



Reaching Families Research Project

A study of best practices in disseminating information to families of persons with mental illness

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About the Project

Like many stigma affected populations, family members of persons with mental illness are hard to reach directly. They rarely self identify and may cope with stigma in ways that reduce their visibility. They may not be aware that services and information resources are available to them. They may not be connected with service providers.

Even when families wish to be involved in the care of their ill relative, service providers may be primarily focused on the ill relative, and often do not provide referral or information to family supporters.

Family members of persons not yet ill or diagnosed are even harder to identify as they are essentially general population. Reaching out to families cost-effectively is a real challenge for organizations trying to help.

The Reaching Families research project's goal is to identify cost-effective strategies for helping these targeted stigma-affected groups learn about available resources for them.

The goals of the project include providing:

- ◆ Distribution plans of known effectiveness for use by organizations providing services / information to families.
- ◆ Opportunities to combine forces with other BC Partners agencies to increase ability to reach families with timely information.
- ◆ Strategies resulting in more efficient and effective delivery of information and programs to target populations
- ◆ Strategies resulting in increased value for cost associated with promoting programs to target audience
- ◆ Strategies resulting in increases in cross-organization awareness of resources and referrals to those resources
- ◆ Strategies resulting in increases in downloads of web-based resources
- ◆ Strategies resulting in increases in self-referrals of family members to targeted programs and organizations

This study provides a literature review of issues affecting dissemination of resource and referral information to families and a survey of best practices from various organizations in BC and the US which provide and publicize services for families affected by illness and stigma. The first section of the report contains the literature review, followed by an analysis of the best practices uncovered, a sample generic distribution plan and some suggestions for centralized BC Partners strategies. A focus in this study has been on identifying lower cost options in each area.

Literature Review

The literature review focused on the following areas:

- ◆ What about stigma affects how families affected by mental illness respond / fail to respond to outreach.
- ◆ Strategies currently being used to reach stigma-affected populations and evaluation of same
- ◆ Communications planning processes
- ◆ Communications and information dissemination strategies (grassroots, social marketing, mass media, electronic / web-based...)

Benefits of Supporting Families

The effects on family members of persons with a serious and persistent mental illness can pose a significant burden¹. These burdens include financial burdens for family members involved in active caregiving, whose caregiving responsibilities conflict with full time work or who are financially subsidizing a relative unable to work. Burdens can also include social isolation and a corresponding loneliness and lack of social support^{2,3}. In addition unpredictable or bizarre behaviour in the loved one can be very stressful on family caregivers, siblings and other relatives⁴.

Support to family members that reduces caregiving burden has been shown to have a positive affect on the ill family member, in some cases reducing the frequency and severity of relapses and hospitalizations.⁵ In addition, support to family members reduces their stresses and therefore can have a positive effect on caregiver health. With illnesses with a significant hereditary component, vulnerable family members are thus provided with preventative care.

¹ Magliano et al. (1998)

² Wahl, Harman (1989)

³ Brady, McCain (2004); Brady, N (2004); Boye, et al. (2001); Brown, Birtwistle (1998); Gerace, Camilleri, Ayres (1993); Brekke, Mathiesen (1995); Spiegel, Wissler (1986); Holzinger et al. (2003); Magliano et al. (1998); Rose, L. (1998); Saunders, Byrne (2002); Winefield, Harvey (1994).

⁴ Boye et al. (2001)

⁵ Brekke, Mathiesen (1995); Spiegel, Wissler (1986).

Affects of Stigma on Family Member Help-Seeking Behaviour

Stigma

The word stigma is defined as “a mark of shame or discredit”⁶. When a person is affected by stigma, they are identified culturally as someone with a shameful flaw.

It's important to recognize that stigma has two pieces – shame / discredit and a 'mark'. How severely the stigma is experienced is directly related to how negatively the category the person belongs to is regarded, and how visible they are as a member of that category.

Stigma is not particularly about behaviour. It's about being part of a group that wears the stigma. A person affected by stigma is perceived to be part of a racial, cultural or other group that has a shameful flaw attached to it in the culture.

This means that a person with a mental illness can be perfectly symptom free but still experience stigma and discrimination if he or she is known to have had a mental illness.⁷

Family members experience stigma by association with the person with the illness⁸.

Responses of Persons Affected by Stigma

The mark of stigma has three factors affecting how extreme the stigmatizing attitudes will be toward an individual member of a stigmatized group and for the group as a whole.⁹ These factors, in turn, shape the behaviour of the stigmatized person in response.¹⁰

Visibility /Obviousness – Can a person easily be identified as part of the stigmatized group? Is the person in public view? Do they have visible symptoms of mental illness? Are they quite visible or do they blend into the background? Because of this, people affected by stigma will often withdraw from others or will attempt to mask, hide or deny symptoms in themselves or their family member.

Controllability – Is the person considered to be in control of the stigmatized behaviour? The more control the person is seen to have over their behaviour, the worse the attitudes against them. However, lack of control over behaviour may increase levels of fear. Because of this, to be helpful in reducing stigma, explanations of illness are most helpful that balance biological causes (locus of

⁶ Miriam Webster Dictionary Online

⁷ Arboleda-Flórez, 2003

⁸ Angermeyer, Schulze, Dietrich(2003; Östman, Kjellin (2002)

⁹ Arboleda-Flórez, 2003

¹⁰ Arboleda-Flórez, 2003

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control outside the individual) with a positive description of effective treatment (reduced dangerousness).

Impact /Fear / Dangerousness – Does the person seem to present a risk, either physically or morally/psychologically to me? Do they seem dangerous physically, or are they threatening to my beliefs, values or ideologies? The more potentially dangerous the person seems to be, the worse the attitudes against them. For this reason, men with mental illness often experience greater stigma than women, who are seen to be less able to cause physical harm¹¹. Assertive case management strategies for mentally ill persons, which provide preventative care to avoid symptoms becoming severe enough to trigger bizarre or destructive behaviour, are helpful in preventing stigma motivated by fear.

“Mental health patients who show visible signs of their conditions because either their symptoms or medication side effects make them appear strange, who are socially construed as being weak in character or lazy, and who display threatening behaviours usually score high on any of these 3 dimensions. By a process of association and class identity, all persons with mental illness are equally stigmatized: regardless of impairment or disability level, the individual patient is lumped into a class, and belonging to that class reinforces the stigma against the individual.” - Arboleda-Flórez (2003)

What are some of the effects of stigma on family members?

Some of the consequences of stigma include social distancing and social rejection. The stigmatized label alone can trigger rejecting behaviour, and fear of rejection can affect the behaviour of the stigmatized persons as well. Farina et al (1968, 1971) showed that a person who thought that others knew they had been hospitalized for mental illness was more likely to behave in a way that evoked a negative response. For families, the avoidance / social withdrawal and denial responses to the stigma of mental illness¹² can lead to avoidance of mental health services and supports for families, making reaching this population particularly difficult.

Stigmatization and prejudice can be reasons why many persons do not seek assistance or postpone seeking assistance until a crisis is reached. This can be true even if the person knows where resources are available¹³. People who cope with stigma by isolating themselves are at the same time cut off from services and social support.

Professional providers of services for the mentally ill are influenced by stigma as well. Providers have reported being affected by stigma by association to mental

¹¹ Fink, Tasman (1992)

¹² Miller, C; Kaiser, C.R.

