TIME TO CHANGE WALES: FINAL EVALUATION REPORT

Overview Report

for Time to Change Wales

Mark Llewellyn and Jennifer Hilgart

Welsh Institute for Health and Social Care · University of South Wales

Catherine Nock and Anna Shakeshaft

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SUMMARY

The Table below provides an assessment of whether the Time To Change Wales campaign has achieved the outcomes it set out at the beginning of the funding period.

Key objectives	Achievement of outcome
To build a movement for change of people with lived experience of mental health problems, and their friends and families, dedicated to ending discrimination, with at least 4,000 people engaged and 200 committed activists in the programme	***OUTCOME ACHIEVED***
Achieve a 5% positive shift in public attitudes by 2014	***OUTCOME ACHIEVED AND EXCEEDED*** - *8.6% increase in average scores in a positive direction for public attitudes towards mental health problems between May 2012 and November 2014 [ORS Public Attitude Survey]* - *11 significant changes in a positive direction across statements about mental illness and those with mental health problems [ORS Public Attitude Survey]*
To create a 5% reduction in mental health discrimination by 2014	***OUTCOME ACHIEVED AND EXCEEDED*** - *A significant 10 percentage point decrease in reported experience of unfair treatment or discrimination [ORS Behaviour Change Survey]*
Direct milestones	**Achievement of outcome**
Deliver 15 social leadership projects	***OUTCOME PARTLY ACHIEVED***
Engage with 2,160 contacts in Formal Session attendees	***OUTCOME PARTLY ACHIEVED***
Engage with 3,000 contacts for Informal Session attendees	***NOT KNOWN***

WHAT DOES THIS MEAN FOR MENTAL HEALTH STIGMA AND DISCRIMINATION IN WALES?

In summary, the evidence indicates that there has been an overall positive shift in attitudes towards those with mental health problems and reductions in stigma and discrimination in relation to mental health across Wales, however it should also act as a prompt for change in the work of the campaign and where it is targeted going forwards, as well as how best to evaluate its further successes.

INTRODUCTION

SYNOPSIS

Time to Change Wales (TTCW), funded by the Big Lottery Fund, Comic Relief and the Welsh Government, is the first ever national campaign to end the stigma and discrimination faced by people with mental health problems in Wales by improving knowledge, attitudes and behaviour. To achieve this, TTCW carried out a wide range of projects that engage people in all sectors and communities between May 2012 and October 2014. Much more about the campaign and the work that it has been engaged in can be found here: http://www.timetochangewales.org.uk/

The campaign has been independently evaluated by the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales working in partnership with Opinion Research Services (ORS). Together WIHSC and ORS have collected a range of data that have been used to assess the impact of the campaign as a whole. This Overview Report brings all four strands of the research and evaluation together. As such this report should be read as a companion to reports written by WIHSC on all of the qualitative and quantitative data analysed during the evaluation, and alongside two reports from ORS – on the public attitude survey undertaken with members of the public over the course of the campaign, and a behaviour change survey with those people with lived experience of mental health problems or mental illness.

DEFINITIONS

Qualitative and quantitative evaluation data has been collected by WIHSC from TTCW community activists and from audience members at TTCW events and information sessions. Community activists are defined as those people who have volunteered their time to support the campaign. They could do this in multiple ways: as 'Champions' who have acted as ambassadors for TTCW; and/or as 'Educators' who have provided sessions to groups and organisations ('Audiences') across Wales to raise awareness of stigma and discrimination around mental health in the workplace and elsewhere; and/or as those who have led or being involved in 'Social Leadership' projects which were designed to work in communities to create and stimulate opportunities to talk about mental health and by definition to address issues about stigma and discrimination in conversation.

SERVICE USER EXPERT ADVISORY GROUP

It is important to note that the evaluation of the project was supported by three service users, all of whom have a background and expertise in research. Their contribution was essential in ensuring that the researchers took full account of the important issues around mental health and were an excellent reference point for suggestions and ideas. In addition, one of the group was able to undertake some of the research activity alongside WIHSC.

EVALUATION METHODOLOGY

The methodology of the four main strands of the evaluation are summarised below, which mirrors the structure of this Overview Report:

1. **Public Attitude Survey**

   ORS also undertook a series of surveys to measure public attitudes towards mental health problems and to monitor changing trends. One of the key targets was to create a 5% positive shift in public attitudes towards mental health problems to address discrimination by 2014. Therefore the aim of the surveys carried out by ORS was to monitor the attitudes of the Welsh public towards mental health problems within this time period as well as the impact of the Time

to Change Wales campaign in achieving any improvement. To do this, a baseline survey with a representative cross-section of approximately 400 residents living across Wales was carried out via telephone during May 2012 prior to the first media burst.

Residents were selected using random digit dialling with a quota controlled sampling approach to ensure a properly representative sample. To provide an effective framework for monitoring progress throughout the lifetime of the project, the baseline survey was followed by 4 interim waves, again with around 400 residents in each wave across Wales but with a smaller set of key tracking questions, timed to fit roughly around the time of the end of each media burst carried out by TTCW. Just after the final media burst in October 2014, ORS carried out a final survey, again with 400 residents, with the full set of questions that were asked in the baseline survey to track overall changes over the full period. The interview waves took place in:

- May 2012 (baseline survey);
- September 2012
- May 2013
- October 2013
- March 2014; and
- November 2014 (final survey)

The questionnaire was based on the questions used in a similar study carried out across England over the past 5 years but adapted by ORS to fit the needs of the project and its aims. The questions fall into two main categories; attitudes towards people with mental health problems, and awareness of any campaigns aimed at improving attitudes towards mental health problems.

It should be remembered that a sample, and not the entire population of Wales, has been interviewed. In consequence, all results are subject to sampling tolerances, which means that not all differences are necessarily statistically significant.

Where differences between surveys and between demographic groups have been highlighted as significant there is a 95% probability that the difference is significant and not due to chance. In some cases, differences that are significant at only a 90% confidence level are shown, but where this is the case this is clearly noted.

It should also be noted that in some places throughout the report changes between the baseline and the final survey are shown as percentage point changes (i.e. a change from 50% to 60% would be a 10 percentage point change), whereas in other places, as appropriate, changes are shown as percentage changes (i.e. a change from 50% to 60% in this case would be a 20% change). Therefore, percentage point changes and percentage changes should not be compared with one another.

2. Behaviour Change Survey

ORS were commissioned to undertake a series of five behaviour change surveys to measure people's experience of discrimination in relation to mental health problems. ORS recruited 307 people (aged 16+ and resident in Wales) who have experienced mental health problems first-hand, at some point during their life, to create a 'Mental Health Panel'. A majority of panel members were recruited via the TTCW Public Attitude Survey. Some panel members were also identified via other related surveys carried out by ORS, while others were provided by TTCW. All behaviour change surveys were carried out via telephone using a set script of mainly closed questions.

The questionnaire was designed to identify the level of stigma and discrimination, related to mental health problems, across a wide range of situations, as well as asking respondents about

attitudes towards mental health in general and how they feel the level of stigma and discrimination is changing, both for them personally and in general, since the campaign started. The full set of questions were asked in the baseline and final wave surveys, with a smaller sub-set of key tracking questions asked in the interim waves. In total there were four telephone survey waves:

- Baseline – March/July 2013
- First interim – July 2013
- Second interim – November 2013
- Final wave – October/November 2014

In addition to the structured telephone interviews, an additional interim wave was carried out in September 2014, between waves 3 and 4, which consisted of 20 longer, semi-structured 'depth' interviews. The interviewees included a mix of men and women, old and young and those currently working and not currently working. All of those interviewed had had their condition diagnosed by a doctor and were either currently experiencing mental health problems or had done within around the last 12 months. There was also a mix of 'high' and 'low level' conditions with the sample including those with depression, anxiety, personality disorders, bi-polar and schizophrenia.

The interviews included questions about personal experiences of stigma and discrimination; how they reacted to this, and/or changed their behaviour; their feelings on how levels of stigma and discrimination have changed generally and why this might be; their awareness of the campaign and how much of an effect they feel this had had and any ideas they have on what else could or should be done. The aim of these interviews is to look at the stories behind the results, and examine further the possible reasons for the responses given in the structured surveys. The outcomes from this wave will be used throughout the report to support the overall findings.

In general, where changes over time or differences between demographic groups have been highlighted as significant there is a 95% probability that the difference is significant and not due to chance. However, in some cases, changes over time where there is a 90% probability that the difference is significant, and not due to chance, are presented to indicate that there is likely to be a shift in behaviour/attitudes, however it should be remembered that in these cases there is a higher chance that the differences shown have occurred by chance.

It should also be noted that owing to small sample sizes, particularly for certain questions (which may not be applicable to all respondents) or sub-groups of respondents, some results are subject to relatively large confidence intervals (in excess of +/- 5); i.e., for a confidence interval of +/-10 at a 95% confidence level (CI), we can only be 95% certain that the actual result lies somewhere within 10% above or below the achieved survey result. While the sample size and sampling tolerances are taken into consideration when calculating whether a change is significant or not, when interpreting the results it should still be borne in mind that where there are large confidence intervals, significant increases and decreases are more 'indicative' and caution should be applied when reporting findings.

3. Audience and activists survey

The community activist and audience questionnaires were developed collaboratively between TTCW, WIHSC and ORS, and analysed by WIHSC. Community activists were asked to complete questionnaires before and after their training with TTCW and again at 3 months and 6 months follow-up. The questionnaires measured beliefs about mental health, the impact of being a TTCW activist and satisfaction with the training provided by TTCW. Similarly, members of the audience at various TTCW events completed a questionnaire which measured their beliefs and knowledge about mental health both before and after the session and again at 3 months follow-

up.

The analysis that has been performed has been informed by the approach of Results-Based Accountability (RBA) and the report is structured around the three key RBA questions and is based on both the internal activity data and independent evaluation data. The three key RBA questions are: how much did we do, how well did we do it, and what difference did we make?

Several inferential statistical tests were performed on the dataset in order to determine whether the differences between groups or patterns that can be seen are likely to be part of a systematic trend, or whether they have occurred by chance. The names of these tests have been stated where appropriate for completeness, but it is not necessary to know the details of these tests.

To interpret the findings, p-values can be examined. These values are calculated using the appropriate formula and represent the probability of a particular outcome occurring by chance- the value can vary between 0 and 1, and the smaller the value the less likely an outcome is occurring by chance and the more we can consider that there is a systematic effect (sometimes referred to as a significant outcome or result). The traditional cut-off point for a result to be accepted as statistically significant is 0.05 (i.e. 5%), so where p-values are presented they should be compared against this figure – any that are smaller than 0.05 are telling us that there is something interesting happening.

All of this said, it is important to note that the findings here represent provable patterns that have occurred in the dataset, and which have occurred in conjunction one with another outside of chance. They do not however demonstrate any causal relationships and we cannot state that change in any one variable can be attributed to another. So, for example, we are able to prove that there is a relationship between being a community activist and more frequently feeling optimistic about the future and that this has not happened at random, but we are unable to say that being a community activist necessarily caused that change in feelings about the future to occur. This is true for all of the data presented in this report.

4. Qualitative data

This qualitative data collected and analysed by WIHSC provides rich evidence about the range of activities being undertaken by TTCW and the impact that the campaign is having across Wales. In total, detailed information was gathered about:

- The experiences of two TTCW champions via 360 degree case studies
- Six social leadership projects which have taken place across Wales
- The impact of the campaign on five organisations who have signed up to the TTCW pledge
- Four TTCW educators who were interviewed by the WIHSC researchers
- Audience members' views of the TTCW Champions conference via three focus groups

In order to further explore the potential impact of the campaign on TTCW champions, Karen and Manon were selected to become the focus of in-depth, '360 degree' case studies. In-depth interviews were conducted with the champions to explore their experiences of volunteering for the TTCW campaign and how this experience had impacted upon them. Further contributions were gathered from Manon's and Karen's family, friends, and people who are involved in their mental healthcare, via interviews and email correspondence. The interview transcripts and case study report were verified with all the participants.

Similarly six community (or social leadership) projects were also identified as case studies. These projects are funded by TTCW to bring people with and without mental health problems together to take part in activities and events. Information was gathered from a number of sources including interviews with the project leaders and feedback from participants and event

attendees. For the first three case studies reported – 'Schizophrenic', 'Y Babell Goch', and 'Time to Write' – data was gathered from both the project leaders and participants in order to present a range of views about the experience of being involved with the project and the impact of the project. In the final three case studies – 'Mental Notes', 'Journey of Understanding', and 'Creative Challenge' – in-depth interviews with the project leads are drawn upon to provide a brief overview. In these interviews the project leaders were asked to reflect upon their experiences of organising the project and whether they achieved their intended aims.

The TTCW campaign has also been working with organisations to reduce mental health stigma and discrimination in the workplace. Organisations can demonstrate their commitment to tackling the misconceptions in society which surround mental health by signing the TTCW organisational pledge and they can also invite TTCW Educators into the organisation to deliver anti-stigma training to staff at all levels. The organisational case studies highlight the range of activities that TTCW has undertaken at an organisational level and draws upon interviews with key members of staff to explore the impact of the campaign. Five case studies are reported:

- Wales and West Housing, Cardiff
- DVLA, Swansea
- Aberystwyth University
- Arriva Trains Wales
- Hywel Dda Health Board

10 top tips for working with organisations were derived from the interviews conducted by WIHSC and are presented in this Overview Report.

