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let's end mental health discrimination

Time to Change: tackling discrimination and promoting social inclusion in England

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rethink



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- **Background to Time to Change and the partners**
- **Our Phase 1 programme**
- **Learnings and recommendations**
- **Achievements so far and how we have measured them**
- **Our plans for the future**

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For better
mental health

Mind

- Established 1946
- Around 200 local Mind associations providing services and support
- A national voice for people with mental health problems
- Focus on mental health and wellbeing for all
- Whole spectrum of mental health – from stress and anxiety to schizophrenia

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Rethink

- First established as National Schizophrenia Fellowship in 1972
- Schizophrenia and support for carers/relatives has always been at its heart though remit now broadened
- Over 140 groups across the country – support, activism
- The biggest national voluntary sector provider of mental health services
- Dedicated to campaigning to improve services, tackle discrimination, and protect the rights of people with mental health problems

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Growing need for an anti-stigma movement

- Service users consistently identifying stigma as one of the biggest barriers to recovery, welfare and quality of life
- Public attitudes declined mid-1990s – mid 2000s
- Evidence from other countries that population-wide attitude change is possible – Scotland (See Me) and New Zealand (Like Minds, Like Mine)
- Pilot projects run by Rethink in Norwich (England) and Northern Ireland showed a social marketing approach is effective

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And so Time to Change came about...

- Consortium of **two** voluntary sector partners – Mind and Rethink
- Evaluated by the Institute of Psychiatry, King's College London
- Funded by the Big Lottery Fund (£16m) & Comic Relief (£4m) – voluntary sector funders
- Four year programme - **2007-2011** (long term vision)

Aim to reverse declining attitudes and bring about major social change in the way we view and treat people with mental health problems

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Time to Change aims

- **5%** improvement in **public attitudes**
- **5%** reduction in **discrimination – behaviour as well as attitude change**
- **100,000 people** with mental health problems with increased ability to **address discrimination**
- **274,500** engaged in **social contact**

National noise + Local activities + Targeted projects

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Based on the social contact theory

Interaction between people with different experiences of mental health is one of the most effective ways of breaking down stigma

Conditions:

- Equal status
- Opportunity for individuals to get to know each other
- Information which challenges negative stereotypes
- Active co-operation
- Pursuit of a mutual goal



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National noise

- **Anti-Stigma Campaign:**
National social marketing campaign – advertising and PR reaching 30 million people
- **Website:**
Helping people get involved
- **Social networking**
33,000 Facebook fans, a new space for talking about discrimination and a forum for involvement



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Local activities: putting social contact into practice

- **Social contact events**

Including Human Library, high street events, community festivals

- **28 community projects**

Improving people's confidence, a route to social inclusion, campaigning

- **Open Up**

Network of people with mental health problems supported to challenge discrimination themselves

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Targeted projects: law, employment, professionals

- **Education Not Discrimination (END)**
Targeted training for **professionals**: teachers, medical students, GP surgery staff
- **Time to Challenge**
Online resource for **employers and employees**, and **legal** information and advice on mental health discrimination.

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Establishing the programme: first steps

- Research service user **experiences**
- In-depth research into **public attitudes**
- Identify core **target audience**
- Develop **evaluation tools** and **baselines**
- Develop **brand**
- **Recruitment** of Advisory Panel
- Establish **governance and management group**
- **Energetic promotion** to key stakeholders and networks
- Building a sense of **shared outcomes** and a **new movement**

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Researching the social marketing campaign

Service user and carer experiences

- 3,000 service users and 660 carers
- 87% reported actual or anticipated stigma/discrimination
- Impact of stigma & discrimination
- Who to target, tone and messages of campaign

