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Overview

'Something We All Have' - Mental health, activism and media in the United Kingdom

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Abstract. *In the United Kingdom (UK) today, people who aim at improving social attitudes towards mental illness have developed a number of innovative campaigning strategies. In particular, they deployed a wide range of broadcast and social media in the hope that positive representations of mental health problems will lead to a thorough transformation of social perspectives and attitudes towards these issues. While transformations of social behaviours have always been on the agenda of mental illness–focused movements in the UK, regardless of their ideological outlook, the whole of the society has never been at the centre of struggle. By choice, former movements challenged, supported or demanded change from the professional, bureaucratic and political establishments that regulated mental illness and the lives of the mentally ill. For a number of reasons, which include past movements' successes and their consequential demise as well as change to psychiatric practices, legislation and organisation of services, resistance and discord had been replaced by what could be considered as a non-contentious stance. On the basis of data collected during an ethnographic research, I suggest that it was activists' innovative use of media, which enabled communication of such novel and overarching concerns with mental illness and health.*

Keywords: Mental health, activism, media, ethnography, United Kingdom

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INTRODUCTION Nowadays, in the United Kingdom, one can find a huge amount of activity between loosely networked groups and people who, despite divergent experiences of mental illness and varying perspective on matters of mental health, have expressed a need for an organised and mutually supported collaboration. These novel forms of participation were explored during an ethnographic research focused on mental health activism (Bierski, *in press-a, b*) and conducted between January 2009 and March 2011 with a follow-up in the first quarter of 2014. Among the characteristic elements of the contemporary forms of participation in mental health politics we could single out the focus on similarities between experiences of various mental health problems and on mental health as 'something we all have', emphasis on non-contentious forms of campaigning and calls for thorough transformation of social perspectives on mental health and illness.

I, thus, use 'mental health activism' as an umbrella term denoting practices, which, explicitly, as declared in organisations and campaigns' mission statements and in everyday utterances, or, implicitly, by involvement and participation, hope to bring about change in regards to mental health. These changes include eradication of stigma and discrimination, improvement in services and living conditions for the mentally ill as well as increase in social awareness and responsibility for mental health. The intention to make mental health problems better understood and, consequently, socially accepted, is of particular interest as on the one hand it explains activists' increasing reliance on media in their campaigns and on the other, it speaks to its novel outlook.

The choice of the term 'activism' over 'movement', an expression employed to describe groups formerly functioning in the mental health field, points to the heterogeneity of contemporary projects and campaigns that aim to work collaboratively in the hope of transforming social perceptions and attitudes towards mental illness and health. In doing so, these projects have embarked upon a more

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general and less contentious outlook than preceding forms of participation. I use the term non-contentious in direct reference to Crossley' s (2006a) conceptualisation of competition for visibility and resources between mental health organisations and supporting them movements in the United Kingdom in the past as 'field of psychiatric contention'. In this article, I employ 'non-contentious' in a sense that contemporary projects and campaigns no longer challenge each other, neither do they struggle against particular professions, legislation or government agencies. Instead, they work together towards bringing about the change across the whole social spectrum.

This novel, collaborative and non-contentious orientation of contemporary activism could be seen as a consequence of the success of former movements that engendered radical transformations of both public and voluntary mental health care in the UK including the closing of asylums, introduction of care in the community and policies encouraging patient involvement, all of which could be seen as diminishing possibilities for autonomous action or what Graeber (2009) conceptualised as direct action. More specifically, the cooperation between previously opposed groups of influence and specialization seems inevitable because of the ways in which post-asylum mental health care was organised including the off-loading of financial responsibility for health care to local authorities (Walker, 1997), shortcomings of care in the community (Crossley, 2006b; Rose, 1998), emphasis in services on patients' needs, responsibilities and involvement (Dent, 2006; Forster & Gabe, 2008; McKevitt *et al*, 2010; Tritter, 2009), appropriation of movements-generated discourses on recovery into governmental policy (Harper & Speed, 2012; Pilgrim, 2008; Howell & Voronka, 2012) as well as the recent blurring of the boundaries between public and voluntary services.