Lastly, the qualitative evaluation activity conducted by the WIHSC between March and June 2013 is presented. This activity included interviews with educators and audience members and focus groups at the TTCW Champions conference, held in April 2013. At the Champions Conference, the discussions from focus groups were captured pictorially using graphic facilitation methods – the full image is reproduced in the relevant section of this report.

This report is split into four main chapters, which mirror the four elements of the evaluation methodology as described in the preceding section. The final chapter considers the findings and makes an evidence-based assessment of the extent to which TTCW achieved all that it set out to achieve, and the implications for policy making in Wales.

1. PUBLIC ATTITUDES SURVEY

The following paragraphs selectively highlight some key findings from the ORS Public Attitudes Survey, which intended to monitor the attitudes of the Welsh public towards mental health problems as well as the impact of the Time to Change Wales campaign in achieving any improvement. Readers are referred to the detailed ORS report for the full story.

ATTITUDES TOWARDS MENTAL HEALTH PROBLEMS

The first set of questions asked residents to what extent they agreed or disagreed with a range of statements (both positive and negative), all of which were opinions which some people may hold about mental illness and people with mental health problems. Six of the statement questions were asked across all waves and have been used throughout as key tracking questions.

The results from the baseline survey showed a relatively high starting point (in comparison to similar baseline surveys carried out in England), with generally very positive attitudes shown towards mental health. It is important to bear this in mind when assessing any changes since May 2012.

In particular the baseline results showed that almost all residents agreed that virtually anyone can develop a mental illness (98%) and we have a responsibility to provide the best possible care for people with a mental illness (98%). There was also a high level of disagreement that people with mental illness can never fully recover (76%) and as soon as a person shows signs of mental illness they should be hospitalised (77%).

Across the six key tracking questions there have been two positive significant changes since the first time they were asked:

- A significant increase in the level of agreement (8 percentage points) that *you know the basic facts about mental illness.*
- Both a significant decrease in agreement (6 percentage points) and a significant increase in disagreement (12 percentage points) that *being around someone with a mental illness makes me uncomfortable*.

As these six questions were asked across most waves they can be used as an indicator as to whether there has been an overall positive change in attitudes since the start of the campaign in 2012. An average score, on a scale of 1 – 5 where 5 is most positive, was calculated across the six questions in each wave.

If the November 2014 score is compared to the baseline survey in May 2012 there has been an 8.6% increase in average scores in a positive direction. However it should be noted that the baseline score does not include three questions which were only added in September 2012, and is therefore not a direct comparison. If the scores are instead compared to September 2012 (the point at which all six questions were asked for the first time), the percentage increase is 3.4%.

However, given the differences between questions (we cannot assume they are all equal) and the number of questions asked, it is recommended that emphasis should be placed on individual areas that can be said to have seen a statistically significant positive change in attitudes, rather than an 'overall' change.

Other positive significant changes seen across the questions regarding agreement with statements about mental health and those with mental health problems include:

- A significant increase in the level of disagreement (5 percentage points) that *as soon as someone shows signs of* mental *illness they should be hospitalised*.

- A significant increase in disagreement (12 percentage points) that *people with a mental illness cannot* be *held responsible for their own actions*.
- Both a significant increase in the level of agreement (9 percentage points) and a significant decrease in the level of disagreement that *people with a mental health problem are just as trustworthy as anyone else*.
- A significant increase in the level of disagreement (6 percentage points) that *people with a mental health* problem *are unpredictable*.
- A significant decrease in the level of agreement (8 percentage points) and a significant increase in the level of disagreement (15 percentage points) that *people with a mental health problem should not be allowed to hold public office*.
- A significant decrease in the level of agreement at a 90% confidence level (3 percentage points) and a significant increase in the level of disagreement (9 percentage points) that *people with a mental health problem should not be allowed to have children*.
- A significant increase in the level of disagreement (7 percentage points) that *people with a mental health problem are a burden on society*.
- A significant decrease in the level of agreement (6 percentage points) and a significant increase in the level of disagreement (9 percentage points) that *people with a mental health problem should not be given any responsibility*.

However, there has also been one negative significant change since the first time it was asked. There has been:

- A significant decrease in the level of agreement (9 percentage points) and a significant increase in the level of disagreement (90% CI) (5 percentage points) that *people with a mental health problem are far less of a danger than people suppose*.

The Table 1 below summarises the significant changes seen since the baseline survey where it can clearly be seen that almost all changes are in a positive direction. Changes highlighted in green are significant changes in a positive direction, and changes highlighted in red are significant changes in a negative direction.

In particular it is very encouraging to see levels of disagreement rise so much for some of the negative statements such as people with a mental health problem should not be able to have children; people with a mental health problem should not be able to hold public office; and being around someone with a mental health problem makes me feel uncomfortable. There are still some improvements in these scores which can be made but this shows that attitudes are definitely moving in the right direction.

When split by **sub-groups of the population** it can be seen that in general, **those who have either experienced/received treatment for a mental health problem themselves or have known somebody who has** are **significantly more likely to hold more positive attitudes** towards people with mental health problems. It is also apparent that in many cases, older residents, particularly those who are retired, are significantly less likely to hold such positive attitudes towards people with mental health problems, while **younger residents** (aged less than 55 years) are **significantly more likely to hold more positive attitudes** towards people with mental health problems.

Those who have seen advertising related to mental health and those with mental health problems within the last year are also shown to be **significantly more likely to hold more positive attitudes** about people with mental health problems.

Residents were also asked on a scale of 1 to 10 **how willing they would be in a range of scenarios**. When results from November 2014 are compared to those from the baseline survey in May 2012 it can

Table 1· Significant differences between May 2012 and November 2014 (Base: All Residents)

Positive Statements	May 2012		November 2014		% point change	
	% Agree	% Disagree	% Agree	% Disagree	% Agree	% Disagree
You know the facts about mental illness	65.5	20.0	73.2	17.6	+7.7	-2.4
People with a mental health problem are just as trustworthy as anyone else	77.5	10.5	86.9	5.3	+9.4	-5.2
People with a mental health problem are far less of a danger than people suppose	72.9	16.3	63.6	21.6	-9.3	+5.3 (90%cl)
Negative Statements	**May 2012**		**November 2014**		**% point change**	
	% Agree	% Disagree	% Agree	% Disagree	% Agree	% Disagree
As soon as a person shows signs of a mental illness, they should be hospitalised	15.0	77.1	12.8	82.3	-2.2	+5.2
Being around someone with a mental illness makes me feel uncomfortable	16.4	72.5	10.4	84.3	-6	+11.8
People with a mental illness cannot be held responsible for their actions	38.3	33.6	36.5	45.6	-1.8	+12
People with a mental health problem are unpredictable	58.7	19.3	58.2	25.2	+0.1	+5.9
People with a mental health problem should not be allowed to hold public office	25.8	56.7	17.6	71.3	-8.2%	+14.6
People with a mental health problem should not be allowed to have children	9.2	79.2	5.8	88.5	-3.4 (90%cl)	+9.3
People with a mental health problem are a burden on society	6.4	88.2	3.7	95.0	-2.7	+6.8
People with a mental health problem should not be given any responsibility	9.4	83.5	3.1	92.5	-6.3	+9

be seen that the order of willingness has not changed since the baseline survey, with residents on average more willing to *support a family member who developed a mental health problem* (average score of 9.1/8.7) or *work closely with someone with a mental health problem* (average score of 8.5/8.1) than to *have someone with a mental health problem care for their children or children they know*

(average score of 5.5/4.7).

However, it can also clearly be seen that **the level of willingness has increased for all scenarios between May 2012 and November 2014.** For the three scenarios that were asked in all six waves, there has been a general upward trend. Furthermore, **three of the scenarios showed a significant increase** in the average willingness score. There has been:

- A significant increase in willingness *to have someone with a mental health problem as a neighbour* (increase of 0.6 or 8%).
- A significant increase in willingness *to have someone with a mental health problem care for your children or children you know* (increase of 0.8 or 16%).
- A significant increase (90% CI) in willingness *to support a family member or friend who developed a mental health problem* (increase of 0.4 or 5%).

Again, it is particularly encouraging to see that while the scenario relating to caring for children scores lowest across all waves, it has increased by the largest proportion since the baseline survey, also reflecting the finding above that residents in November 2014 are significantly more likely to disagree that people with a mental health problem should not be allowed to have children when compared to May 2012.

It is also interesting to examine the spread of responses to the willingness questions as well as looking at the average score. It can be seen that for most of the scenarios there is a low proportion of cases across score 1-4, a slightly higher proportion of cases across score 5-9 and the majority of cases clustered at a score of 10. The scenario with the highest proportion of residents selecting a score of 10 is *to support a family member or friend who developed a mental health problem* reinforcing the finding that out of all the scenarios given, this is something that residents are most likely to be willing to do.

Conversely for *have someone with a mental health problem look after your children or children you know* the scores are much more scattered, i.e. responses are more varied. In contrast to all other scenarios, where 10 is the mode score, a score of 5 is selected most often for willingness to have someone look after their children, with only 12% selecting a score of 10.

Again, a sub-group breakdown for the willingness questions indicates that those who have either experienced/received treatment for a mental health problem themselves or have known somebody who has, those who are of a younger age and those who have seen advertising are significantly more likely to hold more positive attitudes towards people with mental health problems.

If they were to have a mental health problem themselves, the baseline survey showed that almost 9 in 10 residents (89%) felt that it was likely that they would go to their GP for help and 86% felt it was likely they would turn to family or friends for help. However, fewer residents (60%) felt it was likely that they would talk to their employer, and a fifth (20%) felt it was very unlikely. The final survey in November 2014 indicates that there has been little change in these indicators. It is also remains true that if they were to develop a mental health problem, residents would be more likely to turn to family or friends than visit their GP and least likely to talk to their employer.

If all waves are considered and broken down by demographic sub-group, it is interesting to note that while younger people in general tend to hold more positive attitudes towards mental health than older people, residents aged 16-24 are significantly less likely to go to their GP for help or talk to their employer if they developed a mental health problem. Furthermore those who have personally received treatment for a mental health problem are significantly less likely to turn to their friends or family for help.

Residents were also asked if they knew **what proportion of people in the UK might have a mental health problem at some point in their lives**, and given several options. In both May 2012 and November 2014 just over a fifth (22%) of respondents correctly identified that it is 1 in 4. However, in

May 2012 two thirds (67%) underestimated the prevalence of mental health problems, whereas in 2014 around three fifths (61%) gave an underestimation. This represents a significant decrease at a 90% confidence level, indicating that residents are becoming more aware of how prevalent mental health problems are.

PERSONAL EXPERIENCE OF MENTAL HEALTH PROBLEMS

Leaving themselves aside, **over four fifths (83%) of residents have personally known someone who has received treatment for a** mental **health problem**, **and 86% have personally known someone who has had experience of a mental health problem.**

Taking all waves into account, the majority of those who have known someone who has experienced/received treatment for a mental health problem are either extremely close (40%) or very close to this person (40%). Only 2% said they are not at all close to this person, which possibly suggests that in general residents are much more likely to be aware or somebody else having mental health problems when they are close to that person.

Again, if all waves are considered, **a quarter (25%) of residents stated that they have either personally received treatment or** experienced **a mental health problem at some point in their lives** which is what we would expect and this matches the statistics used throughout the campaign. 10% of all residents were currently experiencing a mental health problem at the time they were interviewed, while a further 4% felt that while it doesn't affect them currently it is likely to affect them again in the future.

As previously discussed, having had personal experience of a mental health problem, whether it be themselves or someone they know, is a key factor and likely the most important factor in determining how they feel towards people with mental health problems.

AWARENESS OF THE CAMPAIGN

Despite the national Campaign across Wales not having started at the time of the baseline survey, almost two fifths (37%) of residents had seen a poster or seen or heard some form of advert over the last year that raise the profile of people that have experienced mental health problems. This may have been from the campaign in England or other advertising.

There has been a wave on wave increase in the proportion of residents who have seen advertising in the last 12 months, between May 2012 and October 2013, reaching a high of 58%; the proportion then remained constant before dropping slightly to 49% in November 2014. This represents a significant increase since the start of the campaign, indicating that TTCW advertising is reaching wider and further afield.

Across the whole period of the campaign, the type of advertising most seen was television advertising (61%), followed by posters which had been seen by around a third (35%) of those who had seen any advertising. This has changed little over the six waves; however there has been a significant increase in the proportion of residents who have seen advertising online from 6% of those who had seen advertising in May 2012 to 15% in November 2014.

When split by sub-group of the population it can again be seen that those who have had some form of personal experience of mental illness and those who are younger (less than 55 years of age) are significantly more likely to have seen advertising which suggests that **those who are more aware of mental health issues anyway are more likely to notice and take note of advertising campaigns**.

