Time to Change Wales

time to change Wales
let's end mental health discrimination

amser i newid Cymru
rhown ddiwedd ar wahaniaethu ar sail iechyd meddwl

Mental Illness Attitudes Evaluation Report

Report

Opinion Research Services
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Introduction

Background

1. Time to Change Wales (TtCW) is Wales' national campaign to end the stigma and discrimination faced by people with mental health problems in Wales. The ultimate goal is to improve attitudes and change behaviour towards mental health.
2. The 2018-2021 campaign is funded by Welsh Government, Comic Relief and the Big Lottery Fund and delivered by Hafal and Mind Cymru.
3. Time to Change England, has been conducting a Mental Illness Attitude Survey annually within England since 2007 enabling a full analysis of changing attitudes over time. This has provided valuable comprehensive data and TtCW have therefore decided to commission two waves of the Mental Illness Attitude Survey to be completed in Wales. By conducting a near identical survey to that undertaken in England, TtCW hopes to benefit from previous learnings in the development and interpretation of the survey.
4. The first phase of fieldwork was completed in December 2018 – January 2019 at the same time as corresponding research in England and used the same questionnaire. This was completed using a face-to-face interviewing methodology. The second phase of research was due in December 2020 – January 2021 using the same methodology. However, due to the global pandemic research was initially delayed and then switched to a different methodology – a postal push-to-web approach was used since face-to-face interviewing was not possible at this time.
5. Time to Change England (TTC) commissioned the Institute of Psychiatry, Psychology and Neuroscience (IoPPN) at King's College London to undertake analysis and reporting.

Fieldwork

6. TtCW commissioned Kantar to conduct the fieldwork. The fieldwork methodology and quotas were agreed between Kantar and TtCW with the intention of providing a broadly representative sample of adults in Wales. The revised methodology was also agreed between Kantar, TTC and TtCW.
7. The fieldwork was completed by Kantar in spring 2021 and consists of 851 self-completion interviews with adults (aged 16+) living in Wales.
8. The sample was selected using a stratified random sampling method from the Royal Mail private address file (PAF). Letters sent to households provided information about the research and an explanation on how to complete an online survey or request a paper questionnaire. Those who completed the survey received a £10 voucher.
9. The methodology allowed more than one person per household to complete a survey with each letter containing up to a maximum of 4 logins per household. Addresses that Kantar's data supplier CACI predicted to contain only one adult were allocated two logins in the invitation letter, addresses predicted to contain two adults were allocated three logins, and other addresses were allocated four logins. The mean number of logins per address was c2.8. Although it is difficult to police the same person completing more than once Kantar had checks in place during data processing to remove speeders who rush to complete the survey and data was checked for duplicates.
10. Kantar processed the data and produced a complete set of data tables using the same processes and sub-group analysis as in previous years for Time to Change England. They provided TtCW and Opinion Research Services (ORS) with a cleaned SPSS dataset.

Identifying trends

11. An important purpose of commissioning two waves of research with a two-year gap was to be able to measure any changes in attitude over time and in particular to identify whether levels of stigma and discrimination were declining. This report will therefore seek to highlight any trends since 2019 both across the total sample and within sub-groups.

12. However, there are two important considerations when exploring these trends:
    - Changes to the methodology
    - The impact of the pandemic on awareness and attitudes

13. The research methodology used does have an impact on results and different methodologies have different strengths and weaknesses. Face-to-face interviews will often get more complete data as the interviewer ensures every question is properly understood and answered in full. However, the presence of an interviewer can also impact responses with respondents, consciously or subconsciously, looking to please the interviewer as well as seem to be a 'good' person. Importantly face-to-face interviewers can persuade people to participate even if they are not interested in the topic and are too busy. A self-completion process may allow a respondent to be more 'honest,' and to spend more time considering their response to a particular question. However, there will be an element of self-selection as those who are interested in the topic, those with time to spare and those more comfortable with being online are all more likely to participate than other groups.

14. A change in methodology therefore means that any changes in attitude could be real or could be a result of the methodological change. During this report we will discuss changes and trends in data based on the assumption that data is comparable, but the reader should be aware that the change in methodology may have caused or contributed to those changes.

15. The second challenge in writing this report is the impact of the pandemic both on mental health and on the public conversation around mental health. The potential impact on the nation's mental health of a national lockdown with a high number of people facing unemployment or job insecurity has been recognised. The issue has had significant coverage in the media including discussions around the need to focus on mental wellbeing.

16. An event such as a pandemic has the potential to create a step change in awareness or understanding of mental health, the challenge is to separate out cause and effect. Is an increase in the proportion of people knowing someone with a mental health illness due to an increase in the number of people ***experiencing*** mental distress, an increase in people being ***willing to talk*** about their mental health or an increased ***awareness*** amongst friends and family.

Representativeness

17. As part of the wave 1 analysis and reporting it proved necessary to re-weight the sample data to increase representativeness within Wales. We used six weighting factors: Gender, Age, Welsh Index of Multiple Deprivation, Working Status, Ethnicity and Rural/Urban location. In order to enable the best possible analysis of trends this weighting approach has been repeated for wave 2.

18. The overall sample profile and weighting can be seen in Appendix 2

Executive summary

19. This was the second Wales-wide survey in this format exploring attitudes to mental illness and provides a valuable insight into the prevailing attitudes in 2021 as well as any changes to those attitudes since 2019.

20. In setting the initial context for attitudes we included questions exploring personal experiences of, and exposure to mental health issues.

21. Overall, 17% of people stated that they had a personally experienced a mental health issue, a significant increase from 13% in 2019.

22. Nine in ten (90%) respondents knew of someone who had experienced a mental health issue at some point, significantly more than in 2019 when the figure was 73%. However, we cannot know whether this is an increase in incidence rates or an increase in awareness amongst acquaintances. The impact of the pandemic should be considered as a factor in any changes.

23. Importantly over half of people (52%) knew someone who had experienced a mental health problem within the past twelve months and therefore had a recent experience to reflect on when considering their responses. This is a significant increase on the 33% claimed a recent experience in 2019

24. In reporting this data, we have aimed to highlight sub-group differences where we feel this provides additional insight and understanding. However, these patterns are not always consistent across the full dataset, may not be statistically significant for smaller sub-groups or may only appear in the extremes of scales (e.g., strongly agree but not overall agreement with a statement).

25. There are some potential trends in the data such as women showing more awareness, or over 65s being less open. There is some evidence that higher social grades are better informed and more accepting. Those with a personal experience either directly or indirectly are generally better informed and more accepting of mental health issues.

Attitudes including fear, tolerance and integration

26. This project used the previously developed tools of a CAMI score to measure attitudes, a MAKS score to measure knowledge and a RIBS score to measure intended behaviour. These scores, and how they are calculated is discussed and reported in more depth in the body of the report with a section for each score.

27. The CAMI score is developed from people's responses to twenty-seven statements designed to understand levels of fear, understanding and tolerance alongside attitudes to exclusion, integration and the provision of support services. The higher the score the more positive an individual's attitude to mental illness is. The raw CAMI score in 2021 was 113.71 and was not statistically significantly different to that in 2019 (112.97)

28. Sub-groups differences were explored which showed that those with personal experiences or knowledge of mental health problems tended to score more highly than those without such experiences. Socio-economic grade also had an impact with ABC1s receiving a significantly more positive score than C2DEs. Those over 65 tended to have a more negative attitude than those under 65. These patterns largely reflect those found in 2019.

29. When making comparisons with 2019 CAMI scores at an overall level there is only one significant change. Those living in urban locations have seen an increase in their CAMI score. This has removed a previously significant difference seen in 2019 between the attitudes of those in rural and urban areas

30. In addition, to the overall score the individual attitude statements were divided in to 'fear and exclusion,' 'tolerance and understanding' 'integration' and 'causes' categories. There were some changes compared with 2019.

31. There was a fall in the proportion of people who felt people should be quickly hospitalised (fear). There was a positive change to three of the seven statements regarding tolerance and to three of the nine statements regarding integration.

Knowledge

32. The MAKS score is developed from people's responses to six statements and relates to knowledge about mental health. The higher the score the better knowledge an individual had demonstrated. The raw MAKS score for the total sample was 23, which is no real change since 2019

33. When we explore MAKS scores by demographic groups we can see some changes within the patterns. There has been a significant increase in the MAKS score amongst the over 75s, this has had an impact on the overall differences previously identified by age where over 65s were seen as less knowledgeable than under 65s.

34. In 2019 there was a clear gender difference with men scoring lower than women. In 2021, driven by an increase in male scores, this gender difference is no longer statistically significant.

35. One unchanged feature is that ABC1s have better knowledge than C2DEs

36. The only significant change in responses to individual statements was a fall in the number of people agreeing that most people with mental health problems go to a healthcare professional to get help. This fell from 36% to 30%. As in 2019, ABC1s were less likely to agree with this statement than C2DEs.

Behaviour

37. The RIBS score is based on agreements with four statements and relates to living with, working with, living nearby to or continuing a relationship with somebody with a mental health problem. The higher the RIBS score the more appropriate that person's behaviour is. The raw RIBS score was 17 and unchanged from 2019.

38. There was a significant increase in the RIBS score amongst those who had no personal experience of a mental health issue. This could be seen to indicate more positive behaviours amongst the wider population. Despite this increase those with a personal experience still score significantly higher than those without as they did in 2019.

39. There is a clear correlation with age with younger people showing more positive behaviours whilst ABC1s are more willing to behave positively than C2DEs.

40. Compared with 2019 there was a significant increase in the proportion of people willing to maintain friendships or work with people who have a mental health problem. The statements referring to living with, or nearby, someone were unchanged.

41. As with other metrics those with greater knowledge, either through personal experience or because of someone they know, resulted in significantly higher levels of agreement with each statement.

Talking about mental health

42. The questionnaire included a series of questions which explored people's openness in discussing their own mental health with a health professional, employers and friends and family. This topic showed the most substantial changes across all sub-groups compared with 2019. This corresponds with other data collected by Time to Change Wales. It seems people were reluctant to discuss a mental health problem as they were worried about being a burden when the pandemic was at its height. There were also many accounts of people having difficulty accessing mental health support and getting through to GPs

43. In 2019 eight out of ten respondents said they would be likely to ask their GP for help if they felt they had a mental health problem, this has fallen significantly to less than 7 in ten (66%). This fall in asking for help seems to affect every sub-group with the exception of the over 65s where there has been almost no change

44. In 2019 around two thirds (63%) said they would feel comfortable talking to family and friends with almost three in ten (29%) saying they would be very comfortable doing so. In 2021 this changed significantly, falling to just half (50%) feeling comfortable and only 15% being very comfortable to do so.

45. Despite the considerable conversation around employee wellbeing during the pandemic there has been a significant fall in the proportion of people who would feel comfortable discussing their mental health with an employer. Just 23% said they would be comfortable compared with 40% in 2019. This is such a substantial change it seems that the pandemic, which has occurred between these two waves must have had some influence. This is an area which merits further attention and perhaps more research to understand the change in attitudes.

Treatment of those with mental health problems

46. Amongst those who knew somebody experiencing a mental health problem in the past twelve months the majority agrees they had been treated fairly or even more positively because of their illness. However around one in five felt that they had been unfairly treated in some way.

47. An increase in the number perceiving a person as being treated unfairly by mental health professionals (from 4% to 15%) is a potential cause for concern. It is possible that care has been made more difficult during the pandemic and lower levels of access to care is being seen as unfair. A greater understanding of what has driven this change would be useful in developing a strategy to address the issue.

