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Tom Rickhuss and Richard Scullion

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Tom Rickhuss and Richard Scullion

Advertising: A Suppressor of a Facilitator of Voice for those Living with Mental Health Problems

This paper investigates one specific example of long-standing inequalities within the UK, that of mental illness. It remains an important topic for discussion because these inequalities, creating or contributing to individuals and groups being located in the margins, are “fostered through logics of communication that limit the communicative opportunities for participation and voice” (Dutta 2012, p.6). As such, the voice(s) of those with less accumulated stocks of capital and thus marginalised are rarely amplified and heard by society at large. One of the consequences of the ways mental health is mediated (most often known about only through second hand reportage) is a reduction in the likelihood and possibility of the very types of relationships that generate social capital. We argue here that advertising, as part of a communicative culture and within the broad territory of marketsied mediation, contributes to lack of meaningful voice for those suffering from mental health issues. It does this primarily by being a communicative force for the status quo, ironically, given the professed role of advertising, aiding the process of maintaining invisibility.

Key words: Voice, advertising, representation, mental health



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INTRODUCTION

Despite equality acts and public bodies set up to challenge discrimination, protect and promote equality and encourage good relations between people of different backgrounds (Equality and Human Rights Commission 2010), the UK continues to retain unresolved, long-standing inequalities (Asthana 2010). These inequalities, creating or contributing to individuals and groups being located in the margins, are “fostered through logics of communication that limit the communicative opportunities for participation and voice” (Dutta 2012, p.6). As such, the voice(s) of those with less accumulated stocks of capital and thus marginalised are rarely amplified and heard by society at large. There are many complicating factors contributing to this problem, including - but not limited to the media industries perpetuation of often stigmatising stereotypes and the production and dissemination of promotional communications. This

paper explores the extent to which the outputs of a mediated culture, specifically through advertising as a leading form of promotional communication, contribute to one highly marginalised group of people (those living with mental health problems) from having little or no voice. In doing so, the paper raises moral and ethical questions for future advertising practice, suggesting that its unintended consequences need to be as closely examined as the intended persuasive consequences for the client's brand.

Voice(less) Minority Groups

Many minority groups within the UK - groups that are differentiated and defined by the social majority who hold positions of social power - have little or no voice in society. As Couldry (2006, 2008) has argued, having a sense of voice is a defining characteristic of being part of a civic society. Not only does this mean being in some way publically acknowledged to have the right to a point of view, also necessary is a belief that your social position, perspective and the way in which you articulate yourself is worthy of being heard. One dominant, underlying reason for this is the propensity for minority groups to have limited social capital - the networks of "strong, cross-cutting personal relationships that develop over time" and create a "basis for trust, cooperation, and collective action among community members" (Jacobs 1965 cited by Ghoshal and Nahapiet 1998, p.243). Limited social capital, which may exist due to a lack of the aforementioned attributes, therefore suggests a constraint in strong personal relationships among 'community members' that in turn suggests a suppression of voice. This suppression extends beyond intra-community relationships, 'bonding', and is perpetuated through inter-community relationships, 'bridging', resulting in further social exclusion (Putnam 1996). "Communities with little social capital are excluded from the corridors of power and often do not have access to the right 'connectors' who can get their views across" (Confino 2010). Here, Confino (2010) exposes an important bridging relationship that seldom exists but can often provide minority groups with a much-needed opportunity for voice.

Those Living with Mental Health Problems

According to the Mental Health Foundation almost a quarter of the UK population will experience some form of mental health condition in any given year, thus cumulatively we are referring to a large (and growing) number of the population, but it does not feel like this for those experiencing mental health issues. The way in which such conditions and illnesses have been socially defined means that most feel acute stigma and fear of discrimination. Mainstream ways in which mental health issues and illness are portrayed as a problem contribute to it being a problem. Thus series of conditions that affects many remains obscure. One of the consequences of the ways mental health is mediated (most often known about only through second hand reportage) is a reduction in the likelihood and possibility of the very types of relationships that generate social capital that we talked about earlier. Vital bridges with the wider community (a source of potential help) are thus diminished. "Too often people are led to believe that mental health is an issue about other people - and don't realise that we all have mental health and we all need to look after it" (Gaines 2008). Equipped with this notion, it is concerning to comprehend that we have no idea how to talk about mental health respectfully and responsibly (Ha 2013). It is perhaps even more concerning to learn that those living with mental health problems, in some instances, deliberately remain mute in fear of the three greatest obstacles to a productive public dialogue: embarrassment, stigmatisation and discrimination (Thornicroft 2006; Ha 2013; Mental Health Foundation 2014b). With the public remaining voiceless on the topic, the unnecessary encapsulating 'taboo' will withstand and the UK population in its entirety will continue