Given the likely relationship between having personal experience of mental health problems and having seen advertising, to consider how much of an impact the advertising has actually had, it is necessary to exclude those who have either personally experienced a mental health problem or known someone who has and look at whether those who have seen advertising are significantly more or less likely to give more positive responses. In this case, those who had seen advertising, but had not had

any personal experience of mental health problems were significantly more likely to respond more positively to only one statement (significantly more likely to disagree that *as soon as a person shows signs of a mental illness they should be hospitalised).* This is in comparison to nine occasions where those who had seen advertising responded more positively when all residents are taken into consideration.

This suggests that the advertising has not had as much effect on those who are already less aware and therefore perhaps the group who most need targeting. However, it should be remembered that when only sub-groups of the population are analysed, sampler sample sizes mean that possible significant differences are not always evident. Therefore it would be interesting to further examine this theory with further surveying and a larger sample group.

2. BEHAVIOUR CHANGE SURVEY

The following paragraphs selectively highlight some key issues from the ORS Behaviour Change Survey, which measured people's experience of discrimination in relation to mental health problems over the time period of the TTCW campaign. Again, readers are referred to the detailed report for the full story. The suite of ORS reports also includes full cross tabulations.

ABOUT THE RESPONDENTS

Around half of the panel were currently experiencing mental health problems at the time of being interviewed with around three fifths having experienced mental health problems within the last 12 months.

The vast majority of respondents have had their mental health problem diagnosed by a doctor, and around half are currently receiving treatment. Around a third report that that their mental health problem limits their daily activities and around two fifths also have a physical illness or disability in addition to their mental health problem.

The panel includes respondents with the following diagnoses: Depression, Anxiety, Phobias, Bipolar Disorder, Schizophrenia & Schizoaffective disorder, Personality Disorder and a dual diagnosis, as well as others including Eating Disorders and Post-Traumatic Stress.

ATTITUDES TOWARDS MENTAL HEALTH

The baseline survey indicated a high level of awareness of facts and issues associated with mental illness, however a lower level of self-confidence was evident (two fifths rarely feel optimistic about the future, and only two thirds have felt good about themselves in the last week). Those who are currently experiencing mental health problems (particularly if they limit their daily activities), also have physical health problems and are not currently working are generally coping less well, are less confident and are less aware of issues related to mental health than those who are not currently experiencing, have no other issues and are able to work.

Since the baseline, there have been two positive significant changes with regards to attitudes towards mental health. There has been a significant increase in the proportion of respondents agreeing that: **'people with a mental illness should have the same rights to a job as everyone else'** for all respondents and for those who have previously experienced a mental health problem. At the point of the final wave 98% of all respondents agreed with this statement, compared to 91% at the point of the baseline.

Since the baseline, there has also been a significant decrease in the proportion of respondents agreeing that: **'I rarely feel optimistic about the future'** but only for respondents who previously experienced a mental health problem (not currently experiencing). At the point of the final wave 31% of all respondents agreed with this statement, compared to 38% at the point of the baseline.

EXPERIENCE OF STIGMA AND DISCRIMINATION

For those who had not experienced mental health problems for 12 months or more at the time of the baseline survey around a third reported that they still sometimes changed their behaviour or avoided certain situations because they felt they may be treated differently, while fewer than a fifth felt they were discriminated against or treated unfairly. By the point of the last wave participated in there has been a significant 10 percentage point decrease in reported experience of unfair treatment or discrimination in general for all these respondents.

This suggests that even those not currently experiencing mental health problems perceive there to be stigma and discrimination surrounding mental health, but that this is less prevalent when no longer experiencing. It is also interesting to note that when the baseline data is considered by sub-groups, it shows that those who experienced mental health problems more than 10 years ago are significantly less likely to still experience discrimination or change their behaviour, and more likely to feel that none of the above apply suggesting that levels of discrimination, or at least perceptions of, improve over time.

When asked about the level of **unfair treatment or discrimination** experienced in a range of situations in the last three months, the baseline survey showed that the situations where the highest proportion of respondents had experienced discrimination or unfair treatment at least some of the time were when applying for a new job or course (32%); by their family (31%) and at work (26%).

It should also be noted that in no situation was there a high level of discrimination evident, with over half of respondents saying they never experienced unfair treatment or discrimination in any of the situations given.

It is also interesting to note that experiences of and perceptions of discrimination are not limited to certain situations, and those who do experience discrimination or change their behaviour are likely to do so across all areas in their life.

Experience of unfair treatment and discrimination was also not widely reported during the 'depth interviews', however those who did report experiencing some discrimination described situations related to their work and also with current friends and family – mainly alluding to an assumption that a lack of understanding of mental illness was driving the behaviour of those around them. One respondent also explained why they, as an ex-psychiatric nurse, perceived a hidden stigma amongst psychiatric nurses towards people with mental health problems.

Since the baseline survey there have been three significant changes in a positive direction, all related to the situations mentioned above.

There has been a significant decrease in reporting of unfair treatment and experience of discrimination 'all or some of the time' **at work** for those who are currently experiencing mental health problems (95% cl), and for all respondents (90% Cl); **by current friends** for those who have previously experienced mental health problems but are not currently experiencing; and **by those who work in mental health** for all respondents.

Although in general, respondents of the 'depth interviews' thought that stigma and discrimination was decreasing, there was a distinction between different mental health problems. On the whole, those that suffered from depression or anxiety experienced lower levels of discrimination. Generally respondents felt that severe mental health problems—such as schizophrenia—seemed to carry more discrimination.

In terms of being **treated more positively**, the baseline survey showed that situations where the highest proportion of respondents had experienced being treated more positively at least some of the time were by people who work in mental health (53%), when getting help for a physical health problem at a hospital or GP practice (52%) and by their family (49%).

In general, a higher proportion of respondents stated that they have been treated more positively than have experienced unfair treatment or discrimination across all situations, with the exception of when applying for a new job or course where a slightly higher proportion report unfair treatment and discrimination than being treated more positively.

Since the baseline survey there have been five significant changes.

There has been a significant decrease in reporting of being treated more positively 'all or some of the time' **at work** for those who are currently experiencing mental health problems, and for all

respondents; **at school, college or university** for all respondents; **by people who work in mental health** for those currently experiencing mental health problems; and **in current accommodation or finding new accommodation** for all respondents (90% CI); whereas there has been a significant increase in being treated more positively 'some or all of the time' **when dating** for all respondents.

In terms of **changing behaviour or avoiding certain situations**, the baseline survey showed that the situations where the highest proportion of respondents changed their behaviour or avoided certain situations because they perceived they may be treated differently at least some of the time are at work (51%); when applying for a new job or course (44%); and when dating (42%).

In general, a higher proportion of respondents stated that they have changed their behaviour or avoided certain situations because they perceived they may be treated differently than have actually experienced unfair treatment or discrimination, possibly suggesting that perceptions of stigma and discrimination are higher than actual experiences of discrimination.

Furthermore, if relationships between question responses are analysed it suggests that experiencing unfair treatment or discrimination in various situations may cause people to avoid situations or change their behaviour in that particular situation. This could possibly explain why experiences of negative discrimination are not higher than they are or have decreased in some cases; however there is no evidence from the survey that those who do alter their behaviour are more or less likely to experience discrimination.

Since the baseline survey there have been three significant changes in a positive direction.

There has been a significant decrease in reporting of changing behaviour or avoiding certain situations 'all or some of the time' **around family** for those who have previously experienced mental health problems, but not for those who are currently experiencing; by **current friends** for those who have previously experienced mental health problems, but not for those who are currently experiencing; and in **their current accommodation or in finding new accommodation** for all respondents (90% CI).

It is interesting to note that some of the significant changes, particularly those regarding a change in behaviour, are limited to those who previously experienced mental health problems but are not currently experiencing. This further suggests that experience of stigma and discrimination, and perceptions of it, improves for those who are no longer experiencing mental health problems, while those still experiencing have seen fewer changes and have not changed their own behaviour as much.

As well as changing their behaviour to hide their mental health problem, respondents to the 'depth interviews' spoke specifically about avoiding speaking about their mental health problem, although their willingness to talk about it depends on who they are talking to. In general, it seems that if they know somebody well they are happy to talk more openly, but it is more difficult with people they know less well as they feel that other people won't understand, and are unsure how people will react.

Several respondents to the 'depth interviews' reported that they had not disclosed their health issues to their employer owing to fear of the reaction they will get. This was a central theme within the structured surveys also, with experiencing discrimination in a work situation or applying for a job mentioned most frequently, and several respondents stating that they had missed out on opportunities or felt they were not trusted in the work place.

CHANGE OVER THE LAST THREE MONTHS

The baseline survey showed that over the three months prior to being interviewed around half of all respondents had actively tried to overcome stigma and discrimination in various parts of their lives. Around a fifth had actually been avoided or shunned by people who know they have a mental health problem.

Since the baseline survey there has been a significant decrease of ten percentage points in reporting of

being avoided or shunned in the last three months by someone who knows they have a mental health problem for all respondents. By the point of the last wave participated in, only 13% reported being avoided or shunned by someone who knows they have a mental health problem.

There have been no significant changes since the baseline survey when asked how the **level of stigma and discrimination** they are currently experiencing has changed over the last three months or with how well they are coping with this. While most report no change, around a fifth felt that they are experiencing less stigma and discrimination, and around a third felt they are coping better than they were 3 months ago.

Three fifths of respondents to the baseline survey reported that they **feel more comfortable talking about mental health**, and this has remained relatively consistent across the waves with no significant changes.

The majority of respondents to the 'depth interviews' felt that their willingness to talk about their mental health problem had increased. Some people attributed this to the increased awareness generated in the media about mental health problems, with one respondent mentioning a Time to Change Wales TV advert specifically. Furthermore, some respondents found that their willingness to talk about their mental health issue had increased due to people in general talking more openly about mental health nowadays.

At the point of the baseline survey almost three quarters of respondents felt that general attitudes towards mental health problems had not changed; however, almost a fifth felt that general attitudes towards mental health problems had improved while less than 1 in 10 felt they had got worse. By the point of the last wave participated in there has been a significant increase in the proportion who feel that **general attitudes towards mental health** have improved from 18% to 34% for all respondents; and this is true for both those currently experiencing and those not currently experiencing.

Findings from the 'depth interviews' varied; however many perceived no change at all when asked about the levels of stigma and discrimination towards people with mental health issues. However, many respondents felt that levels of stigma in general have got better and some attributed this to mental health storylines on soaps and dramas, or high-profile celebrity cases – such as the death in 2013 of film star Robin Williams. It was suggested that these high-profile cases could be helpful for the campaign as they promote the idea that many people can—and do—have mental health problems.

However, around four fifths of respondents agree that there is stigma and discrimination shown towards people with mental health problems through the media and there has been little change in this result over the lifetime of the project.

AWARENESS AND IMPACT OF THE CAMPAIGN

At the time of the baseline survey almost two thirds (66%) of respondents had seen a poster or seen or heard some form of advert that raises the profile of people that have experienced mental health problems over the last year. This compares to approximately two fifths of the general public last year (37% Public Attitude Survey May 2012; 43% Public Attitude Survey September 2012) possibly suggesting that those who have experienced mental health problems themselves are more likely notice adverts about mental illness. However, in contrast to the Public Attitude Survey, there has been little change in the proportion of respondents who have seen advertising by the point of the final survey.

Findings from the 'depth interviews' suggest that those who are more aware of the work of 'Time to Change Wales' are more likely to be positive about what it has achieved, with those who had a very good knowledge of the campaign stating that they felt the campaign had decreased stigma.

While there has been little change since the baseline survey in either of these aspects, three fifths of respondents who were previously aware of the campaign felt they are now more confident in dealing

with their mental health problems in terms of their relationships and interactions with other people than before they were aware of the campaign and a third felt that the campaign is assisting in reducing stigma and discrimination in general a great deal. Furthermore, **almost four fifths (78%) feel that the campaign is assisting at least to some extent in reducing stigma and discrimination against people with mental health problems.**

Also, while there has been little change in the proportion who feel that the Time to Change Wales campaign has assisted in reducing stigma and discrimination related to mental health problems, **there has been a significant increase in agreement that general attitudes have improved** (as noted earlier). While this may appear to suggest that the campaign hasn't been the main factor in driving change, it is perhaps more likely that many just do not associate the campaign with the changes that have occurred generally, and perhaps the work and achievements of the campaign are not reaching the wider population. This reinforces the suggestion that those who are more aware of the work of the campaign are more likely to associate it with positive changes generally.

Respondents to the 'depth interviews' also generally felt that this was 'just the beginning' and that while there has been a positive start, there is still a long way to go. There were also several suggestions with regards to how the campaign could be improved going forward, such as increased use of social media to raise awareness, and more work aimed specifically at more rural parts of Wales, the north in particular. Educating employers, to make work-places an environment where those with mental health problems felt like they could be more open about their health without fear, was also mentioned.

Of course, these are all things that 'Time to Change Wales' are already doing, but evidence suggests that perhaps that as yet it has not reached as far as it could do and more work in these areas could be very beneficial to the overall campaign.

SUMMARY OF SIGNIFICANT CHANGES SINCE THE BASELINE SURVEY

The following table summarises the areas where significant changes have been seen since the baseline survey, for all respondents, those currently experiencing and those who have previously experienced a mental health problem.

