perspective from people with the disorder.

I don't really know how because I am not concerned by this but I think they should not present it as something wrong/ bad

It should become a priority, better communication, proper budget allocations.

Would you like to have a unique plateform where you can find verified information from the government ? (such as AntiCovid for the COVID crisis in France)

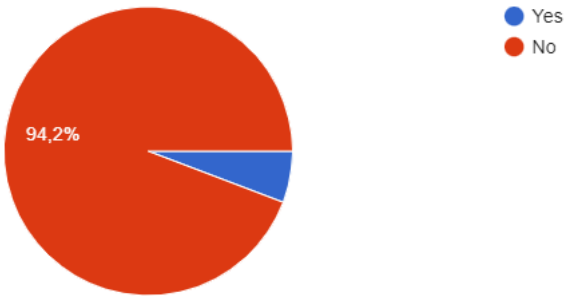
Copier

52 réponses

Have you heard of the plan from 2013 to 2020 of the World Health Organization ?

Copier

52 réponses



If yes, what do you think about it ?

4 réponses

I think it adresses relevant issues, it's great.

N/a

Il manque des relais de proximité

NA

Can you give examples of mental health programs implemented in companies ?

23 réponses

Telethon

I only know the 2005's law for quotas in companies with more than 20people

Programs against arassment at work

No idea

I'm a student, I cannot think of examples of mental health programs implemented in my school besides a therapist hotline, in case we feel the need to talk to someone.

Téléthon

Not really

Anti- suicide

No example

What is the source you are using to find information ?

23 réponses

- My studies
- L'internet et les professionnels de la santé mental
- The internet : Reddit, Youtube, Instagram
- Studies and testimonies
- Internet mais surtout le manuel des sapeurs pompiers de France pour la formation de premier secours
- I try to look at official health related websites
- Video essays by doctors that specialize in the field.
- Internet et les professionnels de santé
- I start with Google and then I try to find reliable and quality sources

Do you think the information there is verified and true ?

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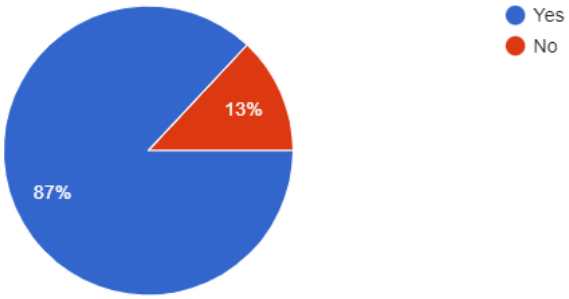
23 réponses



Your socioprofessional category

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52 réponses

Age

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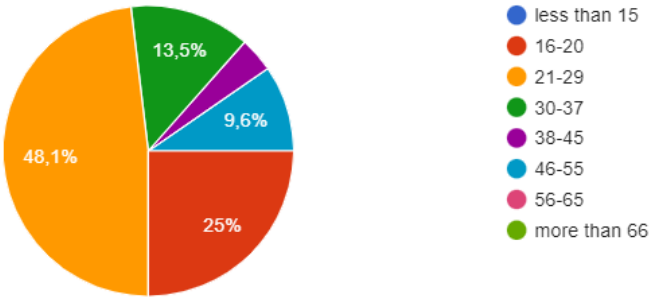
52 réponses



Gender

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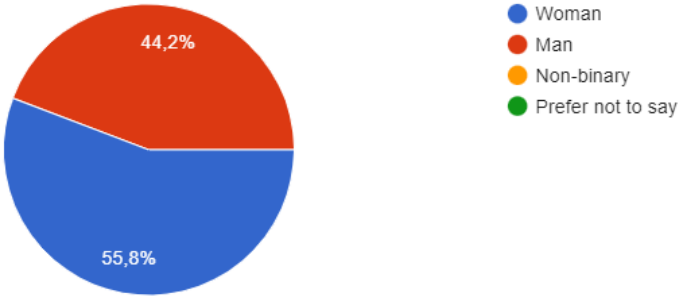
52 réponses



Country of origin

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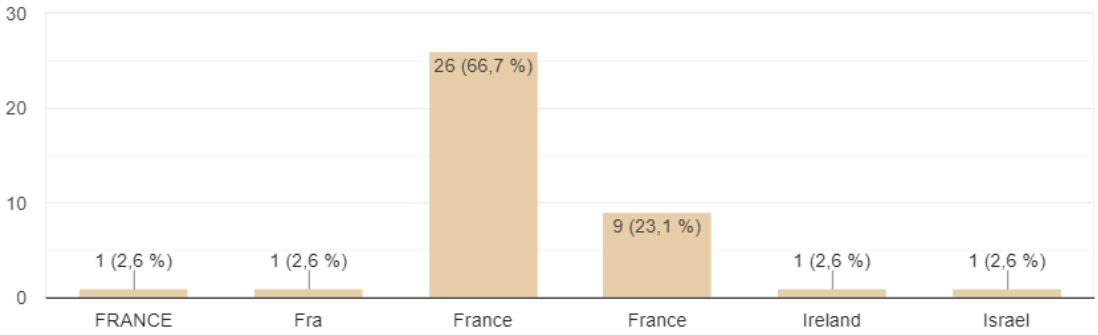
39 réponses



6. Professional Project Synthesis

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Introduction

France Bleu gathers 44 radio stations implanted all around the French territory, 3 261 000 listeners daily and 273 000 hours of programme yearly. France Bleu has been the radio of the territories for more than 40 years. The company is the closest radio there is to its listeners, relaying their worries and the adequate solutions. The radio offers varied content on everyday life subjects whilst highlighting local initiatives on economy, culture, sports, social and solidarity topics.

