Tackling shame in mental health

Evidence review and campaign evaluation

September 2024

Produced through a partnership involving:

See Me
End mental health discrimination

MENTAL HEALTH FOUNDATION

inspire
wellbeing, ability, recovery

mind
for better mental health

time to change Wales
let's end mental health discrimination

See Me

See Me is the national programme to end mental health stigma and discrimination in Scotland. Guided and supported by people with experience of mental health problems, See Me challenges mental health stigma and discrimination. The programme aims to influence changes in attitudes, behaviours, cultures and systems so that people with experience of mental health problems are respected, valued and empowered to achieve outcomes important to them. A priority for the programme is to better understand and address the mental health stigma that is disproportionately experienced by particular groups of people in Scotland.

MHF

The Mental Health Foundation is the UK's leading charity for everyone's mental health. We are home to Mental Health Awareness Week and, with prevention at the heart of what we do, we aim to find and address the sources of mental health problems so that people and communities can thrive. Alongside its role as managing partner, the Mental Health Foundation (MHF) works in partnership with See Me to deliver its research, learning and evaluation functions. This includes the delivery of primary research, evaluation, evidence reviews and knowledge exchange to inform programme development.

UK Anti-Stigma Alliance

The UK Anti-Stigma Alliance is a partnership between mental health charities from across the United Kingdom to tackle stigma and discrimination related to mental health. It comprises Inspire, See Me Scotland, Time to Change Wales and Mind.

Statement on language

See Me recognises that terminology and labels used to refer to groups marginalised by society is ethically and politically complex, can be harmful and is subject to debate and update. Throughout this report we have mirrored the terminology used within the literature we have reviewed. Wherever possible, we have also tried to use the terminology partners themselves have used to refer to the communities they are led by and work with. We are committed to continually engaging with this critical debate to understand and mitigate harm.

Front cover image credits: See Me

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Executive Summary

This report comprises a rapid evidence review and campaign evaluation carried out by the Mental Health Foundation research and evaluation team. The evidence review explores the meaning of shame and its relationship to mental health stigma. The review was used to inform the development of a multi-national campaign focused on the shame experienced by those with mental illness, caused by stigma. This campaign, called If it's Okay, is evaluated in part two of the report.

Evidence Review Key Findings

- Shame is a complex emotion closely linked to mental health stigma, involving negative self-evaluation and fear of social judgment. It can be internal, relating to one's own views, or external, concerning anticipated negative reactions from others. This emotional experience often acts as a barrier to seeking help for mental health issues.
- Shame arises when the self is exposed in humiliating ways and includes internal shame (self-criticism) and external shame (fear of others' negative judgment), which are strongly correlated. Shame is distinct from stigma but often results from stigmatized attributes, especially mental illness.
- **Shame's role in stigma:** Shame is the emotional experience linked to stigma, leading to shame anxiety—anticipation of shame—that can cause avoidance behaviours and hinder help-seeking, even in healthcare settings perceived as safe.
- **Barriers related to shame:** Shame and self-stigma create significant barriers to accessing mental health support, with behaviours such as withdrawal and avoidance driven by fear of being perceived as unworthy or disgraced.
- **Intersectionality and shame**
    - **Impact of transphobia:** Transgender individuals experiencing microaggressions and objectification are more prone to shame, contributing to poor mental health and higher rates of self-harm and suicide.
    - **Cultural influences:** Individualist cultures show stronger links between shame and mental health problems than collectivist ones. Minoritized groups, such as Scottish communities and Eastern European immigrants, face cultural stigma that exacerbates shame and reduces help-seeking. Family beliefs and social identity factors also intensify shame within these groups.
    - **Masculinity and shame:** Men often report higher shame related to mental health, lower knowledge, and more negative help-seeking attitudes, influenced by cultural ideals of masculinity, though the relationship is complex and varies by context.
- **Self-compassion as protection:** Self-compassion is identified as a key factor that reduces shame and protects mental health. Interventions like Mindfulness

Based Stress Reduction and Compassionate Mind Training are recommended to foster self-compassion.

- **Personal motivations and shame:** Extrinsic motivations linked to external rewards correlate with greater mental health shame, while strong caregiver identities may exacerbate shame due to conflicts between caring for others and oneself.
- **Mental health literacy and shame:** Greater perceived knowledge about mental health is associated with reduced shame, suggesting education as a potential avenue to mitigate shame and stigma.

If It's Okay campaign evaluation – key findings

The "If It's Okay" campaign aimed to raise awareness and address the shame associated with mental health challenges across the UK in March 2024. Developed collaboratively by mental health anti-stigma organizations in the four UK nations, the campaign sought to critically engage with the phrase "it's okay to not be okay" by highlighting ongoing stigma and encouraging open conversations about mental health and shame.

- **Message understanding and resonance:** While most respondents understood the campaign messages, understanding varied by region, especially for Northern Irish colloquialisms.
- **Interpretation of messaging:** Participants saw the campaign as either reinforcing or critically reflecting on the phrase "it's okay to not be okay," highlighting the persistence of stigma and shame beneath surface-level acceptance. Some found the messaging confusing or unclear.
- **Experiences of stigma, especially workplace:** Many respondents shared personal stories of stigma and discrimination, notably in employment settings where disclosure of mental illness often led to negative consequences. Workplace stigma emerged as a significant theme despite not being explicitly prompted.
- **Campaign impact and personal benefits:** Focus group participants valued involvement in the campaign as empowering and confidence-boosting, with many reporting increased self-understanding and greater willingness to discuss mental health and stigma openly.
- **Campaign critiques and limitations:** Some respondents criticized the campaign for unclear messaging, limited representation of diverse mental illnesses, and a perceived lack of actionable steps to reduce stigma. Concerns were also raised about the campaign's tone and effectiveness.
- **Recommendations for future campaigns:** Findings suggest the importance of localized messaging to enhance relevance, clearer and more accessible communication, and a stronger focus on structural stigma and actionable change, particularly in workplaces. Continued involvement of people with lived experience is essential for authenticity and impact.

Part One: Evidence review

Mental health stigma is closely linked to feelings of shame, which can significantly hinder individuals from seeking help. The first part of this document summarises the findings of a rapid review of the academic and grey literature relating to mental health and shame. It explores the nature of shame, its cultural and social influences, and strategies to mitigate its impact on mental health support access.

Evidence review: Methods

In July 2023, several searches of grey and academic literature were conducted using Google, Google Scholar and the NHS Knowledge Network. Combinations of the following key words were used:

- Mental health/ Mental*
- Shame
- Stigma
- Campaign

Titles or headers were screened and if they appeared relevant, abstracts (academic articles) or the web page (grey literature) were read. Relevant articles and reports were downloaded in full, and read by a member of the research team. The research team extracted key pieces of information from each document into a shared file, which sorted the data by research question. This was used to form the basis of the review.

Evidence review: Findings

Defining shame and its relationship to stigma

According to the Oxford dictionary, the definition of shame is ‘a painful feeling of humiliation or distress caused by the consciousness of wrong or foolish behaviour.’ While this definition explains that shame is a feeling, it does not make clear that feelings of shame are not always based on *truly* wrong or foolish behaviour but instead the *perception* that said behaviour is wrong or foolish. In terms of health, this definition can be incredibly damaging.

