



at the Centre for Health Promotion  
University of Toronto

*THCU's 12 Step Communication Model*

## **Project Breakthrough**

**A Campaign to Reduce Stigma Attached to Mental Illnesses from  
the Canadian Psychiatric Research Foundation**

*August 31, 2006*



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August 31, 2006



## Background

Mental illness includes many types of mental disorders such as schizophrenia, major depression, panic disorder, obsessive compulsive disorder, bipolar disorder (manic depression), addictions, and eating disorders. People who suffer from mental illnesses are disadvantaged by a lack of research funding as well as a lack of compassion, understanding, and community resolve to assist them in coping with their illness. The Canadian Psychiatric Research Foundation (CPRF) is a national charitable organization founded in 1980 to raise and distribute funds for psychiatric research and awareness in Canada. CPRF supports long-term solutions to the enormous problem of mental illness. However, for 22 years CPRF has struggled to raise awareness about the need for psychiatric research funding.



## Project Management

### Time Management

Groundwork for the campaign began in July 2002. The campaign materials were produced during August and September 2002 for the launch in October 2002. All planning, including design and pre-testing, were completed within three months. Pre-campaign evaluation was done in October 2002 and post-campaign evaluations were done in June 2003.

## Money and Other Resources

CPRF had no money to spend on a communication campaign. The entire effort was done on a pro bono basis. Various volunteer CPRF board members and Vickers & Benson Arnold, now known as Arnold Worldwide, a creative advertising agency, worked together to create ads and secure free media airtime and space. Several TV channels and other media organizations donated space and airtime.

With regards to staff time, Judy Hills, the executive director of CPRF, spent half of each day on the campaign for three months. CPRF's other two staff members helped with administrative duties. Arnold Worldwide also recruited more than 400 volunteers to assist with the production of TV, radio, and print ads.

## Stakeholder Participation

CPRF's voluntary board of directors, comprised of senior business and community leaders and a professional advisory board of senior Canadian researchers provided input throughout the campaign development process. Ad agency Arnold Worldwide developed the campaign creative and Warwick Public Relations helped with the public/media relations aspects of the campaign, also for free.

## Decision-Making Process

CPRF board members reserved the right to approve or veto campaign-related activities and materials, including the creative. However, it was one board member and Judy Hills who worked closely with the creative agency on a regular basis.

## Data Gathering and Interpretation

A pre-campaign survey was conducted in October 2002 by Thompson Lightstone. The questions were added to an omnibus survey. The data that was collected from the survey was reported to Arnold Worldwide and informed development of the creative. Due to limited resources, CPRF did not gather any other data.



# Revisit Health Promotion Strategy

CPRF's Project Breakthrough included the following three components:

1. Communications Campaign
2. Fundraising Campaign
3. Political Support Initiative

The communications campaign was proposed to heighten interest in the plight of the mentally ill and the discrimination they face in society. It was hoped that this increased interest would provide "a window of opportunity" to boost fundraising for psychiatric research and increase political support for the issue.

## 3 STEP

# Audience Analysis and Segmentation

The audience was chosen based on CPRF's 22 years of experience as well as opinions obtained from organizations like the Heart and Stroke Foundation, Canadian Cancer Society, and other agencies that have experience with stigma-related advertising.

CPRF volunteers and staff have encountered many examples of stigma such as

- employees fearing to reveal an illness to their human resource professionals,
- parents referring to a child's suicide as "an accident,"
- companies preferring to be listed as "anonymous" on a list of donors to mental-illness related causes,
- mental-illness facility/organization employees preferring not to list their places of employment on home rental applications,
- mental health organizations being denied office space, and
- resistance by medical students to specialize in psychiatric research.

CPRF volunteers and staff also feel that most Canadian adults have little knowledge about mental illness and hold stereotypical images of the mentally ill in their minds (e.g., loonies wandering the streets in their pajamas yelling at newspaper boxes).

CPRF felt that the presence of this stigma was limiting donations for psychiatric research. Although most donors to CPRF are older adults, because of the wide range of audiences affected by the types of stigma listed above the target audience chosen for the campaign was the general public over age 25.

Due to time and financial limitations, no audience analysis data was collected.

## 4 STEP

# Communication Inventory

Following a casual meeting between Arnold Worldwide and one of CPRF's board members, Arnold Worldwide agreed to develop the creative and assist with implementation for free. The staff of Arnold Worldwide used their existing relationships to acquire free services and advertising time/space.