France Bleu is also strongly present in the web due to its podcast collection, its *matinales filmées* (morning shows) since 2019 and broadcasted on France 3. Besides, France Bleu is also a website and an app : « Ici » which is due to the partnership with France 3. All this data place France Bleu as one of the main media brand in France (category TV / radio).

The communication team is quite unusual. Indeed, as the network is divided into 44 radio stations, there are 7 people in charge of leading the communication all over the territory – each taking care of multiple stations. They work in pair with territorial directors which are the superiors of the station's directors (one for each station). In the Parisian offices – where I work, is the team of the direction of the communication dealing with national and Parisian projects. Every member of the national team has its own specialisation: cinema partnership, music partnership, PR, internal communication and event organiser. Being part of the national team, I deal with various subjects whose reach are greater as they are relayed by the local stations.

I am lucky to work for this institution as it gives me the opportunity to discover the world of media and radio. My tasks are wide and diverse. I participate in multiple projects and the organisation of cinema, music and institutional partnerships that sometimes lead to events. I also support strategic actions by creating communication and marketing tools and mediums.

Working with France Bleu allows me to develop my editorial and graphic skills. I can also develop strategies and I am able to organise an event and the communication around it.

This internship report allows me to think about the strategic stakes France Bleu deals with in terms of communication. I can also question the evolution of the company and how it can develop surrounded by other strengths of Radio France : France Inter, France Culture and Franceinfo for instance. Then, I will question what the 6-months internship brought me professionally and personally.

1st part: Strategic stakes and communication

3. France Bleu and its multiple possibilities

France Bleu is one of the seven channels of Radio France. It has been the media reference locally for more than 40 years. The radio stations offer every day live content on local information, debates and highlights local initiatives. With its 44 radio stations and 1500 employees, France Bleu is the partner of more than 4000 events locally. The radio gathers 3.3 million listeners daily which represents 6% of radio listeners (Médiamétrie Janvier-Mars 2021). France Bleu deals with information, services, solidarity, social, humour and music.

France Bleu is the « generic » radio with the most developed musical programme. More than half of its programme is actually dedicated to it. The radio broadcasts 30% of music that was just released and more than 60% of French speaking songs. France Bleu is a radio which features new talents and organises concerts and festivals. Those events are called : France Bleu live and happen around 6 times a year. They gather artists such as Vianney, Francis Cabrel, Julien Clerc, Jean-Louis Aubert… France Bleu also promotes music through radio programmes such as « La nouvelle scène » and produces music compilation that can be bought or offered thanks to an *on air* game.

France Bleu is also fond of sports as it is possible to listen to sports commentators during a game. The company is developing partnerships in this field : Le Tour de France, la Rando France Bleu, La Grande Odyssée Savoie-Mont-Blanc. France Bleu promotes sports during their programme : Planète Liza hosted by Bixente Lizarazu.

France Bleu has a strong presence on the web. 42.4 million people use the website and the application every month – 74% more than in 2019 (ACPM 2020), 932 000 website and application users every day - 58% more than in 2019 (Médiamétrie/NetRatings, 2020), 607 606 likes on the main Facebook page (April 2022), 2,2 million followers on all Facebook pages (May 2021). France Bleu also offers podcasts such as Le Confin des Contes, L'Odyssée, Meurtre et Moselle…

France Bleu is a proximity media. It deals with concrete problems faced by citizens. That is why, the radio wants to offer valid solutions. To solve this issue, France Bleu launched a popular consultation called #MaFrance2022 in partnership with Make.org. Its objective was to give the possibility to citizens to offer solutions to the situations they face daily. Throughout this operation, French people were able to write down their ideas and to vote for other's via the website. Moreover, a programme hosted by Wendy Bouchard and Regis Mailhot allowed listeners to share local initiatives on air and to debate with the guest of the day (often a politician or an expert). The idea behind this consultation was to

question every candidate to the presidential election on the matters that were the most debated : purchasing power, ecology, international matters…

4. France Bleu building its communication strategy
    a. France Bleu is local

France Bleu differentiates itself thanks to its 44 radio stations – called *locales*. The radio is the link between the people and the information locally. This strength allows France Bleu to create custom-made strategies for every *locales* respecting local culture and the civilian's priorities.

The problematic of such a unique implementation is the following : **How to create a strategy that allows France Bleu to adapt to its multicultural implantation while federating every *locales* under common values ?**

Indeed, more than 70% of the programme is locally recorded and broadcasted. However, communication is local and national. The channel most used is social media platforms. Every station has its own page on Facebook, Twitter, Instagram and LinkedIn. Station directors are able to post content, as well as share the content from other France Bleu pages. Yet, it is the communication team which mostly takes care of posting on social media. For the show "*La meilleure boulangerie de France*", my colleagues of the direction of the communication team posted updates on the pages of the *locale* in question. Besides, the web team created a graphic chart for Instagram posts that needs to be respected in order to post content on Instagram. This method guarantees a unifying content but does not demonstrate the strength of France Bleu and its unique organisation in Europe.