¹³ Patient, D; Orr, N (2005)

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illness. For example, the Hollywood stereotype of the 'mad psychiatrist' is an example of stigma by association with mental illness.¹⁴

Common coping reactions to stigma include secrecy, withdrawal and education of others. Persons fearing rejection the most who cope by withdrawal are most likely to have a support network of only family members.¹⁵

Fear of rejection by a stigmatized person is a barrier to receiving support and help. Stigma has been shown to be an obstacle to seeking health care services, and is a double barrier in families affected by racial or cultural prejudice as well¹⁶. Stigma can also be transferred to family members, with family members seen as being responsible for their family member's illness¹⁷.

The societal phenomenon of scapegoating has historically included persons with mental illness. Historically, mental illness was seen in Europe and North America to be a result of spiritual failing, a judgement that applied as well to the families of those affected¹⁸.

Families of mentally ill persons report reduced access to resources, hostility from others, invisibility and shame, resulting in secrecy, distrust of others and a feeling of helplessness. In a Swedish multi-centre study of family members of patients in acute psychiatric wards, a majority of relatives experienced psychological factors of stigma by association. Stigma by association was greater in relatives experiencing mental health problems of their own, and was unaffected by patient background characteristics¹⁹.

Strategies for Combating Stigma

Since stigma is focussed on the visibility, locus of control and perceived dangerousness of the stigmatized persons, coping strategies tend to focus on reducing the impact of these factors²⁰. Common reactions to stigma are secrecy, withdrawal or education of others. Each of these strategies tries to reduce the visibility and/or perceived dangerousness of the stigmatized individual.

Unfortunately, according to Link, Mirotnik and Cullen (1991), these strategies are not always successful overall. They found that the strategies of keeping the history of treatment of mental illness a secret, educating others about mental illness (presumably reducing perceptions of dangerousness) and avoiding situations where rejection might occur, do more harm than good. This is because

¹⁴ Fink, P.J, Tasman, A Eds (1992)

¹⁵ Fink, P.J, Tasman, A Eds (1992)

¹⁶ Gary, Faye (2005)

¹⁷ Östman, M, Kjellin, L (2002)

¹⁸ Arboleda-Flórez, 2003

¹⁹ Östman, M, Kjellin, L (2002)

²⁰ Angermeyer, Bec, Zoz, Matchinger (2003)

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these strategies can increase psychological distress and demoralization. Based on this, Link et al argued that stigma is powerfully reinforced by culture and its effects are not easily overcome by the coping actions of individuals.

Teaching the biological model of mental illness may be experienced as helpful in reducing stigma by family members of persons with an illness²¹, but in at least one study (Angermeyer, Bec, Zoz, Matchinger (2003)) it was shown to increase rather than reduce social distance between the general public and mentally ill persons. Because of this, Angermeyer et al recommended that public education seeking to reduce mental illness stigma put most of its attention on the countering the stereotype of unpredictability and dangerousness.

Considering Stigma when Designing Outreach

When planning dissemination of information for families, being aware of common coping strategies and reactions to stigma can be useful in designing strategies.

Knowing that families are likely to self-isolate or withdraw, and may be reluctant to self-identify, can help shape the ways messages are conveyed.

For example: A support group for families of persons with mental illness might be announced publicly using the term 'mental illness' or the name of a particular disease, or instead announced as a support group for families looking after or helping relatives who are having problems coping with difficult thoughts, experiences or emotions. The second type of description might be less threatening to families who are reluctant to self-identify as being affected by mental illness, or whose family member is undiagnosed.

To counteract withdrawal and isolation tendencies, an assertive, welcoming and normalizing outreach strategy is necessary. A person affected by stigma will often withdraw to avoid contact with those who might discriminate against him or her. This takes away valuable social support from friends and acquaintances.

Persons with a mental illness choosing withdrawal as a coping strategy may have a support network that includes only close family members. Family members choosing to withdraw will have no access to respite help or other services, or to the social support a family member of someone with another illness would expect as a matter of course. Because family members may be avoiding services out of fear of discrimination, it is important to address this factor with highly visible messages that make it clear that a warm, friendly and non-judgemental welcome is available specifically to family members of persons with mental health issues.

Material reaching out to families should counteract core stigma messages of dangerousness and fear, and not reinforce existing stigma messages. In the case of schizophrenia, focussing on positive messages about rehabilitation and

²¹ Wahl, Harman (1989)

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reintegration information (reducing perception of dangerousness) has been shown to work better to reduce stigma than describing psychotic experiences.²²

Education to reduce stigma should focus on messages that minimize the perception of dangerousness of mentally ill individuals. Strategies such as assertive case management services can be valuable in reducing stigma, by proactively preventing mental health crises (and associated bizarre or aggressive behaviour) that might reinforce the 'dangerousness' stereotypes around mentally ill persons.

Communications Planning

Communication planning is most effective when a clearly defined target population and result is identified (reference).

In order for a promotional campaign to be successful, we need to be clear about both who we want to reach and what we want them to do once we reach them.

In order to increase dissemination impact on the family members who provide support and care to ill relatives, the most common caregiver demographics were identified.

Target Groups

According to Statistics Canada (1996), women between the ages of 45-64, primarily mothers, do the majority of caregiving for ill relatives. Younger and youth caregivers were also primarily women. Male caregivers were more likely to assist with transportation and household maintenance rather than personal care.

The broad target group for this study are family members of persons being treated for mental illness and the general public who have family members who are affected by mental illness, or who may be in the future. This group is essentially the entire general public and is too broad for a successful and cost effective strategy.

Based on interviews with professionals assisting families, and on Statistics Canada research on caregivers, it made sense to narrow the information outreach focus to those people who were most likely to be helping a family member with a mental illness. According to Rogers (2003) the more adopters of a new idea / resource / strategy you have, the faster the innovation will spread, so it makes for more effective dissemination to target new information for families to the largest group of caregivers first. Following Rogers, by focussing on reaching the largest group of family caregivers, the others will be reached more quickly as well. This more narrow focus resulted in the following prime target group and secondary targets.

²² Angermeyer, Bec, Zoz, Matchinger (2003)

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Primary Target Group - Mothers aged 45-64

This is the highest priority population to reach: Mothers are the most frequent caregivers for mentally ill persons, and serve as 'gateway' contacts to other family members, such as fathers and siblings. According to interviews with BCSS and CMHA contacts, women / mothers make up the bulk of family support volunteers and attendees at support groups and advocacy groups. According to Statistics Canada (1996) women outnumber men 3 to 2 in unpaid caregiving roles for persons with long term illnesses and most women who provide unpaid care are between the ages of 45-64. The main advantage of targeting this group is that it provides information more directly and effectively to persons who are most likely to already be helping a family member with a mental illness.

Reaching out to mothers through women-focussed and parent focussed resources, media, organizations and events, or by designing resources likely to be thought relevant by mothers could be effective with this population. Since family caregivers are often also in the paid work force, connecting with professional associations of professions that have a high proportion of women workers in the target age range is another way to reach this audience. Nursing, elementary school teaching, social work, non-profit sector workers, childcare and caregiving professions are some examples of professions likely to contain a high proportion of women workers. Providing child care or a child care subsidy for events seeking family caregiver input or attendance may make these events more accessible to family caregivers as well.

Organizations should make an effort to appeal to women in the design of programs and materials as women are in the majority among health care providers, and among family caregivers. High status positions within organizations, board membership and articles in newsletters and magazines should reflect female faces, voices and relevance to women.