## 5 STEP

# Set Communication Objectives

For more details on Steps 5, 6, and 7, please see Table 1: Campaign Timeline (p 6) and Table 3: Campaign Overview (p 10).

### Individual

- To decrease the stigma associated with mental illness in the general public over age 25 years
- To increase awareness in the general public over age 25 that mental illness research is severely underfunded
- To increase awareness about CPRF in the general public over age 25 so that public will be aware of CPRF when asked for donations

### Network

- To increase the number of students in medical school who are involved in psychiatry research

### Societal

- To increase government support for increasing financial resources in the healthcare system for the mentally ill



## 6 STEP

# Select Channels and Vehicles

CPRF implemented a multimedia campaign that included print, radio, and TV ads. Other printed campaign materials included brochures and press kits. The campaign resources including the audio-visual ads were available electronically on the CPRF web site at <http://www.cprf.ca>.



## Combine and Sequence

The campaign was launched during the week of October 14, 2002, to build on Mental Illness Awareness Week, which was the week prior. Since media airtime and space were donated, CPRF could not follow a fixed timeline. The ads appeared as and when space and time were available.

**A LOT OF  
PEOPLE  
GET CANCER  
BECAUSE THEY  
JUST CAN'T  
DEAL WITH  
REALITY.**

**IMAGINE IF WE TREATED EVERYONE LIKE WE TREAT THE MENTALLY ILL.**

Shocking, isn't it? But it's true. People simply don't take mental illnesses seriously. They assume that those with mental illness are weak or somehow at fault for their suffering. But like cancer or any other serious affliction, people with mental illness can't get better by themselves. The Canadian Psychiatric Research Foundation raises money to research mental illnesses in the hope of finding cures. Still, research into these diseases, which strike 1 in 5 Canadians, remains drastically underfunded. And that's as unsettling as the headline. We need your help. If you can, please give. Call 1-800-915-CPRF or visit [www.cprf.ca](http://www.cprf.ca)

**MENTAL ILLNESS IS REAL. HELP US FIND A CURE.**

Page for by Friends of the Canadian Psychiatric Research Foundation

Canadian Psychiatric Research Foundation

Credit: Arnold Worldwide

## Table 1: Campaign Timeline

**Primary Audience: Public aged over 25 years**

**Goal: To eradicate stigma associated with mental illness and to raise funds for mental illness research**

Step 5: Campaign Objectives		Step 6: Select...		Step 7: Combine and Sequence		
Audience	Objectives	Channels	Vehicles	October	November	December
<b>Individual Level</b> General public over age 25 years <ul style="list-style-type: none"> <li>To decrease the stigma associated with mental illness in the general public over age 25 years</li> <li>To increase awareness in the general public over age 25 that mental illness research is severely underfunded</li> </ul>	Print Outdoor Radio Audio-visual Electronic media	ads in community and national newspapers, brochure, magazine ads news release FAQ sheet on CPRF fundraising information wild postings radio ads, call in shows TV ads, pre-movie theatre ads, TV interviews online links to campaign materials	ads continued to appear till spring 2004			ongoing in 2004
<b>Network Level</b> Medical school students and peers <ul style="list-style-type: none"> <li>To increase the number of students in medical school who are involved in psychiatry research</li> </ul>	Print	ads in industry publications				
<b>Societal Level</b> Government <ul style="list-style-type: none"> <li>To increase government support for increasing financial resources in the healthcare system for the mentally ill</li> </ul>	Interpersonal	coalitions				ongoing in 2004



## Develop Messages

CPRF decided on the following key elements to be included in the campaign message.