Table 2 · Behaviour change survey: Significant changes from baseline

All Respondents
↑ agreement that 'people with a mental illness should have the same rights to a job as everyone else'
↓ reporting of unfair treatment and experience of discrimination 'all or some of the time' at work (90% CI)
↓ reporting of unfair treatment and experience of discrimination 'all or some of the time' by people who work in mental health
↓ in reporting of changing behaviour or avoiding certain situations 'all or some of the time' in their current accommodation or finding new accommodation
↓ in reporting of being avoided or shunned in the last three months by someone who knows they have a mental health problem
↓ in reporting of being treated more positively 'all or some of the time' at work
↓ in reporting of being treated more positively 'all or some of the time' at school, college or university
↓ in reporting of being treated more positively 'all or some of the time' in current accommodation or finding new accommodation (90% CI)
↑ in reporting of being treated more positively 'all or some of the time' when dating (90% CI)

Table 2 (continued) · Behaviour change survey: Significant changes from baseline

Those currently experiencing a mental health problem
↓ reporting of unfair treatment and experience of discrimination 'all or some of the time' at work
↑ proportion of respondents who feel that the general attitudes towards mental health have improved
↓ in reporting of being treated more positively 'all or some of the time' at work
↓ in reporting of being treated more positively 'all or some of the time' by people who work in mental health

Those who previously experienced a mental health problem
↑ agreement that 'people with a mental illness should have the same rights to a job as everyone else'
↓ agreement that 'I rarely feel optimistic about the future'
↓ reported experience of unfair treatment or discrimination in general
↓ reporting of unfair treatment and experience of discrimination 'all or some of the time' by current friends
↓ in reporting of changing behaviour or avoiding certain situations 'all or some of the time' around family
↓ in reporting of changing behaviour or avoiding certain situations 'all or some of the time' by current friends

3. QUANTITATIVE DATA

The following section provides a brief summary of the questionnaire data analysed by WIHSC that was collected from TTCW community activists and from audience members at TTCW events and information sessions. The analysis is structured around the three key RBA questions and is based on both the internal activity data and independent evaluation data. The three key RBA questions are: how much did we do, how well did we do it, and what difference did we make? The first part of this summary includes the data received on community activists against the three key RBA questions, and the second considers findings from the audiences of the education sessions in the same way. The complete analysis is provided in the full quantitative data report.

HOW MUCH DID WE DO? - ACTIVISTS

Descriptive statistics were calculated to provide background information about the dataset. 173 community activists provided baseline demographic data. Two-thirds of activists were female, and a majority were of working age between 25 and 64 years. 79% reported that they were White British and around 15% reported that they could read, speak or write in Welsh language.

95% of the activists either had personal experience of mental health and/or knew someone who had experienced mental health problems, a figure which is derived from combining those who have had personal experience of mental health problems and those who knew someone with such experience.

HOW WELL DID WE DO IT? - ACTIVISTS

This section describes feedback from the community activists about the training provided by TTCW. Table 3 demonstrates that activists were generally very positive about the training sessions.

A majority of activists agreed that they learnt new things during the training and that the sessions were enjoyable and interesting. 60% either tended to disagree or strongly disagreed with the statement that 'the training has *not* given me the skills I need to become a TTCW community activist', with around one-fifth of activists neither agreeing nor disagreeing with this statement.

Table 3 · Satisfaction with the training received

Statement	Strongly agree		Tend to agree		Neither agree nor disagree		Tend to disagree		Strongly disagree	
	n=	%	n=	%	n=	%	n=	%	n=	%
I learnt new things during the training sessions	60	59%	32	32%	5	5%	2	2%	2	2%
I didn't feel adequately supported during the training sessions	5	5%	3	3%	10	10%	22	22%	60	60%
The training sessions lasted about the right length of time	48	48%	40	40%	9	9%	2	2%	2	2%
The training sessions were delivered in an enjoyable and interesting way	67	66%	30	30%	3	3%	0	0%	1	1%
The training has not given me the skills I need to become a TTCW community activist	10	10%	11	11%	18	18%	19	19%	40	41%

WHAT DIFFERENCE DID WE MAKE? - ACTIVISTS

Community activists were asked to respond to outcome statements at each evaluation time-point. The first set of five outcomes statements relate to their views specifically in relation to their role with TTCW:[1]

- I do not feel comfortable talking to others about mental health;
- I think I know the basic facts about mental illness;
- I feel equipped to lead discussions and sessions with members of the public about mental health;
- I understand how stigma and discrimination affects me; and
- I can see how my experience could help reduce stigma and help others in similar situations

In addition they were asked about seven general outcome statements which related to their views about mental health, stigma and discrimination:

- People with a mental illness should have equal rights to a job the same as anyone else
- I believe I can have a role to play in my community
- I am confident to take part in community life
- In the last week I've felt good about myself
- I rarely feel optimistic about the future
- I am learning new skills
- I am not able to develop meaningful relationships

CHANGES TO THE OUTCOMES DATA FROM BASELINE TO POST-TRAINING

The median outcomes for each outcome variable were calculated, based on clients who provided both a baseline and post-training score[2].

All median scores were high at baseline – the highest possible median score is 5 for positively worded statements and 1 for negatively word statements – which suggest that community activists generally had positive attitudes towards their role within TTCW and about mental health at baseline. There was one exception to the high baseline scores, which was in response to the statement 'I rarely feel optimistic about the future', where the median score was 3 at both time-points (corresponding to neither agreeing nor disagreeing with this statement).

Despite this, the generally high starting point might suggest that those who volunteer to be community activists already feel confident to talk about mental health issues and have some understanding of mental health stigma and discrimination, especially as nearly all the activists in this evaluation sample either had personal experience of mental health or know someone with mental health problems. The fact that the majority of statements show a relatively high starting point can make any changes over time difficult to detect. Indeed, there were no changes in median scores from baseline to post-training, apart from an increase by one point for 'I am confident to take part in community life'.

[1] These outcomes statements were all measured on a 5-point scale and scored accordingly – from strongly disagree (=1) to strongly agree (=5). It should be noted that there was a deliberate mixing of positively and negatively phrased statements. This means that for positively worded statements (e.g. "I am confident to take part in community life") an increase in the score over time represented a positive outcome, but that for negatively worded statements (e.g. "I am not able to develop meaningful relationships") a decrease in scores over time represented a positive outcome.

[2] The median value (rather than the mean or mode) is used as for data like this as it is the best indicator of the typical case and shows most clearly what changes, if any, might be anticipated in future.

However, it is encouraging that there were no statements in which the median score suggests a worsening of outcomes over time.

Analyses were performed to determine whether there was a trend to the direction of change where changes were observed. For ten of the outcome statements the differences were significant ($p<0.05$), with the vast majority of changes, where they occurred, being positive. So although few changes in median scores were identified there were generally few cases where community activists gave a poorer outcome score after training compared to baseline.

CHANGES TO THE OUTCOMES DATA FROM POST-TRAINING TO FOLLOW-UP

The above analysis was repeated to explore any changes over time from post-training to follow-up, based on clients who completed a questionnaire at both time-points. This showed that the median outcome scores generally remained stable over time. The response to the statement 'I rarely feel optimistic about the future' is encouraging as there was an improvement over follow-up, with median scores decreasing from 3 to 2, whereas from baseline to post-training there was no such change over time.

Again it is difficult to assess any other changes over time as the median scores at post-training were already close to the maximum possible score for the outcome statements. Therefore, as before, analyses were performed to determine whether there was a trend to the direction of change where changes were observed.

There were no changes in scores from post-training to follow-up in a majority of cases. The numbers of activists whose scores either improved or deteriorated were roughly equal – none of the outcomes showed a significant difference from post-training to follow-up.

This suggests that the extent of improvement after training was not as great as that seen from baseline. However, it should be noted that the sample at follow-up was reduced from 100 to 60 respondents, which limits the extent to which the two analyses should be compared.

HOW MUCH DID WE DO? – AUDIENCE

1818 audience members completed a questionnaire before and after attending a TTCW session or event which were held in each of the 22 local authorities in Wales. Around seven in ten who attended were female and 71% were aged between 25 and 54 years. Around half of all audience members had personal experience of mental health issues, with 1605 audience members (89%) reporting either having personal experience or knowing someone who has experience of mental health problems.

HOW WELL DID WE DO IT? – AUDIENCE

There were no structured questions asked about the quality of the sessions, but some audience members gave written feedback about the event. As shown in the selection of quotes below, hearing from a person who has a lived experience of mental health problems was seen a powerful way of communicating the impact of mental health stigma and discrimination. The event was described as '*inspirational*' and '*thought-provoking*', which suggests that audience members will remember the TTCW message in the future:

> *Everything was explained perfectly, I didn't think I could learn anything from this course, but I was truly wrong in thinking this*
>
> *Andy was great and hearing from an individual who has lived it is very powerful*
>
> *This session highlighted the issue of stigma in the workplace that really needs to be addressed. Inspirational presentation!*
>
> *Hadn't realised 90% [experience] stigma and discrimination, shocking stat! Two powerful accounts*

of stigma and discrimination. It is a wakeup call for all in the room and powerful messages to take forward

I had heard the "1 in 4" statistic but didn't realise so many people experienced stigma & discrimination. I have self stigma as I am afraid to talk about my mental health encase I am laughed at and tend to isolate myself

WHAT DIFFERENCE DID WE MAKE? – AUDIENCE

As part of the TTCW campaign evaluation, data was gathered from people who had attended a TTCW session or event, to explore the impact of the sessions on audience members' beliefs and knowledge about mental health and mental health stigma and discrimination.

CHANGES TO THE OUTCOMES DATA FROM PRE- TO POST- SESSION

Outcomes data for the project were measured on a 5-point scale as above – from strongly disagree (1) to strongly agree (5).

Table 4 shows the median outcomes for each outcome variable, based on audience members who provided both a pre- and post-session score, and indicates that a majority of variables saw a median improvement, which suggests there were improvements across these domains. There was no change in the median score for two of the statements where the pre-session score was the maximum possible score (a score of 5).

Analyses were also performed to determine whether there was a trend to the direction of change where changes were observed (Wilcoxon tests performed). All outcomes were significant ($p<0.05$), with the vast majority of changes, where they occurred, being positive.

Table 4 · Pre- and post-session median outcomes scores

Outcome statement - Your views	Pre-session score	Post-session score	**Net change**
I feel comfortable talking to others about mental health	4	5	**+1**
I know the basic facts about mental illness	4	5	**+1**
Being around someone with a mental illness makes me feel uncomfortable	2	1	**+1**
I understand how stigma and discrimination can affect people with a mental illness	5	5	**No change**
People with a mental illness can never recover	1.5	1	**+0.5**
People with a mental illness have the same rights to a job as anyone else	5	5	**No change**

CHANGES TO THE OUTCOMES DATA FROM TO POST-SESSION TO FOLLOW-UP

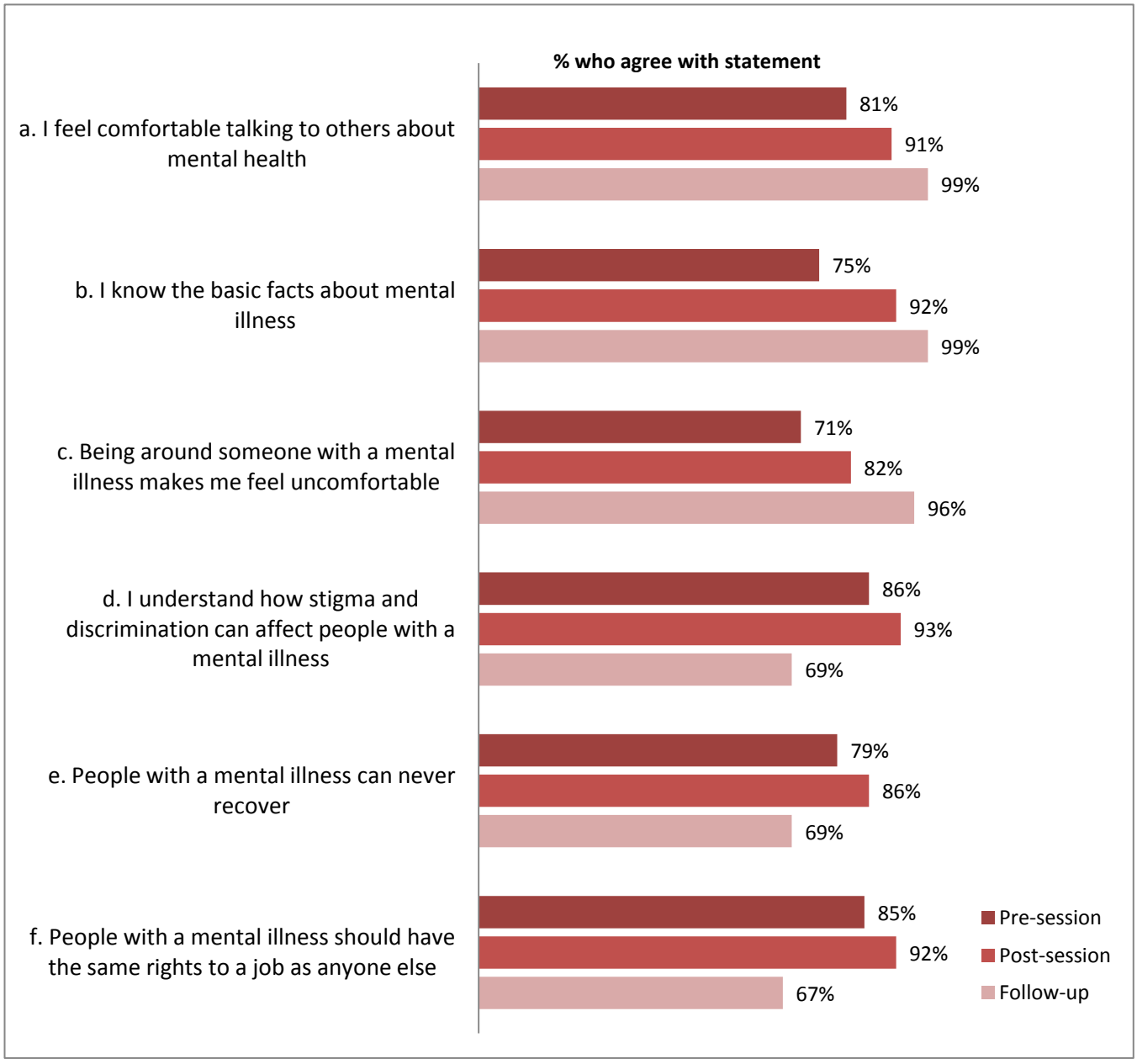
The above analysis was repeated to explore any changes over time from post-session to 3 month follow-up, based on audience members who provided a score at both post-session and follow-up. This shows that the outcomes generally remained stable over time. All the median scores were at the maximum possible score at both time-points, indicating positive beliefs about mental health.