to inadvertently perpetuate marginalisation of this minority. The picture that emerges is a classic outcome explained in part by the 'Spiral of Silence' (Noelle-Neumann 1984). The fear of raising subject matter in public or mass communication forums perpetuates loud silences which plays a role in reinforcing the view that such matters are not ones to air.

Mediating Representations of Society

We can see that media (and more specifically for us advertising as a ubiquitous form of promotional communications) shape society in this way through the messages that they choose disseminate which, in turn, manifest themselves in society. This is the exact reason why they need to act responsibly and tread carefully. Accidental false representation occurs when the media inaccurately depict members of a minority group, perhaps due to being misinformed or uneducated on the subject. Deliberate false representation occurs when the media focus on a particular element of a minority group member. Either way, stereotypes crystallise and conceptualise public opinion and, whether deliberate or not, the notion of social reality 'reflecting' the media rather than the media 'reflecting' social reality is introduced (Lippmann 1965 cited by Noelle-Neumann 1984). The permeability of the media's messages frequently evokes condemnation from sociologists who decry playground slang or stigmatising words that become embedded in society (Smith 2007; Ha 2013). Pertinent to mental health, Thomas Insel, Director of the National Institute of Mental Health (NIMH), recommends avoiding language that "...identifies people only by their mental health problems. Speak of 'someone with 'schizophrenia', not the 'schizophrenic'" (Insel 2013). This is because use of such words is, in effect, a way of categorising; a way of 'othering'. In reality, the only *true* category a 'schizophrenic' contributes to the scientific category of *Homo sapiens*.

These words allude to language, which may have become engrained through the product of socialisation, championed by the media. Through an apparent vicious cycle particularly surrounding the subject of mental health, negative language is disseminated through the media and the language of brands, absorbed by society and then perpetuated further through individual communication. This cycle has historically led society to believe that it is "...shameful [to] have a mental illness. They think it shows personal weakness" (Solomon 2013). It is worth noting here that even Solomon, a public speaker on the topic of mental health, chooses to use the word 'they'; a word which refers to, "unspecified people, not including the speaker or people addressed" (Collins 2015). Critically speaking this is another, albeit inadvertent, example of 'othering'.

Perhaps the aforementioned arguments all support each other in suggesting why 'voiceless' minority groups exist so evidently beyond mere statistics. It is clear that our choice of language, which may not necessarily be used in derogatory fashion but rather as a tool to articulate distinction between ourselves and 'others', can make it "easy to fall into the trap of stereotyping communities" and run "the risk of damaging social cohesion, rather than bringing people closer together" (Confino 2010). This is an evident problem for advertising wordsmiths who, in similar fashion to the media journalists, wrestle with applying a 'social sensibility' filter on their ads in light of misrepresentation. This offers one explanation as to why a gap remains between those with powerful voices and voices imbued with credibility and the voices of and for groups with mental health issues, thus there is no overt attempt at creating 'bridged' or 'bound' social capital (Putnam 1996).

We live in a communicative culture with the cultural significance placed on our ability to connect increasingly evident, see for example Castell's thesis on a 'networked society' (1966). Coudry also (2006) reminds us that the world is profoundly mediated, thus structures of the media industry contribute to sustaining or negating a sense of agency and normatively accepted knowledge. Unfortunately, those whom neglect to consider this call for diversification through minority group involvement end up executing communication more debilitating than underrepresentation; *misrepresentation*. This is evident beyond advertising collateral and, although this paper's focus remains on promotional communications, it is worth noting the impact media – the cornerstone of communications and indeed a key facilitator of advertising – has on minority groups, especially those living with mental health problems. Mainstream media has typically perpetuated a limited character set, with advertising in particular rarely deviating from the habitual featuring of 'ideal' representations. However, despite sustained underrepresentation, recently there has been a noticeable increase in the frequency of media representations of those living with mental health problems, particularly within television. Soaps, dramas and sitcoms on main terrestrial channels last year showed an increase in the number of storylines with depictions of mental health (Campbell 2014). Unfortunately, increased attempts of such representation naturally equal an increase in accounts of misrepresentation.