**Table 2: Message Elements**

<b>What</b>	<ul style="list-style-type: none"> <li>a. Mental illnesses are at “epidemic proportions” in Canada; in fact one in five suffers from a mental disorder. In any given year, 37.5% of Canadians suffer from some form of mental disorder.</li> <li>b. One in eight Canadians will be hospitalized for mental illness at some point in his/her life.</li> <li>c. Mental illness is a legitimate medical condition, not a character flaw. However, the stigma and discrimination attached to mental illnesses create a situation where mental illness is kept in the closet.</li> <li>d. Mental health care accounts for as much as 16% of healthcare costs, yet only five million of the 500 million dollars allocated for medical research goes to psychiatric research.</li> <li>e. Many mental illnesses currently respond well to medical intervention.</li> <li>f. Other medical interventions are possible and needed.</li> </ul>
<b>So What</b>	<ul style="list-style-type: none"> <li>a. Uncontrolled/untreated mental illness comes with enormous costs to the economy and society. Health Canada estimates the annual economic burden of mental illness to be more than \$13 billion per year.</li> <li>b. Given the prevalence, you, or someone you know may now or in the future be challenged by a mental illness. Nearly 4,000 Canadians die by suicide each year.</li> </ul>
<b>Now What</b>	<ul style="list-style-type: none"> <li>a. Acknowledge that, like any serious affliction, people with mental illness can’t get better by themselves.</li> <li>b. Donate to the Canadian Psychiatric Research Foundation to help research mental illnesses in the hope of finding cures.</li> </ul>



## Develop Identity

The logo of the CPRF appeared on all campaign resources.

# 10 STEP

## Production

CPRF provided Arnold Worldwide with information about mental illness statistics, opinions on target audiences, and creative ideas obtained from organizations such as Heart and Stroke Foundation, Canadian Cancer Society, and other agencies that had experience with stigma-related advertising.

In addition to the information noted above in Step 8, CPRF produced the following creative brief.

CPRF realized that getting their desired end product might be difficult because the creative services were donated. Since the ability to exercise control was limited, it was important to be very clear from the beginning about what they wanted and to only work with a firm that was sensitive about the intended audience and product.

Creative needs to have high impact and be emotionally evocative

- a. to challenge people's existing perceptions by juxtaposing judgmental views about mental illness with the compassionate and understanding attitudes that surround other devastating afflictions such as being hit by a car, cancer, or heart disease;
- b. to get media to want to donate quality space/air time;
- c. to garner pro bono support (i.e., people wanting to get involved for personal reasons);
- d. so that production suppliers want to be associated with creative and donate their time/resources;
- e. to stand out from PSA clutter; and
- f. to get public relations coverage.

The above needs were translated by Arnold Worldwide into the creative idea "Mental illness is a real disease so why don't we treat it seriously." The campaign slogans, "Mental illness is real. Help find a cure" and "Imagine if we treated everyone like we treat the mentally ill," combined with the visual elements of the creative, were developed to communicate this creative idea. The tone was intended to be informed, provocative, challenging, unpatronizing, and empathetic.

Radio and television ads and a CPRF media kit are available at <http://www.cprf.ca/> in their media centre.

Radio ad transcripts are included in Appendix A (p 16).

In order to provide media with the flexibility to use the campaign lines within any available time and space, Arnold Worldwide produced three different print ads, a 30-second and a 60-second TV ad, and three different radio commercials, each with a 30-second and 60-second version. All the campaign materials were produced during August and September 2002 for the October launch following Mental Awareness Week. Print ads were also produced in French. Arnold Worldwide also recruited production companies, talent, and other suppliers.



## Implementation

The multimedia campaign consisting of print, television, and radio ads was launched nationwide the week of October 14, 2002, in 43 radio stations, popular TV channels, and consumer and business magazines. The French print ads also went out in October. The date was chosen to build on Mental Illness Awareness Week, which started on October 7.

Since media space and airtime were donated, ad placement was determined by individual channels and stations as space/time was available. *Arnold Worldwide* coordinated the ad placements with the help of the board of directors. There was an initial surge in the placement of ads from October to December 2002, after which the ads continued to run in assorted magazines throughout 2003 and 2004 as space and airtime were available. The campaign appeared not only in Canada but also in few US states.

The following organizations donated pro bono space and time:

- Communications—Southside Studios, Radke Films, Powerhouse Casting, School Editing, Crush, Manta, Keen Music, Guerilla TV, Warwick Public Relations, and Thompson Lightstone & Company
- Media—CanWest Global Communications Corp. (print, TV, and online support), Rogers Media Inc. (print, radio, and TV support), Toronto Star Newspapers Limited., The Globe and Mail Ltd, Time Canada Ltd., Canadian Business Media Ltd; Relevant Communications Inc, Grassroots, Multi-Vision Publishing Inc., and TransContinental Yorkville

Warwick Public Relations developed a public/media relations strategy in order to maximize the advertising message through editorial coverage. Press kits that were distributed to media during the week of October 14 included a news release, backgrounder on CPRF, FAQ sheet on CPRF, fundraising information, samples of print ads, and a bio on the executive chairperson on the CPRF board.

