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- Architecture, Design, Conservation



MASTER THESIS / VORES SIND

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01 INTRODUCTION

For a long time I have been concerned with the societal issues related to people with mental illness, especially the issue of tabooing and stigmatizing people with mental illness, and therefore I chose a graduation project that addressed this problem. This project aimed to establish knowledge, understanding and acceptance as a step towards a more effective communication around mental illness in our society.

According to Better Psychiatry¹ (Bedre psykiatri, 2020), mental illness is Denmark's largest public disease. In Denmark, more people suffer from mental illness than from cancer, diabetes and heart disease. The number has been rising fast in recent years. Every tenth Dane meets the criteria for mental illness. This corresponds to 580,000 Danes. The figure is a conservative one based on a number of studies² (Bedre psykiatri, 2019, p. 1). The health service today has a good knowledge and treatments of mental illness, but many do not get the help they need.

Despite increasing awareness about mental illness and mental health in society, patients and relatives still experience a persistent stigma, which in some cases can become an obstacle for people to seek the help they need, as well as to feel accepted in society. Stigmatization of people with mental illness has huge consequences not only for the person with the disease, but also for caregivers, family and close relations.

1.1 Bipolar type II affective disorder

I have personally been involved in this issue for several years as I have experienced it up close. My closest friend became sick in January 2018 with what the doctors thought was a severe depression, later in June 2019 she was diagnosed with bipolar type II affective disorder.

Bipolar affective disorder is a mental disorder characterized by pronounced, periodic fluctuations in mood in both manic and depressive directions. The disease affects approx. 2-3 percent of the population and occurs equally frequently in women and men³ (Licht, R. et al., 2008).

- » Bipolar disorder type I is the classic form, where manic periods appear in the course of the disease.
- » Bipolar disorder type II is a variety in which manic periods do not occur, but instead they suffer from hypomania and depression.

1 Bedre Psykiatri. (2020, December 9). Så mange er syge. <https://bedrepsykiatri.dk/viden/behandlingspsykiatrien/>

2 Bedre psykiatri - Landsforeningen for pårørende. (2019). Estimat: Antallet af psykisk syge i Danmark. Estimat: Antallet Af Psykisk Syge i Danmark, 1. <https://bedrepsykiatri.dk/wp-content/uploads/2019/09/2019-Arbejdsrapport-Estimat-antal-psykisk-syge-i-DK-1.pdf>

3 Licht, R. W., & Straarup, K. N. (2008, May 14). Hvad er bipolar lidelse? Depressionsforeningen. <https://depressionsforeningen.dk/hvad-er-bipolar-lidelse/>

The burden of the disease of bipolar type II is comparable to the disease burden of bipolar type I, but the existing evidence for the medical treatment of bipolar type II is deficient and primarily based on studies of bipolar type I⁴ (Reiter, K et al., 2017, pp. 1).

The Danish health care system is very generous but my friend was also lucky to be taken seriously from the beginning. Despite the initial uncertainty of the diagnosis she was referred to the right places and has received fantastic help in the psychiatric hospital system.

In the media, we often hear about a healthcare system where psychiatric care isn't working properly. Among many reasons, one is due to the lack of resources where many doctors and psychiatrists report having to reject sick people due to time deficiency and resource shortage. According to a study from 2018 prepared by the medical association, as many as 58 percent of the psychiatrists who treat adults in hospitals experience at least once a week that they have to discharge a patient who, from a medical point of view, would have benefited from a longer stay at the hospital⁵ (Lægeforeningen, 2018).

We are currently reading about many unfortunate cases where people are injured or at worst die, due to lack of resources in psychiatric care. In my friend's case however it was not the care she received, but the stigma of her mental disease that challenged her.

From the day my friend was prescribed with antidepressant medication, I got to experience the stigma of mental illness up close. My friend was miserable and anxious about receiving prescribed medication and was very much against it.

For everything in the world, my friend wanted to distance herself from being defined by it and she could not identify herself as someone who was in need of antidepressant medication. When it dawned on me how big a problem it was for her, I offered that I could pick up her medication for her that first time. We were both very afflicted about the situation but in each our own way. She was miserable because she had to face this new reality, where she felt like society labeled her as mentally ill. I was miserable that she felt so lost even though I could see that help she needed was around the corner.

4 Reiter, K., & Vinberg, M. (2017). Bipolar affektiv sindslidelse type II. Bipolar Affektiv Sindslidelse Type II, 1-4. https://ugeskriftet.dk/files/scientific_article_files/2017-09/V04170313_0.pdf

5 Lægeforeningen. (2018, April 11). Psykiatere: Vi er tvunget til at udskrive syge patienter | Læger.dk. <https://www.laeger.dk/nyhed/psykiatere-vi-er-tvunget-til-at-udskrive-syge-patienter>.

02 MOTIVATION

I witnessed a young woman's struggle to accept herself and her diagnosis. The fear of not being accepted, has been overwhelming throughout the process, and is still something she struggles with today.

I have identified this stigma that I personally experienced as a huge problem, not only for me as a close friend to someone diagnosed, but for society in a bigger perspective. This affects many of us – more than every third person perceives themselves as relatives of someone suffering from a mental illness⁶ (Bedre psykiatri, 2020). I wanted to work in this area because I think these problems require more attention and because I believe a difference can be made for those affected by this stigma.

If having a mental illness was more socially acceptable, it would mean that people with a mental illness wouldn't have to struggle with the fact that they might be treated and seen upon differently by society.

I saw this project as a good professional challenge for me as a graphic designer, as I imagined that there would be some unknown factors. As an example, I had not worked on such a sensitive and personal subject before, and throughout the project I had to be aware of this and be careful not to approach it in a different way than what I would normally do.

I also saw this as a great opportunity to learn and experience working with different professions than my own, i.e. collaboration across professions. I wanted to see the stigma from several perspectives. The experiences and the new knowledge from this project will be beneficial in the future.

During these years, the most difficult thing besides the disease and the diagnosis, has for my friend been the fear of what others are thinking. It is a constant reminder that our surroundings have difficulty understanding the diagnosis and what it implicates. I have seen my friend struggle to accept the disease, but even more so to struggle feeling accepted in our society. She is met by ignorance, which in some contexts and cases creates unfortunate and frustrating situations.