“63% of references to mental health in TV soaps and drama were 'pejorative, flippant or unsympathetic' with terms including: 'crackpot', 'a sad little psycho' and 'basket case'" (Time To Change 2014).

According to Smith (2007), the media is a key source for shaping attitudes and beliefs about stigmatised conditions and hence concern should be raised over the use of such words. This communication also raises the question, 'what is the media's agenda: to attempt to accurately represent and thus facilitate the voice(s) of particular minority groups? Or to exploit misrepresentation(s) as an entertainment aid?'.

Positive Implications of the Media for Minority Groups

In contrast, sensitive representations of people with mental health problems in certain television programmes such as *Homeland* are helping to promote a better understanding of mental health and are even prompting those whom need support to seek help (Campbell 2014). Indeed, Hassard and Holliday (1998) argue that TV is an important resource through which we investigate and interrogate cultural and social activity, supporting the notion that *what* messages the media choose to disseminate about mental health are far more salient than *how* such messages are disseminated. This affirms the level of responsibility the media has and poses the question, 'are the media, including advertisers, uncomfortable with the responsibility of representing minority groups in fear of getting it wrong?'. Understandably, underrepresentation may therefore be due to favourability over misrepresentation. Mental illness is a particularly dangerous subject for the media, where misrepresentation frequently serves as a significant contributor to the attrition of social networks and subsequent lack of capital for those depicted (Ha 2013). After all, "the media do not merely 'reflect' social reality: they increasingly help to make it" (Curran and Seaton 2003, p.344).

PROMOTIONAL COMMUNICATIONS

Accepting much merit in the argument that contemporary culture is characterised as promotional (Wernick 1991) where the most privileged forms of communication have an ideological persuasiveness, it follows that there is merit in now focusing on promotional communication and its role in facilitating or suppressing voice in marginal groups: specifically in this paper those living with mental health issues.

For the 'Voiceless'

Advertising can help break this 'Spiral of Silence'. For example, London advertising agency Dare utilised TV and video content to produce a campaign titled 'The stand up kid' for Time To Change, aiming to facilitate the voice(s) of those living with mental health problems. The 3 minute video entails a young male, Michael, entering his classroom late due to his mental health problem, greeted instantly with ridicule from both teacher and students alike. Michael, fed-up with being discriminated against, stands up on his chair and delivers a speech on the difficulties he faces. He talks openly about how the rest of the class contribute to these difficulties, quoting comments from classmates such as, "What options are you choosing, Michael? Getting out of bed? Staying awake? Coming to class?" evoking nervous laughter as he does so. Once the class settles, Michael sits down. There is a short pause before *another* member of the class stands up. The video cuts to some startling statistics, a call-to-action and ends with the tagline, 'it's time to talk. it's time to change' (YouTube 2012). This example illustrates the potential for advertising to be used as a promotional communicative tool in order to facilitate the delivery of minority groups' voice(s) to the masses. Advertising therefore *can* include communities in the aforementioned 'corridors of power', serving as the "right 'connectors' who can get their views across" (Confino 2010). However, it is a shame that in this case access to said corridors of power cost £58,000 (Campaign 2012); relatively inexpensive for an ad campaign but extortionate for a free communicative tool exploited routinely by the rest of society - voice.

From the 'Voiceless'

Thankfully, this method of voice-facilitation, dependent as it is on market forces, is not necessarily the only option for those living with mental health problems. Alternative platforms, such as emerging social media channels and blogs etc., allow for minority groups to express their own personal views that are typically opposed to the beliefs represented in the media and widely held by the masses (Atton 1999). This is because these platforms aid production of content that is produced by the people whose concerns it represents (Atton 1999; Bird 2011).