48. There has been some growth in the perception of people being treated more positively 'in keeping a job.' This could also see a connection to the pandemic with a number of organisations increasing a focus on wellbeing during 2020/21. There has also been an apparent increase in the proportions believing people were treated more positively by their family suggesting an increase in understanding for those undergoing a mental health issue.

Campaign Awareness

49. Time to Change Wales, along with a number of other organisations, aims to educate people about mental health issues and has run a number of campaigns to raise awareness. Respondents were shown some screen shots of recent mental-health related ads that have appeared on television, radio magazines or on the internet

50. In 2019 almost a fifth (19%) recalled the ads and a further 16% remembered "similar" ads. Both of these measures had increased significantly in 2021 to 27% and 21% respectively. Overall, nearly half (48%) recalled campaign ads compared with 35% in 2019.

51. The lowest level of recall was amongst those aged over 65. Only 35% of this age group recalled the ads and whilst this is a significant increase on 2019 (when it was just 20%) it may still be a cause for concern. Both the messages and channels used may not have the same level of reach for this part of the population.

52. In 2019 C2DEs were more likely to recall ads than ABC1s however, this situation has reversed in 2021 with recall from ABC1s growing significantly from 31% to 55% whilst that amongst C2DEs was broadly static (38% to 42%). This data may need to be reviewed against the marketing strategy to understand how the reach was extended for this sub-group.

53. In 2019 those who had personally experienced mental health problems were more likely to recall ads than those who had not. This difference has largely disappeared in 2021 with a significant increase in the proportion of those who have not had a mental health problem recalling the campaign.

Attitudes to mental illness

54. The survey included twenty-seven statements on a range of attitudes towards mental illness. The statements have been previously developed by the Department of Health and build on a number of previous studies[1].

55. For each of the twenty-seven statements respondents were asked to give their opinion using a five-point scale from 'Agree Strongly' to 'Disagree Strongly'. The order in which respondents saw the statements was rotated to ensure there was no order effect on agreement levels.

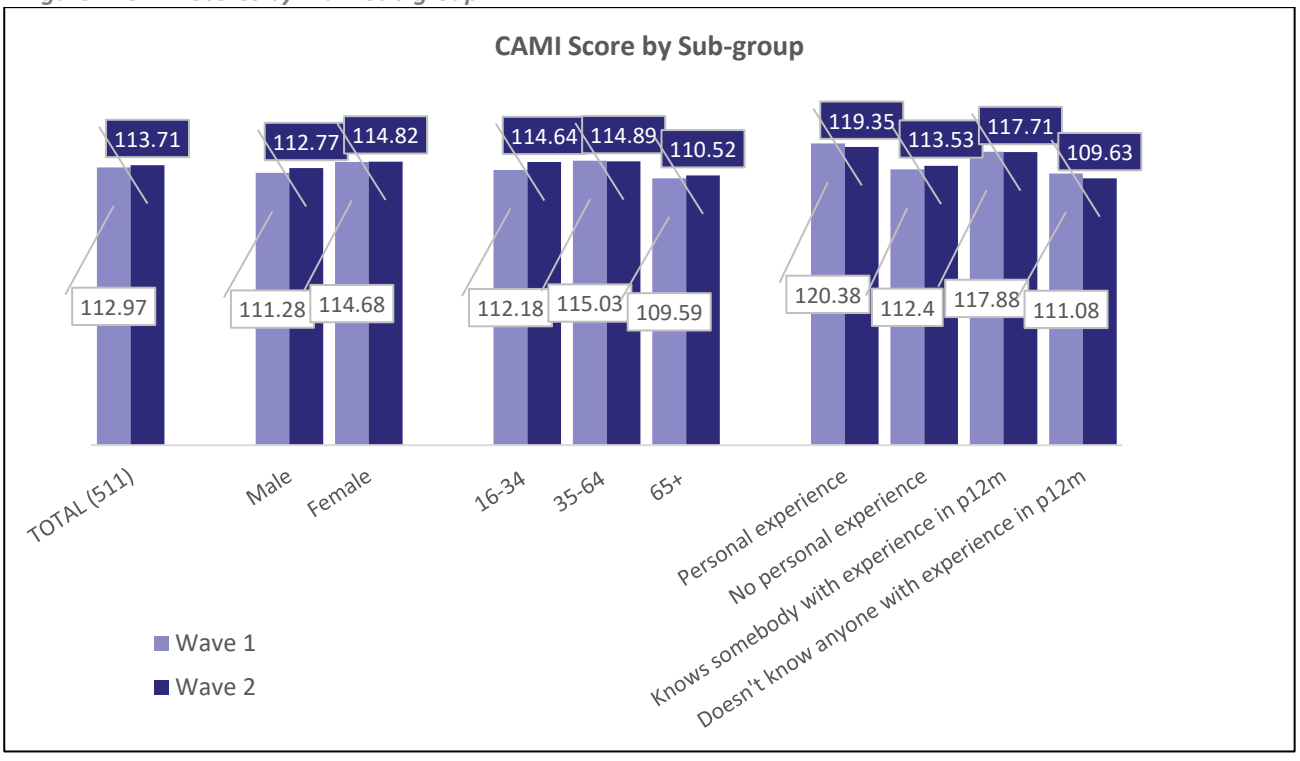
Community Attitudes to Mental Illness (CAMI) scores

56. An agreed approach to summarising and reporting this data has been developed which is referred to as the CAMI score. This is calculated by summing scores for each respondent across the various CAMI statements (by allocating a score of 5 to the most positive response, down to 1 for the least positive). More information on the process used to derive CAMI scores can be found in Appendix 4.

57. In this process, the higher the score the more positive the attitude of that person, or that sub-group of people is towards mental illness. The maximum score would be 135 (=27 x 5) and the minimum score would be 27 (=27 x 1).

58. Overall, the mean CAMI for Wales score was just under **113.71,** an increase of 0.65% compared with 2019 (112.97)**.** This difference is not statistically significant.

Figure 1: CAMI Scores by Main Sub-group



Base: All respondents (2019=511, 2021=851)

59. When we explored results by age in 2021, we saw that those aged under 65 have a significantly more positive attitude than the over 65s. This differs slightly from 2019 when those aged 35- 64 had a more

[1] M. Taylor, M. Dear, "Scaling Community Attitudes Toward the Mentally Ill" Schizophrenia Bulletin, 7(2), 1981, 225-240 (accessible via https://camiscale.com)

positive attitude than both younger and older people. This suggests that younger people have increased their understanding over the past two years (although this does not show as a statistically significant increase) and it seems likely to be connected to the wider conversations around mental health during the pandemic.

60. The importance of experience can be clearly seen to have an impact on attitudes. Those with a personal experience demonstrated a significantly more positive attitude than those with no personal experience. And exposure to somebody with a personal experience also resulted in a more positive attitude. This pattern is unchanged since 2019

61. We explored other sub-group factors which are shown in Figure 2 . Those who were retired had a less positive attitude than other groups – this clearly correlates with the finding for those aged 65+.

62. Socio-economic grade also had an impact with ABC1s receiving a significantly more positive score than C2DEs. We also explored Welsh Index of Multiple Deprivation (WIMD) however, the individual sample sizes are fairly small making significant differences difficult – the only significant difference is between the least deprived and the second most deprived areas (115.72 v 112.05). In this report we will mainly use the grouped socio-economic grades to explore differences that are likely to be connected to income and circumstances.

63. In 2021, Black, Asian and other Ethnic minority respondents had a CAMI score of 109.08 compared with 113.93 for white respondents. However, the non-white sample was small with just twenty-two respondents making it difficult to draw conclusions.

64. When making comparisons with 2019 scores there is only one significant change. Those living in Urban locations have seen an increase in their CAMI score. In 2019, urban dwellers gave a significantly lower score than those living in rural areas (112.01 versus 114.85). In 2021 there is no longer a significant difference with urban dwellers and rural dwellers scoring 113.90 and 113.32 respectively.

65. In 2019 there was also a significant difference between Welsh speakers and non-Welsh speakers (115.27 versus 112.40). This difference has also disappeared in 2021.

66. In the 2019 report we speculated that there might be an inter-relationship between these two factors with those in urban locations significantly less likely to be Welsh speakers. Some caution should be used when considering if differences have been driven by language or location.

Figure 2: CAMI scores by sub-groups

Factor	Sub-Group	Wave 1 2019	Wave 2 2021
Working Status	Working	113.92	114.63
	Retired	109.80	110.56
	Non-working	114.55	115.29
Social Grade	ABC1	115.14	116.00
	C2DE	111.50	111.36
WIMD	1 Most deprived	111.90	113.36
	2	110.96	112.05
	3	112.61	113.70
	4	113.75	113.85
	5 Least deprived	115.28	115.72
Location	Rural	114.85	113.32
	Urban	112.01	**113.90**
Welsh Speaking	Welsh speaking (fluent & non fluent)	115.27	114.38
	Not Welsh speaking (inc. learners)	112.40	113.55

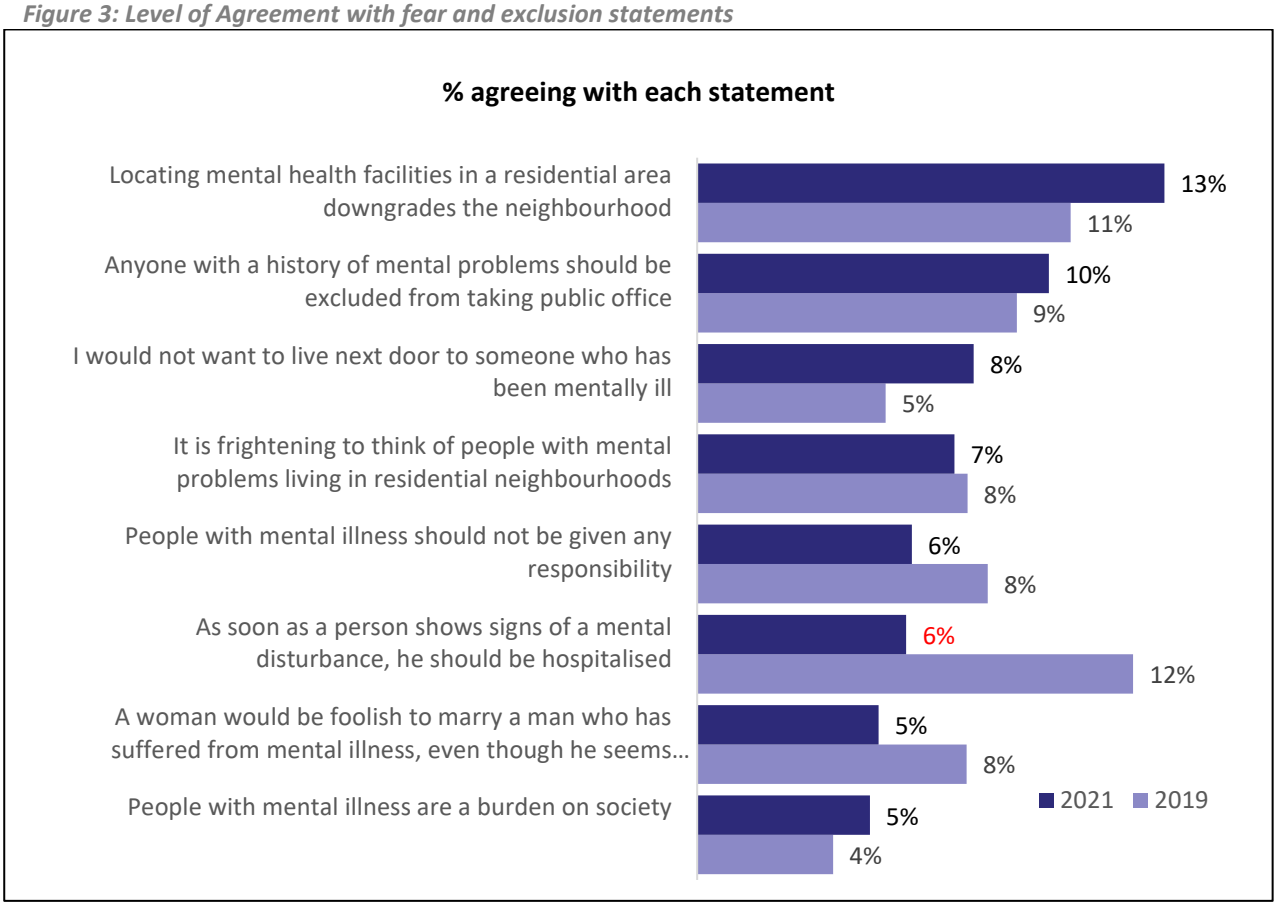
67. A fuller summary of scores by sub-groups can be seen in Appendix 5.