One example of these situations was the comments she received when she isolated herself for 1,5 month due to severe depression. She got to hear things like *"You could just go for a walk"*, *"why aren't you doing*

⁶ Bedre Psykiatri. (2020, January 31). Om at være pårørende til en med psykisk sygdom. <https://bedrepsykiatri.dk/hjaelp-og-raadgivning/at-vaere-paarørende/>

anything about it?; "Snap out of it". And when people found out she was sick, she was met with comments like "But you always seem so happy", "I didn't see this coming at all".

In her profession as a health care worker, she has encountered some unfortunate comments from her colleagues. These comments have not been directed to her, but towards the perception of mental illnesses and those affected by it. One example was when the medication was referred to as *"Cuckoo pills"*. My friend was not offended by it, but noticed the choice of words because of her own diagnosis.

If you view all these examples isolated they might seem like minor ignorant or clumsy comments – but combined, it becomes a challenge, and it all contributes to the stigmatization of mental illness in our society.

In this project I worked with the UN Goal number 3; Good health and well-being which is also aligned with the Royal Danish Academy's ambition to work with the UN's Sustainable Development Goals.

03 PROBLEM STATEMENT

How can a visual communication project help to address the stigma in our society regarding people with mental illnesses through raised awareness, understanding and acceptance?

3.1 Purpose statement

I wanted to develop a project that moves our common understanding of mental illnesses as a society. I wanted to create an informative project that creates education, and knowledge about having a mental illness or being the closest caregiver, so we can get one step closer to eliminate the stigma around having a mental disorder.

04 METHOD

My method is based on four phases

- » Research and collection of information
- » Idea and concept development
- » Choice of concept and further development
- » Production phase and finalization

4.1 Research and collection of information

This phase has had great significance for the rest of the project, as my findings have created the basis for the result. Based on my research and collected information, I made a logbook that I developed further in the idea and concept development phase. By making a logbook I got a solid foundation, and an effective method to summarize through the project. I used the logbook to develop my process, structure my findings, thoughts and ideas.

I also established contact with relevant professionals and I contacted and interviewed Katja Damborg Laut, Managing Director at Hejmdal Privathospital (see section 5.3). The interview was facilitated over Zoom due to the current COVID situation. In connection with it becoming an online video interview, I had many considerations about how tight the structure should be, however, I basically chose to hold it just as I would do if it was a physical interview.

In addition to professionals, I got in touch with people suffering from mental disorders as well. I found a “*movement*” on Instagram under the hashtags #brydtabuet, #etlivmedangst, #psykisksyg and #bagfacaden where feelings and thoughts of life with a mental illness is shared. This was relevant and a good opportunity to establish contacts in this forum, where there were people who already address the stigma.

I explored and defined the following areas and directions

- » (Stigma) What is it and what does it mean?
- » Population, perception and attitude
- » Myths / Ignorance
- » Initiatives to combat stigma
- » Mental disorders throughout history

Brief overview of methods of working

- » Desktop research
- » Visualizations
- » “Market analysis”
- » Logbook
- » Interviewing professionals
- » Sparring groups
- » Questionnaire

4.2 Idea and concept development

In the idea and concept development phase, I based my ideas on my logbook, and the information I have gathered. I made some different quick concepts, and I set them up against each other, to find out what worked best, and/or if I was able to mix them, to achieve the strongest concept.

4.3 Choice of concept and further development

In this phase, I wanted to pick out an idea and fully develop it, but still reflect upon the previous phases so that I was open for smaller changes, as a lot could still happen at this point. But I wanted to put my focus on one chosen idea so that I could further develop the concept and work it through to the end.

In this phase, I also initiated testing of the chosen concept, in order to see how people perceived the idea and whether they thought it could work. This was an important part of the project in order to create something that could work outside the settings of a master thesis.

I initially wanted to test on three different categories of audience; 1. People with mental illnesses, 2. Professionals, 3. Broader society, but as I reached the testing point it made more sense to selectively choose the group of testing persons. The last phase is production and finalization of the project, this I elaborate in chapter 07 development and design.

05 INITIAL RESEARCH

5.1 Highlights from the History of Psychiatry

To gain more knowledge about the foundation for how we do things as we do today within the field of psychiatry, I wanted to investigate how we as a society have treated people with mental health disorders through time.

The first time mental health is mentioned in Danish laws is in the Zealand Act in the early 13th century it tells us about how an incapacitated person can not take care of themselves:

*"If man goes mad. If a man has either a brother or a close relative who loses his wits and has land or property that he does not want him to sell, then he must take the best men of the village... with him to things and there bright that he does not have his full wit"⁷.
(Herlufsen, K. et al. 2019)*

People with mental illness have been subjected to countless abuses, deprivation of liberty and isolation. And their families have been left with the responsibility to care for them despite the fact that they did not have any knowledge themselves.

Over time, there have been many ways to deal with or rather not deal with mental illness. In the beginning around the 12th century it was more about storing the persons with mental illness, and later they started as society to work on theories for why these people were ill in order to introduce treatments.

In the middle of the Middle Ages, in connection with the Reformation, there was a shift in who was responsible for mentally ill people. Where there before it had been the church that was responsible for the treatment, it was now the state and the local community. This meant that they started building storage facilities, there was no real treatment, it was primarily to isolate the patients. These facilities were a storage option for both mentally ill, criminals and the poor. It testifies that the society at this time sees these groups of people as being some of the lowest in society, and that they should be kept and imprisoned so that they couldn't bother the rest of society.

⁷ Herlufsen, K. (2019, July 8). Psykiatriens historie: Har du noget med nerverne? Samvirke.dk. <https://samvirke.dk/artikler/psykiatriens-historie-har-du-noget-med-nerverne>

With the French Revolution of 1789 came some improvements in the conditions of the mentally ill people. Society suddenly began to see them as sick, and they separated them from the poor and criminals.

One of the most prominent figures of this improvement in attitude was Philippe Pinel, who was a French doctor and psychiatrist.