A more accurate understanding of how we should view shame is that it is a feeling that ‘is experienced when the self is made visible in humiliating ways’ (Fullagar 2003; Bryant & Garnham, 2015, p72) and that it ‘involves the negative evaluation of the self either by others or by oneself’ (Lynd, 1958; Lewis, 1971; in Kotera et al., 2022b). Gilbert (2000) explains that there are two different types of shame: internal and external. Internal shame is related to views that a person may have about their own behaviours or attributes and ‘negative self-evaluations’ (Gilbert 2000 p.176). Whereas external shame is when a person may believe that their behaviours or attributes would lead to a negative response if they were made public, this can also be referred to as ‘stigma consciousness and awareness’ (Gilbert, 2000 p.176). While these types of shame differ, it has been found that there is a ‘high correlation

between external and internal shame cognitions' (Gilbert, 2000 p.176), whereby if a person has a negative view of their own mental health then they will expect others to share the same view. Therefore, it is not surprising that the literature finds that shame is closely linked with self-stigma and has been referred to as the 'emotional consequence of stigma of mental illness' (Rusch et al. 2014 p.178) and as the emotional 'proxy' (Rusch et al., 2014, p177) or 'correlate' (Shulze et al., 2020, p1) of self-stigma.

A key element to the relationship between shame and stigma is that they are not the same thing. Shame and stigma are often used 'almost interchangeably, taking for granted a connection between the emotion and experience of shame and the social attribute or category of stigma' (Dolezal, 2022 p.856). So, it is important to remember that shame is an emotion that people may feel as a result of any attributes that may be stigmatised in society. It is also important to remember that it is entirely possible to experience mental health problems and related stigma without experiencing shame. Likewise, shame is an emotion that may come from many sources.

Shame and mental health stigma

Shulze and colleagues (2020) found that people who hold more stigmatizing attitudes towards people with mental illness (measured through a question on social distance) were more likely to experience or expect to experience shame, in relation to actual or hypothetical mental illness.

Dolezal argues that 'the structures of shame and shameful anticipation [are] inherent to how stigma is experienced' (Dolezal, 2022, p.856). Making this connection between shame and stigma with shame as the experiential emotion that comes from stigma can be helpful as it can give us a greater understanding of how stigma can have an impact on the behaviour of those who are facing stigmatisation. In their paper Dolezal goes on to explain that 'if an individual lives with stigma, then they may live with the constant fear of feeling shame' (Dolezal, 2022 p.857). This can be described as shame anxiety, whereby people who have attributes that are stigmatised may not repeatedly experience shame but they frequently anticipate experiencing shame (Dolezal, 2022 p.857). Shame anxiety can have an impact on how people approach situations, and they are likely to display avoidance behaviours due to the fear of feeling shame or 'being made to feel that they are 'less than', that they are 'unworthy' that they are 'contaminated' or 'disgraced'' (Dolezal, 2022 p.857).

Shame and help-seeking

It has been widely found that shame and shame anxiety can be a barrier to help seeking (Rusch et al., 2014; Edlund et al. 2002; Barney et al. 2006; Jorm et al. 2007a, b; Jagdeo et al. 2009; Schomerus et al. 2009).

Nathanson believes this is due to what he calls 'shame-avoidance behaviours' which are made up of 'four common patterns: withdrawal, avoidance, attack other and attack self' (Dolezal, 2022 p.857). This withdrawal and avoidance can be seen when people do not seek help, especially in a healthcare setting. Dolezal finds that 'healthcare encounters, where shameful exposure can feel inevitable, may come to feel particularly threatening to one's sense of psychological safety, regardless of the

attitude, intentions or demeanour of the healthcare professionals one encounters' (Dolezal, 2022 p.858). From this we can infer that while healthcare professionals may not necessarily display shaming behaviour or using shame related language, but the person experiencing the shame anxiety will still not access the service. This then leads us to question how this may be overcome to ensure that people are accessing any help that they may need.

Given the close link between shame and self-stigma (Shulze et al., 2020), barriers and facilitators of shame can also be considered as similar to those relating to self-stigma.

Other barriers and facilitators when tackling shame

Minoritized Groups

Within minoritized groups in Scotland, shame has been found to be the "most common response to mental health problems." (Knifton, 2012, p292). Cultural values and beliefs, including those relating to the causes of mental illness (Knifton, 2012), can cause or exacerbate feelings of shame within minoritized groups in Scotland. He recognized that the cultural framing of mental illness and related stigma (i.e. not illness: social/spiritual or religious explanations) can attack or diminish fundamental aspects of social identity (e.g. dangerousness, suitability for marriage), which is compounded by commonly held beliefs that no recovery is possible. Knifton found that "social responses to treating mental illness permeated group discussions across communities, for example the belief that with family support people 'will get over it' or that 'lots of love will solve it'." (Knifton, 2012, p293) Shame could therefore result from a belief that symptoms have persisted because the person is not loved enough.

Cultural values and beliefs

Individualist cultures have been shown to "have a stronger association between shame and mental health problems than collectivist cultures" (Sznycer et al., 2012; Crowder and Kemmelmeier, 2018, in Kotera et al., 2022a, p3251).

Eastern European cultures: In eastern Europe (Lithuania), "Mental illness and healthcare seeking are perceived as a threat to culturally and historically determined self-values, at the core of which seems to be intolerance of difference." Doblyte found that for people in Lithuania, status anxiety is related to their specific historical context; 'deviant' people (i.e. those who are not 'normal') were closely monitored and punished under the Soviet regime. Doblyte argues that this has resulted in a lasting intolerance to any observable differences, which can now be perceived in prevalent stigma. "Mental illness and mental healthcare seeking, therefore, are a direct threat to the sameness and even 'markers of social failure' (Skultans 2007: 29)" (Kotera et al., 2022 p1866).

An example of shame and mental health stigma in eastern European communities in Scotland is Fenik's campaign "Shed your armour, show the scars" which was created by Polish community ambassadors. They found that the culture of the Polish community was stigmatizing and that men struggled to talk about their own mental health. This campaign found that the levels of suicide among Polish men was nearly

twice as high as the wider population in Scotland and that there was low levels of help seeking behaviour due to feelings on shame (Feniks, 2022).

Masculinity

Rusch and colleagues (2014) found that men report having lower levels of knowledge about mental health, are more likely to feel shame related to mental health than women, have more negative attitudes towards seeking help for mental health issues, and are consequently less likely to seek help. Several authors have reported a link between shame, masculinity and mental health (Alston, 2011; King et al., 2009). For example, “self-sacrifice and battling to survive were cultural virtues linked to masculine pride” described by farmers who attempted suicide, interviewed during a drought in Australia. Shame was described as resulting from a ‘failed or unfulfilled’ desire to succeed as a farmer, socially perceived as a very masculine ‘hero’ role (Bryant & Garnham, 2015).

Poor mental health and low levels of help seeking amongst construction workers in the UK has been linked to the masculine culture of this industry (Sanderson, 2017, in Kotera et al., 2019). Construction workers in the UK have far higher rates of mental health problems (55% of workforce) and suicide (four times higher than average) than the general population (Alderson, 2017). The links between masculinity, mental health problems and shame are not clear cut however; Kotera, Green & Sheffield (2019) reported that within a sample of 155 UK construction workers, few had high levels of shame, and masculinity was not directly related to shame.

