

Personal stories on mental illness- and substance use-related structural stigma in health-care environments

Request for Proposals

Submission Deadline: 11:59 p.m. ET, August 31, 2020

Purpose

To identify a contractor or agency to produce three videos (each two to four minutes in length) and up to five written or audio narratives featuring personal stories that illustrate the problem of structural stigma in health-care environments and its possible solutions. The purpose of these stories is to highlight the perspectives of people with lived and living experience of mental health problems and illnesses and/or substance use, health-care workers, and other experts.

The videos and narratives, which will become the property of the Mental Health Commission of Canada (MHCC) and branded accordingly, will

- be used by the MHCC for education and awareness activities, such as workshops, presentations, facilitated events, and training modules
- be used by external organizations and individuals leading education and awareness activities on mental health- and substance use-related stigma
- be shared on social media to generate conversations.

Background

Stigma has been identified as a major barrier to timely and accessible quality care, recovery, and quality of life for people with lived and living experience of mental health problems and illnesses and/or substance use. Stigma is generally defined as a complex social process involving a deep-seated combination of labelling, stereotyping, separation, prejudice, status loss, and discrimination. It operates across multiple domains and levels, including the individual or personal (e.g., self-stigma or internalized stigma), interpersonal or public (e.g., negative public attitudes, stereotypes, and behaviours), and institutional or structural (e.g., discriminatory practices, policies, or laws).

Stigma is also intersectional and compounding, meaning that stigmatization related to mental illness and substance use may be experienced even more severely by people who experience other forms of oppression such as racism, transphobia, ableism, and colonialism.

Structural stigma refers to the accumulated activities of organizations that deliberately or inadvertently create and maintain social inequalities for people who have mental and/or substance use disorders. It is located in the formal and informal rules and practices of social institutions and is “reinforced in laws,

internal policies, and procedures of public and private institutions and systems, and the practices of professionals" (p. 4).¹

Structural stigma is particularly dangerous and damaging because it represents an embedding of unfairness and inequity into the very fabric of social institutions, organizations, and our commonly held ways of thinking and acting toward people with lived experience. It can lead otherwise well-intentioned people to act in discriminatory ways. Like other risks to health-care quality, structural stigma is often enacted through implicit cognitive biases that have influence outside our awareness, despite best intentions.

The MHCC's structural stigma initiative was launched in 2019 within the Access to Quality Mental Health Services portfolio. Three main research projects were completed that year:

- a comprehensive [literature review](#)
- a qualitative research study based on focus groups consisting of people with lived and living experience of mental health problems and illnesses and/or substance use (forthcoming)
- an [environmental scan](#) to assess the need for tools that measure structural inequities in mental illness- and substance use-related care

One of the findings from this research was the recognition that structural stigma is often "hidden in plain sight," existing beyond the everyday awareness of people that include health-care providers, policy makers, and other decision makers and agents of the health-care system.

The personal stories in these new videos will be used to educate and raise awareness in support of the MHCC's ongoing structural stigma work. Through their concrete examples, they will bring to life the problem of structural stigma in health-care environments and the proposed strategies for addressing it.

Visit the MHCC's [Structural Stigma web page](#) for additional information and access to relevant reports.

Description

The MHCC is seeking proposals from audiovisual production teams to lead the development of three videos (each two to four minutes in length) and five written or audio narratives that feature personal stories — from people with lived and living experience of mental health problems and illnesses and/or substance use, health-care workers, and other experts — that illustrate the problem of structural stigma in health-care environments and its possible solutions.

Primary audience: Health-care leaders and decision makers

Secondary audience: Health-care workers and the general public

¹ Livingston, J. D. (2020). *Structural stigma in health-care contexts for people with mental health and substance use issues: A literature review*. Retrieved from <https://www.mentalhealthcommission.ca/English/media/4348>

Purpose: To demonstrate the problem of mental illness- and substance use-related structural stigma through personal stories and examples that bring to life the concept of structural stigma, what it looks and feels like, where it comes from, and the proposed and promising strategies for addressing it.

Vision for the videos: The MHCC is envisioning the use of live interviews and storytelling to convey these messages, along with animated video and/or infographics should some participants wish to remain anonymous. We are also open to suggestions based on the producer's expertise.

Vision for the written or audio narratives: The MHCC is imagining a one-page maximum for written narratives (per personal story), or else one to two minutes for audio recordings, along with images to accompany the story. Here, too, we are open to suggestions based on the producer's expertise.

Scope

Note: Selected participants will come from multiple regions in Canada. The MHCC will not provide support or arrange travel for video participants due to COVID-19 restrictions and MHCC policy. All production must take place virtually.