While focussing effort on the population that is currently doing the bulk of caregiving for ill family members makes effective use of resources, it runs the risk of accidentally reinforcing unfair gender-based divisions of labour. Because of this, messages to families should take care to avoid reinforcing the assumption that caregiving is work only appropriate for women, or that it is low-status work. This can be done in part by avoiding gender stereotyping in messages, by assuming that caregivers are employed outside the home, and by providing suggestions, models and encouragement around sharing caregiving among multiple family members.

Secondary Target Group - Fathers of youth aged 16-25

Fathers are less frequent volunteers and attendees at support and education groups, but with effort can have stronger attendance.

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Based on interviews with providers of support to family members of persons with mental illness, there is consensus that having a man visibly involved in support group or other activities can make it easier for other men to be involved. Having more family members effectively involved in the care of an ill person can reduce the burden experienced by any one family member.

Work to make caregiving roles more relevant to men can help balance the workload between family members. According to Statistics Canada (1996), men are more likely to assist family members in transportation and home maintenance/repairs, so information attempting to reach male family members might include these topics to engage the interest of male caregivers. Work aimed at increasing the status accorded to family members, within and without the medical system, who care for mentally ill relatives could help support both men and women fulfilling this role.

According to the Mood Disorders Association, their information evenings with speakers seem to draw men equally as women. This may be because an informational lecture where interaction is not expected is seen as less emotionally toned than a support group.

Tertiary Target Group - Siblings, spouses and friends of youth aged 16-25

Adult siblings are the family members that parents typically expect to look after their ill children after parents are gone. Adult sibling caregivers experience significant economic impact as a result, similarly to parent caregivers²³. Greenberg et al (1999) found that parents' expectations that siblings will care for their ill family member after parents are gone are higher than siblings' plans to provide this support. However, outreach to siblings could still potentially help bridge care as parents get older or pass away. In addition, since siblings may be at a higher risk for mental illnesses which have genetic contributing factors, educating this population can be good preventative care.

Target / Goals

Based on the above analysis, the goal of the generic dissemination strategy was defined as to encourage the target demographic (Mothers aged 45-64) to:

- ◆ Visit the information resources on the heretohelp.bc.ca and partner organizations websites
- ◆ Become more aware of programs that help families
- ◆ Receive timely information about new programs and resources
- ◆ Connect themselves in an ongoing way to receive relevant information and resources about their loved one's illness

²³ Lohrer SP, Lukens EP, Thorning H. (2006)

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Best Practices

The third portion of the research for this project included interviews and review of print and web materials of key providers of family support services. Organizations targeted were BC Partners organizations with family information or support components, and other organizations supporting family members of persons with a mental or physical illness, or who are otherwise affected by stigma.

Organizations providing information to stigma-affected populations were identified, and their existing strategies were reviewed to identify best practices, with a focus on cost-effective strategies.

The following methods were used:

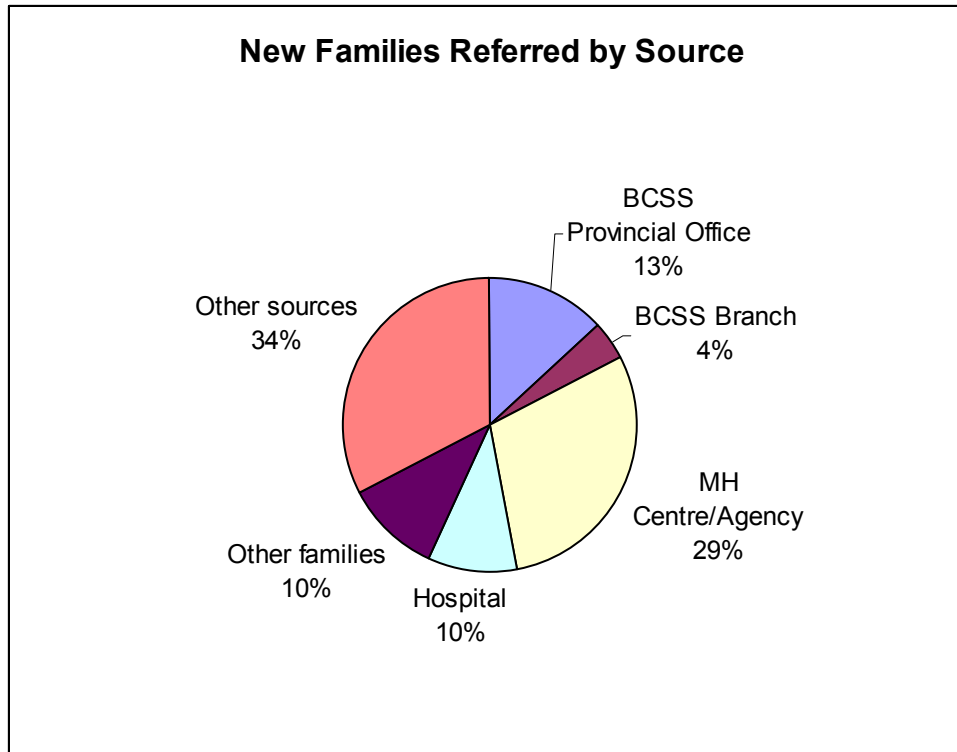
- Websites / Publications review
- Interviews
- Collecting evaluation data where available

Profiles of Families and Referral Sources

Detailed evaluation data on referral sources for families in BC seeking assistance for coping with a relatives' mental illness were collected from BCSS's coordinators. BCSS coordinators provide support to families affected by a spectrum of mental illnesses, not just schizophrenia.

The chart below shows where families phoning or emailing one of 12 regional BCSS coordinators for the first time found out about the coordinators service. Data set included 12 coordinators throughout BC in both urban and rural locations.

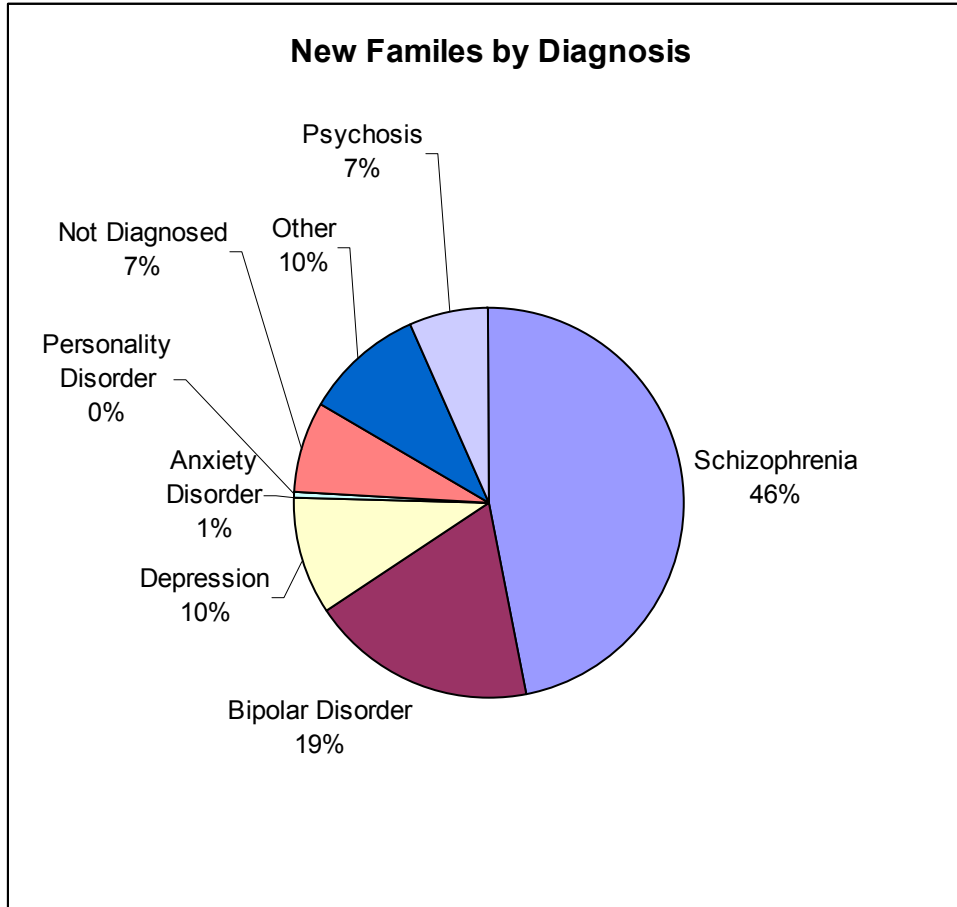
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As you can see, word of mouth from other families and mental health centres and agencies combined make up 39% of new referrals. Note, in each case it is the family member calling the coordinator. The 34% “Other Sources” were also likely to be largely word of mouth referrals, bringing the total up to 73%.