In addition, the direction of the communication team created generic visual campaigns which are offered in a variety of visuals according to the local culture. It allows communication to federate around the same visual and editorial chart whilst protecting the local culture. Using the same logic, the media that France Bleu collaborate with are regional and not national. In addition, if poster campaigns are needed, they are displayed in bakeries, tobacconists – local shops.

Content-related, France Bleu offers the possibility for local business owners, farmers and artists to speak up. The huge number of programmes allows the radio to spread out local talents, activities and initiatives. The communication strategy of France Bleu corresponds directly to this local and specialised content due to such a unique organisation.

b. France Bleu and its partnerships

i. Cinema and music

As well as the *locales*, music and cinema partnerships are also custom-created. Indeed, marketing is based on the media strategy and the budget of the partner. Multiple possibilities are offered by France Bleu : social media, articles, press releases, possibility to offer tickets to listeners that win games on air. The strategy used for social media is more editorial than marketing. The objective of posting on social media is to release exclusive trailers, open the ticket office, and give out dates… The strategy is a success when journalists, media and *locales* share the content posted. Indeed, relaying such posts allow them to reach a greater audience and often a more specific one.

France Bleu often picks its partnerships if they are in agreement with its values but also if they have a local integration. For instance, the movie "*Permis de construire*" produced by Eric Fraticelli which is a Corsican movie, was a success in Corsica due to the local communication strategy.

As well as the local communication strategy, France Bleu also offers the possibility for partners to communicate through their programmes such as : *Chronique ciné, Accès Direct, La Nouvelle Scène musicale, Le Son d'Alex*… Messages are recorded by radio presenters and released on the air. Those recorded messages have multiple content possibilities such as offering tickets, giving out dates and information.

ii. France Bleu / France 3

Since 2019, France Bleu has been broadcasted on France 3. Indeed, 24 *matinales filmées* (7h-9h) out of 44 were broadcasted live. However, it stopped in January due to the Olympic Games, the Paralympics and the presidential election.

France 3 and France Bleu are also getting closer. Indeed, an application and a website called Ici was just released and takes the first step into the partnership between the both of them. France Bleu has always been available to listen to. Because of the *matinales filmées,* it is now able to be watched. The relationship between France Bleu and France 3 embodies the logical editorial collaboration between the two.

c. France Bleu and Radio France

France Bleu is one of the seven channels of Radio France. The ladder offers a generic content due to its wide offer : France Culture, Franceinfo, France Inter, France Bleu, Fip, France Musique, Mouv'.

Amongst all these channels, France Bleu is the specialist on local activities. It is the relay of information and activities between every channel and local media. Given that France Bleu is already implanted on

site, if there is any need for coverage, journalists are already there. It impacts very positively the quality and the rapidity of the relay of the information. Indeed, other channel's journalists don't even need to be on site and can use the interviews and reports of France Bleu's journalists.

France Bleu is the Radio France's specialist of the territories.

d. France Bleu and its target

France Bleu's audience is 60 years old or more. One of the radio's main objective is to lower their target age. Indeed, France Bleu would like to lower the target to the 50 years old of every socio-professional category.

In order to attain this objective, France Bleu already implemented a few methods.

Starting with renewing the visual aspect of France Bleu and modernising it whilst keeping its essence. Indeed, visual campaigns have been created since December (cf annex posters). The most important change is the font. France Bleu's communication team decided to choose the Wandering Pencil font which allows the radio to use a more modern and readable font adapted to their values. Adapting its graphic chart by modernizing it, targets a younger demographic.

A new logo was chosen by Radio France but it is not a France Bleu's communication strategy. The objective of this change was to federate and modernise all the channels around a common visual identity. Indeed, Radio France chose to standardize all its channel's logos. The new logo is simpler which allows communication agents to use it easily (cf annexe). The black strip of the old logo reduced the size of the writing which made it difficult to read sometimes or to use.

France Bleu has also decided to implement initiatives targeting a younger demographic. That is why they created : the special day « *Avoir 20 ans en 21* » and its focus on the sanitary situation ; and the *Challenge Alternance & Stages Jeunes d'Avenirs*. The ladder allows young people to find an internship or an apprenticeship contract easier. More than 76 320 young people were able to find an internship. The objective for this year has been raised to 100 000.

France Bleu has also launched a few prices to conquer a younger target : Prix France Bleu BD, Prix du jeu vidéo, Prix France Bleu du Polar.

e. France Bleu and its message

« France Bleu s'engage » is the line of defence of the company and is a way to answer to the communication strategy of the group. It splits into four categories :

For the citizens : France Bleu is engaged to the political and social aspect of a civilian life. With the civilian consultation (consultation citoyenne) created with Make.org and hosted on air by Wendy Bouchard in *Ma France*. This event placed France Bleu as the voice of the citizens during the presidential election. It allowed the radio to answer to local concrete problems and to represent the citizens properly.