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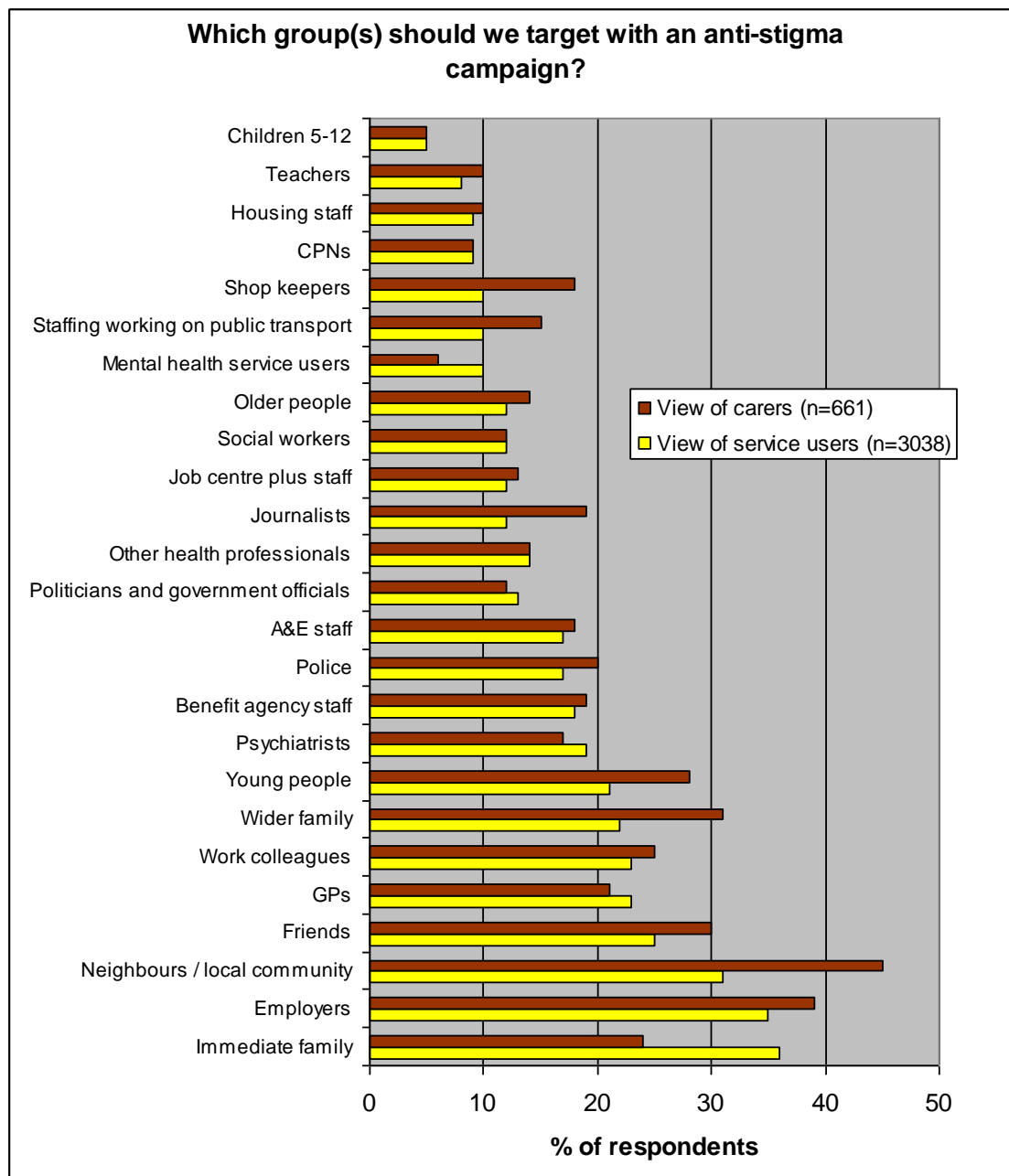
Stigma Shout

Service user and carer experiences of stigma and discrimination



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Researching the social marketing campaign

Public attitudes and how we can change them

Review of existing research

Audience insight research:

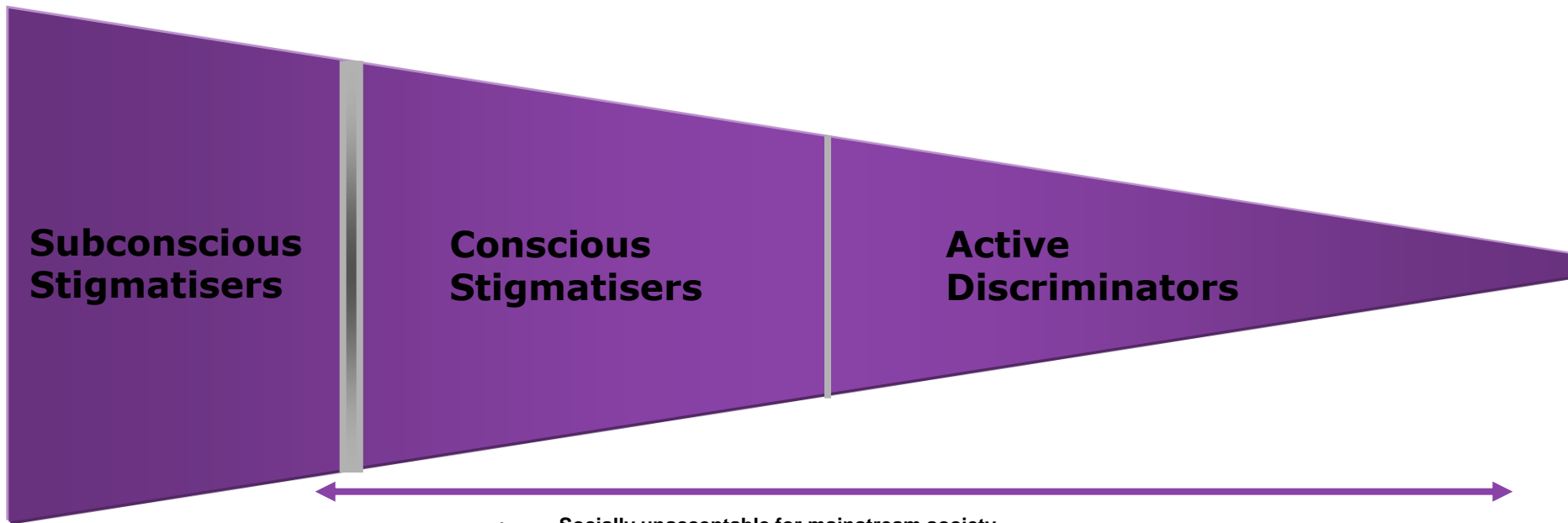
- One-hour depths interviews with representative sample of target audience
- Define most effective group to target and the motivations behind their attitudes