I suggest that all of these factors combined, rendered antagonistic claims and demands increasingly difficult to articulate and also seemingly less effective. It was in this context that activists started to focus in their projects on the whole of society and came to present mental health as a universal social concern or 'as something we all have'. These concerns with what I came to conceive of as 'universal mental health' were incorporated into the mission statements of some of the key mental health-focused campaigns and projects.

OUTLOOK OF CONTEMPORARY ACTIVIST CAMPAIGNS AND PROJECTS

'Let's end mental health discrimination' slogan of *Time to Change* (TTC), currently the most comprehensive and publicly visible mental health-focused campaign in the UK, stands for a complex set of objectives and associated strategies. Firstly, TTC aims to spread knowledge about mental health problems among the general public and, as a result, eradicate ignorance. Secondly, it challenges attitudes in order to remove prejudices. Thirdly, it encourages change in social behaviours and, as a consequence, hopes to eliminate discrimination. At the same time, it aims to 'empower' people who experience mental health problems by 'giving them voice' and by helping to create 'a stigma-free world' (Time to Change, 2008). TTC's ultimate 'vision' is thus: 'to make lives better for everyone by ending mental health discrimination' (*ibid*.)

People I spoke to in the course of the research, who were involved in organising and running TTC and its projects, often explained that the campaign is directed at the 'general society', rather than people experiencing mental health problems. By this term they meant everybody without previous experience of mental health problems, whether primary or secondary. As the changing of public attitudes and behaviours was considered the ultimate goal, TTC did not aim to tackle the issues experienced by individuals but, instead, focused on wider societal circumstances in which people experience stigma and discrimination (**Note 1**). Such a direction of action might, at least partially, explain why in its media campaigns and projects TTC decided to emphasise mental health, in an attempt to counteract stigma and build a widespread recognition of the universal possibility of experiencing mental health problems.

At the same time, TTC relied on the participation of people affected by these problems and on their lived experience of illness and personal recovery accounts, which were incorporated into the campaign's media representations. TTC managed to bring together a wealth of projects and individuals; it seems that the general focus on mental health was a convenient denomination capable of

supporting a dialogue instigated between these various social actors. Such mobilisation, however, would not have been realised without previous experience of campaigning and the know-how of two well-established mental health charities, Mind and Rethink, which together with the no-longer existing Mental Health Media group conceived the TTC campaign.

Mind is the largest and longest-running mental health-focused charity organisation in the UK. Initially called the National Alliance for Mental Health (NAMH), it has been functioning under its current name since 1972. Mind used to be well known for its anti-establishment (anti-psychiatry) outlook (Crossley, 1998a; 2006b). In recent years, however, it has taken on a non-antagonistic stance, in a sense that it no longer focuses on challenging psychiatric practices or government legislation. In its mission statement Mind refers to the universalising concept as it sees itself as a 'force of change' 'for better mental health' that works 'vigorously to create a society that promotes and protects good mental health for all - a society where people with experience of mental distress are treated fairly, positively and with respect' (Mind, 2013).

Rethink Mental Illness (or simply *Rethink*, **Note 2**), the second of the organisations supporting TTC, functioned until 2002 as The National Schizophrenia Fellowship. The name changeover points to the compromise on illness specificity in mental health activism. Rethink also resigned from its earlier contentious anti-anti-psychiatry stance and decided to work with its former adversary, Mind, by co-founding TTC. Still, the organisation retained its former emphasis on supporting people experiencing mental illness. In its mission statement. Rethink writes that they are 'working together to help everyone affected by severe mental illness (to) recover a better quality of life' (Rethink Mental Illness, *online*).

It should be noted that Rethink, together with Mind are among the key voluntary sector organisers of mental health services on the national scene, while also providing advice information and support to all people affected or concerned with mental health. By founding and supporting TTC, however, both Mind and Rethink highlighted an urgent need to change public opinions and social attitudes towards mental illness, whilst articulating more overarching concerns with mental health as something that is characteristic of every member of society.