The chart below summarizes the makeup by illness the family calling BCSS for support was affected by. Approximately half of families served were affected by schizophrenia or psychosis (53%), with the remainder being other mental illnesses. 60% of the ill family members were over 19 years of age, and 40% were under 19. Interviews with the coordinators also corroborated the Statistics Canada findings that caregivers were primarily women, and predominantly mothers.

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List of Best Practices for Reaching Family Members

Families not engaged in treatment (general population)

Types of Messages

Recommendations from interviewees about messages in promotional materials for this audience included the following:

- ◆ Focussing on health promotion rather than prevention of a disorder - it is easier to get parents and families to participate in campaigns with focus on wellness and healthy development. This is seen as a strategy for engaging families who haven't been through treatment.
- ◆ Support, education and advocacy sometimes draw different populations. Several respondents emphasized a need to publicize that there are services for families, not just anti-stigma messages.
- ◆ Describe services for families prominently on websites. 40% of those calling the BCSS provincial office looking for referrals had checked the website first.
- ◆ Make sure the word "family" is very prominent on materials.
- ◆ To combat stigma, make materials personal and emotional – put people's stories in what they do, use family members and consumers as speakers about their own experience. However, following the research in section 2 of this report, stories should not be 'war stories' but should be hopeful and should not focus on bizarre aspects of illnesses, or those likely to inspire fear.
- ◆ Less prominence of words identifying a diagnosis, or which are affected by stigma, more general terms.

Relationship Building & Community Networking

Several of those interviewed spoke about best practices related to relationship building with either referral providers or families themselves. Since word of mouth was a significant factor in referrals, relationship building with referrers was an important part of reaching families.

Relationship building for the purpose of outreach to families was most typically conducted through in person meetings with referrers, tabling at community events, hosting events, or speaking at events.

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Effective Tabling

The majority of those contacted networked using events attendance, also called 'tabling'. This was regarded as a successful strategy by some, but not all, of the respondents.

Those interviewees who found community events tabling effective had attended the same events and locations repeatedly with consistent staffing and over a period of years. This is consistent with marketing theory that suggests that marketing repeatedly to a targeted and consistent audience is more likely to inspire action than spreading the same effort over a larger group.

One BCSS coordinator with several years' experience in family outreach, working in a smaller town, believed that tabling in the principal shopping mall of her town over several weeks (in conjunction with a yearly raffle) was extremely successful. Her experience was that by being in the same visible location over a time period, it allowed people time to see her and 'work up the nerve' to come and talk to her. She would knit as she sat at the table, so that people could browse the materials without requiring contact with her if they were shy. The knitting was chosen as it was something people would feel comfortable interrupting, making her available for questions. Her observations were that printed materials were sometimes taken surreptitiously by people who she had seen checking the booth out from a distance on several occasions. She also found that it might take several visits or 'walk bys' for a family member to work up the nerve to come up and talk. Because of this, she stressed, along with several other interviewees, that signage should be clear and readable from a distance about services for families. The raffle as well offered an excuse to approach the table that was helpful.

Speaking in forums was felt by several respondents to be helpful, but no increases in telephone contacts related to particular speaking engagements were observed, so this could not be validated.

Staying in touch

Once a family member makes contact, obtaining permission to keep in touch (assertive, friendly outreach) was important in maintaining the connections.

Methods used for this purpose included:

- ◆ Email addresses
- ◆ Newsletter or events postal mailings. The Mood Disorders Association mails monthly newsletters to member subscribers and professional contacts. A newsletter subscription fee is charged for most subscribers, but an initial free subscription is often used and is continued for key contacts such as mental health professionals.
- ◆ Postal mailings reminding past attendees of support groups when and where meetings are.
- ◆ Voice message broadcast software. The software is like an automated phone tree. It phones and leaves a voice message to a group of phone

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numbers automatically. This method is used by one BCSS coordinator to publicize support group meetings to interested persons. For older or less technologically sophisticated target audience of family caregivers, this type of phone contact substitutes for email. (More information on this option to follow.)

Email – Web Based Opt-In and Conventional Lists

Web-based opt-in email-based strategies were used successfully by Parents Helping Parents (PhP) in the US and the National Alliance for the Mentally Ill (NAMI) to allow web visitors to choose from an array of topics on which to receive regular email updates. This opt-in strategy ensures that recipients do not perceive the resulting communications as spam and allows them full control over discontinuing the emails as needed. It also allows the organisation to target sub-sections of their clientele without labour-intensive data entry and list maintenance.

NAMI has a number of specialized topic areas including an activist oriented 'StigmaBuster' email which targets TV programs and politicians for specific write-in, phone-in or email action by list members and reports back on progress. It also has a "FaithNet" e-newsletter with topics about raising mental health awareness within faith communities, primarily Christian churches. E-newsletters can be selected by population (family member, consumer, professional etc...) or by region as well as topic area.

BCSS has recently implemented a web-based opt-in email system to use in a manner similar to NAMI. As content needs to be available to send via these lists on a monthly or quarterly basis, individual topics are being phased in one at a time. Current lists are a general newsletter list, a family list, and an educator list to be followed by a professional provider list in the near future.

Most of the partner organizations use email lists to distribute information on services and programs to their contacts. Some (e.g.: CMHA, MDA) publicize some other organization's events as well as their own.

Discussion notice board

Feedback was provided by this researcher to staff maintaining the web-based discussion forum on the heretohelp.bc.ca website, which appeared to be underused at the time. Recommendations to organize specific topic areas and include a family/caregiver topic stream were implemented and are now in place. Recommendations regarding expanded use of this board are included in the combined strategies section of this report.

Linking directly to the family section of this notice board from the family portal page (if established) of the heretohelp.bc.ca website is recommended.

Funding of approximately eight hours per month for individual topic experts within a variety of partner organizations to moderate specific areas (Mood Disorders, Psychosis, Family etc.), would assist this bulletin board to create useful content,

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provide knowledgeable referrals and attract visitors. Funded involvement from partner organizations would also integrate a sense of ownership of the site and collaboration from BC Partners organizations and perhaps facilitate linking from partner websites to this section of the site as an online help tool.

The software used for the site has the ability for users to subscribe to threads, a feature that would be useful to enable if it is not already. This means that visitors interested in a particular topic or question could have the option of being emailed when a response is posted.

The Reach Out Psychosis program website also has a new bulletin board system, working in partnership with the Fraser South EPI program, to be used for posting resource information for families, youth and persons with psychosis.