Analyses were also performed to determine whether there was a trend to the direction of change where changes were observed (Wilcoxon tests performed). All outcomes were significant ($p<0.05$),

with the vast majority of changes, where they occurred, being positive. However, it is important to note that for responses to the statements 'I understand how stigma and discrimination can affect people with a mental illness' and 'People with a mental illness have the same rights to a job as anyone else', a greater proportion of respondents showed a decrease in scores rather than an increase from post-session to follow-up.

Figure 1 below includes all respondents and shows the proportion of those agreeing with each statement for all three time-points (pre-session, post-session, follow-up).

Figure 1 · Proportion of agreement with outcome statements across time



The proportion of audience members who disagree is reported for statements (b) and (e), as this is the preferable response. The proportions of those agreeing with all statements increased after the TTCW session. A further increase was seen at follow-up for three of the statements (a, b, and c) whereas a decrease from post-session was seen for the other three statements. However it should be noted that there were a fewer number of respondents at follow-up (n= 100 to 140) compared to pre- and post-session (n= approximately 1800) so caution is warranted when comparing post-session and follow-up responses.

AUDIENCE KNOWLEDGE – PRE- AND POST-SESSION

As part of the evaluation of the education sessions audience members were asked three multiple choice questions about the prevalence of mental health problems and mental health stigma and discrimination, based on figures for the UK. The following section describes how many people gave correct answers to these questions before and after the education sessions. Of most especial interest are those who provided an incorrect answer pre-session but whom post-session provided the correct answer.

Question 1 - How many people will experience a mental health problem? (Correct answer: 1 in 4)

Before the session, 1231 out of 1731 (71%) people answered this question correctly, with 500 (29%) people giving an incorrect answer. Of the 500 who answered incorrectly before the session, 434 (87%) gave the correct answer after the session. At 3-month follow-up, 95% of 84 respondents answered this question correctly.

Question 2 - How many people will be diagnosed with schizophrenia during their lifetime? (Correct answer: 1 in 100)

Before the session, 605 out of 1715 (35%) people answered this question correctly, with 1110 (65%) people giving an incorrect answer. Of the 1110 who answered incorrectly before the session, 724 (65%) gave the correct answer after the session. At 3-month follow-up, 90% of 83 respondents answered this question correctly.

Question 3 - How many people with a mental health problem experience stigma and discrimination? (Correct answer: 9 out of 10)

Before the session, 529 out of 1615 (33%) people answered this question correctly, with 1086 (67%) people giving an incorrect answer. Of the 1086 who answered incorrectly before the session, 819 (75%) gave the correct answer after the session. At 3-month follow-up, 93% of 84 respondents answered this question correctly.

WHAT IS THE INFLUENCE OF DEMOGRAPHICS ON OUTCOMES?

Analyses were performed to determine whether having personal experience of mental health or knowing someone who has experience of mental health problems had an impact upon responses to outcomes statements prior to attending the TTCW session.

For many of the outcomes statements, those who reported not having personal experience of mental health problems generally gave more negative answers. For example 59% of those with personal experience strongly agreed that they understand how stigma and discrimination can affect people, compared to 47% for those without personal experience. Similar results were found when responses were analysed by the variable of knowing someone with experience of mental health problems. For example, 39% of those who reported that they know someone who has experienced mental health problems strongly disagreed that they feel uncomfortable around people with mental health problems, compared to 17% who did not know anyone with mental health problems.

Although there were improvements in responses to these outcome statements overall after the session, indicating a decrease in stigmatising beliefs about mental health, there were still some areas where those with personal experience or who know someone with mental health problems gave more positive responses – such as 'knowing the basic facts about mental health', and 'feeling comfortable around people with mental health problems'. However, after the session there were no significant differences between these groups for responses to the statements about 'people with a mental illness having the same rights to a job as anyone else' and 'people with a mental illness can never recover' with 70% and 80% of respondents providing positive answers to these statements after the session.

4. QUALITATIVE DATA

This qualitative data collected and analysed by WIHSC provides rich evidence about the range of activities being undertaken by TTCW and the impact that the campaign is having across Wales. This section provides an overview of this evidence – readers are referred to the full qualitative report for a more detailed analysis. In total, detailed information was gathered about:

- The experiences of two TTCW champions via 360 degree case studies;
- Six social leadership projects which have taken place across Wales;
- The impact of the campaign on five organisations who have signed up to the TTCW pledge; and
- TTCW educators, audience members and other community activists.

CHAMPIONS 360 DEGREE CASE STUDIES

The quantitative evaluation report produced by WIHSC has indicated that the TTCW campaign is not only impacting on its audiences but also those individuals (or champions) who have lived experience of mental health problems and who are involved in delivering the key messages of the campaign through various activities. In order to further explore the potential impact of the campaign on this group of individuals, two champions – Karen and Manon – were selected to become the focus of in-depth, '360 degree' case studies. This section outlines the findings of the case study work.

Manon's story

The discussion below is based upon three telephone interviews with: Manon – a TTCW champion; John – Manon's father and TTCW champion; and Susannah – Manon's Psychotherapist. Each of the interviews took place between February and March 2014 and were focused on understanding if and how Manon's involvement in the campaign had impacted on her.

At the time of the interview Manon was 24 years old. She was diagnosed with an eating disorder ten years previously and has since spent periods of time as an inpatient receiving treatment, both in Wales and in England. Alongside her eating disorder, Manon has OCD.

All three participants described what life has been like for Manon in the recent past. They described how the rituals and routines associated with the OCD had led Manon to be very isolated; *I was in and out of hospital not really getting anywhere. After the last time, I got home feeling quite stuck and that's when the OCD came in, cleaning and things. It got to the stage when I was only having half an hour out of the house because I had all these rituals and routines. So it got pretty bad.*

As part of Manon's therapy, Susannah encouraged her to maintain activities outside of the home; *One of the main difficulties she was experiencing, is that she was very isolated, and because of the illness she would very often be trapped inside of the house.* With encouragement from John and Susannah to get out of the house, Manon visited the Eisteddfod with her family – to have a short walk around. It was during this visit that Manon first saw the TTCW campaign; *I had never heard of TTC before. I think I had just completely isolated myself, at home, not really looking at television or anything.* Manon was keen to visit the TTCW stand and introduce herself – the messages of the campaign resonated with her and her past experiences; *It stood out, the stigma messages and things... I had always hidden it [my illness]... I realise the damage that that had done to me, of not being honest and not talking about it.*

Manon's involvement in the campaign has evolved over the past 15 months. The first thing she was asked to do was to write a blog as it was something she could do within her home; *the feedback I got from it was quite good. That also gave me a bit of a boost, some confidence. So I thought I would try something else*. This led to Manon being interviewed for newspapers and radio, in which she would

talk about the campaign and how important she felt it is to be open and honest. Manon has shared her experience in relation to openness and has talked about the damage that she had done by trying to hide her illness for so many years.

Manon felt that her involvement with TTCW had impact on her in a number of ways. First, and as alluded to above, it gave Manon a **distraction** from her illness:

> *It gave me that motivation to try and not let the illnesses take over. A big thing as well is distraction. The worst thing you can do when you have horrible thoughts is to shut yourself off because it can become all consuming. By being part of the campaign, being out of the house, meeting people, that just gave me the distraction I needed.*
>
> *It was something in my life that wasn't anorexia, that wasn't OCD...It completely changed my life. Completely...It has given me a reason to get up in the morning...It's given me a life really. It's given me something that is not illness if that makes sense.*

Similarly, Manon's father described the TTCW as a **focus** for Manon; *it's given her a focus to get better. It is something to live for really, something she looks forward to. Before, she had nothing to look forward to and her life was hell. She had nothing to live for, at her lowest point, that is what she said*.

Second, she felt it has helped with her **social skills**; *I had completely isolated myself from everyone for such a long period of time, I was now talking with someone else that wasn't my parents. That was a big deal in itself really.*

Third, Manon felt that the campaign, and the feedback she received throughout her involvement, had given her **greater confidence and self esteem.**

Manon also felt that the campaign had given her something to talk about; *When you have been isolated for such a long period of time, to have something you can start conversations with. And even with my* grandparents*, it helped them to understand. It's been quite difficult to talk to them about things. I have given them things like pamphlets about the campaign and what I have been doing. And that's helped I think.*

Karen's story

Karen's story was collated in November 2014. The discussion below is based upon a face-to-face interview with Karen, along with other information provided by Karen (a timeline of events and a transcript of her TTCW educator talk), and email correspondence with: Hannah – Karen's daughter; Linda and Jean – Karen's friends; Kerri – advanced nurse practitioner involved in Karen's therapy; and Bob – Karen's consultant clinical psychologist.

Karen first became involved with TTCW in 2012 because of her experience of mental health problems - she had started having appointments with the community mental health team in January 2011. Her clinical consultant psychologist, Bob, recalled how her mental health problems emerged during that time; *I have come to learn that Karen has been struggling with mental health problems for most of her adult life and has coped with these by engaging herself in as much activity as possible, which included bringing up her 3 children and doing a very busy full time job with a Local Authority. In the past 5 years her workload increased and she found herself supporting colleagues resulting in an emergence of high levels of anxiety, depression, problems with eating, obsessive thoughts and strong urges to harm herself.*

Karen had a demanding job and described her increasing difficulty in coping with her work. Karen took many months off from work on sick leave – something which she had never done before – Karen's friend, Jean, noted how her employer was not understanding of Karen's mental health issues; *Not surprisingly over the years the stress took its toll until, about three years ago, Karen finally succumbed and, quite suddenly, became too ill to work. Like many employers the organisation Karen worked for do*

not have a particularly good record in dealing with mental health issues and Karen was offered little support beyond being signed off with a referral to Occupational Health. This really left her in limbo, not knowing what was to happen.

As part of her therapy, Karen was encouraged to try new activities. Among other things, she took a photography class, started long distance walking, joined a Zumba class, and a ballroom dance class. It was through this therapy that she sought to engage in voluntary work, which led to her involvement with TTCW; *it was through confidence building with DBT that she had the courage to engage with TTCW and she was so excited about becoming a Champion Educator, she finally had something to focus on that was good for her.* Karen's friend, Jean, also noted how her negative experiences at work could be used in her talks for TTCW to educate people about mental health issues.