Transphobia

Those who experience transgender-related microaggressions and sexual objectification have been found to be more likely to feel shame, and in turn are more likely to experience poor mental health (Cascalheira & Choi, 2023).Giordano (2018) argues that the high rates of suicide and attempted suicide and other self-destructive behaviours among transgender people may be linked to the feelings of shame that they experience (Giordano, 2018 p.7).

Family connections and associated stigma

Knifton noted the role of family connections and associated stigma within the development and continuation of shame. “Families are often stigmatised as a group, and this can be due to beliefs about contagion and inheritability and blame for previous sin. It acts to reinforce the sense of shame for the individual and hiding of the problems from the wider community and health services. It suggests that in engaging with cultures that have strong community and family connectedness, we should reconsider the importance of associated stigma for families, spouses and friends.” (Knifton, 2012, p296) A more recent Blog article for Al Jazeera discusses a personal experience of shame. In the article, art teacher Raina Raine describes how shame can stem “from cultural assumptions of genetic weakness, or fears of limited marriage opportunities for other siblings within the family” (Saber, 2020).

Kotera and colleagues (2022a) compared levels of shame, mental health problems and self-compassion in social work students in the UK and Ireland. They found that “internal shame was especially strongly associated with mental health problems in

UK whereas family attitudes and self-reflected shame were the strongest correlates in Irish students" (p3255). They hypothesised that differences between the two groups may be down to differences in both the local culture (e.g. levels of support within the university, smaller class size and lack of anonymity in Irish universities), and sociocultural differences at a national level (e.g. differences in levels of individualism (UK) vs. collectivism (Ireland).

Self-Compassion

"Self-compassion has been identified as a key protective factor for mental health, and effective at reducing shame" Kotera et al, p3249). Higher than average levels of shame and mental health problems have been reported in men working in UK hospitality (Kotera, Adhikari & Van Gordon, 2017). Researchers have found that shame in this population is related to low-self-compassion. The link between shame and self-compassion has been supported within a series of studies by Kotera and colleagues. Kotera, Green and Sheffield (2019) found that self-compassion mediated the relationship between mental health problems and shame in UK construction workers: "the total effect (of mental health shame on mental health problems, including self-compassion) and the effect of self-compassion on mental health problems were stronger than the direct effect (of mental health shame on mental health problems)." (Kotera, Green & Sheffield, 2019, p140). In a later study, Kotera and colleagues (2022) found that self-compassion correlates particularly strongly with [external] shame in post-graduate students with caring responsibilities. Self-compassion is consequently strongly recommended within the literature as a target for mental health interventions (Kotera et al., 2022). Mindfulness Based Stress Reduction (Birnie et al., 2010; Newsome et al., 2012) and Compassionate Mind Training (CMT; Gilbert, 2009) are highlighted as examples (Kotera et al., 2022). Supporting the link with care-giver identity, Kotera and colleagues found self-compassion to be a significant predictor of mental health problems in social work students in the UK and Ireland.

Personal motivations

Personal motivations for work were found to be related to shame in hospitality workers and business students: "Extrinsic motivation (a type of motivation that is driven by external rewards such as money and fame) was more strongly related to mental health problems and mental health shame than intrinsic motivation (a type of motivation that is derived from inherent pleasure in doing what one is passionate about; Kotera, Adhicari et al., 2018; Kotera, Conway et al., 2019)." (Kotera, Green & Sheffield, 2019, p136).

Among postgraduate education students, mental health shame was associated with strong caregiver identity (Kotera et al., 2022). The authors suggest that shame is exacerbated by a perceived conflict between students' aspirations to provide care for children and their need to care for themselves.

Mental health literacy

It can be seen that through all of the themes explored above, there is a common thread – mental health literacy. In all of these instances, a greater understanding of mental health – more broadly and personally can lead to a decrease in the mental

health shame that people feel. Rusch and colleagues (2014) found that people with a greater perceived knowledge of mental health reported less shame (either actual or anticipated). Therefore, it can be argued that one of the key areas that needs to be tackled if we wish to eradicate shame for people is to educate them on mental health in order to increase literacy.

Shame Campaigns

Over the past decade various campaigns internationally have focused on the concept of shame relating to mental health, using art, personal stories, and social media to reduce stigma and promote self-acceptance within a diverse range of populations. These are summarized in the appendix. Whilst campaigns highlighting the role of shame in mental health have run in parts of the UK (Northern Ireland and Scotland), these have not focused on mental illness, instead tackling shame and body image (Mental Health Foundation) and addiction (Arc Fitness). No UK-based shame campaigns have previously run across all countries in the UK, suggesting a gap for a UK-wide shame campaign.

Discussion

Shame is a complex emotional experience closely linked to mental health stigma, characterized by negative self-evaluation and fear of social judgment. It can be internal, relating to one's own views, or external, involving perceptions of others' negative responses. This interplay between shame and stigma significantly impacts individuals' mental health and their willingness to seek help.

People who experience more complex, long-term mental illness can find that when they want to tell someone what they are experiencing, they are judged, dismissed, isolated and discriminated against. Rather than feeling like “it’s okay to not be okay”, they are made to feel shame. Feelings of shame can cause people to hide their mental health problems, even from those closest to them. This can stop them from getting the help and support they need, make them feel alone and lead those living with a mental illness to withdraw from opportunities others may take for granted.

Whilst campaigns around the world have targeted the relationship between mental health and shame, none have yet focused on mental illness and shame in the UK. Addressing this gap in 2023, See Me partnered with organisations across the UK to deliver a campaign focused on shame and mental illness entitled If it’s okay.

Part Two: Campaign Evaluation

If It's Okay Campaign: Background

If it's okay to not be okay was a campaign which aimed to raise awareness and tackle the shame which can be felt by people who experience or live with mental health problems. The poster-based campaign, which ran for two weeks in March 2024, was jointly developed by mental health anti-stigma programmes in the four UK nations (the Anti-stigma Alliance, referred to as the Alliance): See Me in Scotland, Time to Change Wales, Mind in England and Inspire in Northern Ireland.

The rationale for the campaign was informed by research conducted in all four nations that explored the stigma experienced by people with long term, complex mental illness. The impact of shame came through strongly in how people perceived themselves, and how they felt society perceived them.

The campaign aimed to prompt more discussion around the arguably well-known phrase 'it's okay to not be okay', often used in mental health campaigning to promote normalising a spectrum of positive and negative emotion and encourage open and honest discussion about it. However, the phrase has been discredited by some as being generic and invalidating the serious difficulties experienced by people living with mental illness.

Image 1: If It's Okay campaign poster example

Evaluation Purpose

The purpose for this evaluation is to understand the contribution that this campaign made towards raising awareness of and tackling the shame experienced by people living with mental illness. This evaluation seeks to draw learning, with potential recommendations for future campaigns. The scope of this report focuses on evaluating the process and outcomes of the campaign.

Methods

A mixed-methods evaluation was conducted, using focus groups and an online survey. Data collection resources including the survey, focus group schedules, information sheets and consent forms, were initially drafted by the Mental Health Foundation research team, drawing from a literature review of shame, and the knowledge and experience of the Anti-stigma Alliance members shared during regular Alliance meetings. Drafts were further developed in an iterative collaborative process with all Alliance members, in which feedback was sought via email, changes were made, and new drafts were then circulated for further comment

All resources were translated into Welsh by the Time to Change Wales team.