CPRF also provided speakers for interviews on radio and TV and for editorials, articles, etc. Interviews were requested by the media stations in response to the media releases. Profiles of mental illnesses were produced by members of CPRF's Professional Advisory Board and *Arnold Worldwide*. Illnesses like postpartum depression, schizophrenia, and other mood disorders were profiled as requested.

**Table 3: Campaign Overview**

<b>Step Five Set Communication Objectives</b>	<b>Step Six Select Channels and Vehicles</b>	<b>Step Seven Implementation Details</b>
<b>Individual</b>		
To decrease the stigma associated with mental illness in the general public over age 25 years	<b>Print</b> / ads in community and national newspapers, brochure, magazine ads	The pro-bono multi-media campaign was launched in October 2002 following Mental Illness Awareness Week. The initial surge of free coverage/placement lasted till December 2002.
To increase awareness in the general public over age 25 that mental illness research is severely under-funded	<b>Print</b> / news release, FAQ sheet on CPRF, fundraising information	Press kits were distributed nationally the week of October 14, 2002.
To increase awareness about CPRF in the general public over age 25 so that public will be aware of CPRF when asked for donations	<b>Outdoor</b> / wild postings (outdoor ads that appear in non-traditional places, such as construction sites)	
	<b>Radio</b> / 30-sec. and 60-sec. ads, call-in shows	The airing of radio ads is ongoing after an initial surge from October to December 2002.
	<b>Audio-Visual</b> / 30-sec. and 60-sec. TV ads, pre-movie (theatre) ads, TV interviews	Media stations requested interviews in response to news release in October 2002. As requested by interviewers, CPRF provided information on different mental illnesses. Postpartum depression was profiled to City TV's Cityline in Fall 2002.
	<b>Electronic Media</b> / online links to campaign materials	Developed links to print, radio, and TV ads on the CPRF website in October 2002.
<b>Network</b>		
To increase the number of students in medical school who are involved in psychiatry research	<b>Print</b> / ads in industry publications	Ads appeared in the Journal of the Canadian Psychiatric Association.

Step Five Set Communication Objectives	Step Six Select Channels and Vehicles	Step Seven Implementation Details
<b>Societal</b>		
To increase government support for increasing financial resources in the healthcare system for the mentally ill	<b>Interpersonal communications / coalitions</b>	<p>In Fall 2002, CPRF joined the Canadian Alliance for Mental Illness and Mental Health (CAMIMH) and the Council for Health Research to seek support for a national strategy and increased funding for research. Coalition activities are ongoing.</p> <p>Prior to launch, CPRF Board members notified political leaders of the upcoming campaign and requested a political (i.e., financial) response.</p>



Credit: Arnold Worldwide



# Evaluation

## Formative Evaluation

In October 2002, Thompson Lightstone did a pre-campaign survey of attitudes and awareness by adding questions to an omnibus survey. The report went to Arnold Worldwide and informed the creative development.

Due to limited time and budgets, additional formative evaluation activities like creative pre-testing were limited to obtaining opinions from the Heart and Stroke Foundation, Canadian Cancer Society, the Rick Hansen Institute, and other organizations that had experience with stigma-related advertising. CPRF approached these organizations for general advice as well as input on the appropriateness of the ads. The organizations understood what CPRF wanted to do but cautioned that the ads might get negative responses.

## Process Evaluation

The public response to the campaign was mostly favorable but in some cases negative. For instance, Canadian Cancer Society wrote to CPRF on behalf of one of their members who felt offended at the comparison between cancer and mental illness. On a similar note, CBC refused to run the TV commercial, calling it very “violent.” However, the overall outcomes were positive (please see the section on summative evaluation below).

CPRF tried to use Nielson ratings (which estimate audience numbers for TV programs) to determine when and where the ads were screened. However, detailed information was not available. Nielson confirmed that CPRF ads were also running in few US states, including New Jersey, Washington, and Ohio.

Since November 2002, the following groups and individuals within the mental illness/health sector have called to congratulate CPRF and to request permission to use the campaign in their efforts to eradicate stigma. Even emergency room personnel in British Columbia and Ontario contacted CPRF to ask for ads that could be placed in emergency rooms to boost morale of psychiatric nurses and to reinforce that administering emergency services to a mentally ill patient is critical.