Karen's daughter recognised a noticeable change in her mother after she started volunteering for TTCW*; As a person she grew with TTCW her confidence was amazing. Even when mum wasn't ill I couldn't imagine her standing up and talking about herself and her struggles.* This growth in **confidence** was also noticed by Karen's friends and therapist;

> *Over the next few months of gathering information and attending meetings she seemed to change. Gradually she seemed to be so much more confident about.....everything. The negativity seemed to disappear she was then encouraged to put together her story on paper, in presentation form and deliver it to groups, members of the public. The change in her was incredible. She came alive and was so very passionate about it. I am convinced that being involved with the scheme and all the help and advice it has given have actually given her back her life. She has achieved so many things over the last year so many personal achievements. It is like she is a completely different person from the one I met 3 years ago!*

By giving Karen a **sense of purpose**, many of her friends and family believed that her involvement with Time to Change Wales played a **role in her recovery***;*

> *Without the involvement of TTCW I don't think the speed of her recovery would have been so swift. It seems to have given her a purpose in life once more, given her back her self confidence and self worth.*

The **support** Karen receives from TTCW was also seen by her friend as playing a key role in developing her skills and confidence*; Working with TTCW has opened up many new and exciting opportunities and has allowed her to take back control of her life. I know she has enjoyed feeling part of such a worthwhile project and has come to appreciate* being *drawn out of her comfort zone. The support and very positive feedback she has received from doing the presentations means her confidence has continued to grow and it has been life-changing. She is now totally committed to helping educate people and spread the message about mental health issues and this has led to a new career path*

Volunteering for Time To Change Wales also had a **positive impact** on Karen by playing a part in her gaining new **paid employment** with a charity. She reported how she spoke, at interview, about her experiences in the TTCW campaign - I spoke about nothing else - and was then offered the job as a volunteer co-ordinator;

> *This bit with the networking and stuff with TTCW was how I landed this new job, it got me out of a really really bad experience with work into something I'm really enjoying. Even though it's part-time it was the right move, but I wouldn't have had it if I hadn't done the networking with Time to Change or been part of Time to Change.*

In summary, Manon's and Karen's involvement in the campaign has been extremely positive and as reported by Manon, Karen, and the people who are closest to them, it has impacted on their lives in a number of ways. For example, since her involvement in the campaign Manon has started a college course, and is hoping to find work. John mentioned that she was even talking about a move to Cardiff. Similarly, Karen has secured a part-time job for a voluntary organisation, is training as a counsellor and

completing a degree. Manon was asked how her life had changed since her involvement, and how she saw her future; *Things still aren't perfect, but where I am now compared to where I was before I started the campaign... its played a big strand in my treatment...I don't know where I would be now if it wasn't for the campaign...This campaign has come and given me a reason to get up in the morning. I don't know if I would have found another reason to do that if it wasn't for this. Its life changing, and I just want to underline that really. It halts the self destruct spiral, encouragement to keep going and not give up...so, yeah, fantastic!!*

Karen is also very passionate about the TTCW campaign and being a champion for TTCW has been a big part of her recovery over the last few years, despite as Karen herself reported, having some reluctance to use the term 'champion';

> *A champion to me is someone who excels at something, someone who succeeds at something. I'm no champion. Then I Googled it and found it to be also someone who vigorously supports or defends a cause. Still not sure I'm a champion. I like to think that I'm more suited to being a TTCW educator, as someone who goes into an organisation to provide information, training, education to think differently around mental ill health and the stigma and discrimination around it. Even if I only change one persons' perspective, I feel I've been able to perform the role.*

These case studies demonstrate the potential impact of the campaign on champions and community activists – not just audience members and the wider public.

SOCIAL LEADERSHIP PROJECT CASE STUDIES

Time to Change Wales is working with individuals and groups around Wales to set up projects that challenge mental health stigma and discrimination. Six social leadership projects were the subject of a detailed case study and are summarised here. Information was gathered from a number of sources including interviews with the project leaders and feedback from participants and event attendees.

1. Schizophrenic

This was one social leadership project in which singer/songwriter Dai Sharkey, the project lead, received funding from TTCW to put on two gigs In Newport and Llanelli. The aim was to mix live music with stories about his and others' experiences of living with mental illness to get people talking about their mental health. Those who attended reported that they were better informed about mental illness and more prepared to speak to others about mental illness. Positive audience feedback was gathered;

- *I was made more aware of how many people suffer in silence rather than discuss any issues regarding mental health. It has opened my mind even more to the stigma within!*
- *I have a better understanding of mental illness and the support out there. I feel better equipped to challenge negative attitudes of mental illness*

Dai was interviewed after the events and commented on the process of working with TTCW – most of his feedback was overtly positive, whilst he also points to ways in which such projects in future might be improved;

- *I think that it's important that TTCW contact the project leads before going to venues and theatres so that everyone is kept informed. It's not helpful that they are contacting people without project leads knowing what's going on*
- *TTCW need to be realistic about what is required from project leads – it's all too bureaucratic for such small amounts of money. The project co-ordinators are aware of this but I'm not sure the campaign is.*

Dai's overall assessment of the project was that it had a beneficial impact; *The most positive thing*

has been for people with a mental health condition who attended the events – they seemed to get an awful lot out of it.

2. Y Babell Goch

This was a social leadership project supported by TTCW which was run by women for women in Ceredigion. Y Babell Goch, or the Red Tent, aimed to offer a safe and welcoming space for women to come to for support, companionship, understanding and acceptance. Group interviews were conducted with Jenny, Delyth, and Gill – the project co-ordinators – both at the early stages of the project initiation and after the project was more established. Interviews were also held with some of the women who had taken part in the project, to explore the impact on them.

The aim wais to train and empower women so they feel confident to return to their communities to set up and facilitate their own women's group. Jenny, Delyth and Gill were particularly keen to set up these groups in this largely rural area of Wales because of the difficulties facing women who may be fairly isolated in rural communities. The participants who were interviewed were very positive about their experience of the project and reported several benefits of taking part;

- Forming strong supportive relationships with other participants and the project co-ordinators: N*one of us knew everybody. [We] came together and formed a really strong bond.*
- Creating space for women to share their feelings: *I think something we have done well is create a space whereas it's ok not to feel 100%...some people have real serious life events to deal with or stresses. It's very much been a space to say it's ok not to be feeling ok here.*
- Increased confidence in group facilitation skills which can be used in other areas of life: *I've noticed that my confidence at work….staff training…to hold the group….I get in there I can think yes, I can do this, I have something to offer.*

The three project co-ordinators all highlighted that there was a learning curve to running the project and acknowledged that they needed to be flexible in their approach, whether that be in response to the women attending the training and their needs and experiences, to the time requirements of organising and running the training sessions and the emotional impact of being involved in the project. Although the focus of Y Babell Goch was about women's well-being in general, attending a TTCW event helped focus the project on mental health: *It was very apparent at their event about having conversations about mental health it was quite explicit and I liked that and I took that on and we bought a little bit more into our project as a result of that.*

3. Time to Write

This was a Powys based project, which aimed to bring together people with and without mental health problems for a series of creative writing workshops - challenging stigma through a fun, social activity. A four week creative writing course followed several 'taster sessions' in October 2013. A final showcase event took place in January 2014. Data was drawn from a variety of sources to analyse the impact that the project made, including questionnaires and reflective diaries that were completed by those attending the creative writing course; online post-event questionnaires and 'scribble sheets' issued to the audience that attended the showcase event in January 2014 and; feedback from the project leads about their experience of leading the project.

It was evident from the diary extracts that the creative writing group gave individuals the chance to write about their own personal experiences: *I decided to write about something I feel angry about because it would help. I also wrote about stuff that caused me to become mentally ill, which is the main reason I want to write.* Participants reported growing confidence over the weeks; *I feel more confident about writing my thoughts down and feel like I have a new hobby.*

A final 'Time to Write' event took place in January 2014. The TTCW team attended the event and gave a presentation about the campaign. The event was also an opportunity for those in the creative writing classes to showcase their work. The event attracted approximately 30 audience members from the local community. 5 attendees responded to an online questionnaire and gave positive feedback about the event; *It was informative and we were able to share both our knowledge and experiences with each other. I felt it benefited myself, others, and personally I felt valued.*

Although there were challenges associated with their involvement, both project leads described their experience as enjoyable and positive; *My experience with Time to Write has been largely enjoyable, with* some *moments of stress and worry along the way... It was a bit of a rollercoaster.* One lead emphasised the importance of support and regular communication with the TTCW team; *One thing I would just emphasise is... touching base. Regular communication is important.*

4. Mental Notes

'Mental Notes' aimed to open a dialogue around mental health through three methods: storytelling with ethnic minority women, the first 'outside art' exhibition in Wales, and the performance of a play, 'The Prisons Within'.

The project lead, Sian Holley, was interviewed about her experiences of organising the project. It was through her own experiences of having panic attacks that Sian began to realise the therapeutic benefits that could be gained from art – it provided a form of distraction from her anxiety. The project was having a noticeable impact on Sian, in increasing her confidence and in encouraging others to talk about mental health; *It's only doing this project recently that I've had the courage to speak out...But the reason I'm doing it is to encourage others to do it.* Similarly, the project also seemed to be having a positive impact on its participants; *It's got quite big and is quite ambitious but it's beginning to have an impact. A woman came along to one of our workshops who'd never left the house for years, and she came along and sang me a song which was just amazing.*

Although Sian recognised the benefits of the project she was also aware of the sensitivity needed when working with people with mental health issues; *It is a little risky doing this work for people's mental health but there are some real upsides too. It's about striking a balance.*

Sian was very positive about the extent of the impact of the project and also the future of the project. She described how their might be a standard framework to develop in order to run the project in other areas, and was looking forward to expanding the project into organisations such as prisons and schools; *I think it'll help between 100 and 150 people eventually. My conclusion is that I don't want it to end, I want it to continue. Maybe take it into prisons, into schools, into mental health institutions. I want to show how this can help more and more people and if I can find a blueprint to carry this out I'd love to do that.*

5. Journey of Understanding

This was a two day walk through the Cych and Teifi valleys, touching the 3 counties of Pembrokeshire, Carmarthenshire and Ceredigion. The journey took place on the 20th September 2014 and aimed to promote positive attitudes towards people with mental health problems by sharing and learning with those taking part in the walk. Project lead, Andrew Dugmore, was asked to reflect on the success of the walk. During the interview that was conducted after the event, Andrew reported that the event was successful in that around 15 people took part and enjoyed the walk; *On the Friday there was a group of 16 on the walk and 15 on the Saturday – it pretty much went to the plan that I had in my mind. People had a really good and positive experience.*

However, some problems were encountered early on in the project and Andrew expressed some disappointment with the TTCW marketing and PR team; *TTCW haven't perhaps been as proactive as I thought they would have been, they haven't been as forthcoming as they could be. You can have the most fantastic idea in the world but it's only ever as good as the marketing and PR. This isn't as good as I'd expected from TTCW.* Andrew was also hoping to involve the local Health Board with the project, which proved to be difficult; *I'd put a lot of faith in the Hywel Dda Health Board on this one and we alerted them early on to this project, but we haven't had any guarantees about their involvement.*

Despite this, Andrew reported that people also did talk about mental health issues on the walk, which was seen as a very positive impact of the event; *Coming towards the Guild Hall in Cardigan at the end of the walk we were 45-50 people, and our numbers swelled during the latter stages of the walk and there was an engagement with people who had and did not have lived experience and there were conversations around the subject and people were talking and that was great.*

This project case study demonstrates that it is crucial to manage people's expectations about how much support will be provided by TTCW for the leaders of their social leadership project, especially when many of these leaders will be experiencing mental health problems themselves; *There's perhaps been a bit of misunderstanding on my part of what I thought TTCW might do – maybe I was expecting a bit too much? They're always there, but there wasn't clarity at the outset of what I might expect of them, and them of me, which has been a bit of a problem I think.*

6. Creative Challenge

This project primarily took place in the Rhondda Cynon Taff and involved young service users in nine weekly creative workshops, which produced outputs such as exhibitions and films that were intended to be disseminated online and in community and health settings. The aim of the project was to help provide an alternative route to recovery for those affected by mental illness, increase their involvement in the community and to develop a better social structure, by giving them space, time, materials, tools, and support to gain a greater confidence to talk about, and manage, mental illness. The project leader, Mark Smith, was interviewed in December 2014, and asked to reflect on the success of the project. The project finished in July 2014.

Many positive impacts on the participants were reported by Mark, including an increase in confidence over the course of the project, which was encouraged by their increasing ability to express their emotions through visual art; *The young people who came along grew in confidence. By the final session people were very* relaxed *and open, which was a massive contrast to the first week when they were very guarded about their own experiences. They found the work though the visual arts in particular a very good vehicle for expressing what were some really challenging emotions and issues. There were some confidence issues around literacy which limited the benefit of the poetry part of the project.*

The group's work was exhibited for a month at the Model House in Llantrisant. This proved to be a successful way of encouraging conversations about mental health in those who attended; *The art works proved to be talking points – people were drawn into them and this then facilitated conversations with people that really wouldn't have necessarily talked about mental health otherwise. This was a real positive because it meant that people were talking.* In addition to taking the project forward into other settings such as hospitals, at the time of the interview, Mark was also working towards organising a 'Welsh Mental Health Art Festival' in collaboration with others.

ORGANISATIONAL CASE STUDIES

The TTCW campaign has also been working with organisations to reduce mental health stigma and discrimination in the workplace. Organisations can demonstrate their commitment to tackling the

misconceptions in society which surround mental health by signing the TTCW organisational pledge and they can also invite TTCW Educators into the organisation to deliver anti-stigma training to staff at all levels. The following case studies highlight the range of activities that TTCW has undertaken at an organisational level and draws upon interviews with key members of staff to explore the impact of the campaign. Five case studies were conducted from:

- Wales and West Housing, Cardiff
- DVLA, Swansea
- Students Union and Aberystwyth University
- Arriva Trains Wales
- Hywel Dda Health Board

Based on the findings of these case studies, 10 top tips emerged from the organisations experiences of what worked well for them:

1. ***Make a strong case and do the ground work***

   Know what your issues are to start with, and be clear about your aims – make the case and use evidence that's out there to support this. Be clear about the drivers in your organisation and why this needs to be done. It's easy for more senior people to overlook how stressful it can be for people working at different levels of the organisation and these attitudes need to be challenged. It's about recognising that people feel stressed by different things in different ways, and the solution is that they feel appropriately supported.