For the environment : *Circuits Bleus* – the 44 breakfast shows are dedicated to local distribution channels. The programme *Planète Bleu* is also a way for France Bleu to engage for the Earth. As well as the event « *France Bleu s'engage pour les forêts* », there is also a series of podcasts entitled : *A cœur et à crocs*.

For culture : Prices such as *le Prix du polar, de la BD, du roman et du jeu vidéo* lower the target's age and allow France Bleu to position itself where it was not expected. A few series of podcasts are also in the spirit of the times : *Le Confin des Contes* (for the children) and *Meurtre et Moselle*. And finally a few radio programmes such as "*La nouvelle scène de l'humour*".

For music : It is important for France Bleu to display new and unknown artists in order to put them in the spotlight. That is why, some of the programmes exist : *Le son d'Alex, Accès direct* and *La Nouvelle Scène*. France Bleu organises as well musical events such as *France Bleu live*.

Part 2 : Benefits of the experience

1. Professional aspects

The tasks I participated in allowed me to use my hard skills and soft skills. Here is a non-exhaustive list of the missions I was assigned :

Tasks	Hard-skills	Soft-skills
Support strategic actions for the communication team by creating analytical tools	Office: Excel, Word… Online tools: mymaps, …	Be attentive and understanding the missions to offer the best solutions
Creation of communication medium using graphic and editorial skills	Canva, Photoshop, Office, Premiere Pro	Creative, attentive, adaptable
Organisation of internal events (business seminar and evening), and external events	Office: Powerpoint, Word…	Precision and rigor
Participation in operational communication tasks for partnerships – music, cinema and events (la Tournée des Marchés, la consultation citoyenne, les Enfoirés, les Victoires de la musique, Salon de l'agriculture)	Knowledge of the web and online tools : France Bleu website, LinkedIn Back office of the France Bleu website Writing skills	Precision, attention, editorial creativity
Update of the social networks and website of France Bleu	Back office of the France Bleu website and the social networks Writing skills and editing using Photoshop and Canva	Precision, attention, creativity
Participation in the update of press contacts (journalists, PR management…)	Office, Augure/Publisher (PR-related software)	Precision, attention

I have occasionally worked with Anne-Florence Mignot, Internal communication and event manager. We organised internal events together such as the business seminar for France Bleu's directors at the Palais Brongniart and the evening the day before at La Coupole.

She evaluated my professional skills as the following : I master communication tools, understand the tasks and missions I am asked to do and I am able to do them correctly and efficiently. In terms of hard skills, I have the reflex to ask questions when I need to and once I understand the answer, I know how to put it into practice. And finally, she talked about my soft-skills. I fitted quickly and well in the team. I am positive and attentive. She added that I could be more proactive as a way to improve.

I agree with what she stated. Indeed, it was quite easy for me to fit in the team as they were very welcoming. If I needed to review the skills I acquired, I would highlight to which extent they would be useful for my professional career. As I will explain later, the occupation of communication agent is an occupation I enjoy very much for its wide range of missions. That is why developing numerous categories of skills is a truly interesting point for my career.

b. Theoretical and concept-linked skills

Firstly, I developed theoretical skills due to an understanding of the operating of a radio. Working for such a specific media has modified my way of seeing it. I would not have understood the way it works unless I had not had the opportunity to work there.

I enjoy the way it is organised as a media and I am impressed by its 44 *locales* which guarantee local and verified information. However it makes it difficult to find the right interlocutor sometimes, as the network is quite complex. I am aware that all radio don't work the same. France Bleu is especially different due to its niche positioning of having a wide network of *locales*.

Even if I acknowledge the complexity of such an organisation, I am aware it takes more than 6 months to fully understand it. France Bleu being one among 6 other channels, its position in Radio France might cause some complex situations due to crossing each other territories. Fortunately, Radio France has a saying : "1 partnership = 1 brand" which limits conflicts of interests (except in the sports industry where Franceinfo and France Inter are both involved). However, when France Inter is partner of a local event, France Bleu's *locale* should not participate in the communication according to Radio France rule. Yet, it is not possible nor logic in practice that France Bleu, the media of the territories, does not cover the event. So, theorically, I understand the complexity of such an organisation but I obviously lack experience in order to deal with complex problematics such as these.

I had the opportunity to put the skills I learned at ISCOM to good use : when creating a communication strategy, you start by studying the target to which you adapt the channel and format you are going to use. And finally, you can create the content (editorial and/or graphic). Arriving in France Bleu while understanding this know-how helped me understand the operation of a radio's communication and promotion quicker. This skill will be useful in my professional career especially if I specialise in media. Indeed promoting through a radio such as France Bleu resembles other media that possess communication channels such as a radio or TV programme, a written paper or digital journal.

In fact the key to a communication strategy with France Bleu is that the possibilities are wide. It is possible to communicate on the air, on the website or social networks, through press releases but also

through trailers and posters (for cinema related partnerships) by adding the logo to the list of partners. During an event, it is also possible to add signs with the logo that will be visible on screen if broadcasted on TV.