Focus groups

Partners from the UK nations conducted four focus groups in total. Two face to face groups were facilitated by Time to Change Wales, one was run by Inspire in Northern Ireland and one online focus group was run in Scotland by MHF. All participants provided informed consent, and were invited to complete an anonymous demographics form prior to participating in the focus groups. Notes or recordings were made at each focus group. Recordings were transcribed and anonymised by the facilitators. Transcripts and notes were sent to the MHF team, and were interpreted using a reflexive thematic analysis approach (Braun and Clark, 2022).

Survey

An online survey was also sent out by each of the participating UK anti-stigma alliance organisations. The survey comprised of a combination of closed and open questions. Respondents were given the options to complete the survey in English or Welsh language. After seeking consent for their participation, participants were shown four images from the poster campaign. They were asked a series of questions about their understanding of the message conveyed in each image, how much these messages resonated with them, and how these messages made them feel. The survey then posed a range of broader questions relating to participants' understanding of the purpose of the campaign and the impact of the campaign materials on how they felt about their own/others' mental health. In two final pages, participants were asked about their prior knowledge of the survey, and then asked to provide some demographic information (voluntary), so that we could understand who the campaign resonated with most.

This report analyses the data from 209 complete survey responses. In total, there were 373 responses, however 164 have been excluded from analysis due to non-completion of the survey. 207 completed the survey in English, and 2 opted to complete the survey in the Welsh language.

Respondent Profiles

Survey respondents

The survey captured a diverse age range, with over 80% of respondents falling between the ages of 26 and 65. A significant majority (90%) reported having either current or past challenges with mental health. Additionally, many respondents indicated close connections with others who had faced similar challenges, as shown below:

Average Respondent:

The majority of participants were female (71%), heterosexual (76%), and had currently or previously experienced challenges with their mental health (90%).

- 78% had a close family member with mental health challenges
- 49% had a close friend or partner
- 50% had someone within their wider circle of friends

Geographically, the largest portion of respondents resided in England. The breakdown by region is as follows:

- England: 38%
- Northern Ireland: 31%
- Wales: 22%
- Scotland: 6%

In terms of gender identity, 71% of respondents identified as female, 25% as male. 97% identified as cisgender.

Ethnicity was predominantly white, with 90% of respondents identifying as such. Regarding religious beliefs, 46% reported no religion, while 39% identified as Christian.

Focus Group respondents

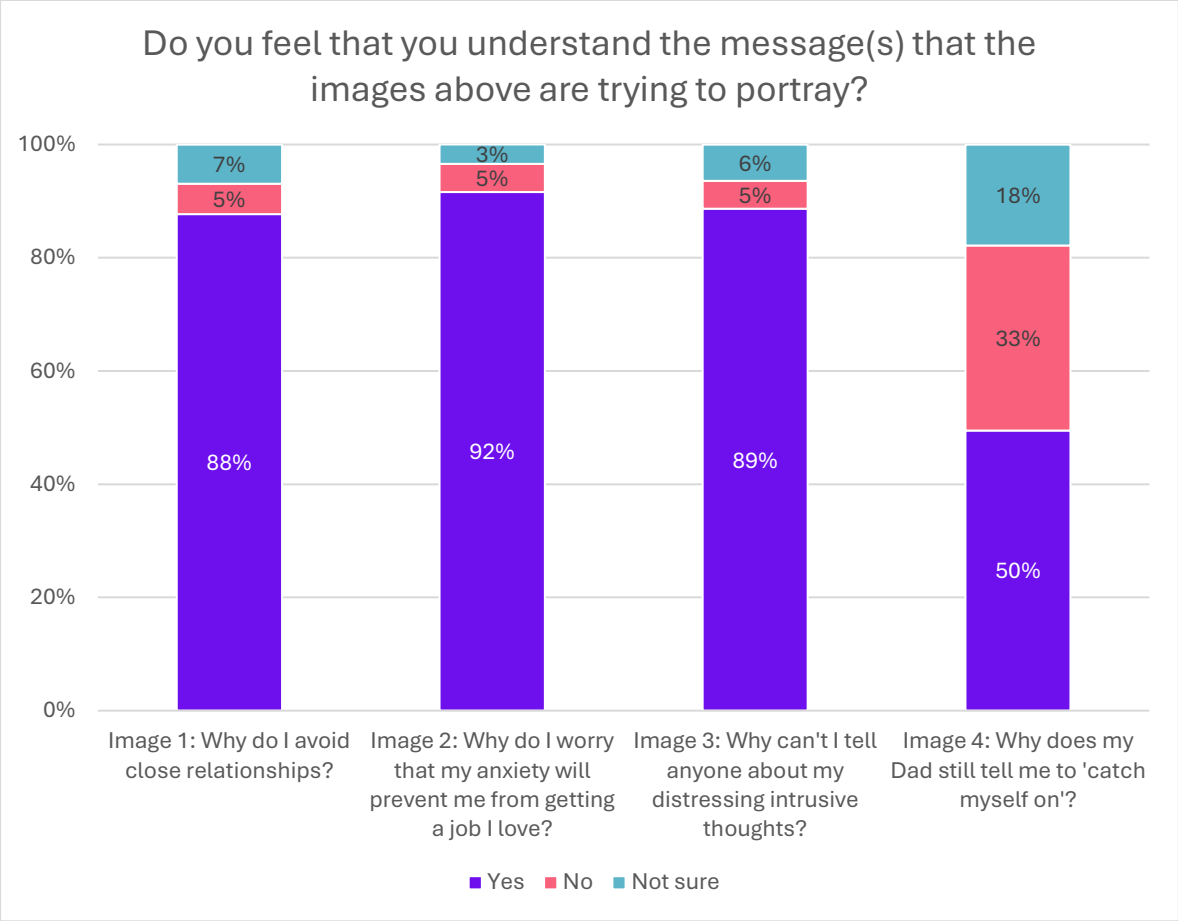
Seven focus group attendees from Scotland (n=4) and Wales (n=3) completed an online anonymous demographics questionnaire. Participants were aged between 36 and 75. More female (n=4) than male (n=3) focus group participants completed the survey. Most (n=5) had lived experience of mental illness personally, within their family and friends, and within their wider social networks. All had a disability or long term health condition.

Findings and Key Themes

Survey Results

Understanding and resonance of messaging

Survey respondents were asked to view four campaign images (see appendix) and indicate whether they understood the message being conveyed by answering "yes," "no," or "not sure." While the majority demonstrated a strong understanding of the first three images, comprehension levels dropped significantly for Image 4 ("Why does my dad still tell me to 'catch myself on'?"). This particular image revealed notable regional differences, likely due to the use of Northern Irish colloquialisms. For instance, 87.5% of respondents from Northern Ireland and all three respondents from Ireland understood the message, compared to less than 50% across the UK on average.



Respondents were then asked to say which image they felt resonated the most with them. Image 3 emerged as the most commonly selected, whilst image 4 was least common.

The survey results again reveal significant regional differences in which campaign images resonated most with respondents. In Northern Ireland, a substantial 85.2% found Image 4 ("Why does my Dad still tell me to 'catch myself on'?") most relatable, a stark contrast to other regions where this image was far less impactful. Respondents in England and Wales predominantly resonated with Image 3 ("Why

can't I tell anyone about my distressing intrusive thoughts?"), with 39.5% and 54.8% respectively. In contrast, Scottish respondents had a more even distribution, with a slight preference for Image 3 (46.2%). Meanwhile, Irish respondents showed a unique pattern, with 66.7% resonating most with Image 4, similar to Northern Ireland. albeit from a much smaller sample size. These variations highlight the diverse experiences and cultural contexts affecting perceptions across the UK and Ireland, although the small sample sizes within some of the UK nations limit our ability to draw robust conclusions.