2. ***Get buy-in from Directors and Managers***

   It's important to ensure at an early stage that the Directors are on board and that they give this issue significance for their managers. For us the training was mandatory for managers and whilst some indicated in their feedback that they felt aggrieved at having to attend they subsequently felt the training was beneficial and they were happy they had attended. We had a Champion on the Board for the campaign which went a long way towards putting weight behind it at the most senior level. We're lucky here that there was a natural choice for this role (someone over the years who has supported prevention activities around health) but wherever you are you need to identify someone with some empathy or feeling for this work as they can provide insights and support to drive work forward.

3. ***Put in place a credible training programme***

   Having a trained mental health practitioner deliver the training to staff was crucial. There was a lot of scepticism about what could be achieved by the trainer in a short space of time, but the feedback after the sessions was tremendous. We felt we needed to up-skill managers to respond appropriately should staff bring issues to them so this was an essential part of what we did.

4. ***Develop a culture of openness about mental health***

   It was important to bring things out into the open so that staff could feel that they could seek help early, but only once managers had been trained to deal with those responses. Making staff feel that if they opened up they would be treated in the right way and not stigmatised was really important. This is where TTCW came into their own. You can give people information, but having the power of real people's experiences went a long way to connecting with our staff.

5. ***You need to have a variety of different ways to communicate with different people***

   You need to plan a number of activities around this – if you do it in isolation it will be much less likely to succeed. You need to do the thinking to make sure you have things in place to support managers, and having resources for staff as well as putting training packages together. We mulled for sometime over how to provide the information. So we built a self-help toolkit for our staff,

because there will always be some that don't want to talk, and you need to make sure you've got something for everyone.

6. ***Keep mental health on the agenda by making the issue 'live' for staff***

   We organise Corporate Health and Wellbeing Challenge once a year with things like pedometers, eating healthily, and we determined that this year's theme for the challenge was to be based around the five pathways to mental wellbeing promoted by Mind. Our "Take 5" challenge devoted a month to each of the five elements of the programme: Connect, Be active, Take notice, Keep learning, and Give. Managers have monthly face-to-face team meetings, and we provided a brief each month for managers to introduce each theme, and discuss with the team ways of bringing it to life. This embedded the learning and built resilience to be able to deal with the challenges that are faced by our people. You need to keep things alive as well – you can't just rely on having produced this once. One way of doing this is to promote what our staff have done for others. We've got a craft group that has begun on site, and there is now an after-work running club, and a food bank that one of our staff developed. It's about spotting opportunities to keep this in people's minds.

7. ***Recognise that people's mental well-being is not fixed and stable and will fluctuate over time***

   Managers have monthly one-to-ones with their direct reports and these afford the opportunity for staff to speak openly about their mental health. We surveyed staff following the campaign and they said they felt more aware about mental health and who they could speak to and where to go for support.

8. ***Realise the power of critical mass***

   There is critical mass here with a workforce of 6,000. We've got access to any number of resources which may not be available in smaller organisations, however there is a wealth of information which is widely available and of course, we are happy to share details of our experience so others can benefit from the work we've done.

9. ***THE ONE 'MUST DO'...***

   ...get the right professional advice if you are thinking about doing this, as it will add credibility to your approach.

10. ***THE ONE 'MUST NOT DO'...***

    ...assume that you're going to change everyone overnight. A very small part of our feedback has demonstrated that you won't impact on everyone. We've realised that you shouldn't be put off by this, because there are people now in our organisation who are able to challenge that negativity.

IMPACT ON TTCW AUDIENCES

This section reports on both perceived and potential impact that the campaigns activities have on its audiences. In the main, comments about the impact of the campaign were very encouraging:

Good session...interesting, useful, informative. They had the impact they were looking for

It was positive but difficult to pinpoint exactly what you'd get out of it – we each come with different roles and different perspectives so we all take something different from it

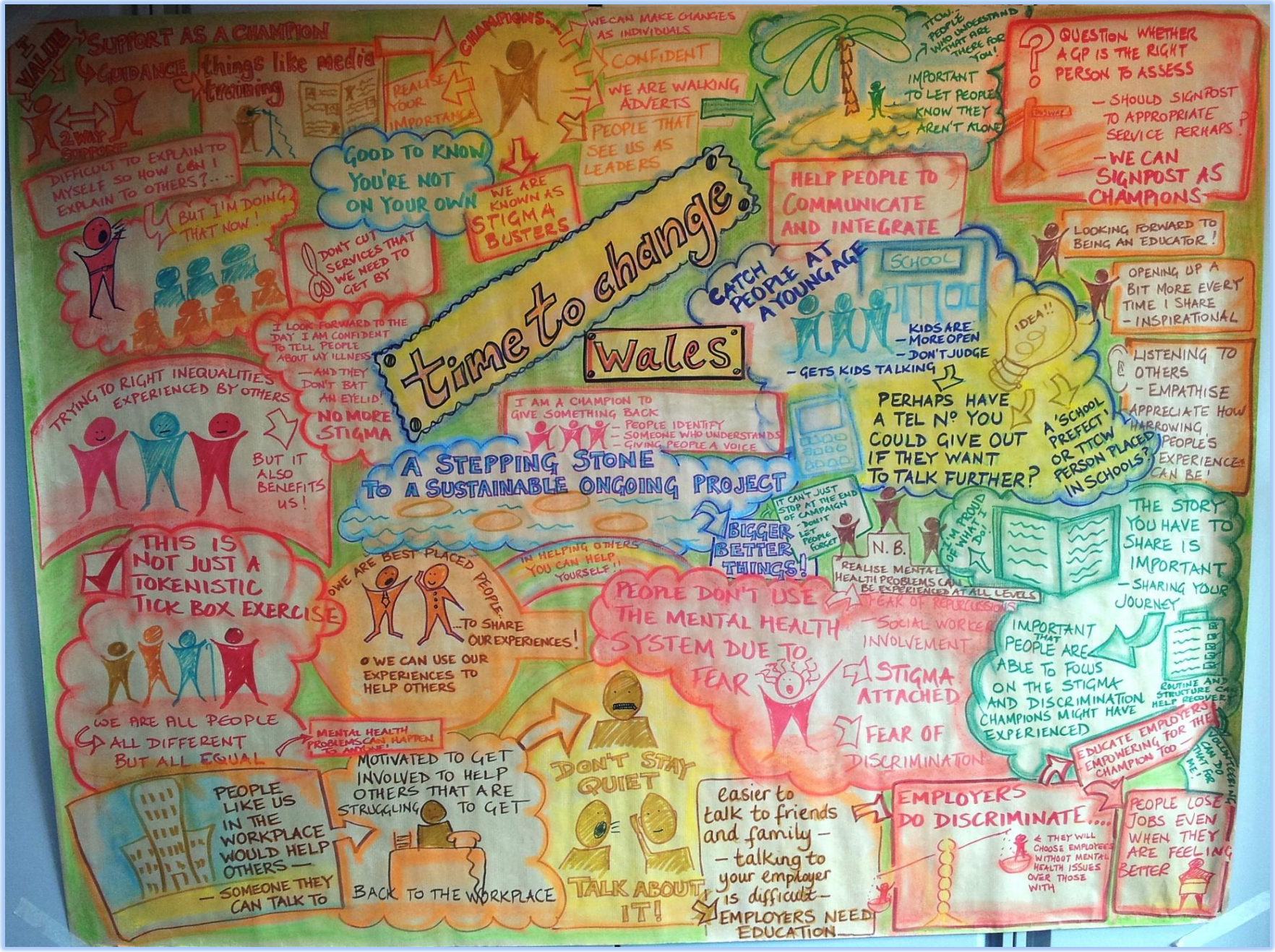
To summarise the themes emerging from the focus groups, a graphical representation of the discussion was produced by WIHSCs graphical facilitator, which is provided below. The main themes include:

- Encouraging people to talk about mental health - in some cases, educators argued that they were in a unique position and because of their own experiences they were able to encourage people to talk about mental health.

- Impact of personal stories – the impact of using volunteers with lived experience, and their personal stories was a strong theme throughout the interviews and discussion groups; *sometimes it is easy to give the stats relating to stigma but when you are listening to a person and their experience you see it as more than just a statistic on a paper.*
- Difficulties in overcoming barriers – despite lots of positive comments, the education sessions did not always encourage group openness and discussion about mental health: *Adults don't always want to admit they have symptoms…people will come and speak to me on a one to one basis afterwards...rather than talk in group. For this reason, it may be difficult for educators to gauge the impact of the talk on some individuals*. As one audience member stated: *I would be able to talk to residents about these issues…you have the professional distance. But in work, they are friends. They might not let their guard down and show you they have a problem*.

Despite some challenges TTCW has clearly made a difference to those people who have received messages and heard stories as 'audience' members. It has also impacted upon those who are providing their testimonies, and baring the innermost details of their lives to help avoid in future some of the problems they have experienced. This double-benefit means that TTCW has achieved a real and lasting impact for a large number of people across Wales.

GRAPHICAL FACILITATION IMAGE · Produced for Time to Change Wales by Marina McDonald, WIHSC



5. CONCLUSIONS

In this final chapter, all of the preceding evidence is considered, and conclusions are drawn regarding how successful the project has been in achieving its aims, and how the research and evaluation undertaken here is linked to broader discussions about the development of public sector policy in Wales.

HAVE THE PROJECT OUTCOMES BEEN ACHIEVED?

Table 5 maps the evidence gathered against the project aims, and makes an assessment as to whether each has been achieved.

Table 5 · Assessment of whether outcomes have been achieved

Project outcome: Key Objectives	Achievement of outcome
To build a movement for change of people with lived experience of mental health problems, and their friends and families, dedicated to ending discrimination, with at least 4,000 people engaged and 200 committed activists in the programme	***OUTCOME ACHIEVED***
Achieve a 5% positive shift in public attitudes by 2014	***OUTCOME ACHIEVED AND EXCEEDED*** - *8.6% increase in average scores in a positive direction for public attitudes towards mental health problems between May 2012 and November 2014 [ORS Public Attitude Survey]* - *11 significant changes in a positive direction across statements about mental illness and those with mental health problems [ORS Public Attitude Survey]*
To create a 5% reduction in mental health discrimination by 2014	***OUTCOME ACHIEVED AND EXCEEDED*** - *A significant 10 percentage point decrease in reported experience of unfair treatment or discrimination [ORS Behaviour Change Survey]*
Project outcome: Direct milestones	**Achievement of outcome**
Deliver 15 social leadership projects	***OUTCOME PARTLY ACHIEVED***
Engage with 2,160 contacts in Formal Session attendees	***OUTCOME PARTLY ACHIEVED***
Engage with 3,000 contacts for Informal Session Attendees	***NOT KNOWN***

OVERALL FINDINGS

The overall findings from the **Public Attitudes Survey** indicate that attitudes towards mental illness across Wales at the start of the campaign were generally very positive, despite the fact that the baseline survey took place before any dedicated campaigns started in Wales. A fair proportion of residents in Wales would likely have seen some form of advertising before the first media burst in Wales, as the campaign in England, particularly television advertising, infiltrated into Wales.

The high baseline level made achieving a 5% positive shift in opinions by the end of the campaign period more difficult, however results from the final survey in November 2014 indicate that there has been an overall positive shift in attitudes towards those with mental health problems.

In particular there have been 11 significant changes in a positive direction across the statements about mental illness and those with mental health problems, as well as several other positive significant changes across various factors. Furthermore, all but one of the significant changes identified are changes in a positive direction and indicate that attitudes have improved over the past 2-3 years, and will hopefully only continue to improve.

Similar results were found in the TTCW **Audience Questionnaires**, where there were significant improvements in all outcomes after attending a TTCW education event. This again, demonstrates an overall positive shift in attitudes towards those with mental health problems. These positive findings were also maintained at follow-up.

Both the Public Attitudes Survey and the data gathered from audience members at TTCW events have shown that direct experience of mental illness, either personally or through a friend or relative, seems to have a much larger influence on attitudes than any other factor, and therefore it is those who have no personal experience of mental health problems who should be the main targets of any future campaign work.

There is evidence that those who have seen advertising and are therefore more aware of the campaign are more likely to hold more positive attitudes towards those with mental health problems. However those who have seen advertising are significantly more likely to have known somebody with a mental health problem. Therefore it could be inferred that those who have had direct experiences are more likely to take note of and remember seeing advertising, and that there is a relationship between both of these groups and attitudes towards mental health. When responses for those who have had personal experience of mental health problems are excluded, there is no longer strong evidence that advertising has influenced public attitudes. This again suggests that advertising should be aimed towards those who have little or no previous experience of mental illness to further change public attitudes across all residents in Wales.

The demographic sub-group that has shown to have the most influence on attitudes is age, with younger residents (aged less than 55 years) more likely to hold more positive attitudes and older residents less likely to hold more positive attitudes towards those with mental health problems. However, if responses from those aged 55 years or more are analysed independently, almost the same level of significant positive changes are evident between the baseline and the final survey indicating that, while older residents have started at a lower base level and are still at a lower level than the general population, attitudes within this group are also improving at a similar rate. However, it is still recommended that this sub-group of the population is also targeted in any future campaign work.