"Citizens now have the opportunity to join the party as producers rather than merely consumers; the top down tyranny of the media has been effectively challenged" (Gross 2009 cited by Bird 2011, p.502). An excellent example of this power shift is the 'Your stories' section on the site mind.org.uk (Mind 2014). Dedicated to and curated by those living with mental health problems, 'Your stories' allows those living with mental health problems to share their first-hand experience in amongst the domineering sea of media on the topic. Multiple blog entries on the site offer diverse perspectives, from personal experiences of stress through to coping with bipolar disorder, and, although owned and managed by the organisation, the site aids in facilitating voice for those living with mental health problems, helping them to surpass the typical reach of their message(s). Rather than communicate on behalf of or *for the 'voiceless'*, as seen in the aforementioned 'The stand up kid' campaign, this communicative tool allows for communication to be directly delivered *from the 'voiceless'* and, as such, is far more representative.

Perhaps even greater representation is reached when such blog posts are managed *entirely* by those living with mental health problems. This is because agenda and other such rules and regulations always shape organisations in some way, introducing the notion of 'organisational voice'. This may mean that, using Mind's website as an example, those writing blog entries may experience restrictions or even edits of their material by an organisation with 'a louder voice' or rather social power

over the bloggers, naturally questioning the authenticity of the content. Personal blogs, such as www.purplepersuasion.wordpress.com restore such authenticity but are far less frequent in number, perhaps due to those living with mental health problems wanting to avoid the culturally-embedded stigma(s) that may still tarnish them if they speak out. Despite their rarity, the aforementioned blog has received over half a million visits and counting; cultural evidence of 'The Spiral of Silence'.

Forget the 'Voiceless'

Conversely, advertising also plays a role in perpetuating the 'Spiral of Silence' referred to earlier in the paper. Advertising characteristically targets those with networks of strong, cross-cutting personal relationships (Ghoshal and Nahapiet 1998). These social relations are constructed from 3 key elements - opportunity, ability and motivation - which are absent amongst many minority groups (Adler and Kwon 2002). Promotional communications, and advertisers in particular, typically avoid targeting those whom lack these aspects often labelled lifestyle psychographics within the ad agencies. There are several reasons for this; such groups are usually the hardest audiences to reach and often the least attractive commercially. In doing so, they risk inadvertently contributing to further divide by ignoring and instilling feelings of ostracism amongst such audiences.

Deeper reasoning behind this absent (silenced) targeting can be explained by Alvesson (1994) in his study of identity and discourse within advertising agencies. He observed practitioners who were 'typically young', 'physically fit' and 'well dressed'; practitioners rich in social capital (Alvesson 1994). Despite constructing a seemingly 'utopian' office culture, this introduces problematic conditions in which social relations could potentially enable people to advance their interests and reproduce inequality (Bourdieu 1984).

"Information that travels back and forth among the same participants can lead to lock-in, groupthink, and redundancy" and "...thus, the ties that bind can also become the ties that blind" (Powell and Smith-Doerr 2005, p.391).

Despite advertising being perhaps the promotional communication tool ascribed the most influence in terms of investing in stability rather than change, increasing there is scope for hope and optimism that this status quo bias is being challenged. Digital promotional spaces, whilst still currently dominated by market logic, contain inherently more 'grass roots' involvement; it operates in a climate where there is a high expectation of 'being listened to'. The power of so-called creative experts as the guardians of culturally important messages is being challenged with, for example, the explosion of user generated content in the advertising sphere. At the same time there are growing calls for increased involvement of minority groups within the world of advertising agencies (Stromberg 2014). Even if these changes are not purposefully aimed at addressing the inequality of voice and representation we have been discussing in this paper, a consequence of these demand and supply side changes are likely to be beneficial to marginalised groups. This would improve the empathy and understanding around the issues of multiple perspectives, increase the resource agencies could call upon to facilitate promotional communications informed by insider appreciation, it may also create more pressure to generate greater frequency of 'minority interests' being represented. The appeal of such creative communication agencies as places offering potential careers would likely improve to those from and within minority groups as a result; the start of a virtuous circle.