Fear and exclusion of people with mental illness

68. In addition to the overall CAMI score, the twenty-seven statements have been sub-divided into four categories which look at attitudes in more detail. The first group of eight statements focus on fear and exclusion and are listed below:
    - Locating mental health facilities in a residential area downgrades the neighbourhood
    - Anyone with a history of mental problems should be excluded from taking public office
    - I would not want to live next door to someone who has been mentally ill
    - It is frightening to think of people with mental problems living in residential neighbourhoods
    - People with mental illness should not be given any responsibility
    - As soon as a person shows signs of a mental disturbance, he should be hospitalised.
    - A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered
    - People with mental illness are a burden on society

69. As can be seen in the chart, the proportions agreeing with each statement remain low. Just five per cent of respondents agreed that people with a mental illness are a burden on society. The only significant change is a fall in the proportion of people who believe a person should be quickly hospitalised (12% down to 6%)

Figure 3: Level of Agreement with fear and exclusion statements



Base: All respondents (2019~511; 2021~851)

70. There were some sub-group differences across all these statements with women, ABC1s and younger people generally being less likely to agree. On almost all metrics experience reduced the propensity to agree.

71. Despite the overall fall in the proportion of respondents agreeing people should be quickly hospitalised there were significant differences between subgroups, 11% of over 65s, 9% of C2DEs and 9% of those who had not known anyone with a mental health problem agreed with this statement, in each case significantly higher than their parallel group.

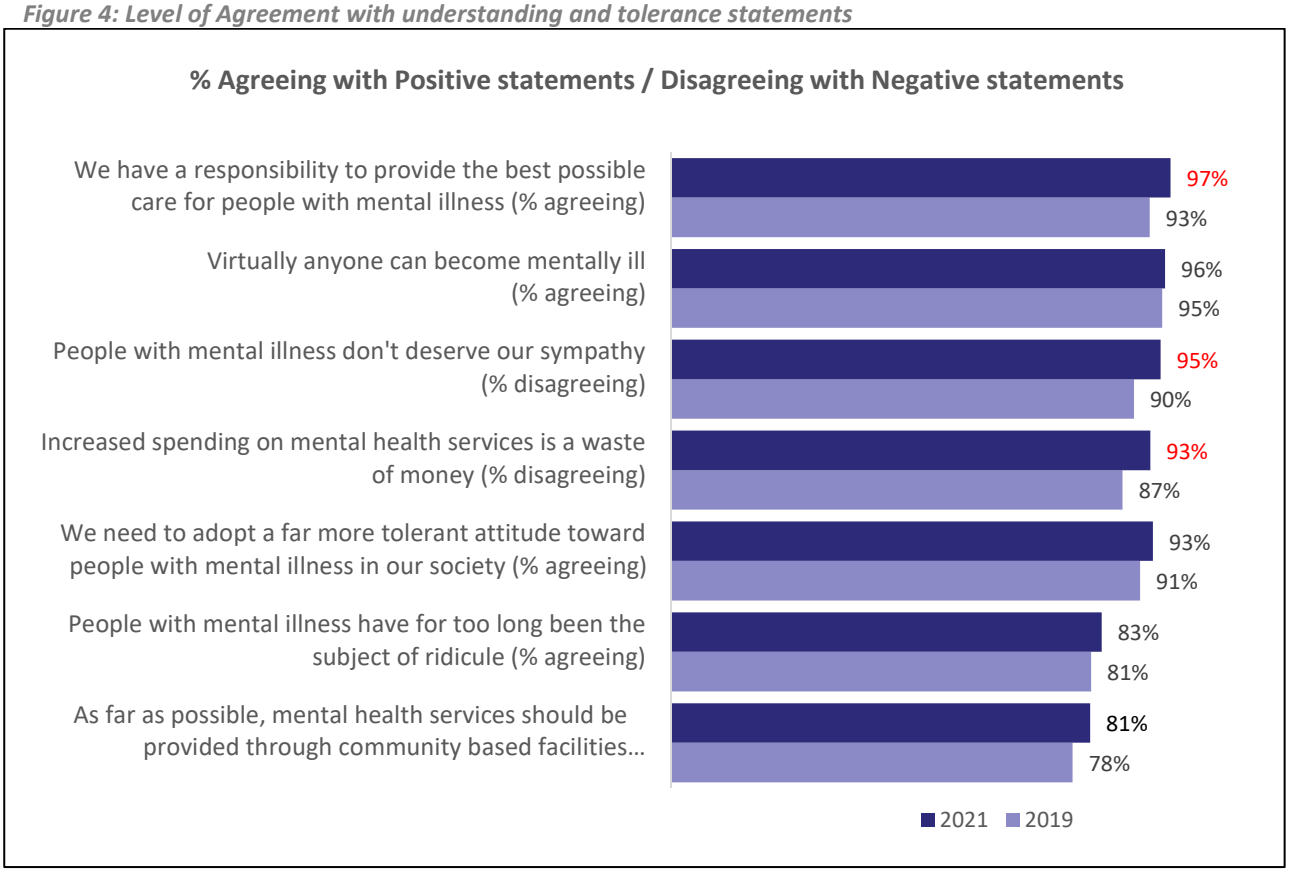
Understanding and tolerance of mental illness

72. The second group of statements focus on understanding and tolerance and relate to the seven statements listed below. Two of these statements were framed in a negative way and therefore analysis and reporting focuses on the proportion disagreeing rather than agreeing with the statement

73. Three of these metrics (in bold) have seen a significant increase when compared with 2019. This includes an increase in the proportion disagreeing that spending on mental health services is a waste of money – up six percentage points from 87% to 93%.
    - **We have a responsibility to provide the best possible care for people with mental illness**
    - Virtually anyone can become mentally ill
    - **People with mental illness don't deserve our sympathy (% disagreeing)**
    - **Increased spending on mental health services is a waste of money (% disagreeing)**
    - We need to adopt a far more tolerant attitude toward people with mental illness in our society
    - People with mental illness have for too long been the subject of ridicule
    - As far as possible, mental health services should be provided through community-based facilities.

74. Overall, attitudes are fairly understanding with more than nine in ten agreeing (or disagreeing with negative statements) with the first five statements, whilst more than eight in ten agreed with the final two statements.

Figure 4: Level of Agreement with understanding and tolerance statements



Base: All respondents (2019~511, 2021~851)

75. There were sub-group differences in attitudes to spending on mental health services. ABC1s were more likely to disagree that spending on mental health services was a waste of money compared with C2DEs. (95% v 91%). Those who know someone with a mental health problem was also more likely than those who hadn't to disagree (97% v 89%).

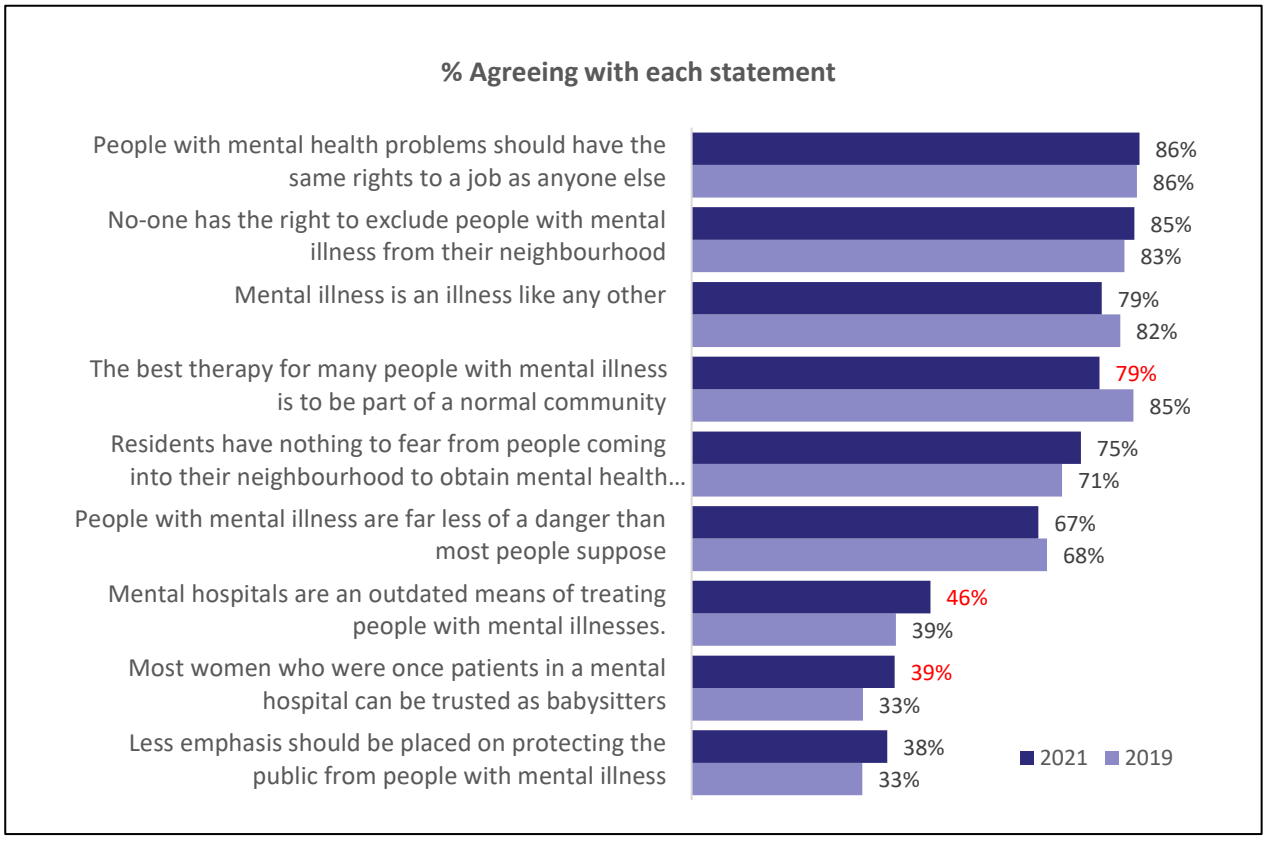
76. Those aged over 65 are significantly more likely to believe that mental health services should be provided through community care.