The selected contractor or agency will need to fulfil several requirements:

- Design a project plan to meet the projected timelines.
- Provide a creative concept for the audiovisual components for MHCC approval.
- Offer input on the interview scripts co-developed by the MHCC and the participants.
- Record personal stories and complete audiovisual elements for MHCC review and approval. The MHCC will be responsible for identifying video participants. However, assistance on identification and recruitment will be considered an asset.
- Where appropriate, align graphics, icons, and other elements to the MHCC's look and feel.
- Provide voiceover services for the audio portion of the videos and audio narratives if required.
- Develop one video in French with English subtitles, and two videos in English with French subtitles. All audio and written narratives should be made available in French and English, including translation of the script, the French voiceover, and any translation/amendments needed for onscreen text. (The MHCC can provide translation support as required.)
- Deliver final, full high-definition videos as downloadable files in a YouTube-supported audio and video format.
- Deliver final audio narratives with any image in full high definition.
- Deliver final written narratives in Word and PDF formats with any image in full high definition.

Note: The MHCC reserves the right to make edits throughout the production process — if needed, up to and including the final cut — until the MHCC is completely satisfied with the final product.

Considerations/Criteria

- Each of the three completed videos should be about two to four minutes in length.

- Each written narrative should be about one page in length.
- Each audio narrative should be about two to four minutes in length.
- While each script will have a unique emphasis and show different personal experiences and perspectives, the completed videos and written and audio narratives should convey persuasive and illuminating examples and illustrations of what mental illness- and substance use-related structural stigma is, what it looks and feels like, where it comes from, and the proposed and promising strategies for addressing it.
- Since, as noted, all production must take place virtually due to COVID-19, proposals should include a strategy that addresses how to overcome the challenge of creating videos in this context.
- Because some video participants may wish to remain anonymous, proposals should include a proposed strategy for generating persuasive and illuminating videos under such conditions.
- As different formats are being requested (video, audio, written), proposals can be submitted either for all formats or one only. Proposals for one format should be reflected in the budget being requested.

Timelines, budget, and deliverables

- The project is expected to commence on September 15 and be completed and delivered by January 30, 2021.
- The total allowable budget for this project is C\$24,000, including all applicable taxes.
- Deliverables:
 - **PROJECT PLAN AND CREATIVE CONCEPT**
 - reviewed and approved by the MHCC
 - **BI-WEEKLY UPDATES**
 - verbal (teleconferences) and written (status reports)
 - **DRAFT/ROUGH CUTS OF VIDEOS AND WRITTEN AND AUDIO NARRATIVES**
 - to be reviewed and approved by the MHCC
 - **THREE COMPLETED (TWO ENGLISH, ONE FRENCH) HIGH-DEFINITION VIDEOS**
 - to be provided in editable formats for subsequent use and possible adaptation by the MHCC
 - **FIVE COMPLETED (ENGLISH AND FRENCH) WRITTEN OR AUDIO NARRATIVES**
 - to be provided in editable formats for subsequent use and possible adaptation by the MHCC

Proposal requirements

Proposals should include the following:

- A summary of the applicant's understanding of the requirements and criteria.
- A brief overview of the consultant or team, including
 - a list of proposed team members (name, title, relevant qualifications)
 - information about the qualifications and experience of the proponent organization

- details of how the applicant envisions the videos, including the strategies mentioned under [criteria/considerations](#)
- a sample(s) of similar or relevant project(s) the applicant has worked on
- references for two other clients the applicant has provided similar services to in the past three years
- An overview of the proposed team structure (i.e., reporting relationships) specific to this project, along with the role and expected level of each team member's participation.
- Information about the applicant's fees as they relate to the project, including a detailed budget over its full duration (GST/HST/PST included, as applicable). The proposal should clearly articulate the costs associated with each specific deliverable and the tasks and timelines necessary to complete them.
- The proposal should be a maximum of ten pages.

Note: Proposals may be submitted in English or French. The MHCC reserves the right to select the candidate of its choosing or not proceed with any.

Evaluation Criteria

Proposals will be rated according to six requirements:

- demonstrated expertise on redeveloping and designing content through video production: 20%
- demonstrated experience in the field of health care and/or stigma: 10%
- familiarity with the [MHCC's Language Matters Guide](#) and the [recovery-oriented approach](#): 15%
- ability to successfully address the [criteria/considerations](#) noted above: 20%
- adequate resource capacity to meet identified timelines: 25%
- ability to complete the project within the available budget: 10%

Recognition and authorship

The video will become the property of the MHCC and will be branded accordingly.

Proposal submission

- Submission deadline: 11:59 p.m. ET, August 31, 2020
- Please submit your proposal as follows:
 - Email — Attention: Veronique Joncas, Program Manager, Access to Quality Mental Health Services at vjoncas@mentalhealthcommission.ca
 - Regular mail — Attention: Veronique Joncas
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