Activists working in local or small-scale contexts also share these wide-ranging concerns with the change of behaviours and attitudes across the society. *Open-Up*, a grassroots network supported financially by TTC has an objective of a 'world without mental health discrimination' (Open Up, *online*), which is to be achieved by 'sharing experience, raising awareness, challenging discrimination' and by working 'together through networking, mentoring and training activities to share their ideas, resources and experiences' (*ibid*.).

Making Waves, a local organisation in Nottingham, is one of the few that clings on to the discourse characteristic of mental health movements of the past, specifically the anti-psychiatry movement as it 'challenges ideas about madness and current understandings about people who have experienced mental distress' (Making Waves, *online*). Although this group does refer to madness and not to mental health as most of the current projects do, Making Waves looks forward to changing attitudes and to making mental health problems more socially accepted, just as its contemporaries do (**Note 3**).

Mission statements point to key aims of contemporary mental health activism, which, in turn, are revealing of its key characteristics and strategies. Most importantly, activists emphasise a need for a fundamental change in the society. They hope to galvanise the universal responsibility for mental health by providing better visibility for mental illness and the mentally ill, producing or demanding more balanced representations in the media by improvements in existing services and the rescuing of imperilled ones. All these actions aim at ending stigma and discrimination and consequently, improving life for people experiencing mental health problems, thus creating a better society for all. This convergence of interests among people experiencing mental health problems and the society as a whole can be brought back to this critical activist claim that mental health is a universal feature of all people and as a result, responsibility for mental health is also ubiquitous.

In this context, references to universal mental health could be seen as an attempt to channel wide-ranging alliances and to build an overarching realisation in the society that mental health problems can affect anybody, ultimately leading to a recognition of mental health as a burning social matter. To put it another way, the concern with universal mental health is both a product and bonding

component of contemporary activism that, at least at the level of mission statements, allows activists to elicit, formulate and communicate its aims while also denoting the novel non-contentious and collaboration-oriented outlook that differs markedly from the former ways of participating in mental health politics.

BRIEF HISTORY OF MOVEMENTS FOCUSED ON MENTAL ILLNESS IN THE UK

In an exhaustive sociological account of the development of mental health movements in the UK, Crossley (2006b) documented the history of political and organisational overlaps between various organisations and actors that entered mental health politics throughout the twentieth century. The author identified five distinct, yet, interconnected movements: mental health hygiene, civil rights, anti-psychiatry, survivor and anti-anti-psychiatry and also noted further developments at the end of the 1990s, which he did not consider as a formal movement due to the absence of an explicit ideological outlook or perspective.

That recent period, explained the author, saw activists putting more emphasis on particular illnesses and the popularisation of media practices in their projects. Crossley' s prediction for the future was that mental health movements would continue to focus on addressing issues related to specific medical conditions. The situation, however, turned out to be the opposite and, rather than specializing, activists compromised on illness-specificity and concentrated on universalised notions of mental health. The increased reliance on media noted by Crossley, however, became a characteristic of mental health activism in the late 2000s and set it apart from its predecessors. Although Crossley (*ibid.*) emphasized contention as characterizing movements in the past, a synthetic approach to his account of movements brings forward a number of important similarities that help us understand the shape of contemporary activism.

Firstly, all mental health movements focused, to a smaller or greater extent, on giving visibility to issues surrounding mental illness in diverse public spaces and on addressing a variety of audiences; and in particular the medical, professional and political establishments. As we have seen, contemporary activism continues to emphasize the necessity for more information regarding these to, and a greater public presence of, these issues. What separates contemporary activism from its predecessors is that it takes as its audience the whole society and not only its sections such as particular groups of influence or specialisation. Secondly, we have past movements' successes in generating some change in social attitudes towards mental illness and in particular the language used to describe mental illness and the mentally ill. Transformation of popular discourses and social behaviours in relation to mental illness and health is the ultimate goal of contemporary activists. Thirdly, all mental health movements in the past, shared the overarching concern with living conditions of mentally ill, whether in institutionalised or non-institutionalised settings. This remains a widely debated issue among present-day activists.