Integration with the community

77. The next set of statements relate to integration within the community and includes the nine statements listed below:
    - People with mental health problems should have the same rights to a job as anyone else
    - No-one has the right to exclude people with mental illness from their neighbourhood
    - Mental illness is an illness like any other
    - **The best therapy for many people with mental illness is to be part of a normal community**
    - Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services
    - People with mental illness are far less of a danger than most people suppose
    - **Mental hospitals are an outdated means of treating people with mental illnesses.**
    - **Most women who were once patients in a mental hospital can be trusted as babysitters**
    - Less emphasis should be placed on protecting the public from people with mental illness.

78. This group of statements attracted a wide range of attitudes. The first four statements were agreed with by 79% or more respondents. This reflects a prevailingly positive attitude towards the right to live and work as an integrated part of the community.

Figure 5: Level of Agreement with integration statements



Base: All respondents (2019~511, 2021~851)

79. There has been a significant change on three of these metrics. This includes a fall in the number feeling the best therapy is to be part of a normal community. This may be because they feel more specific action is taken and may perhaps have been influenced by the isolation people have experienced from their communities during the pandemic.

80. The two metrics with significant growth have increased by six percentage points. When we look at the sub-group data for the metrics which have increased since 2019 most show that personal experience or knowing someone with a mental health issue results in a higher level of agreements with each statement. The increased proportion of people an experience either directly or indirectly is likely to be a key driver in the growth of these metrics.

Causes of mental illness and the need for special services

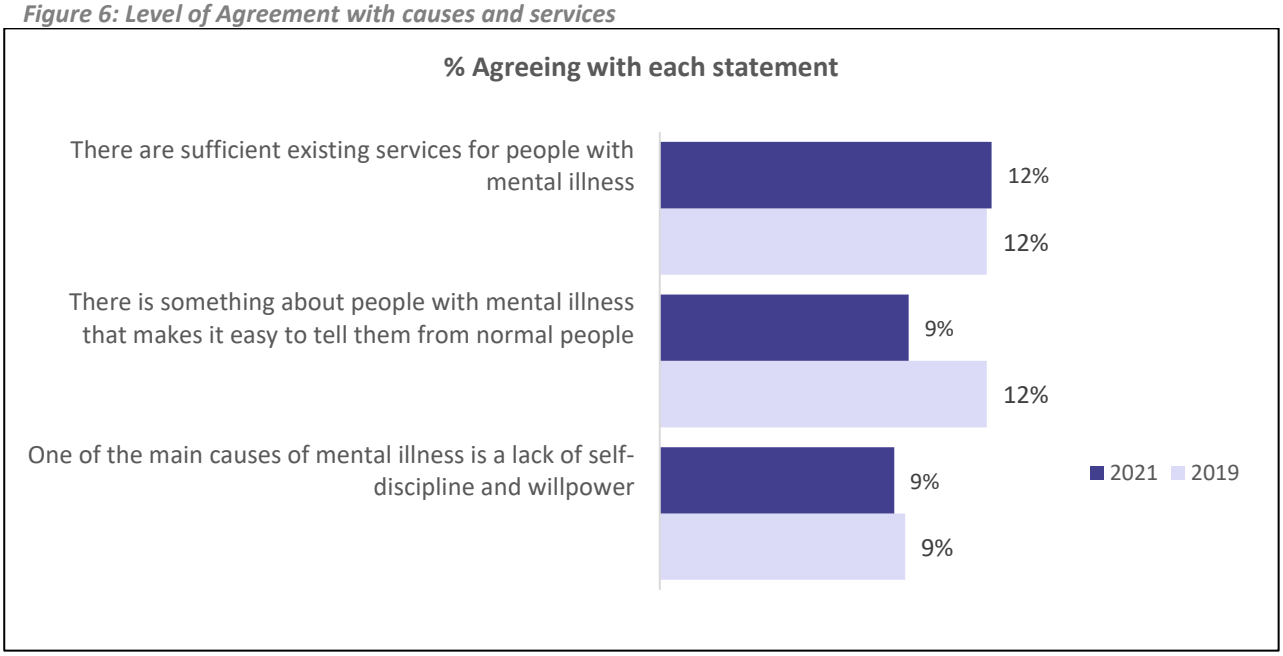
81. Just three statements form the final group, and these are focused on the causes of mental illness and the need for special services:
    - There are sufficient existing services for people with mental illness
    - There is something about people with mental illness that makes it easy to tell them from normal people.
    - One of the main causes of mental illness is a lack of self-discipline and willpower

82. Just twelve percent consider that there are sufficient existing services for people with mental illness. This suggests there is a recognition that services can be over-stretched which is perhaps not surprising considering the wider discussions around mental health services in recent years.

83. A relatively small proportion, less than one in ten (9%) believe that people with a mental illness can be easily identified. This is not a significant change from 2019. The belief is more prevalent amongst C2DEs than ABC1s (13% v 6%)

84. As in 2019, 9% perceive mental illness as being related to a lack of discipline and willpower. This belief is higher amongst men that women (10 v 7%) and amongst C2DEs than ABC1s (12% v 6%)

Figure 6: Level of Agreement with causes and services



Base: All respondents (2021~851; 2019~511)

Understanding of mental health

Mental health-related knowledge scale (MAKS)

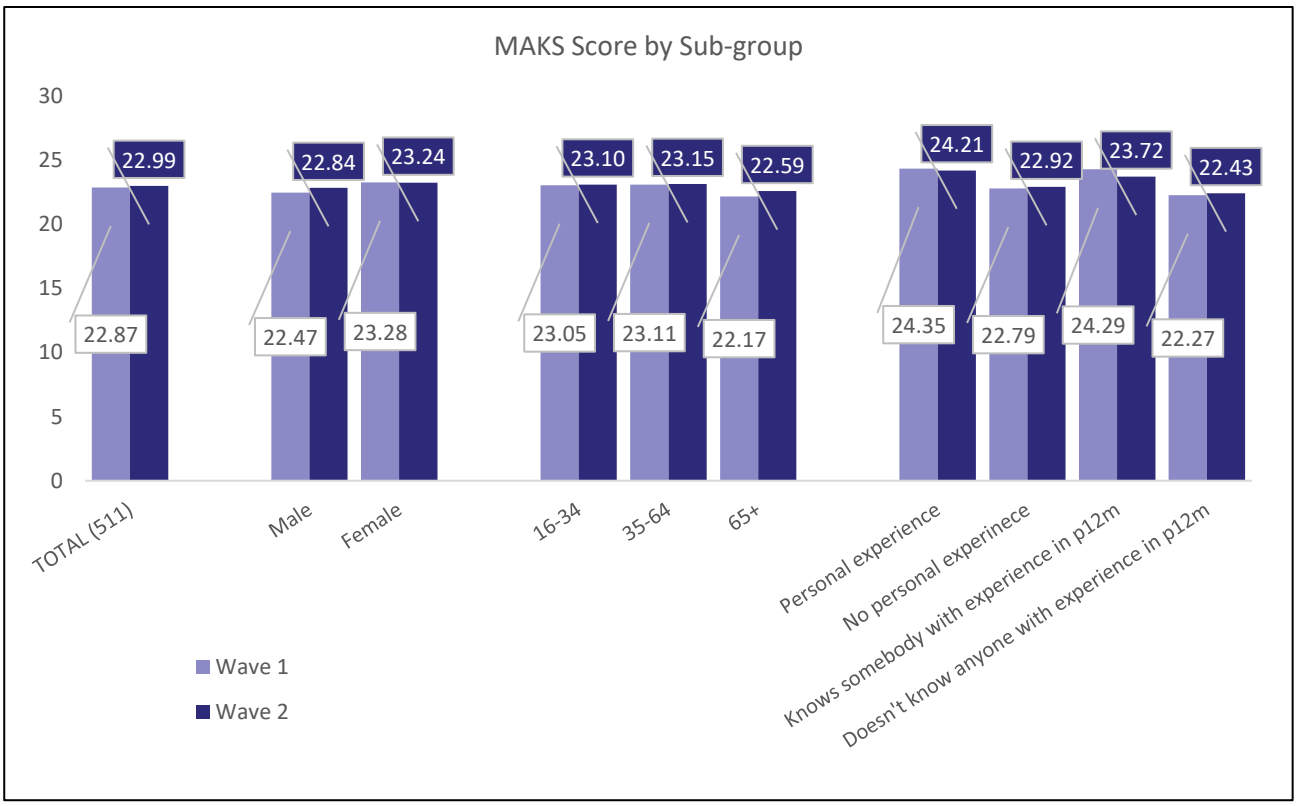
85. Respondents' knowledge of mental-health related issues was explored using a series of statements which have been developed by the Department of Health over recent years to provide a 'MAKS' score[2]. As with the CAMI score, respondents were asked to give their opinion on each statement using a five-point scale from 'Agree Strongly' to 'Disagree Strongly'. The order in which respondents saw the statements was rotated to ensure there was no order effect on agreement levels.

86. The MAKS score is calculated by summing scores for each respondent across six statements (relating to employment, advice-giving, treatment, support and recovery). More information on the process used to derive MAKS scores can be found in Appendix 4.

87. In this process, the higher the score the more knowledgeable the respondent, or sub-group of respondents are about mental illness. The maximum score would be 30 (=6 x 5) and the minimum score would be 6 (=6 x 1).

88. Overall, the mean MAKS score was **22.99** an increase of 0.52% compared with 2019. This difference is not statistically significant and there were no notable differences at a subgroup level.

Figure 7: CAMI Scores by Sub-group



Base: All respondents (2019=511, 2021=851)

[2] Evans-Lacko, S; Little K; Meltzer H; Rose D; Rhydderch D; Henderson C; Thornicroft G. Development and Psychometric Properties of the Mental Health Knowledge Schedule (MAKS) (Canadian Journal of Psychiatry 2010 Jul; 55, 440-448.)

89. In 2019 men scored significantly lower than women on this knowledge-based metric, however this difference is not present in 2021. The score from women is nearly identical to the previous wave but the score from men has seen a slight uplift. Whilst this change is not seen as significant within the trend analysis, it is sufficient to remove the previously seen gender difference.

90. In 2019 when we explored MAKS scores by demographic groups, those under 65 scored significantly higher than over 65s. In 2021 it is only those aged 35 – 64 who score significantly higher than the over 65s. This looks to be due to a slight (but not statistically significant) increase in the score for the over 65s rather than a fall amongst the under 35s. Further explorations show a significant increase in the MAKS score for those aged 75+ (22.52 v 20.97) which could be the key driver of the change in the older age group.

91. As in 2019 those in work were better informed than retirees (23.19 v 22.58), a finding which is interlinked to the age differences (see Figure 8)

92. When we look by socio-economic groupings, we see the same pattern as in 2019 with C2DEs scoring lower than ABC1s

93. As before, exposure to mental health issues significantly increases knowledge whether that is through a personal experience of mental health issues or knowing somebody else with an issue.