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Defining our target audience

Generating societal change by targeting subconscious stigmatisers is more likely to impact conscious and active stigmatisers/discriminators vs. head-on challenge



- Socially unacceptable for mainstream society
- Finding channels and messages to address these individuals = highly challenging

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The attitudes we needed to tackle

- **Stigma is often subconscious**
- **Discrimination? What's that got to do with mental health?**
- **I wouldn't want anyone to know**
- **The fear factor**
- **Lack of understanding and information**
- **There's not much connection between my life and mental health problems**
- **Walking on eggshells**

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Myth: Mental health problems are very rare.

Fact: Mental health problems affect 1 in 4 people.

You can help. Find out how at www.time-to-change.org.uk

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How we addressed these creatively: Year 1

- Getting mental health discrimination on the agenda
- Giving information and knowledge
- Generating sense of relevance



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How we addressed these creatively: Year 2

- Encouraging people to realise it's their behaviour that's part of the problem
- Asked people to make a pledge to change their own behaviour



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What has worked well - reaching the public

- Driven by audience insight
- Testing, testing, testing
- The 'ambush' approach – people won't willingly engage
- Celebrity involvement
- Positive tone important: not lecturing
- Working with local partners to add value – making our research and creative available
- Consistency of messages at local and national level
- Using communications to create virtual social contact

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What has worked well – empowering service users

- Empowerment and social contact key drivers for change so this needs to go hand in hand with talking to the public
- A national campaign can make it easier for people to feel able to disclose
- Social networking – Facebook, Twitter etc – create spaces for people to be involved and enhance sense of movement
- Small grants for people to set up their own initiatives
- Messages need to be delivered by people with direct experience where possible

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Some challenges

- Balancing the needs of the public audience vs people with mental health problems – it is aimed at the public, but need to keep service users on board
- Accepting that local engagement is critical, but can mean less of a tight control

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How we evaluate our impact

- **Annual survey with general public**
 - Knowledge, Attitudes, **Behaviour**
- **Annual survey with 1000 people with mental health problems**
 - Experienced and anticipated discrimination
- **Press coverage of mental health issues**
 - How is this changing over time?
- **Evaluating individual projects**
 - Eg. campaign tracking/market research
 - Questionnaires and focus groups for project/event participants

Population wide changes + impact of individual projects

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What we have achieved – changes in attitudes and reduction in discrimination

- 2.2% improvement overall in public attitudes (annual national survey)
- Significant improvements in knowledge and future behaviour amongst **campaign-aware** (market research after each campaign burst)
- 4% reduction in reported discrimination (annual survey of service user experience of discrimination)

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What we have achieved – social contact is working

- 35% of people without a mental health problem stated they had a more positive impression of people with mental health problems as a result of attending one of our events

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What we have achieved – impact on employers

Survey of employers who used our online resources:

- Almost 50% were more likely to hire a person with a mental health problem after visiting the site

Survey of wider changes in employers attitudes since we started:

- In 2006, 33% of employers reported that none of their employees would develop a mental health problem during their working lifetime, dropping to 7% in 2009

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What we have achieved – empowering people with mental health problems

Survey of people using our online resources for employees:

- 29% were more likely to apply for work after visiting the website
- 58% said that they were more confident about what to do next

Survey of members of our Facebook page:

- 83% felt more confident to challenge discrimination as a result

Survey of people who made a pledge online:

- 76% felt confident that since making the pledge, they could challenge stigma and discrimination. **This is an increase of 26% compared to pre-pledge.**

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What we have achieved – training is improving knowledge and behaviour in teachers

Trainee teachers

- A significant positive improvement to their knowledge and intended behaviour six months after the intervention

Teachers with management roles

- Improvements in knowledge, intended behaviour and some attitude measures after the intervention

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Future plans 1: 2011

- Final year of this phase
- Big burst of advertising in spring
- Integrated social contact activity – exploring possibilities online as well as in person
- Learning resource sharing experiences of individuals who have challenged discrimination
- Masterclass events to encourage local organisations to run activity

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Future plans 2: Phase 2 2011 - 2015

- Currently seeking government funding
- Developing strategy, outcome measures and some new evaluation tools
- The local/national/targeted approach will remain

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Thank you

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