While considering the usefulness of past movements' practices for contemporary activism, it should be noted that former groups have used media with considerable success. For example, media events accompanied the creation of new alliances and strains of the movement, such as the formation of the Mental Patient Union following a broadcast on Radio 4 in 1973 (Crossley, 2006b). Furthermore, knowledge of media and journalistic practices played a key role in the establishment of SANE in 1986 and the subsequent expansion of the anti-anti-antipsychiatry movement. Yet still, some mental health-focused projects are believed to have failed in using media by 'normalising psychopathology' in their campaigns and thus, contributing to further stigmatisation of the mentally ill (Blackman, 2007).

This mixed success with the use of media by movements focused on mental illness in the past, suggests that media could be seen as a double-edged sword in campaigning, as exemplified by the sanitation of contemporary activist representations from details of mental illness. None of the previous movements, however, focused on media to such an extent and with such a degree of reflexivity as the present-day activist have. It is the comprehensive and widespread use of media at all levels of organisation and action that makes contemporary activism not only fascinating but also distinct from its predecessors.

All in all, mental health-focused politics in the UK have continued to address matters of language, social attitudes and locations in which practices around mental health take place, although different

strands have emphasised different dimensions of these issues. Given its emphasis and the fact that some of the organisations that supported former movements continue their contributions, albeit in altered form, contemporary activism could be seen as a continuation of the decade-long struggles for better treatment and social position of the mentally ill as well as a negotiation of ideas about mental illness and terminology used to describe it. Such similarities between past movements and present forms of activism indicate one overall conclusion: that mental illness and matters surrounding mental health are still poorly understood among society and that there is a continuing need to change this state of affairs. Meanwhile, the distinctive features of contemporary activism including the strong emphasis on media, the use of the notion of mental health, compromise on illness specificity and a non-antagonistic outlook, could be seen as implicated by the transformations instigated by former movements and particularly their success at negotiating psychiatric practices.

CHANGING ROLE OF PSYCHIATRY IN MANAGEMENT OF MENTAL HEALTH PROBLEMS

Over the last seventy years, psychiatry has stood at the centre of mental health-focused politics in the UK and, depending on particular movements' ideological stances, the discipline has been seen either as their main foe or ally (Crossley, 2006b). The anti-psychiatry (Crossley, 1998b) and the survivor movements (Crossley, 2004; Coleman 2008) in particular, have had considerable success in changing psychiatric practices. This happened either by protesting against the discipline's dehumanising character and embracing the notions of madness, as was the case for the former movement, or by demanding improvement to and/or expansion of services and treatment including replacement of the term 'patient' with the notion of 'survivor', which was on the agenda of the latter. Actions of all former movements are seen as having partially changed the face of psychiatry in the UK by undermining the discipline's legitimacy and effectiveness or improving its knowledge and, consequently, transforming its overall impact on the management of mental illness. Ironically, the movements' success led to their own demise as changes to psychiatric practice cancelled out their raison d'être (Crossley, 2006b).

Rogers and Pilgrim (2010) argued that the legitimacy of British psychiatry decreased substantially in recent years due to de-institutionalisation, introduction of care in the community and the emphasis on recovery in services. More specifically, they argue that psychiatric professionals' identities were challenged by the re-organisation of services introduced throughout the years of the New Labour governments. The policies of involvement in decision-making and choice of treatment initiated by the end of 1990s, provided patients with possibilities for re-negotiation of their relations with medical practitioners and the treatment they received. As a consequence, the monolithic character of psychiatric knowledge and practice seems to have been considerably undermined.