Interpretation of Campaign Messaging

Respondents were asked, "In your opinion, what is the overall message these images are trying to convey?" A thematic analysis of the responses indicated several key themes. Overall, there was strong engagement and understanding of the campaign's goal of reducing mental health stigma and encouraging open conversations.

Many respondents viewed the campaign as an evolution of the familiar message, "It's okay to not be okay."

> *"That it's OK not to be OK! I have explained my mental health with the analogy that if you have a tummy bug, you cannot physically stop yourself from vomiting. My periods of severe depression are like a 'brain bug.'"*

> *"That it is ok to feel these feelings and have those thoughts. We all have them from time to time. and it is good to feel like you have someone to talk to about them, not hide them away."*

While these responses aligned with the idea of normalising mental health struggles, others saw the campaign as challenging what can often be experienced as a surface-level acceptance of 'It's okay to not be okay'. Some felt that this campaign took a more nuanced spin on this, acknowledging the limitations of this popular phrase and moving toward a more critical reflection on societal attitudes toward mental health.

> *"It seems like the message is highlighting a dichotomy between the popular notion of 'it's okay not to be okay' and society's actual perception of mental illness. It suggests that while people may voice support for mental health, there's still a prevailing sense of shame associated with it beneath the surface."*

> *"The overall message is to explore the flipside of the phrase we all hear constantly "It's okay to not be okay". Sometimes this can be said flippantly, without any real care or consideration to the stigma someone may still be facing. By flipping it and adding the word IF, the campaign aims to explore stigma and shame people living with mental illness may feel, with provoking quotes that really make you put yourself in someone else's shoes."*

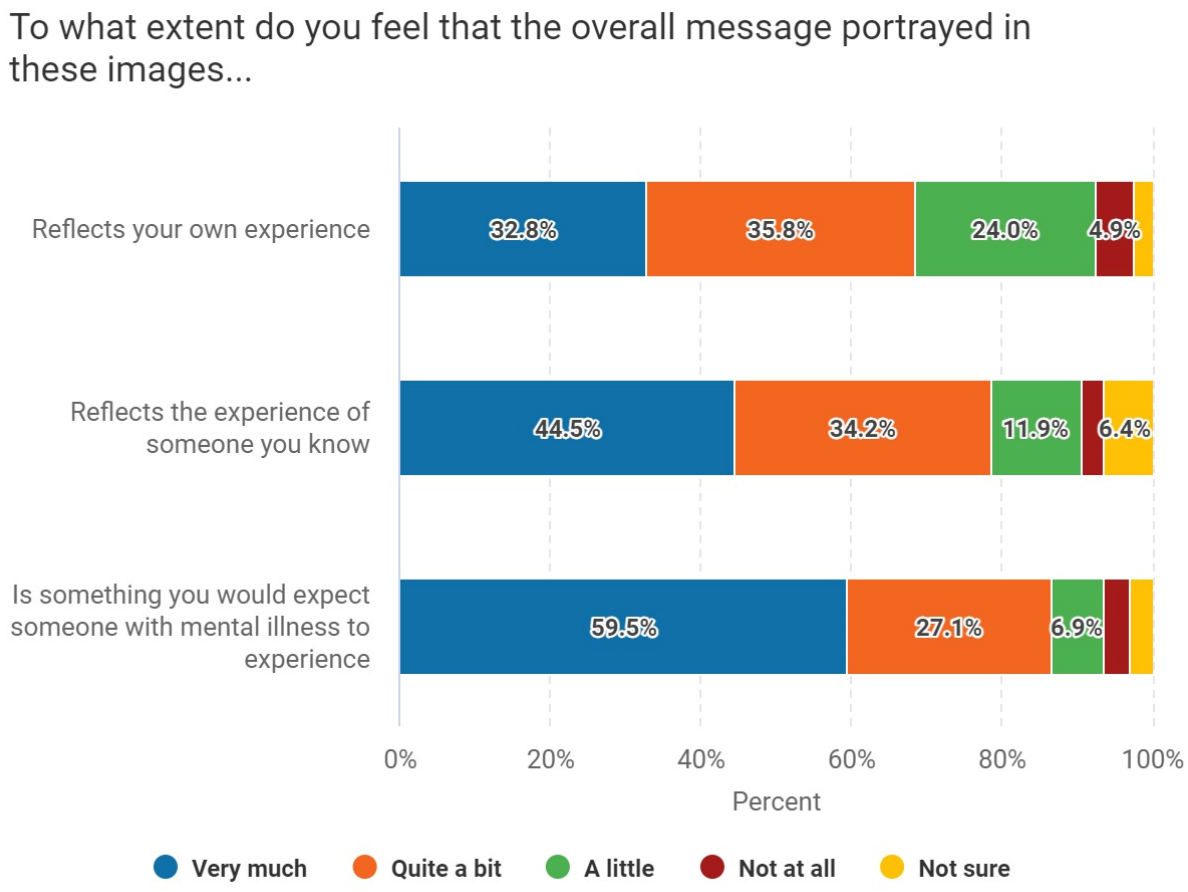
Some respondents, however, expressed confusion or a lack of clarity regarding the campaign messaging, or specifically about the survey questions:

"I'm not sure it works. The first sentence 'if its ok not to be ok' is a confusing prefix for the next sentence. It presupposes that's a well understood phrase. I think overall it's trying to convey the complexity of mental health and how it plays out."

"Too many double negatives. Generally unclear."

How does the messaging reflect people's experiences?

Survey respondents were asked about the extent to which they felt the overall message portrayed in the images reflect their own experience, the experience of someone they knew, or is something that they would expect someone with mental illness to experience.



Some respondents chose to expand on their answers in a comment box. Many took the opportunity to share personal stories, with workplace stigma emerging as a particularly prevalent theme:

"I have bipolar disorder and although lots of people say and maybe even think that they don't have negative judgements or a lack of understanding of mental health, if I talk to them openly about my symptoms it is clear that they are uncomfortable or dismissive. I am educated and articulate but had to change jobs a few year ago because my manager (a healthcare professional in a healthcare setting) felt that someone with bipolar disorder shouldn't work full time, so now I don't disclose to my managers."

> *"some people with mental health issues are still able to maintain strong relationships and be transparent about their emotions. it would be great if future campaigns focused more on dealing with employers, as that is where most of the stigma lies for people who struggle with mental health issues and are employed. more people will be able to relate"*

These responses illustrated the challenges individuals face when disclosing mental health issues, especially in professional environments. Many felt that employers lack understanding and that disclosure can lead to negative consequences rather than support.