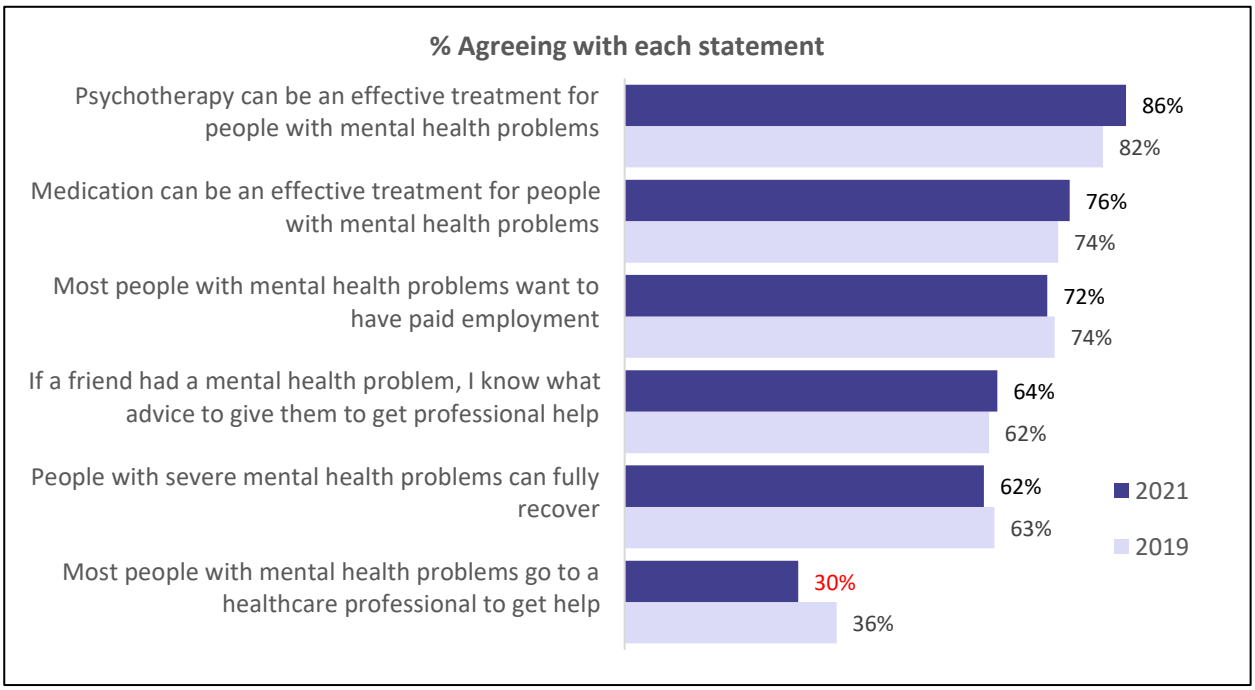
94. Those who had seen or heard ads, as well as those who recalled similar campaign materials scored significantly more highly on this knowledge metric than those who had no recall. This always raises a question around cause and effect, does seeing the campaign increase knowledge or does better knowledge increase the propensity to notice and remember the campaign.

Figure 8: MAKS scores by sub-groups

Factor	Sub-Group	Wave 1 2019	Wave 2 2021
Working Status	Working	23.23	23.19
	Retired	22.12	22.58
	Non-working	22.84	22.96
Social Grade	ABC1	23.41	23.42
	C2DE	22.51	22.55
Campaign awareness	Seen or heard ads	23.75	23.60
	Seen or heard similar	23.71	23.66
	Not seen	22.34	22.55

95. The statements included in the MAKS score are shown below. The final statement (in bold) shows a significant fall in the proportion agreeing when compared with 2019.
    - » Psychotherapy can be an effective treatment for people with mental health problems.
    - » Medication can be an effective treatment for people with mental health problems
    - » Most people with mental health problems want to have paid employment
    - » People with severe mental health problems can fully recover
    - » If a friend had a mental health problem, I know what advice to give them to get professional help
    - » **Most people with mental health problems go to a healthcare professional to get help**

Figure 9: Proportions in agreement with each MAKS statement



Base: All respondents (2019~511, 2021~851)

96. Almost nine in ten (86%) agreed with the statement that psychotherapy could be an effective treatment, whilst over seven in ten agreed that medication can be effective and that most people want employment (76% and 72% respectively).

97. The notable change since last year was a fall in the number of people agreeing that most people with mental health problems go to a healthcare professional to get help. This fell from 36% to 30%. As in 2019, ABC1s were less likely to agree with this statement than C2DEs (26% v 34%)

98. In 2021 there are a number of differences by social grade with ABC1s more likely to agree people can make a full recovery (66% v 57%) and more likely to see medication as an effective treatment (80% v 73%).

99. In 2019 73% of ABC1s agreed they knew how to advise a friend compared with 55% of C2DEs. In 2021 this sub-group difference has disappeared with both groups almost equally likely to agree (65% and 63% respectively).

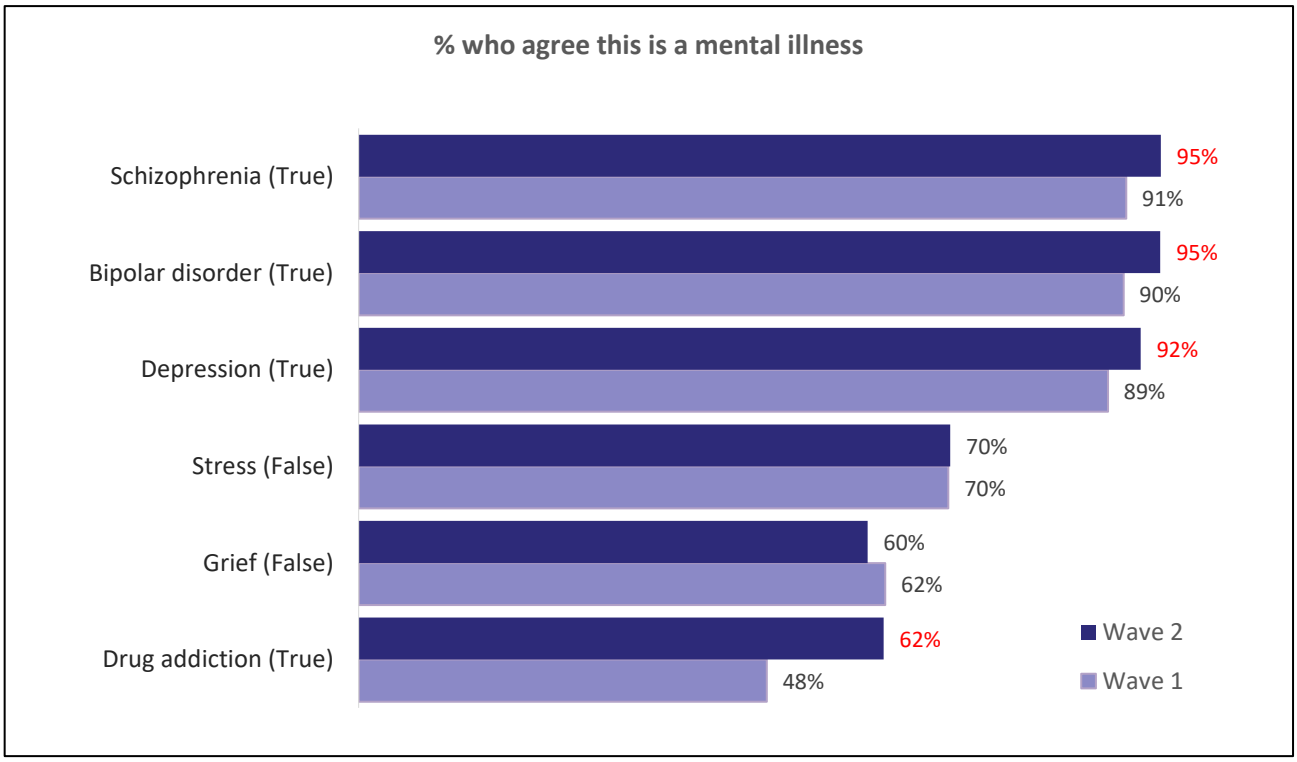
100. Looked at by gender seven in ten (71%) women agreed that they would know how to advise a friend with a mental health problem for them to get professional help, whilst only 58% of men agreed. This difference also existed in 2019

Identifying different types of mental illnesses

101. Respondents were asked whether they would agree that each of six named conditions were a type of mental illness. Schizophrenia, Bipolar disorder, and depression were all identified by more than nine out of ten as a mental illness. The increases in those recognising schizophrenia, bipolar disorder and depression were significant compared with 2019. Our research does note enable us to identify why or how increases in recognition have occurred but do suggest that some external factors have impacted awareness.

102. The most significant change was around drug addiction. In 2019 less than half (48%) agreed this was a mental illness compared with 62% in 2021. This is an increase of nearly fourteen percentage points and suggest a real change in understanding with public perceptions moving closer to that of health care professionals.

Figure 10: Proportions agreeing that each problem is a mental illness.



Base: All respondents (2021~851; 2019~511)

103. When we reviewed the data by social grade some differences emerged with ABC1s are significantly more likely to see depression, schizophrenia and bipolar disorder as a mental illness compared with C2DEs.

104. Women were more likely to see drug addiction as a mental illness than men.

Behaviour around mental health issues

Reported and Intended Behaviour scale (RIBS)

105. Intended behaviour was measured using the 'RIBS' scores. As with the previous scales reported RIBS has been developed via previous academic research as providing a useful measurement tool. In this case, it relates to four statements relating to living with, working with, living nearby, and continuing a relationship with somebody with a mental health problem.

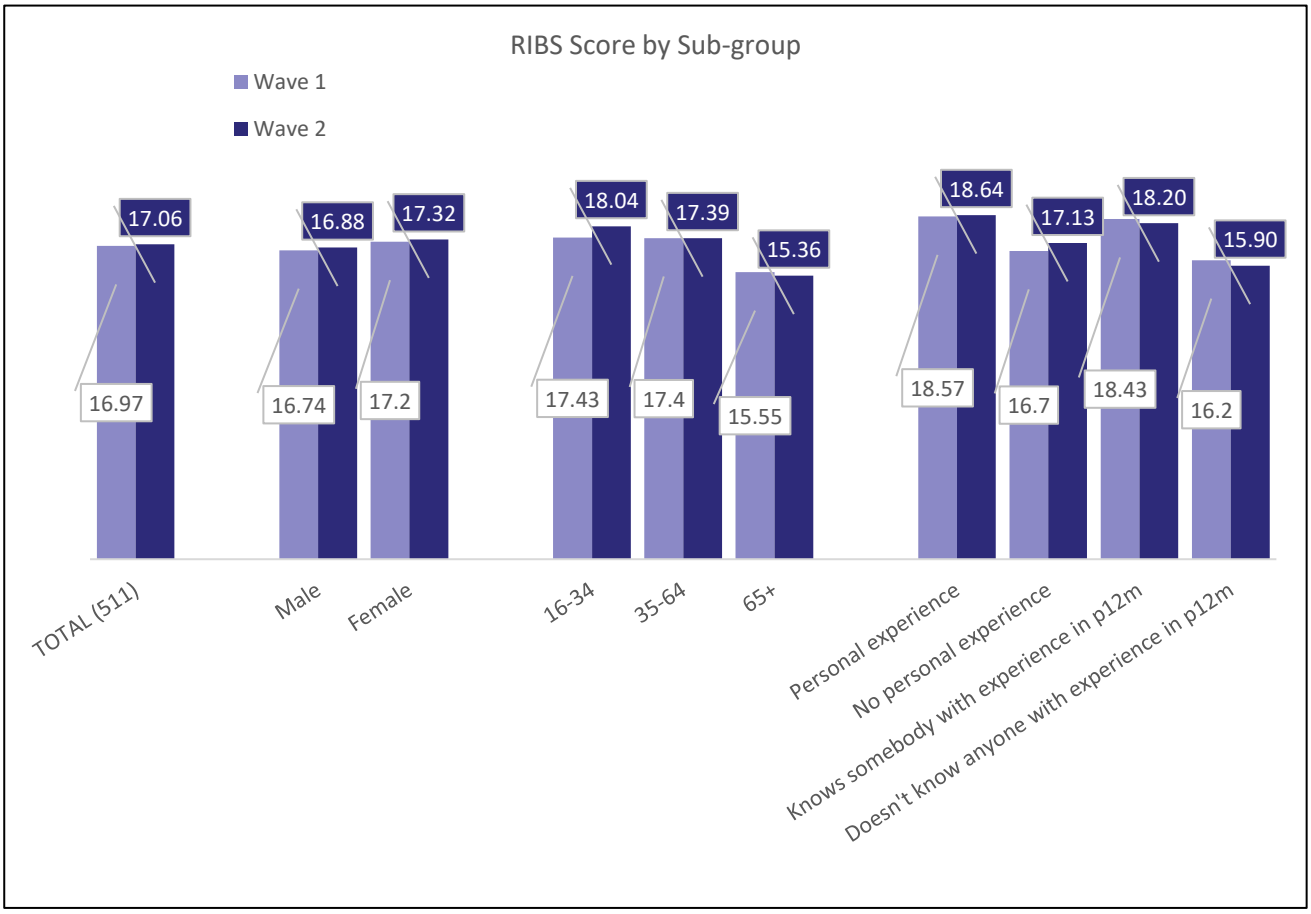
106. As before, for each of the questions respondents were asked to give their opinion using a five-point scale from 'Agree Strongly' to 'Disagree Strongly'. The order in which respondents saw the statements was rotated to ensure there was no order effect on agreement levels.