"[Pinel] believed that mental illness was due to problems with the nerves, and he believed in a therapy that included close and friendly contact with the patient, discussion of personal difficulties, and a program of purposeful activities"⁸ (The Editors of Encyclopaedia Britannica. et al. 2021)

However, it was only a small step in the direction of modern knowledge and treatments. The mentally ill were considered to be ill and were no more bundled together with criminals and the poor, but the form of treatment was still brutal. The main idea was to break down and reset the mentally ill, after which they had to learn absolute obedience.

In Denmark, it was especially a doctor named Harald Selmer who was a pioneer in this field of study and treatment. He was strongly critical of conditions at the Danish institutions and demanded a change. In 1847-1848 Harald Selmer traveled for a few months in Europe where he visited several mental institutions. And he especially drew inspiration for how he could help change conditions for the mental ill people in Denmark from his findings in Great Britain and Germany.⁹ (Museum Overtaci. et al. n.d.).

The experiences Harald Selmer made on his journey would shape the construction of the first regulated treatment hospital in Denmark, Jyske Asyl. Jyske Asyl opened in 1852 in Risskov, where Harald Selmer himself became chief physician.

Selmer's vision of a healing institution testifies to a new view of viewing mental illness and a new and more humane way of treating the mentally ill.

⁸ The Editors of Encyclopaedia Britannica. (2021, April 16). Philippe Pinel | French physician. Encyclopaedia Britannica. <https://www.britannica.com/biography/Philippe-Pinel>

⁹ Museum Overtaci. (n.d.-a). Harald Selmer. <https://www.overtaci.dk/harald-selmer>

5.1.1 The first antipsychotic rebellion

The first example of a rebellion happened in 1895. It was a personal confrontation between two persons who at the time were considered very educated, the author Amalie Skram and Head Physician Knud Pontoppidan. The feud between the two found its way to the public through the newspapers and the case suddenly became something the public could follow where each had their own interpretation of the case where Amalie was admitted to psychiatric.

“Amalie Skram’s hospitalization and personal confrontation inspired her to the novels “Professor Hieronimus” (1895) and “På Sct. Jørgen” (1895). Here, for the first time in the literature, psychiatry’s abuse of the vulnerable person was uncovered”¹⁰ (Zibrandtsen, M. et al. 2020).

As I see it when reading the sources, Amalie Skram is in this context a symbol and expression of the social protest. She can be considered a society’s spokeswoman and opposition against the authorities. Although Amalie Skram was a highly educated woman, she was after all “just” a woman in 1895 despite her gender inequalities she contributed to the changed perception of the treatments of and the forced hospitalizations of mentally ill people.

København
Ie Fredag den 12. Oktober indholder M. a.:

Grevinde Schimmelmänn.
Hun skal gøres gal

Berlingske Tidende' lægger ud. „København" afslutter Bøny hos Grevinden. En med 4 Skud lad Pistol. Anarkister og Socialister. En Iresting Gult til at smøre paa Næsen.

Prof. Pontoppidan.
Er han ikke selv gal i Professorens bør flærnes!
Professorens Honorar.

Hvornæget han fik for at tilde Grevindes.

Forfatterinden
Amalie Skram
Med Billedet.

Hun krøder Pontoppidan. Fru Skram taler varmt Overindens Sag.

Kun 2 Øro. Paas hor.

Opstet fra avisene "København", 1894.

Voldsomme Angreb paa Overlæge Pontoppidan

Grevindens Tvangsindlæggelse vækker stor Opsigt.

Efter at Grevinde Adeline Schimmelmänn er bleven udskrevet fra Oringe med Attest fra Overlæge Helweg for ikke at være sindssyg, er Offentligheden bleven i høj Grad opskræmt over, at en saa højtanset Læge som Professor Pontoppidan har været medvirkende i denne pinlige Affære. Samtidig bringes flere andre Tilfælde frem, saaledes Etatsraad P. M. Brøns Indlæggelse for fem Aar siden, og den sidste Sag med Damskræderinden Frk. Andriassen vesterer jø endnu for Resten.

Man rejser nu Krævet om, at der fratages Lægerne Bemyndigelse til at tvangsindlægge Sindssyge, som ikke er farlige for deres Omgivelser.

Den godgørende Grevinde, der er »lidt underlig«

Ogsaa i Pressen har Affæren vakt umaaelig Røre, og en af dem, der med største Varme har taget sig af Grevinde Schimmelmänn's Sag, Henrik Cavling, karakteriserer hende saaledes:

Fra flere Sider har man forøgt at gøre Grevinde Schimmelmänn utiregnelig eller dog »sunderlig«. Meget forikellig fra andre adelige Damer er hun ogsaa, men saaledes forstaaet, at hun ved sit Hjertes Egenskaber sprænger Formerne for den almindelige ligegyldige Fornemhed og er et Menneske. Naar hun om Sommeren sidder ved Frøkusten i sin Villa og gennem Vinduet bemærker et Par Tiggere, kån det godt hånde, at hun kalder paa dem og beder dem tage Plads ved Bordet

... hun er en elskelig Dame.

Voksende Ophidselse.

Der er efterhaanden ingen Grænser for den Ophidselse, der iværksætter Grundlag af de mange

Folketingsm. Jensen-Bælum tager Affære.
Pontoppidan nægter at udtale sig.

11. Oktober.



Grevinde Schimmelmänn.

The pictures show what the newspapers wrote about the conflict
Archive photo from Museum Overtaci

¹⁰ Zibrandtsen, M. (2020, May 6). Amalie Skram. Den Store Danske. Retrieved May 5, 2021, from https://denstoredanske.lex.dk/Amalie_Skram

5.1.2 The new movement

Around 1979, a new movement emerged, they called themselves the Galebevægelsen. Galebevægelsen was a movement of individuals and groups who were in the face of society's definition of people as insane. They regarded it as an invention of the psychiatric diagnoses as a historical result, conditioned by the need of capital for an unproblematic, homogeneous workforce.