I was also able to listen to the radio for a specific task I was asked to complete which helped me understand the programming of the guests and shows. Being two floors above the studios allowed me to comprehend the rigorous programming behind a show as I often was a member of the audience.

c. Technical know-hows

At the beginning of my internship, I was not trained on Photoshop. That is why, a few days later I taught myself thanks to YouTube tutorials. Indeed, Photoshop is a tool that is often used by the communication team of France Bleu. Even if there are graphics designers that are specialised in creating those designs, we, as communicators, need to be able to produce graphic content in case of emergency or simply to relieve congestion on the graphic designer department. Photoshop is a necessary tool for a communicator and I am glad I am trained to use it. It is now an everyday tool that I will obviously use in my professional career.

I was trained on the back office of France Bleu website and its social networks. This skill will also be useful. Indeed, even if I already worked with Back Office softwares such as Wordpress or HTML, it specialised my knowledge in publishing articles. Not knowing where my professional career is leading me, I am glad I was trained in the media industry which is a field I enjoyed working for. Similarly, I was trained on PR-related softwares and partnership ROI analysis.

d. Behaviours and professional relationships

This internship with France Bleu improved my capacity to accept critics and to know when they are unfounded. I am now able to take a step back and put critics into perspective. I am sure this skill will be more than necessary in my professional career.

Indeed, it is vital to know how to withdraw from difficult situations. The best way to deal with complicated matters is to keep your composure. That is a skill I do not master yet because I tend to not stay calm in situations of conflicts and stress-related issues.

e. Organisation and project management

In terms of project management, I was lucky enough to participate in multiple organisation of events. I noticed that the most useful skill was rigor. Indeed, when creating a budget for an event with the event planner, you cannot forget anything. And even during the event, you need to be able to know where everything and everyone is. The planning of the event is also more than necessary.

In case of emergency or problems, you however need to be very flexible and to adapt to every situation. This is why, you need to have considered every possibility while organising the event. Knowing these technical skills does not mean I master them. Indeed, the organisation of an event requires experience – which I lack for now.

However, I am able to say that I am attentive and quick-thinking which allowed my colleague to trust me with the operational aspect of the organisation of the events.

f. Creativity

As for creativity, I was able to create graphic content during my internship. I mostly used the tools Powerpoint, Canva and Photoshop.

For instance, Powerpoint helped me create slide presentations for a Business Seminar using pictures, text, videos and sounds (podcasts). I used Canva to create photo albums (cf annex). These skills will be very useful in my professional career. I am not interested in becoming a graphic designer. However, it is necessary to understand graphic tools in order to create designs for social media posts for instance.

Since the beginning of my internship in France Bleu, the communication team has paid a lot of attention to everyone's ideas which contributes to the creative and collaborative atmosphere.

g. Editorial skills

I have always enjoyed writing. For instance, last year, I participated in a faculty project called *La Chronique 19* which was a journal made by students targeting students. For this project, I wrote many articles using my personal style which resembles Topito's.

The internship in France Bleu helped me develop a more journalistic approach. I wrote a few posts, articles and reports crossing multiple sources to be certain of using verified information. I also made sure I was unbiased. It was actually one of the first times, I needed to approach writing as a journalistic and unbiased point of view. I know this skill will be very useful for my professional career as I want to keep writing. I am not interested in a journalist career but as a communicator, writing and editorial skills are a must.

2. Personal aspects

a. Positive aspects in a personal point of view

Last year, the lockdown had me dealing with social difficulties. When I arrived at my 3rd year internship, teamwork was a burden. Speaking with colleagues was frightening and calling them by telephone, even more. I overcame this difficulty last year with time and patience. I improved my social skills but I was never able to feel completely blossomed.

Arriving in France Bleu, the communication's team welcomed me with open arms. The service is organised in such a way that I don't have a proper tutor. My colleagues and superior give me tasks and missions but I don't have a point of contact. This way, I was able to suggest ideas without feeling held back. Accordingly, it allowed me to better fit in the communication's team as I am a fully-fledged member of it. In addition, I succeeded in getting help easily if needed, accepting critics and setting up new methods according to advices.

This organisation allowed me to take confidence. As a result, I was more efficient, rigorous and obviously autonomous whilst adapting to a team organisation. Being a member of a team of 6 people is a very pleasant way for me to work as we help one another when in difficulty, give out advices, and even spend time in an informal way. We shared lunches, personal life matters (positive and negative) which fortified our relationships and helped build a strong team, able to face crisis situations.

b. Difficulties and how to deal with them

Organising an event during the Covid crisis is a hardship. Even more when it is a concert featuring an artist which caught Covid the morning of the show. In the beginning of March, Calogero was featured in the studio 104 for a France Bleu live. It was cancelled 5 hours beforehand because he was tested positive to Covid-19.

As a result, we needed to cancel the reservation of the venue, call all winners from the games on the air to let them know and to offer them the possibility to reschedule. It also implies that the whole event needed to be reorganised afterwards. That is one of the difficulties met by an event planner.

Moreover, having no proper tutor has its benefits and drawbacks. Indeed, my tasks and missions are very wide – which I enjoy a lot. However, I sometimes feel lost when knowing who to address my concerns to. Even for writing this report, I asked all the members of the team if they had any documents or information that might help instead of asking only a tutor.

c. Professional project

I have always wanted to work in the movie industry. In France Bleu, I evolve alongside it which already is an achievement given that I personally have zero contact in this industry. Obviously, entering this field is a conundrum I have dealt with since the beginning of my professional life.