CONCLUSION

Ultimately the way in which society is mediated, the structures of the media and

promotional industries, and specifically advertising, *does* contribute to large sections of the UK population having little or no voice. However, it *can* be utilised as a tool to 'give voice to' or 'facilitate the voice of' large sections of the UK population also. This paper began by introducing the notions of voice and social capital, and how the constructs of social capital may underpin 'voicelessness' that ensues 'The Spiral of Silence' amongst many minority groups in the UK, including those living with mental health problems.

This was progressed by assessing the role promotional communication, and in particular advertising, has to play in such phenomena.

"If people find no current, frequently repeated expressions for their point of view, they lapse into silence; they effectively become mute" (Noelle-Neumann 1984, p.173).

Promotional communication examples throughout this paper suggest that advertising can indeed express these points of view and thus 'give voice to' or 'facilitate the voice of' the marginalised. However, infrequent representation (or frequent misrepresentation) also identified as a contributor to 'voicelessness' in this paper, specifically for those living with mental health problems. Reasons for this infrequency was deliberated upon and included: a lack of diversity and subsequent involvement from minority groups within the advertising industry, idealistic tendencies of advertisers and the media in terms of whom they represent, and fear from advertisers and the media in terms of misrepresenting minority groups. These were explored, not to provide justification, but to highlight problematic areas in need of development within the promotional communication industries.

Finally, this paper explored how the status quo *visa vi* the 'invisibility or marginalising of mental health, has and may continue to impact broader society if these issues around stigma, stereotyping and (mis) representation of minority groups are not addressed. It was suggested that advertising role in suppressing marginal voices, and specifically here those with mental health issues, is systemic. Yet, with reference to some exceptional examples, we demonstrate that it does not have to be this way; advertising as a powerful persuader and agenda setter of broad societal norms has the capacity to be an agent of change reducing the perpetuation of stereotypes and the resulting stigma(s) surrounding those living with mental health problems.

We, as consumers, must also reflect on our responsibilities too. In receiving, decoding, accepting and often further disseminating messages fed to us by advertisers we might too readily be perpetuating the amplify the silence for many of our fellow citizens.

References

- Adler, P. and Kwon, S., 2002. Social Capital: Prospects for a New Concept. *The Academy of Management Review* [online], 27 (1), 17-40.
- Alvesson, M., 1994. Talking in Organizations: Managing Identity and Impressions in an Advertising Agency. *Organization Studies* [online], 15 (4), 535.
- Asthana, A., 2010. *Equality report slams divided Britain* [online]. theguardian.com: The Guardian. Available from: <http://www.theguardian.com/society/2010/oct/10/equality-report-britain-divided> [Accessed 29 December 2014].
- Atton, C., 1999. A reassessment of the alternative press. *Media, Culture & Society* [online], 21 (1), 51-76.
- Bird, E., 2011. Are We All Producers Now? *Cultural Studies* [online]. 25 (4-5), 502-516.
- Bourdieu, P., 1984. *Distinction*. Cambridge: Harvard University Press.
- Campaign, 2012. *Time To Change 'the stand up kid' by Dare* [video, online]. Campaign. Available from: <http://www.campaignlive.co.uk/thework/1155248/> [Accessed 30 December 2014].
- Campbell, D., 2014. *Television programmes praised over portrayal of mental health in storylines* [online]. theguardian.com: The Guardian. Available from: <http://www.theguardian.com/society/2014/nov/11/mental-ill-health-television-soaps-depiction-praised> [Accessed 02 January 2015].
- Castells, Manuel. "The rise of the networked society." (1996).
- Collins., 2015. *They* [online]. collinsdictionary.com: Collins. Available from: <http://www.collinsdictionary.com/dictionary/english/they> [Accessed 15 January 2015].
- Confino, J., 2010. *The importance of mainstreaming marginalised voices* [online]. theguardian.com: The Guardian. Available from: <http://www.theguardian.com/sustainability/blog/diversity-sustainability-csr-hr> [Accessed 18 December 2014].
- Couldry, N. (2006) "Culture and citizenship The missing link?." *European journal of cultural studies* 9.3 (2006): 321-339.
- Couldry, N. (2008) *Media and the problem of voice*. Cambridge Scholars Publishing, 2008.
- Curran, J. and Seaton, J., 2003. *Power without Responsibility: The Press, Broadcasting and New Media in Britain*. 6th edition. London: Routledge.
- Dutta, M. J., 2012. *Voices of Resistance: Communication and Social Change* [eBook]. West Lafayette: Purdue University Press.
- Equality and Human Rights Commission, 2010. *How fair is Britain? The first Triennial Review Executive Summary* [online]. equalityhumanrights.com: Equality and Human Rights Commission. Available from: http://www.equalityhumanrights.com/sites/default/files/documents/triennial_review/tr_execsumm.pdf [Accessed 29 December 2014].
- Gaines, S., 2008. *TV ad campaign aims to boost mental health* [online]. theguardian.com: The Guardian. Available from: <http://www.theguardian.com/society/2008/oct/07/mental.health.tv.advertising> [Accessed 19 December 2014].
- Ghoshal, S. and Nahapiet, J., 1998. SOCIAL CAPITAL, INTELLECTUAL CAPITAL, AND THE ORGANIZATIONAL ADVANTAGE. *Academy of Management Review* [online], 23 (2), 242-266.
- Ha, T-H., 2013. *HOW SHOULD WE TALK ABOUT MENTAL HEALTH?* [online]. ideas.ted.com: TED. Available from: <http://ideas.ted.com/2013/12/18/how-should-we>