"They describe themselves as a 'movement that has personally experienced the madness and / or the psychiatric institutions, and are 'crazy' about the way we are treated by psychiatry and society"¹¹ (Tumling, T. et al. 2005)

Galebevægelsen can be seen as an expression of a massive desire to change psychiatry. Society's views of people with mental challenges changed and the movement still exists to some extent today among those who are critical of society's way of dealing with mental illness. Although the movement started back in 1979, some of their concerns are still very relevant to this day e.g. the problem and the dissatisfaction about how society views people with mental illness. Galebevægelsen came to be the initial start of many of the organizations we see today as example SIND, Psykiatrifonden and LAP - Landsforeningen Af Psykiatribrugere.



The picture shows an undated festival. Archive photo: Ebbe Andersen

¹¹ Galebevægelsen. (n.d.). Galebevægelsen | Der er ingen grænser for galskaben! <http://galebevaegelsen.dk/>

5.2 How to define stigma

In ancient Greece, a "stigma" was a way to mark slaves or criminals – today stigma is seen in many places in society and affects a number of different groups of people who in some ways differ from the norm. It could be due to sexuality, gender, disability, ethnicity and others.

Stigma can be described on three conceptual levels: cognitive, emotional and behavioural, which allows us to separate stereotypes from prejudice and discrimination.

Stereotypes is an over generalized opinion about certain groups, stereotypes are not necessarily a bad thing, it can help us to categorize and navigate the social world, it helps us to deal with and adapt to specific situations.¹² (Rössler, W. et al. 2016)

Prejudices that involve mental illness can for example be in relation to a person suffering from schizophrenia where a prejudice or attitude could be that one should be afraid of someone with schizophrenia because they are dangerous and erratic. If the attitude and context change from a person "suffering from schizophrenia" to "a schizophrenic", as if the disease characterizes and defines the whole person, then the situation changes from stereotype to discrimination and creates stigma.

¹² Rössler, W. (2016, September). The stigma of mental disorders. NCBI. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5007563/>

5.3 Interview with a professional

The qualitative interview was conducted with an open interview form inspired by Steinar Kvale and Svend Brinkmann, both professors in psychology. The interview was semi-structured which meant that I, as the interviewer, had the opportunity to ask in-depth questions to the answers the interviewee.¹³ (Kvale, S., & Brinkmann, S. et al. 2015:185-186) The question guide contained few open-ended questions, which created an exchange of opinions and attitudes between the interviewee and me.

5.3.1 Analysing interview key findings

In my interview with Katja Damborg Laut (see Appendix 1), I noticed several different themes and issues. She spoke about the problem of being ashamed and hiding it, and that it is difficult to understand at all. The brain is a complicated structure, something we can not see, whereas we as humans easily understand and accept if we are to have a new knee, we need that in order to be able to walk, *"There is no such snap solution as if you get your knee operated, and therefore it might be a little more mysterious"*.

Another topic was how we talk about mental illness, Katja used examples as *"You came to the madhouse, you are Cuckoo Cuckoo and such things that have helped, and are helping to perpetuate the stigma"*. As a starting point, it may be historically conditioned and a reaction to the fact that we have not known enough in the field. *"Historically, it has also been associated with some expressions and a handling, which we can look back on where you can think hmm"*. Today, the way we talk about mental illness remains a problem. How we express ourselves shows ignorance, lack of knowledge and tools to act properly in this area.

The next theme I wanted to shed light on was a continuation of the previous theme, it was about knowledge or lack of knowledge. Katja mentioned in connection with having knowledge in the area, that she thinks there is a considerable amount of information aimed at people who already have a lot of knowledge, i.e. people who are in direct contact with this area already. She agreed with me that there is a lack of knowledge for people who are not in direct contact with this area. Katja said the following *"Actually, the idea also hits a hole in the market because of the patient associations focusing on what you can do as a relative"*.

The last theme discussed in the interview was about taking on a positive angle and as Katja's said *"I think the positive spin [is important], so it is not*

¹³ Kvale, S., & Brinkmann, S. (2015). Udarbejdelse af script til interview. In Interview - Det kvalitative forskningsinterview som håndværk (3rd ed., pp. 185-186). Hans Reitzels.

‘there are many who feel bad’, but ‘try to see for once how well you can feel’”. If we are to destigmatize, then we must help people to see that you can have a well-functioning life even if you are mentally ill.

The topic is extensive and sensitive to work with, so the idea is not to shout how bad we are as a society to handle the situation, but instead trying to show that it can be done well. All people are humans even if they have a diagnosis and I saw it as a good opportunity to better be able to reach people who are not in direct contact with this area with this attitude.

Because of how extensive this topic was, I asked Katja for some advice about what you can do as an individual and responded that *“You can actually do something by not being so frightened”*.

5.4 Survey

Based on the findings I got from the qualitative interview and the problem formulation, I learned that I needed to research the project and gather knowledge from a different angle and from a different audience.

I compiled a survey that I could share via social media in order to ask a broader population. The questionnaire was prepared in Danish as the target group for this campaign is the Danish population. The survey had two parts; part one was for people with a mental illness and part two was for people who knew someone with a mental illness.

5.4.1 Questions from survey

See appendix 2

5.4.2 Analyzing key findings

114 participated in the survey and approximately half (50.4%) of the respondents answered that they have a mental illness. Among the participants, there was a broad representation of various mental diagnoses and the vast majority of the respondents have experienced stigma or taboo in connection to their mental illness. Only a small proportion could clearly answer no to experiencing stigma.

The survey also asked how they experience stigma and there were many different answers. Some of the recurring answers were that they experienced encountering prejudices which according to many of the respondents are in direct relation to ignorance. Some of the prejudices were that the respondents supposedly lie, are erratic, attention-seeking, manipulative, and they have encountered stereotypical ideas about how everyone with the same diagnosis are alike.

The respondents experienced stigma in many types of situations but the situations which made the biggest impact were the experiences of having to defend themselves or that people withdrew from them because they see them as dangerous, or that people around the person with the diagnosis quite simply just are not enlightened and have a lack of understanding. Many of the respondents experienced this at work, educational institutions and in general in society due to lack of knowledge, acceptance and understanding.

To the question *“Do you feel ashamed or do you feel embarrassed about the suffering?”* approximately half clearly answered no, and many backed it with a will to create change in society. That it is important to talk about it, to break with taboos and stigma. In the other half who answered yes, the answers were a little more nuanced. Some answered that they had difficulty accepting their diagnosis themselves, that they wish to be “normal”, and had experienced people distancing themselves from them due to their diagnosis. Finally many answered that they have experienced that people do not understand their illness and thus do not show understanding for them.