Blog-Based Websites

Blogging is a newer web strategy that has some promise in increasing exposure of the website of an organization. A blog is a website format that stores individual 'articles' or pieces of information in a database and displays them in various ways. In a blog, each article is displayed on its own page as well as on a central page. Blog content is typically frequently updated as well.

These features combine to make blog-based sites turn up higher on search engine results. Another feature of blogs is their high compatibility with RSS (really simple syndication) aggregators and readers. RSS feeds are generated by the blog databases, and their content is harvested by news feed aggregators. Internet users can tell news aggregators to search for content that fits their needs and this content is delivered to them, without them needing to browse the web.

What this means is that website content from a blog is distributed by other parties in a variety of formats, increasing their exposure and drawing people to the source website. Blogs can be set up on free hosted servers such as blogger and wordpress.com. However, the benefits of a blog are greater if an organization hosts the blog on its own web server under its own domain name.

Publicity

Publicity recommendations from interviewees were many and varied and included:

- ◆ Central production of printed copies of resources to distribute
- ◆ Office locations in visible, high-traffic areas and visible family-inclusive signage to encourage walk-in traffic.
- ◆ Radio ads – a result of a centralized effort and grant funding, radio ads on schizophrenia run a few years ago were felt to have had significant impact. Attention paid to obtaining air time for existing PSAs such as these could have cost-effective impact.
- ◆ Ads in local papers of support groups

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- ◆ Small discreet posters posted in community locations – coffee shop, post office, etc. The small size of the posters (1/4 page) was felt to be easy and inconspicuous for volunteers to post without exposing themselves, and for persons viewing the posters to take if needed.
- ◆ More visibility of family services offered in advertising: website, awareness campaigns, print materials should all tell families there are services for them, and make the word “family” prominent.
- ◆ A truck covered in ad banner used to pull a boat being raffled off yearly was regarded as a good ad. Extending this vehicle’s visibility by using it for other purposes and parking it in public locations was felt to be a good idea.
- ◆ Accessing existing service provider listserves to promote services / events e.g.: remote service provider listserve
- ◆ Bus Ads – Transit ads inside or outside buses are an example of ads which often have a captive audience who can look at the ad closely without identifying themselves as being interested in or connected with mental illness. Fundraising effort could be put into getting donations of space on busses to publicize services for families.
- ◆ Centrally formatted / written promotional resources, press releases and public service announcements (PSAs) can be given to regional contacts along with assistance in promoting them to local media. This strategy is used by Parents and Friends of Lesbians and Gays (PFLAG)
- ◆ Provincial/central public awareness campaign about services for families. Produced centrally and then aired locally and regionally with assistance from branches or regional staff.

Rural Outreach

A good central, downtown, storefront location in a fairly major centre (Prince George) served two purposes. The first is that it encouraged street traffic to the office, particularly as signage was clear about the services for families.

Because of the highly spread out nature of the service area, outlying persons are funded to come in for free training to become leaders of support or information groups. They receive transportation, food and accommodation and because the location is in a desirable regional centre, they want to come in to town for other reasons as well. This strategy makes far better use of the coordinator’s or trainers’ time than trying to organize training for a small number of persons in each of the outlying areas. The free training is provided for people who are willing to coordinate support groups in their own locality. This program has training for the whole region once a year, where volunteers travel in to Prince George. Another benefit of this strategy is very good volunteer retention.

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Multicultural Outreach

Referrals from medical personnel, especially doctors, were seen as important in attracting persons from ethnic and language minorities. As well, consistent attendance at one or more targeted events in these communities with a consistent staff contact, over multiple years, was seen as especially important in creating referral relationships. It may take several years of such consistent contact to form a consistent referral relationship with a given group, so care must be taken not to give up early, even if results are not immediate.

Families experiencing the combined impact of racial/cultural discrimination and mental illness stigma are likely to be doubly hard to reach. A warm, assertive and consistent outreach is particularly important here.

Parents and Friends of Lesbians and Gays (PFLAG) had one chapter which had implemented automatic translation to their site using Alta Vista's Babel Fish translator tool. The service, which is free, provides only a rough translation, but might be useful (with disclaimers) if funding for a more accurate translation is unavailable. The translation is instantaneous and computer generated at the touch of a button. Given the need for precision in medical information, this tool might best be used on pages with support or other non-medical content.

http://www.altavista.com/help/free/free_searchbox_transl

Families engaged in treatment or connected with an organization

High Status Referrers within the Medical System

When high-status referral sources such as doctors or psychiatrists were courted, a high status member of the organization (either in job title or educational credential) was believed to be the most effective person to perform outreach. Again, consistent attendance at the same events over a period of years yielded the best results. Distributing small flyers in a familiar 'prescription pad' format to doctors was popular with doctors and assisted them in making referrals to families.

Networking with mental health professionals was typically done through presentations to team meetings and other on-site presentations. Barriers encountered were the frequent moving of staff from one location to another, making mailings or other contact more difficult. As well, at least one service (the BCSS family respite service) appeared to be affected by a form of resource hoarding, where professionals within the same agency would not share information about the program for fear that their own clients would not benefit if too many people attempted to access the program. Tracking these types of responses in the evaluation process can help justify requests for increased service so that such hoarding is no longer necessary.

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Collaborating with Hospitals

In some locations, collaborating with hospitals to host co-facilitated educational evenings has been successful. Family members of patients are invited to an information session co-hosted by BCSS and the hospital.

New families were more likely to attend these evenings as the session was about the mental health system and questions. Lots of in-hospital signage and promotion were helpful to ensure a good turnout.

Family support groups located in hospitals were most effective for reaching families with hospitalized loved ones.

Issues to overcome include staffing issues within the hospital where the groups were not seen as part of any one staff member's job description, or as funded by existing programs. As well, the evening time slot, while convenient for families, was not popular with hospital staff. The hospital usually requires hospital staff to attend or co-facilitate to insure control over information given out about hospital and services.

Dedicated funding and institutional support for hospital staffing for these groups is therefore important to ensure they continue.

Promotion through Group Participants

Some strategies used by organizations surveyed to encourage word of mouth referrals from family members already participating in groups or events were:

- ◆ Participants were given small format (1/4 page) handouts and encouraged to post at their local coffee shop or laundromat and other places they go. (MDA)
- ◆ Participants at information events are encouraged to fill out evaluation forms that say where they found out about the event, what topics they're interested in, and what they liked best, to help improve presentations. They are also encouraged to provide email addresses or sign up for a newsletter. Once on the lists they receive regular events notices and updates.(MDA)
- ◆ Existing and past participants are mailed, emailed or telephoned on a regular schedule with the schedule of group meetings for their own use and for referral purposes.(BCSS)
- ◆ Existing families may be more willing to engage in activities designed to get their input on improving services. This contact can be used to make them aware of a greater range of existing services. (Jessie's Hope)
- ◆ Effective outreach strategies used by chapters of a national organization were shared in a systematic way on the national website, to encourage other chapters to adopt them (PFLAG).

Generic Program Information Distribution Plan to Family Members

Summary

This plan is designed to build capacity in BC Partners Member organizations who wish to publicize their services for families of persons with mental illnesses. Its goal is that information about new or existing programs, resources or services for family members can be received by family members who need it as quickly as possible.