Throughout my path, I was lucky enough to do internships every year. It was never easy to find the opportunities but in the end, I am proud I was able to have multiple experiences. This path allows me to be quite field-trained which is why I am glad I have the opportunity to work for France Bleu in this moment of my professional life. Indeed, some people questioned my journey and the reason why I didn't force into the cinematic or media universe sooner. Having took a step back, I am convinced the addition of my experiences is a bonus for my application for the apprenticeship contract next year.

Indeed, at the moment I am writing this report, I didn't sign the apprenticeship contract yet but I have possibilities in the cinematic industry : Arte, Canal +, Disneyland Paris and even Universal Pictures. This was my objective with France Bleu. Entering the world of media and working with the cinema partnership manager allowed me to be fast-tracked to the professional field I am most interested in.

This internship did not change my will to work for the movie industry but confirmed it. It helped me realise it was the field I was most comfortable in.

Moreover, the missions and tasks of a communication agent are wide and interdisciplinary: organisation of events, dealing with partnerships, creating support tools for the communication strategy, creating communication campaigns internally and externally… I have multiple experiences as a communication agent. I particularly enjoy this interdisciplinarity and that is one of the reasons why communication is a field I see myself in. Although, I keep in mind my need to be active and mobile. Indeed, I do not consider my internship in France Bleu as my future occupation for this reason. I need to be able to move during my day. I would blossom in a flexible environment where it is socially ok to go for a run during lunchbreak. But I am mostly interested in an occupation where I am able to leave on a business trip.

Needless to say that I particularly enjoy the strategic aspects of a communication agent. I look forward to taking responsibilities in order to develop communication and marketing strategies.

Conclusion:

France Bleu is a French radio with a niche positioning. It spreads over 44 radio stations. This unique organisation is the communication strategic stake. The idea is to be able to federate the listeners around the brand France Bleu while respecting the culture of every *locale*. The stake is considerable as it allows France Bleu to differentiate from the other Radio France brands and to send the following messages : “France Bleu s’engage pleinement au cœur du débat politique, citoyen, social et culturel.” and “France Bleu, depuis 40 ans, crée, tisse et entretient le lien au cœur des territoires.”

Doing my internship in France Bleu allowed me to learn about the media field and particularly the organisation of a radio. I developed my graphic and editorial skills as some of my missions required it. I wrote articles, posts on social media and reports of meetings. I also assessed the current methods used by the communication team in order to improve them. I was able to use graphic tools such as Powerpoint, Photoshop and Canva which allowed me to develop my graphic skills.

I improved my soft-skills as well. Working in a climate of confidence helped me become more proactive. It also confirmed my need to work in a team. Indeed, even if I was autonomous, I did not hesitate asking questions or advices to my experimented colleagues.

My internship helped me blossom in a professional environment and take confidence. It also allowed me to have an experience in the media industry. My internship in France Bleu is a milestone for my professional career. Indeed, as I have the objective to work for the movie industry, this internship is my gateway. Indeed, my colleagues have contacts in this industry who are able to offer me opportunities. Moreover, even the fact of having an experience in the media industry for 6 months is a bonus for my application.

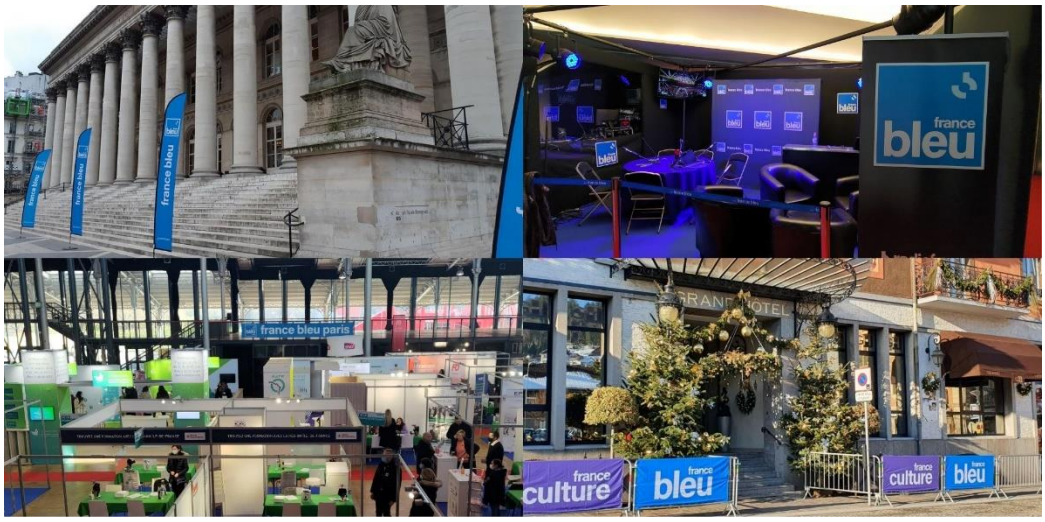
Now that you are aware of my professional ambition, there is only left to cross our fingers hoping for me to get an apprenticeship contract in the movie industry.

See you the 13th of June with the big news!