To the question *“Do you think it would make a difference if society were more enlightened about mental illness? In what way could it make a difference?”*, almost everyone answered yes, and many elaborated that it would make a huge difference for them personally. Some recurring answers to this question were that, it would be really good if people knew that everyone with the same diagnosis is not the same, that there are so biased attitudes to how a person with mental illness is, and that they would be met with more understanding and acceptance if more people knew that the same diagnosis on two people can manifest itself differently.

In the survey 75.7% answered that they know someone with a mental illness. In the rest of the questions the two groups of respondents (people with mental illness and people who knew someone with mental illness) were asked the same questions and their answers were very similar. It seems like people who know a person with a mental illness are very aware of what the mentally ill person is dealing with.

06 TARGET AUDIENCE

Through my research process, the target group for this project has developed. In the beginning I had an idea that the target audience should be divided into three different groups; 1. People with mental illness, 2. Professionals, 3. Broader society. But through my research I became aware that there can be more improvements done within the broader audience so the broader society (everyone who is not in direct relation to the area with mental illness) became my primary audience.

07 DEVELOPMENT AND DESIGN

7.1 Concept

A campaign based on creating a common sense of responsibility. The campaign needed to be broad, inclusive and reach people who may not think they are directly affected by it. It needed to be advisory and contribute to a shared sense of responsibility. The campaign also needed a positive angle on having a mental illness and help to demystify the area.

Keywords: Brave, Responsibility, Youthful, Community

7.2 Naming and tagline

Since I wanted to create a campaign that helped to address the stigma in our society regarding people with mental illnesses and raise awareness, understanding and acceptance - it was important that the name of this campaign was open and inclusive. The name needed to be a signal for this problem and appeal to the responsibility all of us have.

I wanted the name to be short and precise so therefore I decided to also work with creating a tagline for the campaign. The tagline could add some short information of what this campaign is all about.

Handwritten brainstorming notes for campaign naming and taglines:

- Tid til forandring
- Sindsro
- Attitude Skift
- Mit Sind
- Vores Sind
- Dit Sind
- Os Alle
- Vores Marke
- Det Bagved
- Oprøb
- Vi gør op
- God Tone
- Vi kan godt
- Skab Holdning
- Lad os blive okay
- MentalHead
- Er du OK?
- Se Her
- Vores Sundhed
- Stolthed
- Stigmamess
- Outstigma
- Market
- Stormopper
- Vis mig dit ansigt
- Skab Tryghed
- Stop Stigma
- Bryd Tabuet
- Vi er her
- Se Os
- Bryd Stigma
- Belys Byrden
- Løft Livet
- Ta Ansvar
- Vi er sammen

7.2.1 Naming

I had a lot of different ideas for the name, some were too closed and others could be considered too judgmental towards people without a mental illness. I chose the name "Vores sind" which in English means "Our mind" for the campaign with the idea that I could play with the words "Mit sind" and "Dit sind" which in English means "My mind" and "Your mind", I could use this word play throughout the campaign- "Mit sind, Dit sind, Vores sind" in English "My mind, Your mind, Our mind".

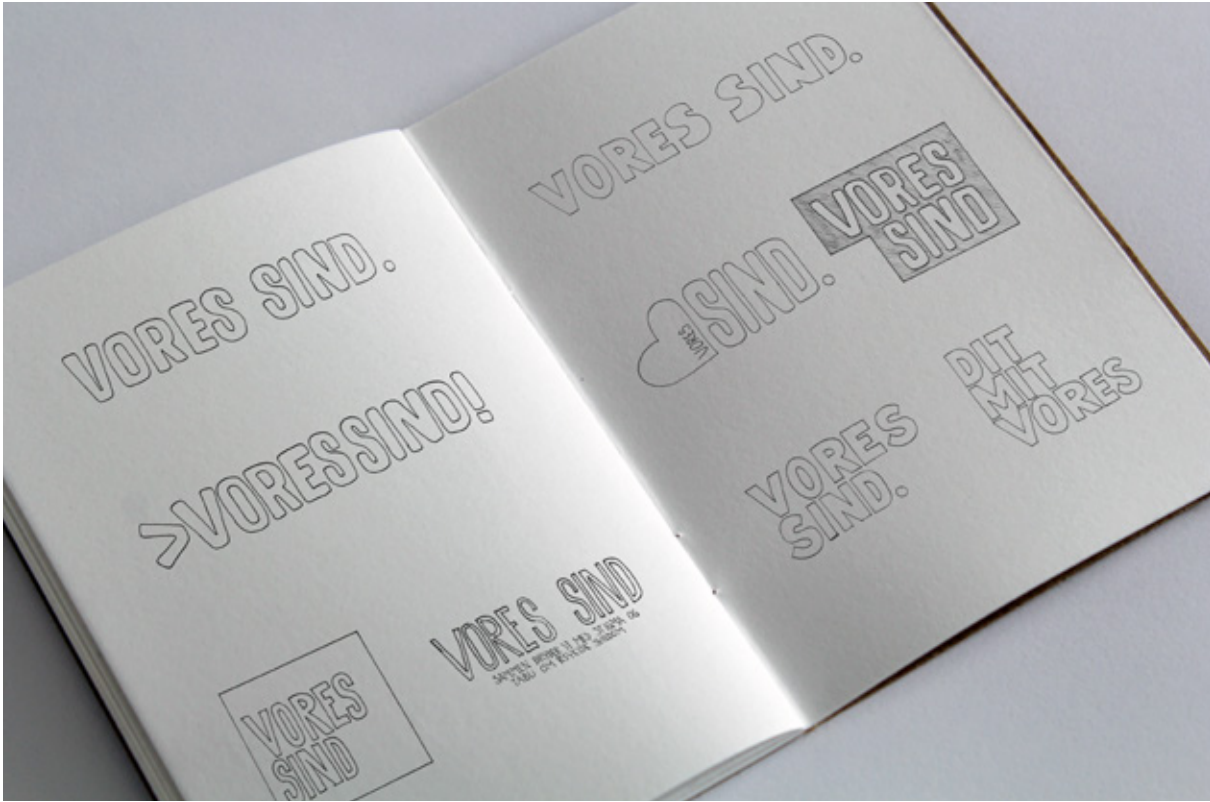
7.2.2 Tagline

The tagline was intended to contribute with some more explanation for what the campaign is all about. I also wanted the tagline to emphasize the idea of doing it together, and that we all have a responsibility in this societal problem.