1. Events: Select tabling and event opportunities based on your target audience and attend the same ones consistently each year.
2. Family lists: Compile, maintain and use family-specific mailing, phone and/or email lists
3. Referrer lists: Compile, maintain and use referrer/professional-specific mailing and/or email lists
4. Encourage word of mouth referrals
5. Website and web-based strategies
6. Grassroots flyering
7. Media
8. Community

Events

Strategies for events have been discussed in the previous section. In particular, keep in mind the following points from that section:

- ◆ Outreach should be warm, friendly and assertive. Make it easy for family members to find you and easy and welcoming for them to talk to you.
- ◆ Pay attention to the messaging section of the previous section. In particular, have good signage for tabling that is clear about services for families, readable at a distance.
- ◆ Make it possible for family members to approach you with some privacy, or provide an excuse for them to approach you in public without being seen publicly to have a connection with mental illness. This could be something like a raffle, bake sale or give-away item like candy or food.
- ◆ Encourage visitors to sign up to receive a continuing stream of information by mail, email or phone. Make it easy for them to get on your list, to leave if necessary and to update their information.
- ◆ Provide small handouts that are easily pocketed.

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- ◆ Provide referring professionals with small 'prescription pads' containing contact or support group information for families.

Lists (Family and Referrer)

Make it a consistent practice to use all existing events and tabling to compile specific mail, phone or email lists of family members who would like to receive ongoing information.

Also collect email addresses of professionals who would like information on resources to refer to families. Training or information events on working with families provide good opportunities to collect this information.

Note: Canadian law requires you to have positive permission to use contact information for the specific purpose you collected them for, so make sure the permission is given and is general enough to cover what you want to use the information for.

Make a point of including checkboxes to indicate the purposes people would like their contact information used for, such as to receive information on services for families, ongoing public education resources, volunteer or event opportunities, etc. See attached sample email signup list to adapt for your purposes.

Email lists

Collect email addresses from family members and professionals as above on your website(s). E-lists that people can opt in or out of via the website are ideal. Encourage people to sign up to receive updates and feature a sign-up link prominently on your website.

Compile and re-use a list of topic-related listservs that are included in your e-mailings. Use your email lists to promote all your services and programs, but make sure you don't overuse it. Once a month is a good frequency. Adding reminders of recurring events like support groups is a good idea to include in each message.

If you are using regular email software such as Outlook to send your email messages, make sure that all email addresses are in the BCC field or are done through a merge so that the recipient list is not visible, or there is only one email address per email (ideal). (Outlook 2000 and later has an email merge feature.) This will preserve their privacy and prevent spam. To conform to international anti-spam standards, include in the body of the email a link to your website, your organization's postal address and instructions for removing oneself from the list.

Other methods of sending bulk emails are to send them using mailing list software such as Dadamail or phpList or to use an email marketing service such as Constant Comment. (See a description of web-based e-lists in the combined strategies section of this report.)

A simple way to provide a rough evaluation of the response to your email is to include a link to a web page on your site and track the increase in the number of

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visitors to that page over the following week or two. Encourage people to forward this email to others who may be interested.

Telephone/Voice

Voice broadcast software or services can be used as an alternative to email lists, particularly for age groups or populations which have phone service but do not use email.

This type of list allows you to send voice messages to a list of phone numbers of people who have consented to receive this type of voice message. Messages about the next meeting, monthly event or training session are good candidates for this type of message. The recipient hears an announcement if they answer the phone, or it is recorded on their voicemail or answering machine if they do not. (This is a modern version of a phone tree and saves a lot of time for the organizer). This system is used successfully by the BCSS coordinator for Burnaby / New West.

Some examples of software for this purpose: Voice Guide

<http://www.voiceguide.com/> and Extra Dialer

<http://www.softcab.com/dialer/index.php> Using this system will require a computer with a voice/fax modem connected to a telephone line.

Depending on the number of contacts you are reaching and whether you want them to interact with the message you can also use a voice broadcast service. These services typically charge per use rates based on connection time with each caller.

Website Strategies

Obvious but sometimes overlooked, publicizing a new service on your organizations website brings it to the attention of those who would prefer to find out more about a group or service before making contact. Information on a website can be viewed in the privacy of one's home, making it a good choice for people affected by stigma. Update the 'what's new' and programs sections of your website to include the new program, resource or service.

Post information about the service or event on web-based community notice boards in your area. Keep a list of the notice boards you use so you can keep the information on them up to date. (See community section below for rationale, a list of boards and how to find them) This can be time consuming to post and keep up to date, and can be a good task for volunteers.

Grassroots Flyering

Provide ¼ page flyers to all support and advocacy groups and encourage members to post them at local laundromats, coffee shops, libraries or notice boards in locations they frequent. The smaller format flyers are easier for volunteers to post and for visitors to the notice board to pocket.

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Media

Collect a set of media email addresses and send out regular press releases about your activities for families. Be aware that media will typically want to interview a family member, but that family members may wish to respect both their own privacy and the privacy of their loved one. If you have a staff member or volunteer within your organization who is willing to be interviewed, make sure you arrange for that before you send out the release. Keep in mind that the privacy of the whole family is affected by one family member's interview, and that you will not be able to control how respectfully the information is presented by the journalist when published.

Information on how to write and send high-quality press releases is widely available. If you have high-quality digital pictures of your news item, let media know about their availability for use in your press release (rather than attaching large files to your email). The media outlet may not have time to send someone down to photograph your event, but may appreciate the use of your picture. Include in your press release all the information that the person would need to write a short story, including authorized quotes from participants and or staff, links to more information and a phone number for questions. Make sure someone is constantly available at that phone number for the following two days, as being immediately reachable can make a difference between getting a story or not. Publish this press release on your website as well and send it to your membership or donor list.

You can normally find contact information to send your press releases to for your local print, radio and television media on their websites.

Community

Online Community Notice Board

Many people now find out about resources using the web, so the more available information is about your services for families, and the more widely that information is distributed on the web, the easier it will be for families to find the information they need.

Send a notice of a recurring group or event to the events section of local community papers. Most will post this for free. Also post these notices on the online notice boards for your area (See item below). Even if these notice boards don't have a lot of visitors, the events on them will be included in search engines, making for one more way for people to find you. If you include your organization's full internet address in your posting, it will increase your organization's web ranking, making your website show up higher on search engines. This is a great job for volunteers – you can email them the text of the notice and ask them to go through a list of notice boards and enter it in.

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Sample list of online community calendars and events boards

Note that shopping malls, media outlets, community organizations, cities, regions and municipalities have community events boards, which are suitable for posting information on educational events, support groups, advocacy events and fundraising events. This is not intended to be an exhaustive list.

The list was accumulated by doing a Google search as follows: Go to www.google.ca and type in the phrase “community calendar” into the search box. Then select the radio button that reads “pages from Canada” and then click the search button. Select community listings from the list that comes up that are in your region. Even quite small communities will have these notice boards.

Whether or not particular notice boards have a wide readership, information posted to them will show up in search engines and provide a way for families to find you. Always include contact information for your organization and a link to your website in your post.