Ludivine

Annexe :

a. New logo / old logo

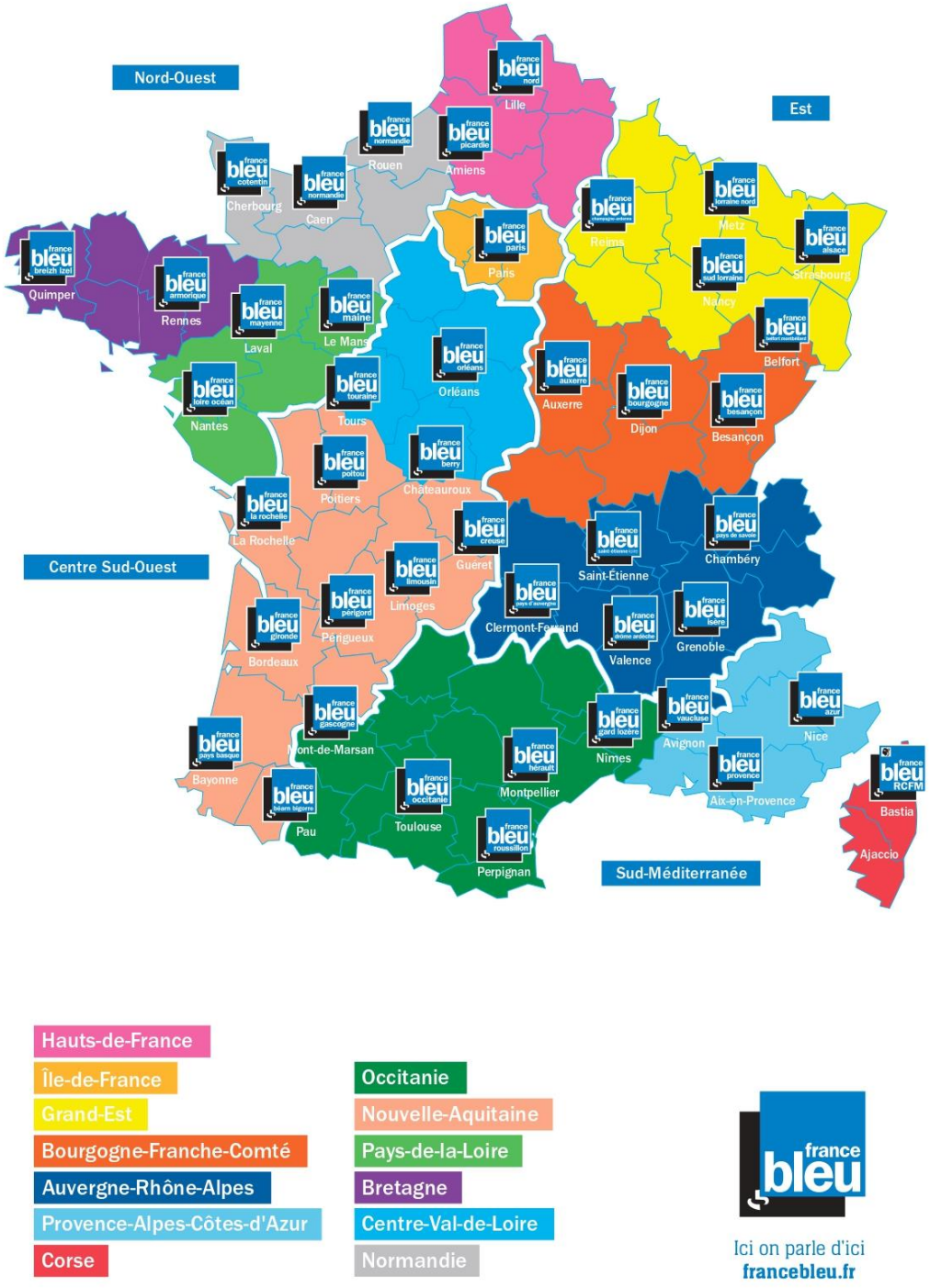


a. Campaign visuals

france bleu
ÇA BOUGE DRÔLEMENT AUTOUR DE VOUS.
CIRCUIT BLEU
9h-12h du lundi au vendredi
Divertissements, saveurs, conseils et culture en 100% local.
ET SI ON PASSAIT L'ANNÉE ENSEMBLE ?
ICI, ON PARLE D'ICI.

TOUT CE QUI SE PASSE LÀ OÙ VOUS VOUS RÉVEILLEZ.
LE 6-9 du lundi au vendredi
Toute votre info locale en temps réel.
5 KM MAX ENTRE LES PRODUCTEURS ET VOUS.
CIRCUITS COURTS 7h55 du lundi au vendredi
Les bons plans pour consommer mieux et local.
LE RÉVEIL DE L'ÉCONOMIE LOCALE A SONNÉ.
LA NOUVELLE ÉCO 7h15 du lundi au vendredi
Des femmes et des hommes qui partagent des idées et des projets qui réussissent.
ICI, ON PARLE D'ICI.

b. Map (44 locales)