107. The overall score is calculated by adding the score for each question. A mean score for the total sample and various subgroups has been calculated. More information on the process used to derive RIBS scores can be found in Appendix 4.

108. In this process the higher the score the more appropriate the behaviour of the respondent, or sub-group of respondents would be. The maximum score would be 20 (=4 x 5) and the minimum score would be 4 (=4 x 1).

109. Overall, the mean RIBS score was **17.06** an increase of 0.56% compared with 2019. This difference is not significant

Figure 11: RIBS score by sub-group



Base: All respondents (2019=511, 2021=851)

110. At a sub-group level there are just two significant differences since 2019. The most important of these is an increase in the scores amongst those who have no personal experience of a mental health problem. This could be seen to indicate more positive behaviours amongst the wider population. Despite this increase those with a personal experience still score significantly higher than those without as they did in 2019.

111. The second significant change from 2019 is a fall in the RIBS score amongst Welsh speakers, from 18.04 to 17.25.

112. In 2021 there is a clear correlation with age with scores falling for each age group. In 2019 the two younger age groups were more closely matched. Whilst the differences since 2019 are not significant they do support findings elsewhere regarding improved understanding and awareness amongst the under 35 age group.

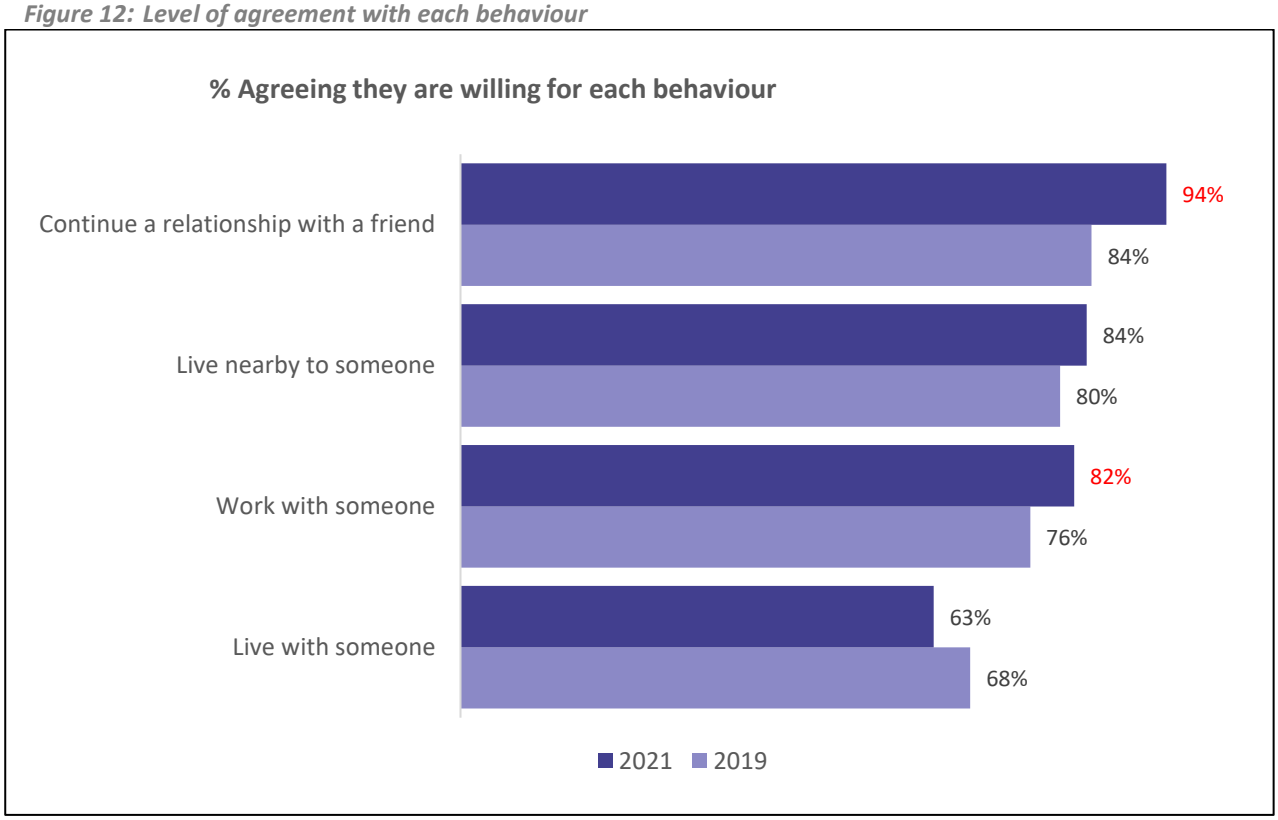
113. As on other metrics those with a personal experience, either directly or indirectly scored significantly more highly than those without experience.

114. As in 2019 ABC1s remain significantly more willing to behave positively than C2DEs. (17.64 v 16.50).

115. The four questions used to calculate the RIBS score ask respondents whether "In the future they would be willing to…. Those in bold have changed significantly since 2019.
    - …**continue a relationship with a friend who had developed a mental health problem**
    - …live nearby to someone with a mental health problem
    - …**work with someone with a mental health problem**
    - …live with someone with a mental health problem.

116. The majority would be willing to do each of the above with the lowest level of agreement being to live with someone with a mental health problem. Since 2019 there has been a significant increase in the proportion agreeing they would continue a relationship with a friend and be willing to work with someone with a mental health problem. This indicates a positive change in behaviours compared with two years ago.

Figure 12: Level of agreement with each behaviour



Base: All respondents (2021~851; 2019~511)

117. Figure 13 shows the percentage agreeing with each statement by subgroup

118. Differences by social grade exist for each of these metrics with ABC1s being more likely to agree than C2DEs in each case.

119. The differences by age are also notable. For most statements the over 65s are significantly less likely to agree than those under 65. In the case of the final statement – living with someone - there is an even stronger correlation with age with 16- 34 being more likely to agree than both the other age groups, whilst 35 – 64s are more likely to agree than over 65s.

120. Those with greater knowledge, either through personal experience or because of someone they know, resulted in significantly higher levels of agreement with each statement.

Figure 13: Levels of agreement by various sub-group

Factor	Sub-Group	% Agree (Strongly / Slightly)			
		Friend	Live nearby	Work	Live with
TOTAL		94.30	83.64	81.97	63.21
Gender	Male	94.21	82.53	79.47	62.44
	Female	94.47	85.30	85.21	64.72
Age	16-34	96.07	89.64	87.91	79.14
	35-64	95.02	86.75	84.84	60.87
	65+	90.95	68.50	68.85	45.28
Working Status	Working	95.06	86.44	84.81	66.42
	Retired	92.22	72.33	69.20	44.86
	Non-working	94.68	89.57	88.59	74.91
Social Grade	ABC1	96.84	87.39	86.17	67.01
	C2DE	91.68	79.64	77.45	59.01
Personal experience	Had personal experience	98.90	94.92	93.96	81.50
	Not had personal experience	94.76	84.59	82.90	62.62
Known someone	Known someone	98.09	90.32	89.71	76.24
	Not known someone	91.47	78.48	74.59	47.38

Talking about mental health

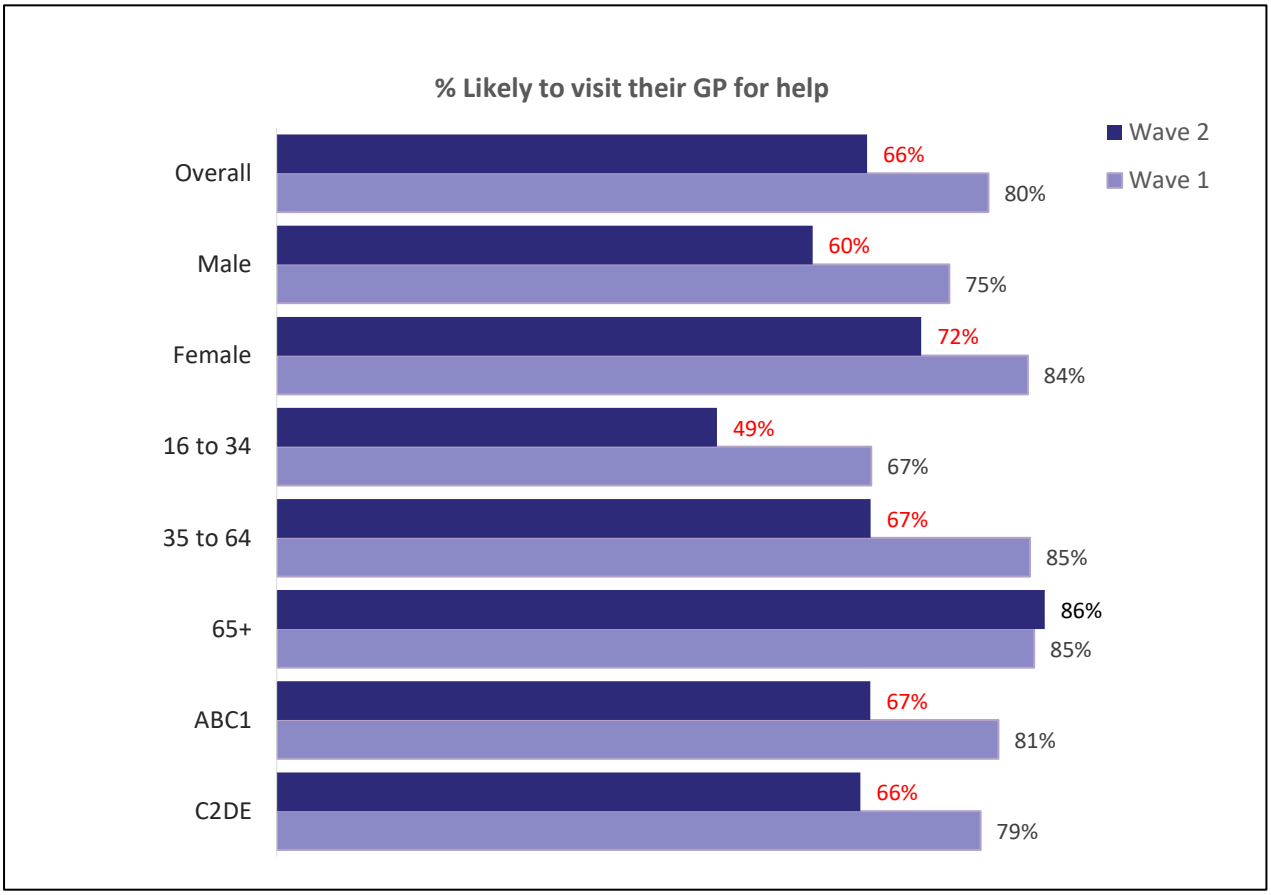
121. The questionnaire included a series of questions which explored people's openness in discussing their own mental health with a health professional, employers and friends and family.