A number of other authors such as Lakoff (2005) and van der Geest (2006), connected political and economic conditions to the position held by psychiatry in a national context. In the contemporary UK, the situation of both the state of the economy and of psychiatry is uncertain although it is fairly clear that the unfavourable financial situation of public services has led to a decrease in access to health care more generally, including possibilities for psychiatric interventions. More specifically, the so-called spending cuts introduced by the Conservative and Liberal-Democrat coalition government have led to the closing of hospitals and services and withdrawal of funding from services, all of which have limited patients' access to medical professionals. However, it must be noted that in 2010, in the midst of severe cuts to all public services, it was announced that the NHS budget for mental illness would actually be increased in line with the 'No Health without Mental Health' policy guideline (Department of Health, 2010).

Activist organisations and groups, as well as individuals affected that I spoke to at that time, welcomed this decision and particularly the promise for more funding to non-psychiatric services in out-of-the-hospital settings, such as talking therapies. This increase was seen as positive yet not because the people concerned demanded an increased influence of psychiatry but because in times when many services were terminated, any possibility to talk with a professional was deemed precious and potentially useful. We should also note that in recent years, access to some day services at social centres

has become available only upon referral from a psychiatric professional and some of my research participants saw a psychiatrist only for that reason, claiming they would not do so otherwise.
Instead of challenging psychiatry, as movements in the past have done, contemporary activists are trying to involve medical professionals into its coalition in order to achieve the aims of eradication of stigma and discrimination in the society. Notably, such an alliance has already been partially realised. Local branches of Mind, for example, cooperate with psychiatrists in the context of their services. Meanwhile, the Institute of Psychiatry (IoP) works together with TTC on evaluating the results of the campaign. The people involved in this assessment at the IoP, examine changes in knowledge about mental health and illness, and social attitudes towards them, within their own professional environment also. In addition, individual psychiatrists support and sometimes promote activist campaigns and projects, as they recognise the benefits of eradication of stigma and prejudice within society to their patients' mental health.
Rose (2006; 2007) suggested that 'psychopharmacological' societies in Europe and the US provide with a multitude of opportunities for subjection to psychiatric practices, medicalization and self-diagnosis as well as the burgeoning of psychiatric notions of illness in mainstream discourses. Instead of challenging this alleged widespread and penetrating presence of psychiatry in everyday life, the dominant activist emphasis is on a need for a more profound recognition of the high prevalence of mental health problems within society. This became apparent in the activists' often-quoted claim that one in four people in the United Kingdom will experience a period of troubling mental health problems in the course of their lifetime. This statistic featured in numerous media campaigns and also provided a name to one of the activist publications: the '*One in Four*' magazine (2010-2014).
Given all this, one would expect activists to call for the expansion and diversification of mental health services. However, while voicing such a necessity was the key motif of the anti-anti-psychiatry movement (Majerus, 2008), contemporary activists have focused on such demands to a much smaller extent. I see this to have come as a result of three interrelated factors: a) the widespread recognition among my research participants that psychiatric interventions are not necessarily the main or the only response to mental health problems, b) the termination, downscaling and the generally uncertain situation of mental health services that have rendered demands of their expansion or improvement unproductive and c) in the current context, activist attention has turned to rescuing or transformation of threatened services rather than demanding new ones.
Rose (2001) explained that individuals experiencing mental health problems he talked to 'came to identify their own distress in psychiatric terms, believed that psychiatric expertise would help them and were thankful for the attention they received' (p. 23). With the emergence of activist emphasis on universal mental health and on social conditioning of mental health and illness, along with the diminishing access to medical services, it no longer seems viable to consider psychiatric diagnosis as a basis for identity. More specifically, such an assertion is at odds with my research participants' understanding of their mental health problems. 'One is never only bipolar or only schizophrenic but also a sibling, a parent, a worker and a neighbour' (**Note 4**) explained an attendee at a conference in Bristol, indicating that the experience of mental illness might be the dominant one in a given period in time, but never the only one.
Another observation I made in the course of the research was that a psychiatric diagnosis could provide a template for an individual in processes of dealing with the experience of mental health problems. The accounts collected during an activist project in Richmond, South-West London, considered diagnosis as a direction or just one system of organisation of experiences, but neither as the sole framework for thinking their mental health problems through, nor as a form of identity centred around biochemical or biomedical models of disease. For Christine, a social worker, 'diagnosis [was] a signpost for the person concerned, family and carers' as well as 'a guidance to know how to act'. Katie, a volunteer worker, thought diagnosis was 'essential' and added: 'if you know what's wrong with you, that's already half the battle'. Radeem described his diagnosis of bipolar spectrum disorder (BSD) as 'helpful' as it allowed him to understand his 'ups and downs'.
Furthermore, while diagnosis was relevant within the realm of making sense of experience at an individual level, recognition of similarities between mental health problems that came along with the compromise on illness specificity as well as widespread use of media, provided possibilities for making