FB_CarteReseau.indd 2 16/10/2020 11:21

c. On the air

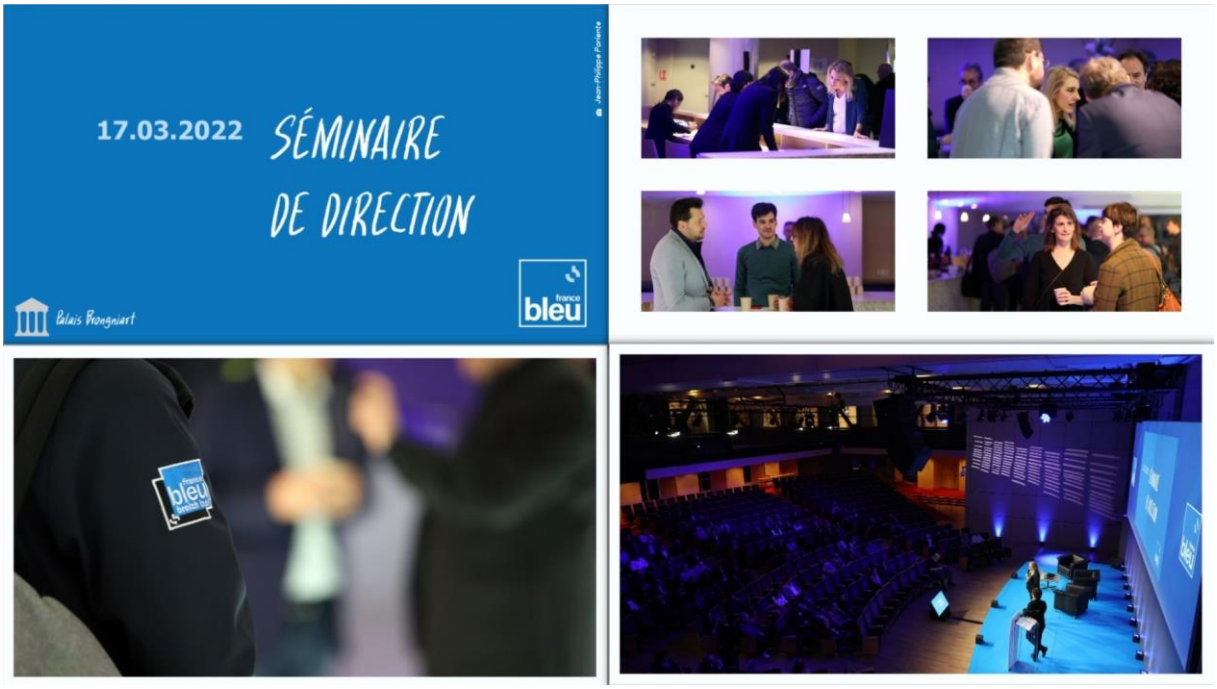
Credit : Jean-Philippe Pariente

d. Events

    a. SIA

b. La Coupole

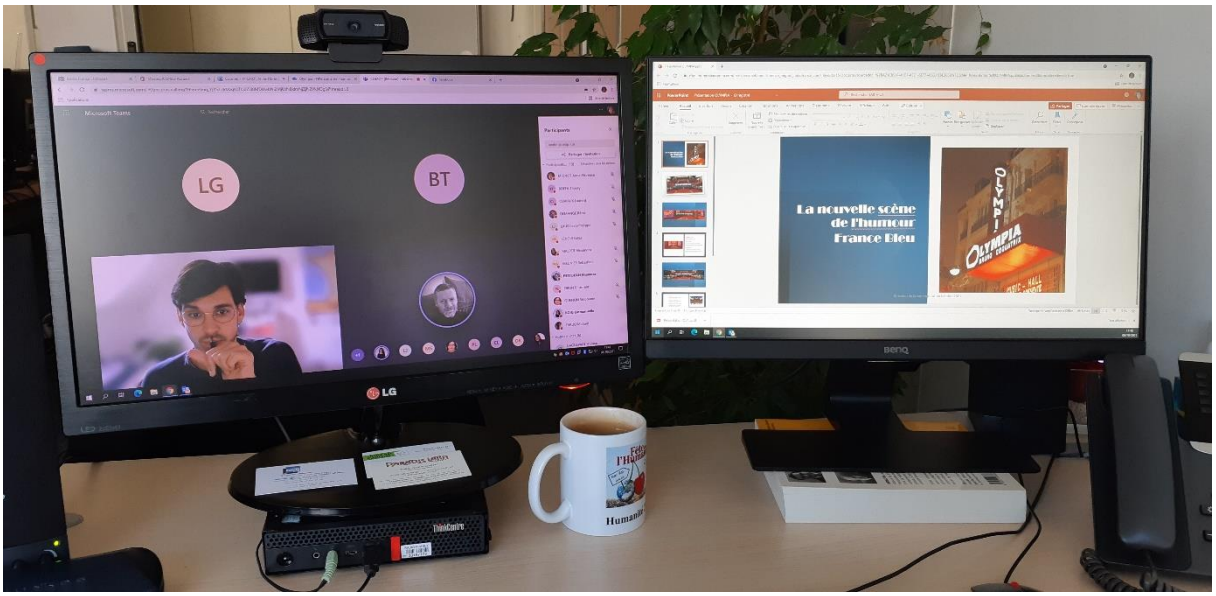
c. Le palais Brongniart



e. Consultation citoyenne

f. Daily tasks

1 million
de participants
34 000
propositions
MA FRANCE 2022
CONSULTATION CITOYENNE
SANTÉ
ÉCOLOGIE


LG
BT
La nouvelle scène
de l'humour
France Bleu
OLYMPIA