Despite the improvements in general attitudes towards those with mental health problems, the results suggest that there is still some reluctance to go to their GP or talk to their employers if they were to develop a mental health problem (particularly for those aged 16-24 years), with little change evident in this area. This indicates that a focus on putting mental health issues more into the open and encouraging people to talk more is the likely key to success.

In terms of people's experience of stigma and discrimination, the **Behaviour Change Survey** suggests that whilst over the life-time of the behaviour change project there has not been any dramatic changes evident, where there have been changes these are generally 'positive' changes and show that the way mental health is viewed generally is 'moving in the right direction'. In particular, there has been an increase in agreement that general attitudes towards people with mental health problems have improved – and many associate this with the work of the Campaign.

However, it is also evident that even those who have first-hand experience of mental health problems are perhaps not as aware of the work and the aims of the 'Time to Change Wales' campaign as they could be, and while it has reached and made a substantial influence in some areas, these achievements need to reach more people. In particular, harder-to reach groups such as those in rural parts of Wales are seemingly currently less aware of the Campaign and its work.

Furthermore, it is clear that those whose mental health problem limits their daily activities, those with 'high-level' conditions, and those unable to work are more likely to be coping less well with their mental health problem and any stigma or discrimination they are experiencing and therefore it is important to bear this in mind when targeting education and raising awareness.

Lack of awareness and understanding as a driver for stigma and discrimination is a key theme that has recurred throughout both the structured telephone survey and the 'depth interviews' and concentrating on educating as many people as possible should be a principle aim. Similarly, being able to talk and be more open about mental illness was also identified as a key factor – encouraging those with first-hand experience, particularly people who have a high profile, to talk more (and feel able to) with as many people as possible, should be a priority. Use of television, soap operas, celebrities and social media were all thought to be the best ways to reach the largest number of people and make them take notice.

The behaviour change survey findings also suggest in general that perceived levels of stigma and discrimination in relation to mental health problems are perhaps not quite as high as first feared and that already in Wales there is more of an open climate with regards to mental health. However, there is a lot of evidence that stigma and discrimination is still very real for many people (including those who are not currently experiencing mental illness) – particularly in areas such as the workplace, and perhaps more surprisingly amongst family and friends. It is therefore important that there is continued work, particularly in these areas, if attitudes and behaviour are to change further.

The data presented from the **Community Activist Questionnaires** indicate that the TTCW campaign is not only impacting on its audiences and the wider public but also those individuals (or champions) who have lived experience of mental health problems and who are involved in delivering the key messages of the campaign through various activities. The **qualitative data** collected throughout the evaluation of the TTCW campaign adds context and a human angle to these statistics. For example, the Champion case studies and interviews suggest that being involved in the campaign gave champions a sense of purpose and enabled them to use their experiences of mental health problems in a positive way. Indeed many audience members commented that hearing their real-life experiences at education events first-hand was incredibly powerful and moving. Talking about their experiences of mental health also seemed to be of therapeutic value to the champions themselves. Noticeable improvements in the champions' well-being – including their confidence and self-esteem – were reported in testimonies from the people who are closest to them. The support and encouragement of the TTCW team was also highly valued.

The social leadership projects were evaluated in a number of different ways. As such, findings reflect the views of a variety of respondents – the project leads, the course participants and the wider audience of the events. Positive experiences and different impacts are evident at each level. For example, the 'Time to Write' project has brought greater awareness of the TTCW campaign to individuals and organisations in Mid-Powys. It has had an impact on the lives of individuals beyond

just the development of their creative writing skills and it has nurtured and developed a group that will be self-sustaining after the project. 'Creative Challenge' also intends to continue to grow and set up creative groups in other settings, such as hospitals, with the hope of developing a mental health art festival in Wales.

However, there are some learning points to be gained from these case studies. In particular the importance of TTCW in supporting these projects and managing expectations of how much support will be provided is crucial and is particularly highlighted by the 'Journey of Understanding' case study. As many of the project leaders have experience of mental health problems, the need for support and guidance when the projects deal with mental health issues cannot be underestimated. The projects were relatively small in terms of budget and all leaders reported some challenges in organising their projects, but the aims achieved by them are a testament to the dedication and enthusiasm of the project leaders. Although they may not have had an impact on a large proportion of people in Wales, those who have been involved in the project have seen many benefits including increased confidence and openness to engage in discussions about mental health – whether that be through talking, creative writing, drawing, or digital storytelling. This increased communication is seen by TTCW as vital in reducing the stigma and discrimination surrounding mental health and therefore the social leadership projects have been successful in contributing to the TTCW campaign.

At an organisational level, the TTCW campaign has been successful in fostering much more open atmospheres around mental health in those workplaces that have signed up to the TTCW organisational pledge. The case studies suggest that the education sessions have left a very deep impression upon individuals. There have been measurable changes across some organisations, such as the DVLA where a reduction of 26% has been achieved in the number of days people are away from work with mental health issues, which translates to 20 extra people in work every day who would not have been otherwise. The case studies highlight the time, energy and commitment that is required for the TTCW message to spread throughout an organisation. Engaging managers and directors is also essential to the success of any mental health awareness initiatives.

In conclusion, all of the evidence discussed above identifies a great achievement in improving attitudes and reducing stigma and discrimination in relation to mental health across Wales, however it should also act as a prompt for change in the work of the campaign and where it is targeted going forwards, as well as how best to evaluate its further successes.

IMPACT IN TERMS OF THE WELSH HEALTH AND SOCIAL CARE POLICY CONTEXT

Together for Mental Health: A Strategy for Mental Health and Well-being in Wales[3] is the 10-year strategy for improving the lives of people using mental health services, their carers and their families. The strategy is focused around six high level outcomes - one of which is particularly relevant to the TTCW campaign:

> **Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.**

A further aim stated in the strategy is that; *"People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled".* The Time to Change Wales campaign is cited as a key factor in achieving these outcomes and ensuring that there is a concerted effort to tackle stigma and discrimination across services. The findings from this evaluation suggest that we are seeing a national shift towards more positive attitudes about mental health amongst the general population in Wales which many associate with the work of the TTCW campaign, and as such we can conclude that the work TTCW has delivered against these targets.

As mental health issues pertain to both health and social services it is important to highlight the Social

[3] http://wales.gov.uk/docs/dhss/publications/121031tmhfinalen.pdf

Services and Well-being (Wales) Act[4], which became law in May 2014 and created a new legal structure for social services in Wales. The Act aims to increase the emphasis on preventative action, bring people closer to decisions about the services that affect them, and address the challenges of economic and demographic change.

Building on this, the National Outcomes Framework[5] was created to support the duties set out in the Act and is a key tool to track progress locally and nationally. Having this framework will help measure how much the care and support provided is making a real difference to peoples' lives – how it is enabling them to achieve the things we all expect for ourselves and for our family and friends. The 'well-being statement'[6] describes the important well-being outcomes that people who need care and support expect.

Of these national outcomes, a number are directly relevant to the TTCW campaign project, namely: physical and mental health and emotional well-being; securing rights and entitlements; contribution made to society; and domestic, family and personal relationships. Table 6 demonstrates how the TTCW campaign has achieved some of the well-being outcomes set out in the National Outcomes Framework, with supporting data and quotes from the evaluation. These findings are in line with the National Outcomes Framework, and by extension the duties in the Social Services and Well-being Act, and more generally the thrust of current public policy in Wales.

NATIONAL COMPARISONS

Whilst no national outcomes for mental health exist currently in Wales, looking further afield, NHS Health Scotland has developed core set of national, sustainable mental health indicator, which includes the percentage of adults who report having been unfairly treated or discriminated against in the past year. This has been measured using data from the Scottish Health Survey, where in 2009 11% of adults reported that they had been unfairly treated or discriminated against in the past year. More recent data from the Scottish Social Attitudes Survey in 2013, reported that 37% of people who were identified as having experienced a mental health problem had experienced some negative social impact (for example they had been discouraged from attending an event, been refused a job, or been verbally or physically abused)[7]. This was an increase from 2008, when the equivalent figure was 23%.

In England, data from the evaluation of the Time to Change campaign showed a decrease in the proportion of participants reporting one or more experiences of discrimination from 91% in 2008 to 87% in 2011[8]. The ORS Behaviour Change Survey for TTCW reports that, at the time of the baseline survey, less than a fifth (17%) of respondents who experienced a mental health problem more than 12 months ago felt that they were discriminated against or treated unfairly in the last 3 months. There was a significant decrease by 10 percentage points in the experience of unfair treatment or discrimination in general for these respondents by the last wave of the survey. When data from all respondents who had experienced mental health problems in the last 12 month or felt they were being discriminated against were analysed, there were no situations (e.g. family, at work, by neighbours) where high levels of discrimination were evident.

Over half of respondents reported that they never experience unfair treatment or discrimination in any of the situations given. This data suggests that the experience of stigma and discrimination for those with mental health problems in Wales may be lower than the rest of the UK. However, caution

[4] http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

[5] http://wales.gov.uk/docs/dhss/publications/140624NOFen.pdf

[6] http://wales.gov.uk/docs/dhss/publications/140624wellbeingstateen.pdf

[7] http://www.scotland.gov.uk/Resource/0046/00463017.pdf

[8] http://bjp.rcpsych.org/content/202/s55/s58.full

Table 6 · Impact of TTCW in terms of Welsh Government's 'National Outcomes Framework' (NOF)

NOF domain and outcome statements	How it can be measured	Supporting information from the TTCW evaluation
PHYSICAL AND MENTAL HEALTH AND EMOTIONAL WELL-BEING *I am healthy* *I am happy*	- Self-reported status of physical and mental health - Self-reported happiness - High life satisfaction scores	- At follow-up 72% agree that *in the last week I have felt good about myself* [ORS Behaviour Change Survey] - Significant decrease in the proportion of respondents agreeing that *I rarely feel optimistic about the future* [ORS Behaviour Change Survey] - Significant increase in the proportion of respondents who agree that *in the last week I have felt good about myself* [WIHSC community activist survey]
SECURING RIGHTS AND ENTITLEMENTS *My rights are respected* *I have voice and control* *I am involved in making decisions that affect my life* *My circumstances are considered* *I can speak for myself or have someone to do it for me*	- Percentage of people who felt that they were treated with respect	- Significant increase in agreement that *people with mental illness have the same rights to a job as anyone else* [WIHSC audience survey] - Significant increase in agreement that *I understand how stigma and discrimination can affect people with a mental illness* [WIHSC audience survey] - Significant decrease of 10 percentage points in reported experience of unfair treatment or discrimination in general for those who experienced mental health problems more than 12 months ago [ORS Behaviour Change Survey]
DOMESTIC, FAMILY AND PERSONAL RELATIONSHIPS *I belong* *I have safe and healthy relationships*	- Percentage of people who think that their local area is a place where people from different backgrounds get on well together - Percentage of people who think that people in their locality treat others with respect and consideration	- A significant decrease in agreement and increase in disagreement that *being around someone with a mental illness makes me uncomfortable* [ORS Public Attitudes survey) - No significant change in the proportion of respondents who report that they are *not able to develop meaningful relationships* [ORS Behaviour Change survey and WIHSC community activist survey]
CONTRIBUTION MADE TO SOCIETY *I can engage and participate* *I feel valued in society*	- Percentage of people reporting that they feel valued in society	- Significant increase from baseline of community activists agreeing that *I believe I can have a role to play in my community* [WIHSC community activist survey] - Significant increase from baseline of community activists agreeing that *I am confident to take part in community life* [WIHSC community activist survey] - Significant increase in the level of disagreement (7 percentage points) that *people with a mental health problem are a burden on society* [ORS Public Attitudes survey]

is warranted when making comparisons with other national datasets due to differences in sample sizes and respondent characteristics; the surveys used to collect data on discrimination; and the techniques used to analyse the data.

The results from the ORS baseline Public Attitudes Survey showed a relatively high starting point in comparison to similar baseline surveys carried out in England[9], with generally very positive attitudes shown towards mental health. Almost all changes in Public Attitudes in Wales between 2012 and 2014 were in a positive direction. Similarly in England, there was a trend towards significant improvements in attitudes amongst the general population in relation to people with mental health problems between 2009 and 2012. For example, in Wales there was a decrease in the level of agreement (from 6.4% to 3.7%) that *people with a mental health problem are a burden on society.* In England the equivalent reduction was from 7.1% to 6.7%. There was a significant decrease in Wales in the level of agreement (9.4% to 3.1%) that *people with a mental health problem should not be given any responsibility*. For England, the level of agreement decreased from 12.6% to 11.5%. These results suggest that, although it is impossible to know what would have happened without the Time to Change campaign, we are seeing a national shift towards more positive attitudes about mental health amongst the general population.

[9] http://bjp.rcpsych.org/content/202/s55/s51.full

Welsh Institute for Health and Social Care

University of South Wales, Glyntaf Campus, Pontypridd, CF37 1DL
wihsc.southwales.ac.uk · wihsc@southwales.ac.uk · 01443 483070

Opinion Research Services

The Strand, Swansea, SA1 1AF
www.ors.org.uk · info@ors.org.uk · 01792 535300