sense of experiences in collective contexts and outside the scope of the medical gaze. Such emphasis on the similarity of experiences between mental health problems appears fundamental to contemporary activism's attitude towards psychiatry. By eschewing emphasis on individual treatment, this non-illness-specific approach is pointing towards the collective dimension of recovery as well as contextualising it within wider societal circumstances. Contemporary forms of participation in mental health action could thus be seen as, perhaps unintentionally, undermining psychiatry's focus on the individual. What is more, this emphasis on the universal and social dimensions of mental health has been popularised by activists through their employment of media.

ACTIVISM AND MENTAL HEALTH MEDIA If the concept of mental health, a non-contentious stance and compromise on illness specificity are ideological keys to present-day activism, then, media practices are, undoubtedly, its primary vehicle. Contemporary activists seized the newly arising opportunities provided by the recent proliferation of cheaper media technologies, especially digital cameras, camcorders and voice recorders. They also took advantage of greater accessibility to channels of media distribution such as YouTube and Vimeo, Internet-based radios and publications as well as the emergence of social media, particularly, Facebook and Twitter. This myriad of activist media practices could be divided practically accordingly to their mode of use.

First of all, there are media produced in an attempt to address what my research participants call the *general society*. These media encompass adverts and films broadcast on television and on the Internet, posters, radio programs, leaflets, magazines and newspaper publications. This type of media tends to present mental illness and mental health in a positive light, in line with the activist perception that existing mainstream representations are, in general, overtly negative and stigmatizing and, therefore, need to be counterbalanced with affirmative ones. Secondly, contemporary activists use *social media*, mainly Facebook and Twitter, but also specialist chat rooms such as Rethink Talk to communicate with each other, share experiences of mental health problems and of campaigning, exchange information, formulate ideas and to discuss both activist and mainstream representations of mental health and of the mentally ill.

Debates regarding both of the above types of representations constitute a significant proportion of the ongoing dialogue in this sphere of social media. At the same time, questions, concerns and ideas appearing in the latter context have an impact beyond its boundaries, as they feed, encourage and inform both activism more generally and productions of the media of the former type specifically. Such is the case with the TTC Facebook Page which, since January 2009, has gathered the attention of over one hundred thousand people and became an important outlet for galvanising activist interest and participation (Time to Change, 2009). For example, questions and issues elicited on the webpage would be raised during activist meetings and conferences that often took media representations or the public image of mental health and illness as their subject. Meanwhile activity and developments taking place during such events would be updated live to the webpage as well as other social media outlets. Such mutual influences as well as a common focus on achieving key activist aims demonstrate that the two spheres of media practice should not be considered as separate but, instead, as complementing each other.

In line with the objectives and strategies outlined, activist-made media representations take as their principal subjects the common experiences of mental health problems of stigma and discrimination and of the processes of recovery. The underlying assumption of such narratives is that through getting to know the details of an experience, a member of the audience would step down from their discriminating or stigmatising position, especially as it was often highlighted by those who share those stories that mental health problems could affect anyone. Yet, among a wealth of activist-made media representations aimed at general public, only a very limited number of productions exist, providing detailed experiences of particular illnesses. My research participants across the field sites claimed that they purposely avoided creating media content that might be seen as upsetting or controversial.