While I worked with the tagline I asked tested them on other students and family, and I found that many did not know the definition of a what stigma. Instead they all knew what taboo means, so I concluded that it was significant that the tagline both contained the word stigma and taboo to strengthen the understanding in the broader society.

I chose "Sammen bryder vi stigma og tabu om psykisk sygdom" in English "Together we break the stigma and taboo of mental illness", The tagline explains the concept and the goal of the campaign short and clear.

7.3 Logo Proce
7.3.1 Logo sketches



7.3.2 Logo sketches / Laptop

A small selection from my logo sketching process at laptop.



7.3.3 User test of name and logo



After working on many different ideas, I decided to continue working with this logo. I developed many different color suggestions but preferred this color combination, because of the calmness and clearness. But I was in doubt that the colors were a bit cold, and maybe did not quite fit what the campaign stands for. I therefore chose to test the logo and the campaign name on a group of 11 people.

I tested the name and logo with a survey. I briefly explained to the test group what the test was about and how it would play out. The first part of the test was about the name of the campaign and in the second part of the test they were shown the logo.

7.3.4 Findings from user test

In the test section regarding the name, the first question I asked was *"What is the first thing you think of when you see the name?"* all the answers were positive and were in line with what I wanted to achieve and signal with the name. The test group said the following about the name *"Simple and yet reflective", "United, care, psyche", "Inclusive", and "That it should concern us all"*.

Next, I asked the test group *"Does the name fit the campaign?"* Here 45.5% answered that it fits, 36.4% that it fits perfectly, and 18.2% answered that it fits okay.

Second part of the test where I showed the logo was more nuanced. Overall most of the test group liked the logo and commented on the soft shapes in the style as a force. Many answered that the colors were nice but that they were cold, a little could be associated with technology, that it looked a bit like something to do with business. Elgiganten, tooth-paste agricultural logos were mentioned and the many answers about the colors confirmed my concern regarding this issue.

Another thing I tested was readability, as "sind" stands vertically I would like to hear what the test group thought about it, and if they could read it anyway easily. There was no one in the test group who thought the logo was difficult to read, 40% responded extremely easy, 30% responded very easy and 30% responded easy. As an in-depth comment, some said *"clear letters", "Good type choice" and "It's simple and it does what a logo must"*. The test gave me the opportunity to take a step back and consider further development.

7.4 Logo

Based on all the knowledge gathered through the research process, I wanted to make a simple logo with a small twist and the twist I chose to make was to turn "sind" vertically. which can be considered atypical and I certainly reckon that it might irritate some people, but the twist should in a way symbolize that we all basically have a twist, some more than others, but we are all human, and humans have some twist and quirks.

The arrow points forward, this can lead the reader's eye further through the logo, but it can also symbolize that no matter what we do and what happens in life, we can be sure that we are moving forward in life. I have chosen that "vores" should be the biggest element in the logo, because I see it as the most important thing for this campaign, and also the goal is that we should all be an active part of breaking taboos and stigma. To frame "vores" and make it the center, I chose that the arrow and "sind" should have a different color than "vores".



7.4.1 Colors

I wanted the logo to be a little bold in its expression, so the colors are a part I have spent a long time considering, however, I was still interested in it being simple and strong.

From the user test, I became aware that the previously selected colors were simply too cold, and signaled something I was not aiming for, so I worked with warmer colors that could symbolize a more caring signal, and be more inclusive in the finalized version. Still I wanted it to be brave, so I chose an almost red color, it is not completely red but also not completely pink. I set them up against a dark gray color, so there is good contrast between the colors.

7.4.2 Typography

I have chosen to use the font called Atrament which is designed by Tomáš Brousil, from Suitcase Type Foundry. Atrament is a narrow sans serif with rounded stroke terminals. I think it contributes to the idea I had of creating something that is simple, bold and strong, but the rounded shapes make it more soft so it is not too clean and hard.

08 REFLECTION AND CONCLUSION

This visual communication project turned out to be a campaign based on creating a common sense of responsibility. I wanted the campaign to be broad, inclusive and reach people who may not think they are directly affected by it. I also made a choice that the campaign had to have a positive angle on having a mental illness.

During this project, I have refined my approach to plan a long and complex process, learned more about collaboration, and I have further improved my skills in relation to identifying a problem, working with a problem and creating a solution. It has been a challenge to work with a subject that in some ways is very sensitive, and try not to be too influenced by it, and to stay neutral and objective.

The project has been educational in other ways than I expected, as it has required a more theoretical and historical approach right from the beginning than I normally use my projects. I needed from the start to focus on why and how it is a stigma in Denmark and where this stigma came from. All of which could only be found in historical research. Normally I have much more spontaneous real life contact with people in my research phase. I enjoy doing quick interviews in the beginning of a project, with no further thoughtful purpose, than just to get started and get ideas but due to COVID I had to do this in a different way. And that meant that I have used my close relations much more than I am used to.

It also meant that the interview I had with Katja was online. I would really have preferred to do interviews face to face because I think it contributes to a much more relaxed interview. COVID restricted this and I had a hard time getting more interviews, and the topic led to many people wanting to just answer my questions in writing. Of course I got a lot of valuable insights, however it could have been great with a more (face to face) dialogue.

09 A PERSPECTIVE ON THE PROJECT

After the submission of the report there will still be work that needs to be done including campaign elements such as posters and merchandise, framework for a website and printing. There are still parts of the project that are open for smaller adjustments.

Working with the project I have learned that the problem with stigma in our society is probably even bigger than I imagined, and that the consequences of the stigma are worse than I first imagined. I have gained information on how stigma degrades people's quality of life, how people perceive themselves and how they are met in social or public contexts. I have registered that it may not even be the diagnosis which is the biggest problem, but the stigma they encounter and that it is the stigma that makes it difficult to live with the diagnosis in the long run.