122. This topic showed the most substantial changes across all sub-groups compared with 2019. This corresponds with other research[3] conducted by Time to Change Wales in summer and autumn 2020 which found that people were reluctant to discuss a mental health problem openly (along with other problems) as they were worried about being a burden when the pandemic was at its height and people generally had so many issues to deal with. There were also many accounts of people having difficulty accessing mental health support and getting through to GPs.

With a GP

123. In 2019 four out of five respondents (80%) said they would be likely to ask their GP for help if they felt they had a mental health problem. In 2021 this has fallen significantly to just two in three (66%). Such a significant fall is a clear concern and it seems highly likely that the pandemic is a factor in this change, other research may help to understand why this has occurred.

Figure 14: Proportion very/quite likely to ask GP for help if they felt they had a mental health problem



Base: All respondents (2019~511, 2021~851)

[3] This includes an online survey TtCW conducted last summer and the Time to Talk Day opinion poll. Both highlighted an increase in self-stigma and difficulties or a reluctance to access support networks.

124. This significant fall in likelihood of visiting the GP seems to affect every sub-group with the exception of the over 65s where there has been almost no change. In 2019, those aged 35 – 64 showed a similar likelihood to visit the GP to those aged over 65 (both at 85%). In 2021, this had fallen to just 67% amongst those aged 35 – 64 whilst staying almost static at 86% for the over 65s.

125. In addition to the overall fall, men remain significantly less likely than women to visit the GP (60% v 72%).

126. These sub-group differences are interesting and warrant exploration. For example, is the reduced willingness to talk to their GP amongst under 65s connected to a fall in visiting GPs for any issue during the pandemic. Does the gender difference reflect a wider habit with women more likely to visit their GP and discuss their physical health than men rather than being a difference related purely to mental health?

127. There were no real differences by social grade either in 2019 or in 2021.

128. Amongst those who had experienced a mental health problem just over half (54%) had spoken to a GP or family doctor in the past 12 months.

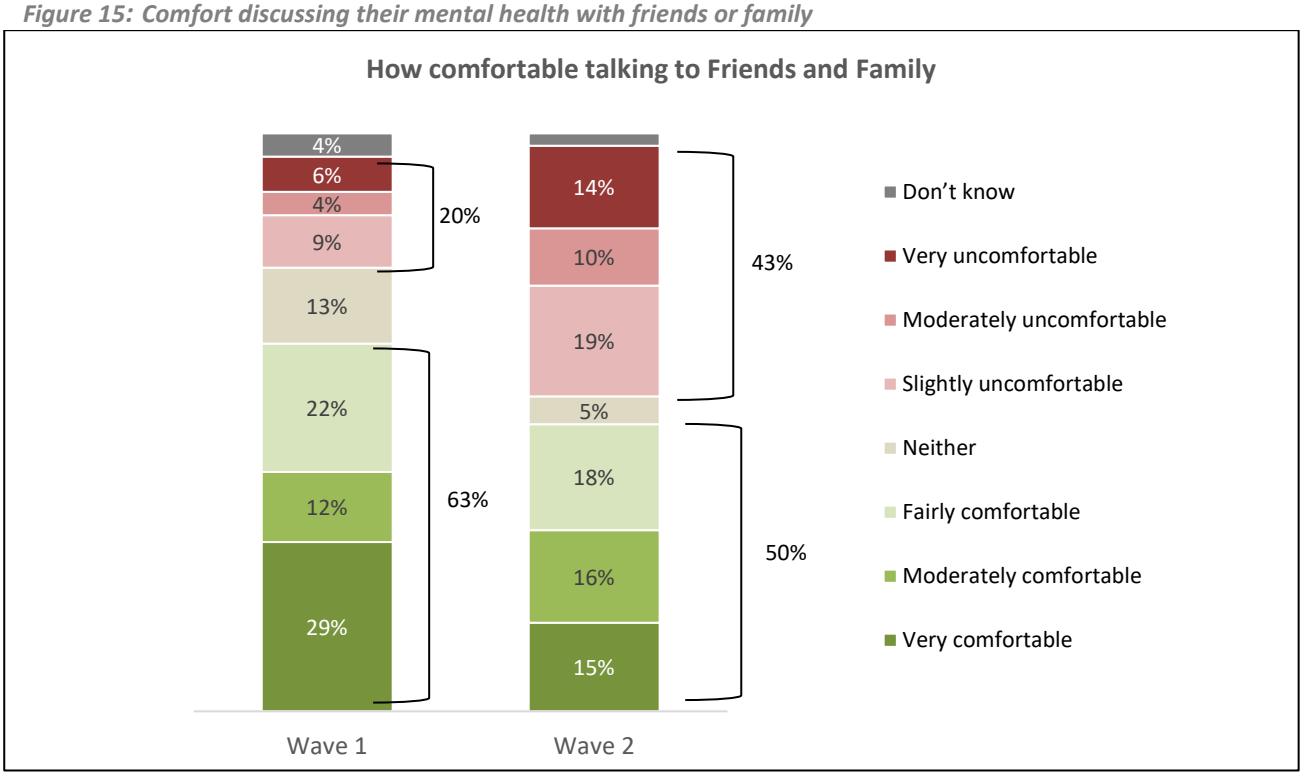
With friends and family

129. Respondents were asked how comfortable they would be talking to a friend or family member about their mental health. The chart below shows their answers using a 7-point scale from 'Very comfortable' to 'Very uncomfortable'.

130. In 2019 around two thirds (63%) would feel comfortable with almost three in ten (29%) saying they would be very comfortable doing so. In 2021 this changed significantly, falling to just half (50%) feeling comfortable and only 15% being very comfortable to do so.

131. In 2021, more than two in five (43%) would be uncomfortable with such a discussion and this is more than twice as many as in 2019 suggesting there is still much work to be done in helping people to normalise discussions around mental health.

Figure 15: Comfort discussing their mental health with friends or family

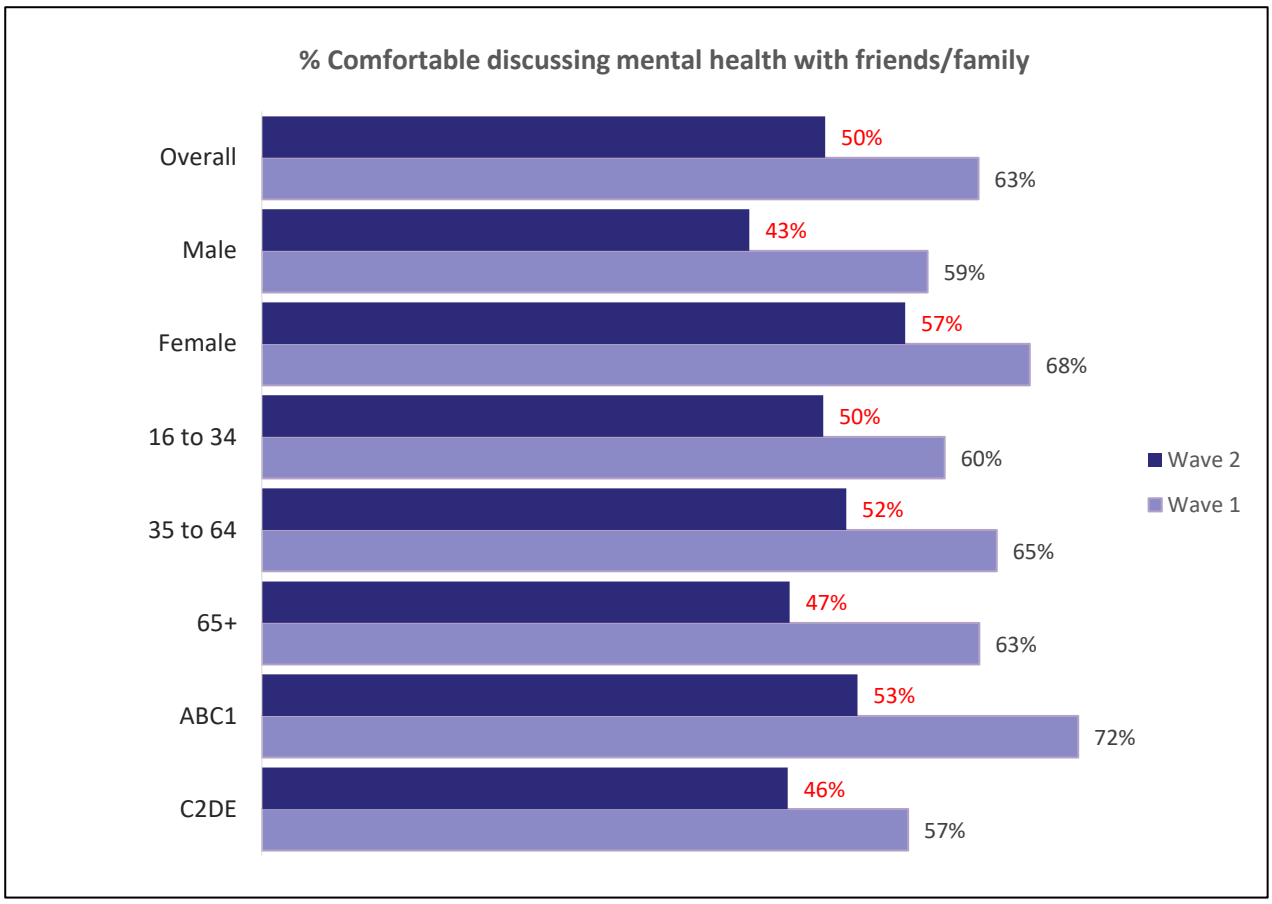


Base: All respondents (2019~511, 2021~851)

132. Men are significantly less likely than women to feel comfortable talking about a mental health problem to a friend or family member (43% v. 57%). Men have also seen a larger fall than women since 2019. (16 percentage points versus 11 percentage points).

133. ABC1s were significantly more likely to be comfortable than C2DEs in 2019 but that difference is no longer as notable with a much larger fall seen by ABC1s since the first wave.