### Mental Health Groups Wanting to Use Ads

- Schizophrenia Society of Canada – National (British Columbia, Saskatchewan, Manitoba)
- Canadian Mental Health Association
- Hospital Emergency Rooms – British Columbia, Ontario
- Nursing associations
- Aboriginal health groups
- Nortel: Occupational Health Nurse
- Doctors’ offices
- National Association for Mental Illness (NAMI – USA)

- Youth Group (YEAH) in British Columbia
- Parents Life Line of Eastern Ontario
- ABC Canada

The Canadian military launched a program to help personnel suffering from post-traumatic stress syndrome and other mental illnesses. CPRF was asked to work with them on anti-stigma initiatives.

The campaign also improved the CPRF's credibility in the mental health research community. Below are few accomplishments:

- CPRF's radio ad, "911," won a United Nations Department of Public Information Award.
- CPRF was asked to prepare a brief for the Senate – The Standing Committee on Social Affairs, Science and Technology – Mental Health and Mental Illness.
- CPRF was approached to join several coalitions working to increase attention to mental illness and mental health promotion at all levels of Canadian society.
- The media calls for information and access to researchers increased dramatically and CPRF is referred to in articles about mental illness.
- Institute for Neurosciences, Mental Health and Addiction became a partner in the campaign.
- Canadian Psychiatric Association presented the 2002 Mental Illness Awareness Week Award to CPRF for the innovative ad campaign.
- The radio ads won a One Show Silver Pencil Award and a New York Festival Radio Gold Award.

Another positive side benefit of the campaign was that students from the Rotman School of Business and the College of Art & Design came together in spring 2004 to work on a follow-up campaign for CPRE, which could build on the existing campaign.

## **Summative Evaluation**

The most important outcome of the campaign was that CPRF started receiving phone calls and emails pledging support and donations as soon as the campaign was launched. In addition, Kaleidovision conducted a post-campaign research study in June 2003 using both qualitative and quantitative methods to determine campaign effectiveness. The study was done pro bono.

Kaleidovision assembled 79 (74% female, 26% male) voluntary participants for the study; 49% were under 40 years of age while the rest were 40 or above.

The quantitative aspect of the study involved a set of questions on campaign exposure and perceived effectiveness. Participants were shown the ads and then they responded to questions using a hand-held electronic device. Responses were as follows:

- 33% of the participants claimed that they were aware of at least one ad, usually a TV ad
- 38% felt that the campaign would have an extremely strong impact
- 38% felt that it would have a strong impact
- 49% felt that it forced people to think and re-evaluate their feelings and perspective about mental illness; 91% agreed it is “very important to get this message out”
- 78% agreed that the campaign did a good job of getting the message across
- 68% felt the campaign was informative
- 92% felt it was interesting
- 96% felt it was attention getting
- 82% felt it was shocking but appropriate

On all dimensions, the exceptionally few negative responses were all linked to a resistance to the shock, a personal distaste.

Qualitative focus group data was also collected. The same 79 people participated. Participants were split roughly 50/50 on whether they felt funds generated from the campaign should be used for research or for helping victims. Most felt funding for this issue should be a joint responsibility of government/charitable organizations.

Some of the participant comments are shown below:

- “I felt humble and a little guilty.”
- “It makes us aware there is a continuing prejudice ongoing. We should do something to limit this.”
- “This campaign is dynamite. It jolts us into reality.”
- “A good way of portraying the lack of care.”
- “Although the ads are humorous they made me very sad...an excellent way of getting the message across.”

# For More Information

For more information about Project Breakthrough, please contact

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# Appendix A

## Radio Ad Transcripts

### Cry for Help

#### *30-second ad*

Doctor: Mr. and Mrs. Bell, I'm afraid your son won't walk again.

Mr. Bell: Won't...walk? What is that, some sort of cry for help?

Doctor: Well no, that's not what I'm saying.

Mrs. Bell: He probably just doesn't want to go to school?

Doctor: Ma'am, this is very serious!

Mrs. Bell: Well he can't just lie around all day looking for sympathy.

Mr. Bell: Yeah. That's just not the way the world works.

Announcer: Imagine if we treated everyone like we treat the mentally ill. This message from the Canadian Psychiatric Research Foundation. Mental illness is real. Help us find a cure.