[talk-about-mental-health](#) [Accessed 19 December 2014].

Hassard, J. and Holliday, R., 1998. *Organization-representation: Work and Organization in Popular Culture* [eBook]. London: SAGE Publications Ltd.

Insel, T., 2013. *Toward a new understanding of mental illness* [video, online]. TED. Available from:

http://www.ted.com/talks/thomas_insel_toward_a_new_understanding_of_mental_illness [Accessed 19 December 2014].

Mental Health Foundation, 2014a. *Mental Health Statistics* [online]. mentalhealth.org.uk: Mental Health Foundation. Available from: <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/> [Accessed 29 December 2014].

Mental Health Foundation, 2014b. *Colleagues* [online]. mentalhealth.org.uk: Mental Health Foundation. Available from: <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/C/colleagues/> [Accessed 29 December 2014].

Mind, 2014. *Your stories* [online]. mind.org.uk: Mind. Available from: <http://www.mind.org.uk/information-support/your-stories/> [Accessed 31 December 2014].

Noelle-Neumann, E., 1984. *The Spiral of Silence: Public Opinion - Our Social Skin*. 2nd edition. Chicago: The University of Chicago Press.

Powell, W. and Smith-Doerr, L., 2005. Chapter 17: Networks and Economic Life. *Handbook of Economic Sociology* [online], 379-402.

Putnam, R. D., 1996. The Strange Disappearance of Civic America. *AMERICAN PROSPECT*, (24), 34-49.

Smith, R., 2007. Media Depictions of Health Topics: Challenge and Stigma Formats. *Journal of Health Communication*, 12 (3).

Solomon, A., 2013. *Depression, the secret we share* [video, online]. TED. Available from: http://www.ted.com/talks/andrew_solomon_depression_the_secret_we_share [Accessed 19 December 2014].

Stromberg, L (2014) No more Mad Men. Agencies get serious about diversity. Fortune.com <http://fortune.com/2014/12/09/ad-agencies-gender-diversity/> accessed March 2015)

Thornicroft, G., 2006. *Shunned: discriminating against people with mental illness*. Oxford: Oxford University Press.

Time To Change, 2014. *Mental health statistics, facts and myths* [online]. time-to-change.org.uk: Time To Change. Available from: <http://www.time-to-change.org.uk/mental-health-statistics-facts#tv> [Accessed 02 January 2015].

Wernick, Andrew. *Promotional culture: Advertising, ideology and symbolic expression*. Sage Publications, Inc, 1991.

YouTube, 2012. *The stand up kid* [online]. youtube.com: YouTube. Available from: https://www.youtube.com/watch?v=SE5Ip60_HJk [Accessed 17 January 2015].