Other comments expressed confusion about the campaign, and a perceived lack of clear action following on from the message:

> *"its a very confusing message, i'm not sure if i should feel ashamed, shoudn't and either way the message isn't telling me what to do about it."*

> *"I think it's an interesting concept, however, when reading the posters I almost miss the entire positive bit and it's all a bit negative (flat)…"*

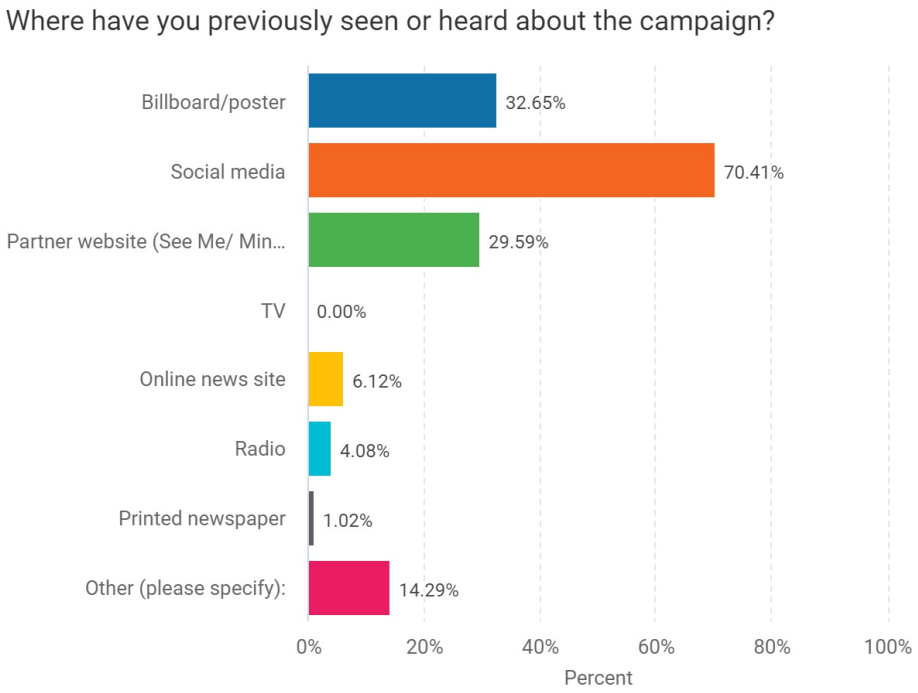
Perceived campaign purpose

When asked about the purpose of the campaign, respondents largely agreed that its main goals were to:

- Reduce or eliminate stigma and shame around mental illness.
- Highlight that progress is still needed in reducing societal stigma.
- Encourage more open discussions about mental health.
- Showcase the lived realities of those struggling with mental illness.

Campaign awareness

Nearly half of the respondents (48.3%) had seen or heard of the campaign prior to taking the survey, primarily through social media, followed by billboards, posters, and partner websites.



Themes from Survey Findings

Themes can be drawn from the qualitative data emerging from survey comments prompted by questions on the overall messaging portrayed in the images and the purpose of the campaign.

Structural stigma - Experiences of stigma and discrimination in workplaces

A significant number or responses drew on the persistence of structural stigma within workplaces, where people with mental health conditions often experience discrimination, bullying, and a lack of understanding from employers and colleagues. These experiences suggest that despite growing awareness of mental health issues, structural barriers remain, particularly in employment environments.

> *"I suffer with bipolar depression and I was born with it, as its 80 percent genetic disease. I have worked for 22 years before I got a late diagnosis age 35 I have been bullied and abused and had to leave jobs."*

> *"I'm currently absent from work and it's in relation to work-related stress but because my employer is aware I have a diagnosis of anxiety and depression their default view is there's nothing wrong with the working environment it's due to their experience of mental ill health. I wish I had never shared my diagnosis with them as then they may listen and realise that they are creating a toxic work environment. There's many organisations that talk the talk but sadly don't walk the walk."*

> *"From experience, other people at work for example when I let it slip that I have this or that issue, I sense a change with them and often I receive dismissive words such as "oh! we all have anxiety etc" then the conversation is changed or they walk away or talk to someone else."*

Survey questions did not specifically prompt or ask people to discuss workplace stigma, so it is notable that so many responses touched on this. These experiences underline the need for greater sensitivity and understanding in workplace policies and cultures around mental health, as well as the importance of fostering environments that are genuinely supportive.

Reflecting and reconsidering our own behaviour that causes stigma

Many respondents highlighted the need for other people to have more sensitivity and understanding towards people with mental illness. However, some respondents also indicated that the campaign had caused them to reconsider their own behaviour towards people in their lives who were experiencing mental illness, sparking conversations and introspection.

> *"My brother has bi polar and it really made me think about how he feels the world treats him. He is very open about his mental illness but this made me stop and think. It got me thinking about my language that I so flippantly use. I had an open conversation with him about the campaign and it opened my eyes to the shame he has felt in his life."*

Different experiences of stigma for specific groups

> *"I think that these statements maybe are more geared towards late teens early 20's. I can relate to the anxiety and work one most, I'd like to see more coverage of how not being ok is frowned upon when you're a parent and how you can feel judged by this"*

Campaign is validating/increases visibility of those struggling with mental health – you are not alone

Some respondents wrote about how the campaign helped people to feel less alone in their experiences and challenges.

> *"I like the signs, they are validating…… but at the same time they remind me of how others are perhaps dismissive of us and more importantly judgemental. !!!!."*

> *"It's hard to talk about these things and a lot of time you feel your alone. I think these help people see that others are going through the same thing."*

Weakness of 'its okay not to be okay' messaging

A strong theme which emerged was the dissatisfaction with the messaging of *It's Okay to Not be Okay.* It was clear that many respondents had felt that the mainstream messaging failed to acknowledge the complex realities of people experiencing mental health challenges. They valued the way that this campaign took a more critical stance on this messaging, trying to promote more nuanced thought.

> *"People experience poor mental health for different reasons, the campaign resonates and caught my eye because 'it's ok not to be ok' has lost its meaning along the way and this campaign made me look at it again with fresh eyes"*

"I think the whole 'it's OK not to be ok' is quite patronising so these images go against that which is good."

"If someone told me It's ok to not be okay I would have to say ok so it's ok to lay awake at night hart racing mind wide awake thoughts of taking my own life. Is that ok is it"

Campaign critiques

Several participants critiqued the overall effectiveness of the campaign. Some felt that the visuals and messages were unclear or too focused on certain conditions, such as anxiety and depression, whilst ignoring others. Others felt the campaign is self-serving for the charities involved rather than genuinely impactful for people with mental illness.

"I feel a bit frustrated that the 4 graphics shown aren't representative of enough different mental illnesses and that graphic 1 misses the mark a bit. I don't understand graphic 4 and would have to Google it. Graphic 2 is a really important message which talks about fears around work, but narrowing it down to 'anxiety' makes it feel so much less relatable as somebody with multiple / severe mental illnesses. We still work too, some of us. Anxiety and depression are spoken about endlessly, but other conditions are still massively misunderstood and underrepresented. If these were the only 4 graphics created, that would be a serious shame because the message they aim to portray is so important.

"The message wasn't portrayed clearly. The campaign around the advertising was weak. Seemed to be more about the charities portraying the message and bigging and themselves up rather than the message and impact. Self serving and non effective"

"I think it's all irrelevant and will cause more prejudice . We have an illness or disabilities? Which one ?? Any special treatment or support will just highlight your disability and give some very ignorant and patronizing people more opportunities to disrespect and insult you. Why would you discuss your feelings or thoughts absolutely ridiculous."