Consequently, representations designed to encourage more consistent knowledge about mental health problems among the general society showed little of the everyday, grim reality of living with mental

illness: dim waiting-rooms with worn-out gossip magazines, the side-effects of medications, the inability to connect to others, loneliness, desperation or disturbing moods. This absence of detail in the sphere of the broadcast media, however, was offset in the sphere of social media where discussions of experience tended to be more detailed, 'experience-near' and somewhat less sanitised. In the context of the TTC Facebook webpage, participants in the discussions continue to critique and assess all kinds of media representations, both mainstream media- and activist-made, vis-à-vis their own experiences of mental health problems; they contextualise media portrayals of mental health problems with personal details and struggles and on this basis, make demands or proposals for change. These discussions of various media representations on the webpage inspired and informed new media representations and projects. However, despite a great many discussions, personal stories shared, suggestions as well as disagreements made in the sphere of social media, the outlook of broadcast media campaigns remained largely devoid of illness' details, suffering or contentious themes and focused on non-controversial positioning of mental illness as manageable and also a concern of everyone. The outstanding issue is, thus, that members of the general public who are being addressed through these media campaigns might have no previous experience of mental illness and, consequently, might fail to comprehend the representations made by activists.

One of the explanations of such issues with mediated appropriations of personal experiences might be the limiting character of publicly articulated narratives of suffering and distress. Stacey (1997) noted that experiences of illness often find their expression in narratives and even indicated a certain inevitability of troubling experiences being formulated in the form of stories. The author, however, also notes that illness-driven narratives are often restricted in scope and explains that the available tools for making public sense out of the experience of cancer required people affected by the illness to assume the role of 'hero', one that successfully overcomes the disease or dies trying (Stacey, 2002). In the mid-2000s a similar example of portrayal of mental illness emerged in the UK. Blackman (2007) notes that in accounts of the British boxer Frank Bruno's mental health problems, mainstream British media first positioned him as a victim of depression and then as a victor, as soon as the boxer came to recognise and address his issues.. Consequently representations of Bruno's illness and recovery resulted in the image of mental illness as 'a site of self-knowledge and identity-work.' (Blackman, 2007, pp. 8-9). Blackman saw this as a discernible incorporation of psychiatric models and discourses into the language of the mainstream British media.

Contemporary mental health activists seem to have managed to overturn, at least partially, these discursive dynamics, as TTC has used Frank Bruno's story of recovery in their projects while the boxer himself became one of the celebrity personalities supporting the campaign. This re-appropriation of the story together with the positive portrayals of mental illness is just one among many attempts to modify mainstream media discourses and representations of mental illness, which activists believe to be largely responsible for stigmatising and discriminating views of mental illness held by society. Notably, the practice of breaking the stigma by speaking about the experience was fundamental to mental health movements in the past and in particular to psychiatric survivors (Reville, 1988; Coleman, 2008). However, it is also argued that psy-disciplines have later seized patients' narrative accounts (Costa *et al*, 2012), a point in accord with Blackman's (2007) analysis.

Given the decreasing possibilities for psychiatric interventions and, with it, the role of psychiatry as well as the mediated presentation of mental health problems as a matter of universal social concern and responsibility, a similar appropriation seems unlikely. However, the systematic withdrawal of state support together with the recent introduction of so called peer-led services, which are dependent on volunteering participation of current and/or former service users, indicate that the new activist notions of mental health and associated responsibility might be (mis)-interpreted by the state and its authorities in ways that their originators might not have intended. At the same time, participation through various media outlets seems rudimentary to the survival and effectiveness of the activist cause as media, particularly social media, allow for constant engagement with matters relating to mental health and illness and for ongoing negotiation of meaning.