- ◆ BC Jewish Newspaper with Community Notices:
<http://www.jewishbulletin.ca/calendar/index.html>
- ◆ Lower mainland community notice board
<http://www.citysoup.ca/cal/calendar.asp?caltype=day&date=&enddate=&q=&IsPostback=true>
- ◆ Metrotown Mall (Burnaby) community events board:
http://metropolis.shopping.ca/cambridge/jsp3/at_co.jsp?mallid=met
- ◆ Mayfair Shopping Centre (Victoria) Community Notice board
http://mayfair.shopping.ca/cambridge/jsp/at_co.jsp?mallid=may
- ◆ City of Port Coquitlam community calendar <http://www.city.port-coquitlam.bc.ca/Dynamic/Page216.aspx>
- ◆ Vancouver Community Network Community Listings
<http://www2.vcn.bc.ca/events>
- ◆ CBC BC Community Calendar <http://www.cbc.ca/bc/community/>
- ◆ City of Langley Community Calendar
<http://services.city.langley.bc.ca/calendar/calciium38.pl?Op=ShowIt&CalendarName=Langley>
- ◆ Board of Trade Community Calendar (for arts and entertainment events)
http://www.boardoftrade.com/sov_calendar.asp?
- ◆ Web Calendar of Events (Victoria) <http://www.webvictoria.com/cgi-bin/cgiwrap/webvictoria/calendar.pl?show=yes>
- ◆ North Vancouver community Calendar
<http://www.northvancouver.com/news/calendar/>

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- ◆ Squamish Community Calendar [http://sea-to-sky.net/svctools/phical/print.php?cal=all calendars combined971&printview=week](http://sea-to-sky.net/svctools/phical/print.php?cal=all%20calendars%20combined971&printview=week)
- ◆ E-Northern BC Community Calendar <http://www.enorthernbc.com/Community-Events.asp>
- ◆ Parents in BC Community Calendar <http://www.parentsinbc.ca/forum/viewforum.php?f=84&sid=fb3d55940741162d104dc6d9be6e0c7a>
- ◆ Horsefly, BC Community Calendar <http://www.horsefly.bc.ca/events/calendar.html>

Online Message Boards

Online message boards are similar to community calendars, except the format includes discussion. BC Partners has a mental health topics message board at <http://www.heretohelp.bc.ca/phpbb2/>. Posting your event or services here is a good idea. As well, the Reach Out Psychosis site has a services directory at <http://reachoutpsychosis.com/phpBB/> where services for families can be posted by region.

Make your posting brief and include a link for more information or a number to contact. Make sure to get permission before posting personal phone numbers. When in doubt, use an organizational phone number and have them pass on the message or make the referral.

Post as well to other notice boards on similar topics – note that these notice boards are often indexed in search engines and become another way for members of the public to find out about your resources and services. Always include the fully spelled-out web address of your organization at the end of your post for more information. The format of the web address should include the 'http://' part so that the bulletin board software will recognize it as a link and make it 'clickable'.

Promotion through Project Funders and Sponsors

Send a press release to the project funder's communication department (if applicable) for posting on their website or newsletter. Funders and sponsors will normally want the project they fund to be as visible as possible, so are natural allies in getting the word out.

This can be done in a similar format to the media release, including a picture and contact information. Health Board websites and publications are often looking for this type of content. For example, Interior Health has a number of publications for staff that could include announcements of services.

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Writing a short article about a success story to do with your program is also a good idea for this type of audience.

Combined Promotional Strategies

One of the goals of this project was to find opportunities for BC Partners to find cost effective shared strategies promote it's information and partner services for families, to families. The following are some low cost combined strategies.

Here to Help Website

As the existing dissemination strategy of BC Partners is quite web-focussed, no analysis of low-cost ways to increase exposure to families for BC Partners resources could leave out web-based strategies. There is room for family resources to be made more visible and accessible on the site, and for more of the partners to become involved in building referral and communication networks between the partners to help families. Here is a summary of website recommendations, discussion to follow.


- ◆ Explicit and highly visible use of the word “Family” on websites, banners and materials oriented toward families.
- ◆ Creation of a family portal (page) to all other family related resources on the heretohelp.bc.ca website that is linked to any and all family resources and stories (even if they are listed in other sections) and is the single jumping off point for families. Registration of a ‘heretohelpfamilies.org’ domain name and pointing it directly to this sub-page on the website to assist families in finding the family resource portal. Posting the ‘heretohelpfamilies.org’ domain name on all family-related BC Partners resources. Although it has been streamlined a lot in the past few months, the existing website is so full of resources and ‘busy’ in design that it is difficult to navigate, particularly for the 45-64 age demographic who may be less experienced with websites.
- ◆ Adding a family-topic RSS feed to the family portal page to increase the exposure of family resources (see description to follow)
- ◆ Providing funding for topic-expert moderators from each of the partner agencies to provide content and referrals on the newly redesigned discussion board section of the site (more on this to follow).

RSS Feed on Website

Adding RSS (Really Simple Syndication) capability to the Heretohelp.bc.ca website would make it much more search engine friendly and increase the exposure of the resources there. A family mental health resource RSS feed, as above, containing announcements of all family resources and stories, for example, would increase exposure and accessibility of the family resources on the site.

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RSS reformats information from a website into a file that is read by news accumulators. This process distributes or syndicates that information to news search engines world wide. News content on sites such as Google (<http://news.google.ca/nwshp>) is provided and accumulated in this way. Visitors to such sites can create personal settings to find and display content on topics that interest them. This personalized content 'feed' coming from RSS accumulators draws them back to the site for further details.

RSS feeds at their most basic are a specially formatted text file containing a short description of the resource and a link to it that is linked off of the site. Most professional webmasters are capable of creating these files and they need only be updated when new family resources are added to the site. Frequency of updating of this content is one of the criteria search engines use to rank websites, so it needs to be regularly updated. A RSS feed icon  is displayed on pages containing feeds, notifying visitors they can subscribe to the feed to receive updates.

HereToHelp Message Board

The message board on the BC Partners website (<http://www.heretohelp.bc.ca/phpbb2/>) could potentially be a very rich tool, and provide a place for individual partners to interact directly with site visitors and each other and to provide referrals and information as experts in their topic areas.

Recommendations were made by this reports author to CMHA concerning the family areas of the site and the message board. The reorganization and redesign of the online community / discussion board has already been implemented along with an overhaul of the site.

However, the message board lacks content supplied by individual partner organizations, a feature that would have several benefits including an increased sense of ownership by individual partners staff over the shared website, richer and more diverse expert-created content, and a larger pool of web-based referrals to the website.

A consistent supply of content and referrals via this board from partners organizations would not be possible without funding for staff time allocated to this task. Funding for four to eight hours per month per partner organisation would allow for staff time to be allocated to providing content and referrals on a weekly basis by experts in each content area on this board. This in turn would make it a much richer and more useful resource, and increase the sense of connection and ownership between the partner organizations and the site.

If such a plan was implemented, a small amount of funding would permit the creation of links from each partner's website directly to the applicable section of the discussion board.

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Since their own organization would be providing content / moderating that section it connected to, that section of the board would contain consistent messages to their own website and provide a greater 'live' resource to visitors to their website.

By sharing the content creation 'ownership' among a greater number of partners, this resource would be enriched as a community hub of information for families and the public and would draw a greater pool of family members to a richer resource than any one partner organization could sustain on it's own.

Opt in Email Lists, Web Subscription Links

BCSS has an opt-in email list on it's website that is shared with the Reach Out psychosis program website. By allowing family members and others signing up on these lists to subscribe and unsubscribe, labour spent updating and maintaining manual e-lists is saved, and an easy to use, low commitment way for families to connect to receive more information is created.

Each of the two separate websites has a signup box for a shared set e-newsletters. The e-newsletters can be configured to use different style templates, and each list has a separate administration panel and has a separate set of list members. An example of the subscription boxes for separate lists are on the following pages:

- ❖ On the [Reachoutpsychosis.com](http://reachoutpsychosis.com) site:
<http://reachoutpsychosis.com/resources/index.html#Educators> and
<http://reachoutpsychosis.com/resources/index.html#Family>
- ❖ On the www.bcsc.org site: http://www.bcsc.org/Get_Information/Newsroom/E-Newsletters.html

The software used for this purpose, DadaMail, is hosted on the [bcsc.org](http://www.bcsc.org) server. It was chosen because it has the simplest most user-friendly interface for the list manager, to allow non-technical staff to send use it effectively. The software allows separate staff to administer each of the lists if desired as well, and for each list to have it's own look if necessary. Another software considered, phpList, had more features, but was much harder to set up and use.