If the project had to be further developed after the exam it would be possible to include more platforms/channels/ways of visual communication. As an example I have an idea about a short film for social media use, which could portray around 20 different people with mental illness. The film should aim to show that just because a person has a mental illness, it does not mean that the person is not well-functioning, on the contrary, like all other people they can have good days as well as bad days. The film could also portray that even though two people might have the same diagnosis, they are most likely just as unique as the rest of us - it is not the diagnosis that defines the person, it is only a part of the person.

Another element I have thought about is to make a kind of installation, which should also help to create a focus on diversity and show who the people are. It could (just as the short film) portray that the diagnosis is only a part of people with mental illness, but not something that necessarily defines them. I imagine the installation as something you have to be able to go into and be a part of. That you would need to actively take engage with it and thus put words and pictures on something that is not so tangible in order to gain knowledge and understanding

These ideas are still on the drawing board, but I believe that the project has the potential to expand and develop into something even bigger

I have contacted Danske Regioner and asked them if they want to see the project, this is my first attempt to get this project out to the Danish population.

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APPENDIX 1 - INTERVIEW WITH A PROFESSIONAL

The professional I interviewed was Katja Damborg Laut, Managing Director at Hejmdal Privathospital and with this open interview form was to make the interviewed talk more freely and thus create a more of a conversation rather than an interview.

I had set aside 30 minutes and sent the questions in advance, so that Katja could prepare and ask colleagues for advice if necessary. I chose to in advance ask the interviewee if I could record the sound of our conversation, in order to spend the time being present in the dialogue, rather than having to stop the dialogue to take notes.

Interview

Do you experience that your patients have to deal with stigma? What types of stigma do your patients experience?

Yes they do, it is also one of the things that lies in our values we want to help destigmatize psychiatry. You do not want to be told that you have to come to us, but you are happy to tell people that you have had a knee operation. We experience that many patients have a lot of resistance in relation to getting diagnosed.

It can e.g. be families who have children with difficulties, in some cases, one or both parents are pressured or upset by it, in other cases so angry that they renounce the diagnosis we make of their child. So yes we experience it to that degree.

Do you find that stigmatization is worse in relation to some diagnoses than others?

Yes but it does vary, people have different pictures of different diagnoses. For example, in the area of autism, it is experienced by some as better to get an Asperger's diagnosis than an infantile autism, there can be many things in it, infantile does not sound very nice.

We also experience that it can be difficult for people to come to us, we try to do a lot to make it clear that you can easily come here, and you can both keep your head high and everything else, because if you get the right help, one can also have a really good life, but there are many barriers to it.

Based on your experience, why do you think there is silence about having a mental illness?

I think there are many sources for it and I think there are many ways it maintains itself, somehow it has at one point become very shameful and

the thought that there is something with the brain is hard to deal with, for example, you have to have surgery on a knee, or have a child who breaks an arm, or a child who limps a little, it's easier to understand and see.

Historically, it has also been associated with some expressions and a handling that we can look back on where you can think hmm what just happened, you came to the "madhouse", "you are Cuckoo Cuckoo" and such things that have helped, and are helping to perpetuate the stigma.

I was in one of our wards yesterday and there was the cutest girl in the waiting room, she went to boarding school, but then had to come in to us, I say well then, and then she says jaja I'm Cuckoo Cuckoo, and it is quite the opposite of the perception I had of her, she sat there and seemed like an incredibly sweet person, and where I thought it is really sad that we do it to each other, that one should think such about oneself because one has some difficulties.

I think it's historically conditioned, and probably a reaction to the fact that we have not known enough about this area, and have not had enough knowledge about how we can remedy some of those things.

There are also some things that are really difficult to help with, when people become really difficult to threaten suicide and have it incredibly difficult, then we all become so completely powerless, and do not quite know what to do. If we have a relative who is having a really hard time, then it is also something where there is no such a snap solution, as if you have surgery on your knee, and therefore it might be a little more mysterious.

Why do you believe that stigma arises and exists in our society?

It's all to varying degrees, I think it's hard to say anything general about it. We can have some who come from open families, where you are used to talking properly and well about these areas, and who also know something about it, right from the families where the parents themselves have some diagnoses, and are well helped and resourceful in it, and then there are some children with difficulties, and then you talk to each other about it in a proper way, to those who know nothing at all and even have a lot of resistance to it.

I do not have a clear picture of whether it is mostly one or the other, I think it is ubiquitous, however, I fortunately experience that there is a little movement in it, and a small tiny opening in relation to some bright spots in the right direction.

Based on your experience, do you experience that stigma can stand in the way of a person's treatment?

Yes, it can, so there was the example I gave before where the parents, for example, do not believe in diagnoses, it is something some people say, I do not believe in diagnosis, it is just something you give, and today there comes more and more people who have it, and why should you have it, it does not make any sense, in that way it stands in the way, because we can sit with a child where we can see clearly with our professionalism that that child would be very helped by eg getting some ADHD medication.

We have a medical director who, before he became a child and young psychiatrist, was in the process of training for heart medicine, and there he said that when he worked there he never really got questions that sounded, I don't really want to take this heart medicine you prescribe to me, it was very clear to everyone that they should take it, but he says that now in psychiatry he almost never hears some who do not ask, well is it necessary for me to get this medicine, and is necessary for my child, there is the perception that the brain is something very special, so it is really dangerous to get some medicine for it, but it is perfectly fine with one's heart and it is also interesting, so we experience completely. Clearly there is a scare to taking medication for something with mental health.

I also think there is some history in it, if we talk about psychotropic drugs, compared to if you look back in time, and see what it did to people, then you gained a lot of weight, and you sat and anointed and could not really something, this pictures there are many who somehow have, and then combined with a perception that now there are just more and more who get diagnoses, because we think it's just fun to give them or something like that, and which we do not experience at all here, so we do not give diagnoses for fun, we give diagnoses to help someone get an eye for the difficulties they may have, and thus an eye for how to help themselves and also be helped.