CONCLUSION In the course of this research it emerged that sharing of experiences in the context of mediated activist practices led the participants to pronounce collective senses of belonging (**Note 5**). In particular, discussions on social media with others who experienced all kinds of mental health led to a realization of common struggles and difficulties, mutual understandings and also, came to be considered as beneficial to recovery. In a critique of psychiatry, Tsao (2009a, 2009b) challenges similar forms of collective belonging and argues that mental health movements and groups 'are sustained on the basis of psychological difference [from the rest of society] alone' (2009b, p. 71). The author argues that such factions do not challenge systematic inequalities ingrained in psychiatric diagnoses and practices because they perpetuate the division between those considered to be mentally ill and those considered mentally healthy.

On the other hand, contemporary activism that hones the concept of universal mental health and emphasises similarity rather than difference in experience, aims at crossing this divide between people with and without the experience. This process takes place at the level of activist media representations and its language, and accounts and claims that give prominence to health and recovery, rather than to illness. Given the importance of narrative practice to the success of mental health movements in the past (Costa *et al*, 2012), we can expect new possibilities for the definition of mental illness and health where collective participation and responsibility, rather than psychiatric models, are at the core of our understanding of these issues.

The focus on commonalities of experiences could be seen as allowing for all-encompassing and, therefore, for supposedly more forceful and vigorous claims, demands and representations. However, as we have seen, this generalising focus is problematic since it is directly responsible for activist-made media representations that are sanitised in the details of the suffering and struggle that is characteristic of the experience of mental illness. Nonetheless, such tactics of making mental health an all-encompassing social concern could be considered as an innovative strategy for encouraging social change. This is because mental health activists who have proclaimed mental illness to be 'the last great form of discrimination' do not demand acceptance or tolerance of differences, as social movements in the past have done. Instead, through a wide range of mediated practices they are promoting social recognition of sameness embedded in the universality of (having) mental health.

Certainly, the explanation of contemporary activists' reliance on media in their projects cannot be narrowed down to media's increased availability and variety. Instead, I would like to suggest that it was the combination of historical, social, economic and ideological factors that influenced the emergence of current forms of activism and has led to the non-contentious stance, compromise on illness specificity and the growing focus on media. More specifically, in the absence of an antagonistic agent, as marked by the withdrawal of the state and the decreasing importance of psychiatry in management of mental health problems, cooperation between various organisations, groups and individuals might have been a matter of necessity and convenience, rather than active willingness. Consequently, instead of focusing on change to specific policies or professional practices, as former movements have done, activists concentrated on instigating a change of attitudes and understandings across the society, while also recognising that their collaboration is required if such a comprehensive transformation is to be achieved.

As we have seen, previous movements' successes, such as changes to medical practices and organisation of care and services, rendered any activist struggle directed at political and professional establishments considerably less effective than in the past. As a consequence, activists were required to formulate new objectives and address the general society. Thus, contemporary activist strategies that focus on positive media representations of mental health and illness could be considered as much a matter of resourcefulness as of inevitability. However, we should also note that despite strong emphasis on media my research participants also realised the restricted extent to which representations and participation in social media are capable of bringing about social change. Accordingly, in a more recent project they emphasised bringing the issues of mental health into everyday situations through social contact. Such is the focus, for example, of the current *Time to Talk* campaign, which encourages better understandings of mental health-related matters through conversations and communication on the subject with co-workers, friends and family and other people. Time is also required to see whether this particular as well as other activist media-based campaigns and projects will help in erasing, or at

least significantly reducing, differences between those with and without mental health problems and in bringing a widespread realisation that mental health is, indeed, something we all have.

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NOTES

1. The same argument was made for the TTC Facebook Page, which, contrary to expectations did not attract the attention of the general public but instead drew participation of people affected by mental health problems. At the same time, despite its emphasis on general society TTC also organised projects designed to specifically help people with mental health problems, like the 'Let's Get Moving' Campaign that encouraged outdoor activities such as walking and running.
2. *Rethink* is the operational name of the organisation and *Rethink Mental Illness* is its full name.
3. Since the original research, the outlook of the organisation changed and Making Waves is now focusing on five interrelated areas including service evaluation, research, training, involvement and challenging discrimination and prejudice.
4. All quotes are used with research participants' permission.
5. see Bierski (*in press - b*) for a more detailed discussion.

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