There are a number of ways to share this resource with other BC Partners organisations.

The simplest is to provide code for each webmaster to add to a page on their individual sites, allowing them to invite web visitors to sign up to the family information e-list, and share the benefits of this list, which is administered by BCSS.

BCSS currently provides information and services to families affected by an array of mental illnesses. 48% of families receiving service from the BCSS family

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respite program, for example, are affected by an illness other than schizophrenia. BCSS regional coordinators routinely provide support, referrals and programs to families affected by mood disorders, anxiety and addictions as well as schizophrenia, throughout BC. The family peer support buddy program, delivered through some BCSS coordinators and regions focuses on families affected by any serious and persistent mental illness.

The family e-list is used to send information out about services and information for families, and could be used to publicize services specifically for families from other organizations as well. By having multiple organizations providing subscribers to this list through their websites, the work of maintaining duplicate lists could be prevented and families and professionals would have a 'one stop shop' for BC based mental health services resources for families.

BCSS could also add a list to its system to inform subscribers of new resources on the heretohelp.bc.ca website for example, and a subscription box (similar to the examples on the Reach Out website, above), could be posted on the heretohelp.bc.ca website and all other partner sites that wish to host one. Once the new list was created, administration, subscription list control and content creation for this list could be done by the existing BC Partners web staff who would be most aware of newly-posted resources to the site.

BCSS could work with other partners to assist them to have opt in e-lists on their own websites in one of two ways. The first would be by piggybacking additional lists (names and addresses collected would be collected and owned by that organization) on BCSS servers as in the above example. The second way for organizations wishing to have a similar system on their own servers is by sharing the knowledge gained implementing this system.

Training on Reaching Out to Families

A training seminar to review and create practical strategies for implementing the findings of this report on family dissemination strategies would help make sure this information was used effectively. A written report is only so valuable, if staff doing the work do not receive the support and training to implement changes.

This training could take the form of a combination of training and sharing amongst staff at BC Partners organizations that provide services to families. Since many of the workers involved already have significant experience in this area, the training could be a combination of reviewing materials on family stigma and dissemination and facilitated skills sharing and networking.

The best practices identified could be discussed and applied in real world examples and information could be shared amongst staff working in the field to provide help and support to families.

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Family Banners for Tabling and Events

Providing centrally produced banners to partner organizations for use when tabling that contain highly visible, readable-at-a-distance text containing the word 'families' such as 'Here to Help Families' would make it easier to spread the word about family resources. These banners could be designed to be used in combination with existing organization-specific banners or signage.

Targeting a small number of long-standing community events and attending consistently (ideally with consistent staffing) over a period of several years would increase exposure of the BC Partners brand.

Supplying Printed Family Resources

To BC Partners Organizations

Providing a regular ongoing supply of printed copies of the family toolkit resource and other family-specific materials to BC partner organizations doing tabling would help them, in conjunction with the banner, to provide these BC Partners produced resources to families.

Local chapters and branches do not often have the funding needed to reproduce materials for distribution, and centralized printing of large quantities is generally more affordable than printing small batches.

To Doctors

Supplying a 'tear off prescription pad' (1/4 page size) containing useful contact information for family resources to family physicians in BC would provide doctors an easy to use and familiar-to-them way to distribute this information to BC families. Information on the pad could include the family portal on the heretohelp website, 1-800 phone numbers for the partners organizations who provide services to families BC-wide, and perhaps regional-specific information.

Reusing and Re-airing Existing PSAs

Central funding or coordination of solicitation of donations of air time for existing PSAs produced by/for partner organizations would allow greater use of these existing resources. A indicating that "[organization] is a member of BC Partners for Mental Health and Addictions information" could be added to the aired message to promote the separate organizations as partnered together under BC Partners.

Marketing Sponsorships and Cross-Promotion

Promotional partnerships with companies and organizations can be helpful in getting the word out. An ad for the BC partners website or partner organizations on the side of a BC-produced food carton, for example, can be helpful in raising awareness of resources available for families.

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Promotional partnerships must offer something to both sides to be successful. Ideally, a good fit between the company's brand message and your own strategy means that the company gets positive exposure and so does the organization. Organizations chosen for this type of cross-promotion must be very carefully screened to avoid associating the non-profit organization's brand with one that has problems.

The list below of companies with messages or taglines similar to 'here to help' is given as an example to start from.

Companies

- ◆ **Globe and Mail Small Business**
<http://www.theglobeandmail.com/servlet/story/RTGAM.20060412.wexperts-smb/BNStory/specialSmallBusiness/home> The tagline for this feature is "our pros are here to help" While focused on business, a mental health in the workplace feature would provide the globe with free content while increasing exposure for BC Partners.
- ◆ **London Life Mortgage "building stronger communities together"**
<http://www.londonlife.com/002/Home/IntheCommunity/index.htm>
- ◆ **Canadian Tire "The Mission of the Canadian Tire Foundation for Families is to provide a helping hand to families in need by ensuring life's basic needs are met."** <http://www2.canadiantire.ca/CTenglish/foundation.html> Since Canadian tire is already seeking to position itself in this way, a connection with BC Partners and the 'here to help' website, perhaps through a poster promotion at their stores, might bring positive exposure to both organizations.
- ◆ **Psychology Today (Brand similarity)** <http://www.psychologytoday.com/> Their website tagline is also 'here to help'. Possible cross-promotion with this print and online magazine might include exchanging links and cross promotion on the websites.
- ◆ **Today's Parent Magazine** – This print and web magazine contains resources for parents including parents of teens. <http://www.todaysparent.com/> The site has a notice/discussion board where one can post information about service resources and information. The magazine currently contains articles on postpartum psychosis and several on postpartum depression:
http://www.todaysparent.com/lifeasparent/yourhealth/article.jsp?content=20030807_113948_2640&page=1 The site also has a number of newsletters. BC Partners or individual organizations could provide free content to these newsletters on the benefits of family support for persons with mental illness and an outline of the local resources available. Such newsletters could contain links to BC partners site and member sites as appropriate. Existing general audience content from the BC Partners website might be able to be recycled to this new audience.

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Doctors

- ◆ College of Family Physicians of Canada
<http://www.cfpc.ca/English/cfpc/programs/patient%20education/default.asp?s=1> This section of the college's website "includes content that has been favourably reviewed by the Patient Education Review Committee of the College of Family Physicians of Canada". Submitting content created by BC Partners would be another way to gain wider exposure in a family medicine setting for this information.

Parent Organizations

- ◆ BC Council for Families "Leadership through education, advocacy, training and research for the healthy development of families". A shared mutual promotion with this organizations may help to publicize services and information for families and raise the status of the important role of families in supporting people with mental illness <http://www.bccf.bc.ca/>
- ◆ www.Parents.com This online magazine has notice boards where BC Partners content could be introduced or promoted.
- ◆ BC Confederation of Parent Advisory Councils <http://www.bccpac.bc.ca/> This organization has a quarterly mailing to all the parent advisory councils in BC and has a listserv of parents and PAC involved parents. Engaging them as a partner, or working with them to make family wellness a focus in one of their conferences or newsletters would reach a lot of families in BC.

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