Focus group results

Several key findings were identified from analysing notes and transcripts that were conducted after the campaign in Scotland, Wales and Northern Ireland. In summary, analysis showed that:

- Participants understood the messages that the images were trying to portray
- Participants were enthusiastic for the overall purpose of the campaign and held it in positive regard
- Participants felt that being involved with the campaign had been personally beneficial to them
- Participants valued process of being included in development and design of campaign

- Some participants used the campaign as a talking point to prompt discussions with family and friends about mental health and the role that shame can play

Understanding and resonance of messaging

Participants were asked whether they felt they understood the message or messages that the campaign images were trying to portray. Whilst participants across all focus groups said that they did understand the message, the actual meaning of the message varied slightly from person to person. Whilst some participants believed that the message the campaign promoted was that 'it's okay to not be okay', others thought that the campaign advanced this message from a more critical perspective:

> *"People say it's ok to not be ok so much, it's almost overused . it that's true, why are all these things also still true. So that phrase isn't really doing what it's meant to be doing. That's what I got from it."*

Others also commented that 'It's okay to not be okay' is often used flippantly, but that it was important to show this had a different meaning for people who were experiencing serious and recurrent mental ill health.

Participants commented on the importance of the campaign in highlighting the role that shame can play as a barrier for people accessing support for their mental health. They felt that the campaign could help to raise awareness of the shame that people experience around mental ill health, and through awareness raising, people could understand and better support the other people in their lives who may be struggling with their mental health.

Motivation for involvement

Participants discussed their motivations for becoming involved with the campaign. Many participants drew on their personal lived experiences of shame, stigma and discrimination as a personal motivator:

> *"I think for me personally, it's something I kind of suffered with a lot. I suffered a lot of shame like talking about my eating disorder and things in the past, so I thought it was something I could probably bring some lived experience to so I thought it was something that would be beneficial, not only for me but for other people to get an understanding of it."*

> *"For me, a big underlying part of mental health is shame and guilt. And they come hand in hand, so you know, not only you feel ashamed of it but you feel guilty. And that's something that's really important… sometimes words are quite flippant when it comes to mental health and 'it's okay to not be okay' and it's like almost everybody says it now. But those that do suffer, it's got a different sort of meaning to it than 'Joe normal' as I would put it… and I just felt like the voices of mental health that truly suffer or have suffered were sort of being downplayed almost. So I thought the campaign was right to reignite that and just… make it much clearer to the fact that discrimination and shame is there".*

> *"For me, I think shame's something that I remember being identified, could be 10 years ago when I was involved in something but this is the first time I've seen it actually being tackled head on. There'd been a lot of talk about it and it had been highlighted many many years ago with Mental Health Foundation and others… but I don't know if anyone was brave enough to tackle it until now…. It was good to see it hitting the nail on the head."*

Experiences of stigma and shame in the workplace

Another participant drew more specifically on their personal experience of shame in the workplace as a catalyst for getting involved in the campaign:

> *"I was embarrassed because I realised there was something not normal about me… It wasn't until an incident in the workplace recently where I was actually treated in a negative way because of my difficulties, that I realised that people were being treated as though they should be ashamed of their difficulties and differences, and I didn't realise until I got involved in Time to Change how widespread that was and how people have been treated negatively even by their own family and friends because of their mental health problems. So for me, as soon as I kind of got to grips with that, I thought I need to do something about that because firstly I didn't want to keep feeling ashamed and neither did I want anybody else to just to share ignorance. So that's why I feel it was an important project that that you know that you're bringing to the fore."*

Flexibility and applicability of messaging

Focus group participants also highlighted the flexibility in the messaging from the different images:

> *"The four of them are very different so they might read one and think that doesn't have anything to do with me because my family are really supportive but then they see one about the job and that's where they don't feel supported so it helps that they are different."*

Localised campaign messaging

In the focus group which was conducted in Northern Ireland, one participant commented that they felt a particular resonance with the campaign image with the text *'If it's okay to not be okay… why does my dad still tell me to catch myself on?'*. They felt that it addressed a generational divide in attitudes towards mental health.

Participants from focus groups in other UK nations commented that they didn't understand this image. This demonstrates the geographical specificity on some of the campaign phrases, highlight the benefits of a localised approach towards campaign development in having meaningful impact on local populations.

Personal benefits from campaign involvement

Participants spoke of a sense of feeling valued and empowered as a result of their involvement in the design and delivery of the campaign at various stages of development.

> *"I feel like I can speak more to it – I've got more words to talk around it, the shame topic and the experience has given me more fuel in the fire… it's always really validating when you hear your voice heard, you see your words used, your feedback is taken in to account and you get to work collaboratively and learn from the others you work with and hear all their different perspectives. So being involved in the whole process has been great – because sometimes people just pull you into a wee bit and I don't really like doing that, it's not really co-production. So yeah, being involved at every stage has been confidence-boosting and validating."*

Catharsis and self-understanding

Some participants spoke of experiencing greater levels of self-understanding as a result of being involved with the campaign, particularly in understanding their own experiences of shame and how this had impacted them. One participant described experiencing 'a lightbulb moment' when they were involved in a podcast and social media posts for the campaign. This caused them to correlate their past experiences of mental health and self-worth with the concept of shame, allowing them to understand their feelings more fully.

Increased confidence to discuss mental health and stigma

One theme which was evident from analysing focus groups was that the campaign had enabled people to feel more confident to initiate conversations around mental health, shame and stigma.

> *"Opened up healthy conversations with friends and family – sister told me about things she was struggling with. 'I suppose it was a non-confrontational way to share something – to start a conversation saying 'hey look what I was involved in!' and then talk about the shame and that was with everyone I spoke to, even the older generation that didn't want to admit it, you could see it all over it, they have a different perspective on it, but yeah it's a great conversation starter"*

> *"Made people think – especially older family members. But it gets the message across that it's not okay to feel shame but it is out there, and that opens up conversations that can help lift the feelings that they may be hiding because they can't talk. Prompted responses and use of tools and resources on website and offered to do workshops"*

One participant felt that because he already spoken regularly to different people about his own struggles with mental health, the campaign hadn't done much to change this for him.

Discussion

The findings from the survey and focus groups provide valuable insights into the public's understanding of and resonance with the messaging of the *If it's Okay* campaign. The results highlight both the strengths and challenges of the campaign, revealing the diverse ways in which individuals perceive mental health messaging across different regions and personal contexts.

Understanding and Resonance of Messaging

One of the most prominent findings is the geographical variation in understanding and resonance with the campaign's messaging. Survey respondents from Northern Ireland and Ireland demonstrated a higher understanding of colloquial language, specifically in relation to the phrase "Why does my dad still tell me to 'catch myself on?'", a message that was less understood in other parts of the UK. This suggests that colloquial language may resonate more deeply with local audiences but can limit broader understanding in national campaigns. These geographical differences underline the importance of tailoring campaign messages to local cultural contexts to ensure they resonate effectively across regions.

Perception of Mental Health Messaging

The survey revealed mixed perceptions of the campaign's overarching message. While some respondents viewed it as reinforcing the positive "it's okay to not be okay" sentiment, others believed that the campaign sought to challenge and critique this message. The responses suggest that the campaign succeeds in opening up a dialogue about the limitations of overly simplistic mental health messaging. Many participants appreciated how the campaign moved beyond the popular slogan, delving into the complexities of stigma and shame, and raising awareness of the deeper issues that people with mental health challenges face.