There is a shame in relation to it, so with getting in here at all, there are some who almost crawl up the walls, it's not like you check in on Facebook, now I'm on Heimdahl, there is lots of my friends who do that if they are hospitalized in another way, and then you get a lot of care, such as what has happened to you, well I had a ski accident or I got a breast cancer diagnosis, and then you get a lots of love from the whole network, here you do not say I actually have some difficulties, I have some undetected ADHD, or whatever it is, you look it up more difficult, and do not share it in the same way

Do you think that the media has a responsibility in relation to the stigmatization of people with mental illness?

I think we all have that, and I think we all, in many ways, help maintain the way we talk about it. I do not experience that the media to a greater extent influence, I am no longer offended by things I read in the media, I actually also think that they help to put a greater degree of focus on this area, during the corona it has been extra much, also just focus on mental health and well-being challenges, pressure on psychiatry and such, and I think that is actually positive, the more attention that comes in the area the better, but it is clear that we all have a responsibility to get it changed and I think it's something that is a quiet and calm movement, it's hard for me to see where it's going to come from if it's going to come like a bang. There are too many stories tied into it, and notions of what it really is, that is, something like that with crazy institutions, the white cut and lunatics walking around, notions that those who are schizophrenics are probably mega dangerous. But it is enlightenment that can be one of the ways.

Some simple initiatives have been made, some of the associations in the field of psychiatry are trying to do a number of different things, where they are trying to inform us about what e.g. does it mean to have anxiety, what does it mean to have a bipolar disorder, but it's true it's not nationwide, and it's a lot to an audience that knows it in advance, it's it to get it out to people there do not know it, so it is not so shameful to say, my son actually has some challenges, so we must have looked at him, or he must have some help.

They are in the process of making a new psychiatric plan, so there are some different initiatives in connection with it, where there are several who are trying to draw attention to the challenges in this area.

What do you think about the name "Vores sind" for the campaign and what do you think is important for this campaign?

It sounds really good, I can easily follow that openness. I think your thoughts that it should come out to some who will normally think, I'm not affected by that, I think it's a really good idea, and actually it also hits a hole in the market, because the patient associations they make e.g. post about ADHD seminar and webinar, and focus on what you can do as a relative, if you have someone in the family who has bipolar, or has schizophrenia, the broader informative, there might well be a need for some more focus, so I think it is actually really seen, and then it is important that it is easily accessible and easily understood.

And then I think the positive spin, so it is not that there are very many who feel bad, but more try to see once how well you can be, I think it is

important to be able to do something different, it acts quickly that there are too few resources in psychiatry, and there are more and more people who are feeling bad, and that is all completely true, but I think that if we are to destigmatize, then I think we must help people to see that it is not so difficult, or that something can be done that there must be some hope before one really wants to see and understand it.

The positive, it does not have to be shameful, you can have a good life, we all bother with something, and those where it is more hassle than normal, ie those who do not have a well-functioning life, we can also help, we need to focus on that, and one of the things we can do is not to be completely intimidated if someone says something to someone, or not even be completely ashamed if we have something. You can have a good life, it requires some help, and we can all help talk about it.

I think that could also be good, for a broad campaign that affects all population groups, so that with being advisory on what you can do, as a single person. You might think yes, there is a lack of beds in Vejle, what the hell can I do about it, I can not do anything about it, it is true you can not, only if you kind of line up with your votes, but in reality so is not it that beats the most either, so this with that you can actually do something by not being so startled, by being more enlightened, and by not making it so big a taboo, how can I contribute to it.

Ideas to contribute easily as the individual human being, a bit of a counterpart to eg the problem of global warming what can we do as individual human beings

APPENDIX 2 - SURVEY

The survey was shared on LinkedIn, Instagram under the hashtags #psykisksyg #bagfacaden #brydtabuet and #etlivmedangst, as well as on my own private Facebook profile, and in the Facebook group "Psykiske Sygdomme".

"The stigma of people with mental illness"

Hi my name is Maria Mørn I am working on my master's project in graphic communication design at the Royal Academy. In my master's project, I am working to get one step closer to eliminating the stigma of people with mental illnesses that exist in our society today. In connection with this project, I need your help to gain more knowledge in the field

How old are you?

0-18 years

19-25 years

26-35 years

36-50 years

51-60 + years

Do you have a mental illness?

If so, which?

Do you experience stigma or taboo in connection with mental illness?

If yes. How do you experience stigma?

Where do you experience this stigma and or in what contexts (Shopping, school, social context, friends, family, work or?)

Do you feel ashamed or do you feel embarrassed about the mental illness? Please elaborate on your answer

Do you feel the need to hide your diagnosis? Please elaborate on your answer

Do you think it would make a difference if society were more enlightened about mental illness? In what way could it make a difference?

If not, do you know anyone who has a mental illness?

Do you experience that the person you know is stigmatized or experience taboos in connection with mental illness? Elaborate how

Do you know if the person feels ashamed or has the feeling of being embarrassed about the disorder? Please elaborate

Do you find that the person feels the need to hide the diagnosis?
Please elaborate

Do you think it would make a difference if society were more enlightened about mental illness? In what way could it make a difference?

APPENDIX 3 - USER TEST / NAME AND LOGO

Test on campaign name

What's the first thing you think of when you see the name?

Which of the following statements best suits your thoughts about the name?

I really like it

I like it

I'm neutral about the name

I don't really like it

I hate it

Does the name match the campaign?

It fits perfectly

It fits

It is okay

It does not fit so well

It does not fit at all

Test on logo

What is the first thing you think of when you see the logo?

What are your thoughts on the colors of the logo?

Which of the following statements best suits your thoughts about the logo?

I really like it

I like it

I am neutral in relation to the logo

I don't really like it

I hate it

How easy is it to read?

Extremely easy
very easy
easily
not easy
not at all at all

How visually appealing is this logo?
Extremely appealing
Very appealing
Somewhat appealing
Not so appealing
Not appealing at all

How believable is this logo?
Extremely believable
Very believable
Somewhat believable
Not so believable
Not believable at all

How visible do you think this logo would be on the street (posters etc)
Extremely visible
Very visible
Somewhat visible
Not so visible
Not visible at all

What do you like about the logo?

What do you dislike about the logo?