#### *60-second ad*

Doctor: Mr. and Mrs. Bell, we've looked over all the test results. I'm afraid it doesn't look good. Your son will never walk again. I'm sorry.

Mr. Bell: Won't...walk? What is that, some sort of cry for help?

Doctor: Well no, that's not what I'm saying. This condition is typically what—

Mrs. Bell: I feel so guilty. I should have seen this coming.

Doctor: Actually ma'am, you can't predict these situations. In my experience, it's always—

Mr. Bell: Maybe the kid just doesn't want to go to school?

Mrs. Bell: You know, Jack, you could be right.

Doctor: Mrs. Bell, I don't think that's the case.

Radio and television ads and a CPRF media kit are available at <http://www.cprf.ca/> in their media centre.

Mrs. Bell: Well our son can be quite lazy. He probably just wants to stay at home for a while.

Doctor: What we're talking about here is very serious!

Mr. Bell: But we don't want to encourage this kind of behaviour, do we?

Mrs. Bell: He has to learn that he can't just lie around and have everyone wait on him hand-and-foot.

Mr. Bell: Yeah. That's just not the way the world works.

Announcer: Imagine if we treated everyone like we treat the mentally ill. This message from the Canadian Psychiatric Research Foundation. Mental illness is real. Help us find a cure.

## **911**

*30-second ad*

Call Centre: [beep] Emergency.

Woman: Oh my god! A man just got hit by a car!

Call Centre: Calm down, ma'am. Is he bleeding?

Woman: Umm...no.

Call Centre: He's fine, then.

Woman: No, I—I just saw him get hit.

Call Centre: Don't worry ma'am, he's just looking for attention.

Woman: Really?

Call Centre: Yeah. Just walk away. He'll get over it.

Woman: Okay.

Announcer: Imagine if we treated everyone like we treat the mentally ill. This message from the Canadian Psychiatric Research Foundation. Mental illness is real. Help us find a cure.

*60-second ad*

[static]

Call Centre: Emergency. What are you reporting?

Woman: Oh my god oh my god! A man just...got hit by a car!

Call Centre: Okay ma'am, can you tell me where you are?

Woman: Umm...I'm at Oak and Sixteenth. God, just send an ambulance, please!

Call Centre: Okay ma'am, I'm going to need you to calm down. Can you see the man who got hit?

Woman: Uh...um, yes.

Call Centre: Is he bleeding?

Woman: What?!

Call Centre: Can you tell if he's bleeding?

Woman: Umm...no, he's not bleeding.

Call Centre: But he's alive?

Woman: I—I think so. H—he's breathing.

Call Centre: He's probably fine, then.

Woman: But I saw him get hit.

Call Centre: Don't worry, ma'am. He's probably looking for attention.

Woman: [pause] A—are you sure?

Call Centre: Oh yeah. Either that or he just doesn't want to go to work.

Woman: Really?

Call Centre: Yeah. Just walk away. He'll have to learn to deal with his problems like everyone else.

Woman: Okay.

Call Centre: Really, it's for his own good.

Announcer: Imagine if we treated everyone like we treat the mentally ill. This message from the Canadian Psychiatric Research Foundation. Mental illness is real. Help us find a cure.

## Time Off

*60-second ad*

[knock knock]

Boss: Oh hi, Jack. Come on in. Have a seat.

Jack: Uh...Mr. Harris, I'd like to ask for some time off work.

Boss: Mm-hmm.

Jack: I...I just found out I have cancer.

Boss: Wow, Jack. Uh [laughing] you look just fine to me.

Jack: Yeah. But the th—thing is—

Boss: I mean are you really any different today than you were yesterday?

Jack: Well—

Boss: Because, Jack, the show must go on. There's work to be done.

Jack: I—I know, Mr. Harris. I—I just think I need some time off.

Boss: [sigh] Sure, Jack. But you have to know that this won't help your career anyhow. I didn't get where I am lying around at home feeling sorry for myself.

Jack: Mr. Harris, I'm not—

Boss: Really, Jack. Now I thought more of you than this. You're gonna have to pull it together, guy. We all have days where we don't feel so great but it doesn't mean you get to take a holiday.

Announcer: Imagine if we treated everyone like we treat the mentally ill. This message from the Canadian Psychiatric Research Foundation. Mental illness is real. Help us find a cure.