This critical stance is evident in the qualitative feedback. Respondents expressed frustration with the surface-level nature of the "it's okay to not be okay" mantra, noting that while the phrase is widely accepted, it does not always translate into meaningful action or support. Many highlighted the need to move beyond rhetoric, calling for structural changes that address discrimination, stigma, and the real-life challenges faced by people with mental health conditions.

Lived Experiences of Stigma and Discrimination

The results show that stigma, particularly in workplace settings, remains a significant concern for individuals with mental health conditions. Numerous respondents shared personal experiences of workplace discrimination, illustrating how mental health stigma continues to affect career opportunities and working environments. The focus group findings echoed this, with participants recounting instances of workplace prejudice and the internalized shame they felt when their mental health struggles were dismissed or misunderstood by employers and colleagues. This reinforces the need for campaigns to focus more on addressing structural stigma, particularly in professional settings, where stigma can have lasting and detrimental effects on individuals' careers and mental well-being.

Respondents and focus group participants also highlighted how societal stigma influences personal relationships, with many expressing hesitancy to disclose mental health issues to friends, family, or employers due to fear of judgment or rejection. These findings suggest that stigma is not just an external force but also deeply internalized, contributing to feelings of shame and isolation. This further emphasizes the importance of campaigns that not only raise awareness but also actively promote societal change and empathy.

Campaign Awareness and Impact

The survey results indicated a relatively low level of prior awareness of the campaign, with just under half of the respondents (48.3%) having encountered it before participating in the survey. Social media proved to be the primary source of campaign visibility, followed by billboards and posters. This suggests that while the campaign has begun to reach its audience, there is room for further expansion, particularly through digital channels that can increase awareness and engagement.

Focus group participants spoke highly of their involvement in the campaign, noting that the process helped them feel empowered and more confident in discussing mental health topics. Many found the campaign personally validating, allowing them to reflect on their own experiences of shame and stigma. This highlights the potential for mental health campaigns to serve not only as public awareness tools but also as vehicles for personal catharsis and self-understanding.

Campaign Limitations and Suggestions for Improvement

Despite the campaign’s successes in raising awareness of stigma, several participants expressed confusion over specific messaging, particularly around the use of colloquial language and double negatives in the campaign’s visuals. Some felt that the messaging was unclear or overly complex, which may have hindered the campaign’s effectiveness for certain audiences. Others voiced concerns that the campaign was too negative in tone, with one participant describing it as “flat” and “hard to read.” These critiques suggest that while the campaign has resonated with many, there is a need for greater clarity and accessibility in its messaging.

Additionally, some participants questioned the campaign's broader impact, expressing scepticism about whether it could lead to real societal change. Several respondents felt that the campaign was not specific enough in outlining steps to combat stigma or promote actionable change. This suggests that future campaigns may benefit from more direct calls to action, encouraging individuals and organisations to take concrete steps toward reducing mental health stigma.

Conclusion

Overall, the findings from both the survey and focus groups demonstrate that the campaign successfully engaged individuals in conversations about mental health stigma and resonated with many on a personal level. The campaign benefitted from a localised approach, however it is important that this is targeted so as to not limit understanding in other UK areas. Future iterations of the campaign could benefit from a more localised approach, clearer messaging, and a stronger focus on

actionable change to reduce stigma in both personal and structural contexts. Additionally, continued efforts to involve individuals with lived experience in the development and delivery of mental health campaigns will help ensure that the messaging remains authentic, impactful, and relevant to diverse audiences.

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Appendix

Intervention	Creator	Country	Year	Branding / strap-line	Synopsis
Shame shouldn't be a symptom **#ShameKeptMeFrom**	Made of Millions	'Global advocacy nonprofit' – based in Canada	2021	(When it comes to mental health) Shame shouldn't be a symptom #ShameKeptMeFrom	Arts-based campaign by Made of Millions in 2021. Used the lived experiences of 4 people with lived experience of mental health problems, in podcasts and videos, together with some representations through photo-collage by artist Ian Woods. Discusses intersectionality in relation to shame and the ways it can manifest, as well as the benefits of art therapy. The campaign had an online and physical presence with the campaign materials appearing across New York and at a showing in a gallery in Vienna.
Silence the shame	Silence the Shame, Inc. (The Hip-Hop Professional Foundation)	USA	2016	Silence The Shame #SilenceTheShame	Silence the Shame started as a high-profile anti-stigma campaign led by hip-hop star Shanti Das, tackling mental health related stigma in black communities. It has now expanded to be a charity dedicated to eliminating mental health stigma, reducing health disparities and improving rates of suicide among vulnerable (intersectional) populations.
No Shame	Alabama Department of Mental Health	USA	2021	There is no shame in sharing how you feel	The Alabama Department of Mental Health have been running their No Shame Suicide Prevention campaign, addressing the stigma surrounding suicide and mental illness, since 2021. The website says "The campaign speaks not about judgment but rather of hope." There is a link to a short video, but no other resources available.

#mentalhealth shame	See Change	Ireland	2022	#EndTheStigma #GreenRibbonIRL	See Change's annual See Change Green Ribbon Campaign last year (September 2022) focused on shame. It featured personal stories of shame from See Change Ambassadors.
No Shame Campaign 2020	Mental Health Foundation	UK	2020	#BeBodyKind #MentalHealthAwarenessWeek	The Mental Health Foundation made shame part of their messaging relating to their Body Awareness theme for Mental Health Awareness Week 2019. The main statistic they used was that "1 in 5 adults felt shame because of their body image in the last year" (UK wide YouGov survey, 2019). Shame also featured in their podcast series during MHAW 2019.
#NoShame	SAFEProject	USA	2019	There's no shame in getting help for mental health & addiction. #NoShame #NoShameInGettingHelp	The SAFE project is a US-based company aiming to 'stop the addiction fatality epidemic.' They have been running their No Shame Movement since 2019. People are asked to take the 'No Shame Pledge' (they get sent a certificate). Supplemented by a 'No Shame Toolkit' for social media, and a No Shame Education Program, a set of free facilitator materials to deliver a course on mental illness and addiction stigma
No shame, man	The Village Institute	USA		No shame, man	The campaign focuses on shame felt by men experiencing mental health problems, seeking to normalize the conversation of mental health amongst men. It features blog posts, podcasts and videos with an educational focus.
No Shame Campaign	Arc Fitness	Northern Ireland	2022	#NoShame	A no shame campaign focused on addiction. The campaign featured a podcast (The Recovery Position), a series of marathons run by the director (5 in 5 days) and 'Thoughts from the Arena', a series of video-based conversations between five men who have battled addiction.'

No Shame Campaign™	Directions for Living	USA	2013	#NOSHAME	No Shame campaign started in 2013 and was trademarked in 2016. “The mission of No Shame Campaign™ is to eliminate stigma by promoting self-acceptance, educating our community about mental health, the child welfare system, and homelessness, advocating for those experiencing discrimination, and celebrating the unique qualities that make us different.” The campaign centres on a Youtube video featuring the experiences of several people with lived experience of mental illness, suicide, disability and transgender issues.
No Shame – Traveller Youth Mental Health Campaign	Ireland	Involve Youth Project Meath	2017		Described as being a ‘a mental health and wellbeing project, for young Travellers, by young Travellers’. This campaign runs on Facebook. It started in 2017, but is still going strong. Recently, it has featured a No Shame Board Game, and a podcast ‘Being a Traveller girl’

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