Figure 16: Comfortable talking about mental health to a friend/family member



Base: All respondents (2019~511, 2021~851)

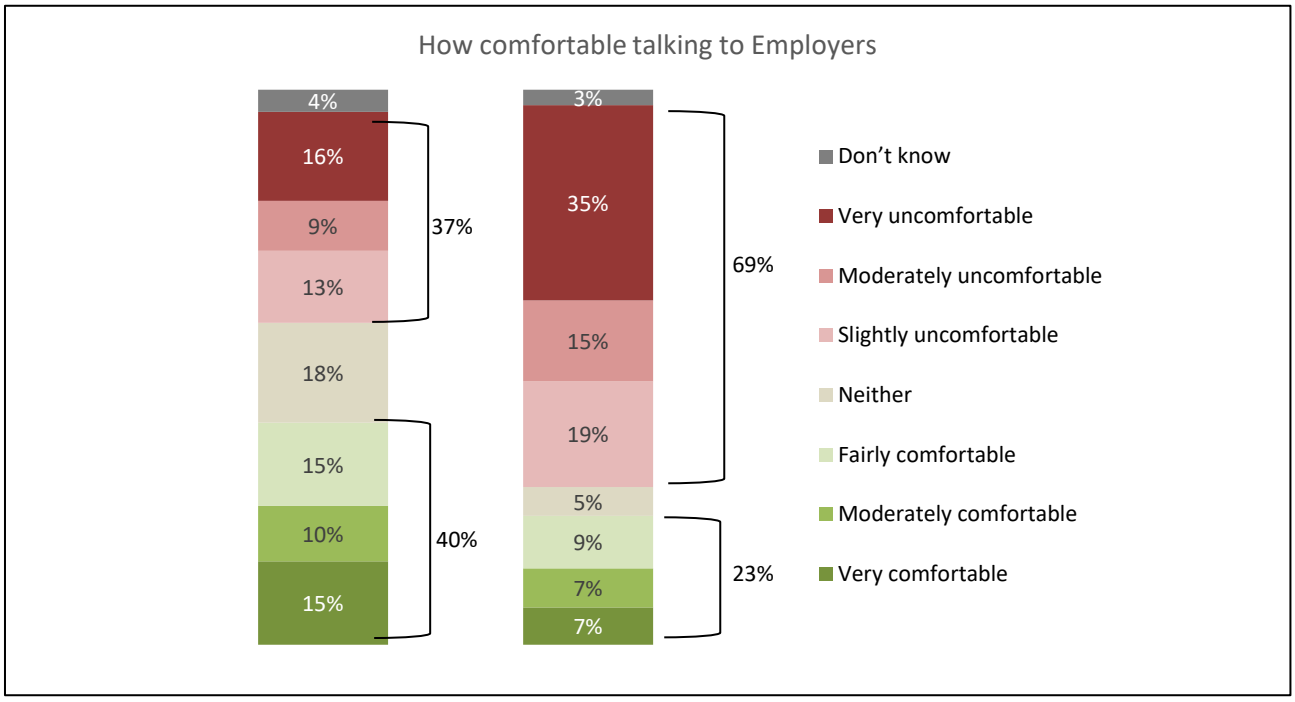
With a current or prospective employer

134. Respondents were also asked how comfortable they would be talking to a current or prospective employer about their mental health.

135. Despite the considerable conversation around employee wellbeing during the pandemic, there has been a significant increase in the proportion of people who would feel uncomfortable discussing their mental health with an employer. Almost seven in ten (69%), said they would be uncomfortable with 35% saying they would be *very* uncomfortable. This compared with an overall figure of 37% in 2019 with just 16% being very uncomfortable.

136. This is such a substantial change so it seems that the pandemic, which has occurred between these two waves must have had some influence. More research would be needed to understand the driver of this change. It is possible that with many people fearing for their jobs they are less likely to wish to discuss any weakness with an employer, or maybe more respondents have had a personal experience of having, or trying to have such a conversation, or maybe the experience of remote working has simply made such conversations more difficult to initiate.

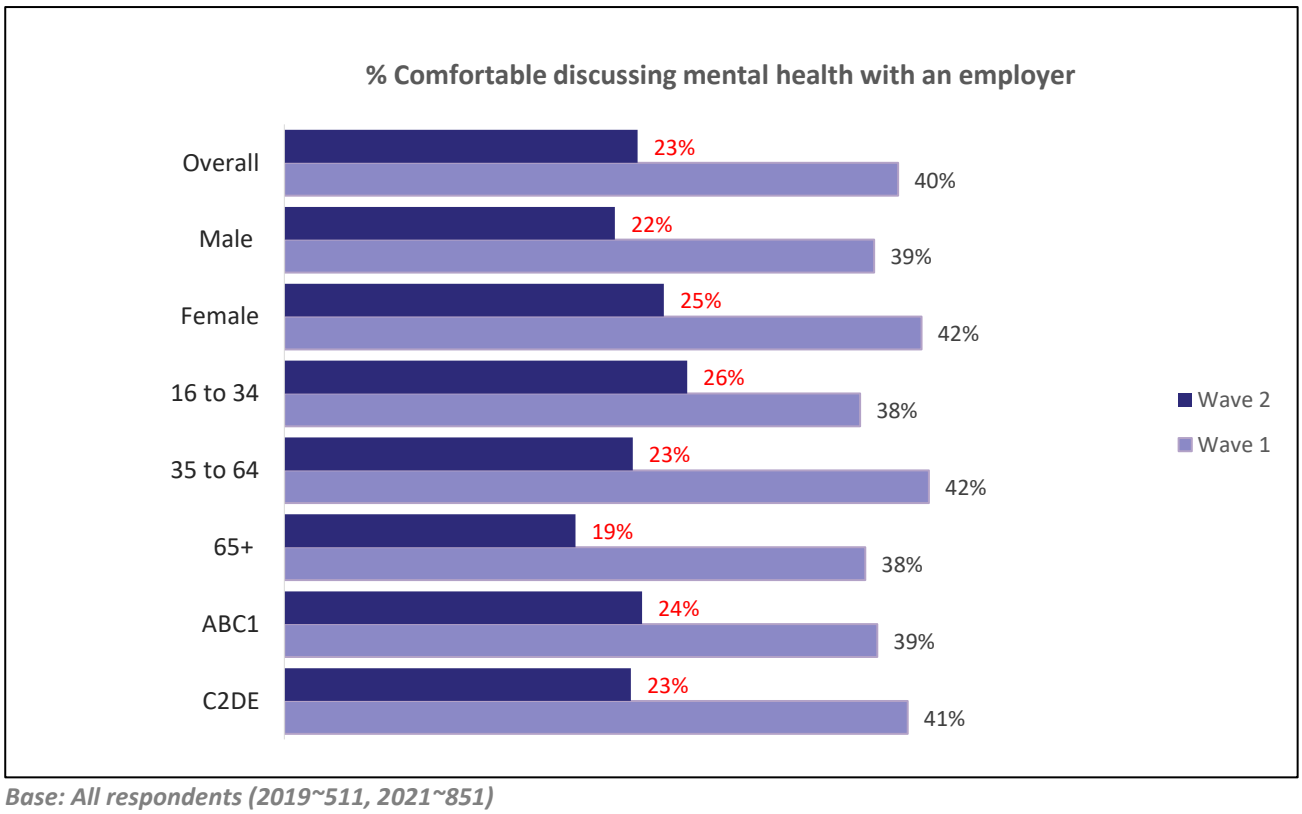
Figure 17: Comfortable discussing their mental health with Employer



Base: Excludes those who said "not applicable

137. The proportion feeling comfortable had fallen significantly across all sub-groups. However, if we look at age more carefully, we can now see a correlation with age with younger groups being the most comfortable discussing mental health. This shows a slight change with wave 1 when those aged 35 – 64 were the most comfortable.

Figure 18: Comfortable talking about mental health to an Employer



Base: All respondents (2019~511, 2021~851)

Experience of mental health problems

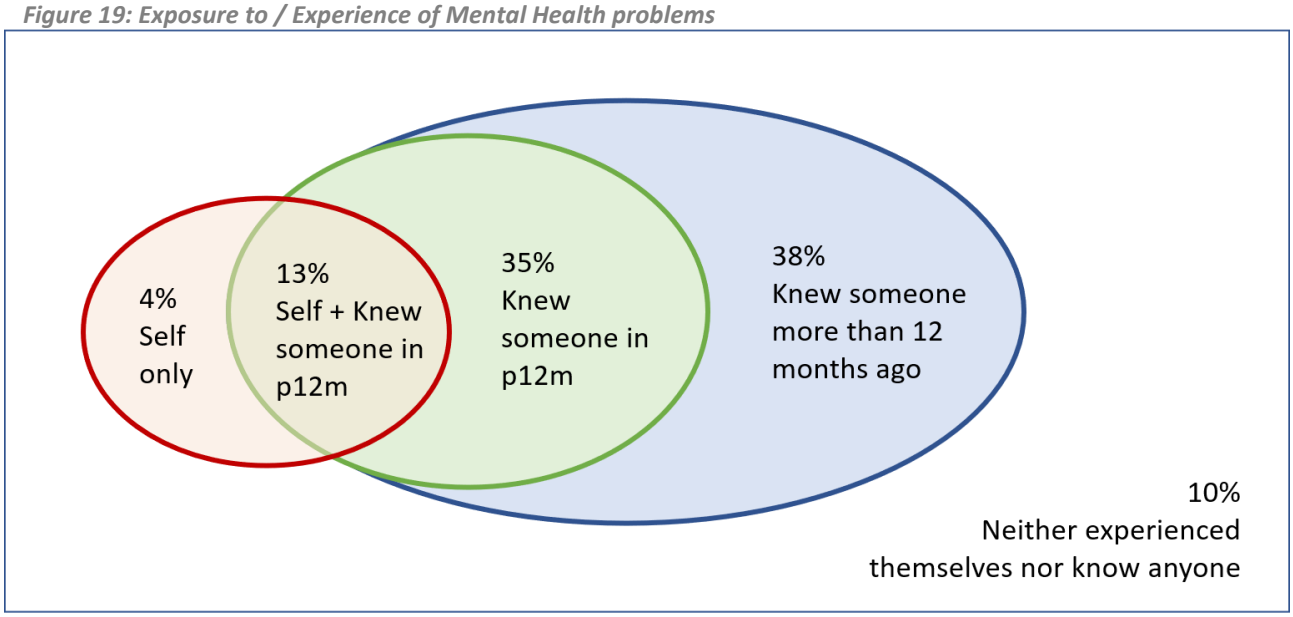
138. In order to better understand attitudes to mental health, the survey included a number of questions which explored personal experiences and the extent to which respondents had either experienced mental health problems or currently know people with a mental health problem.

139. The Venn diagram (Figure 19) below aims to summarise the extent of exposure to, or experience of, mental health problems. Please note as respondents did not necessarily answer every question within this section this flow chart includes some extrapolated data.

140. In 2021 nine in ten (90%) of respondents knew of someone who had experienced a mental health issue at some point. Just over half (52%) had either had an experience themselves or knew of someone with an experience during the last 12 months. These figures are both significantly higher than in 2019 (73% and 26% respectively). However, we cannot know whether this is an increase in incidence rates (especially considering the impact of the pandemic) or an increase in awareness amongst acquaintances.

141. Seventeen per cent of people said that they had a personal experience, a significant increase from 13% in 2019. Most of these also knew somebody else who had experienced a mental health problem.

Figure 19: Exposure to / Experience of Mental Health problems



A quarter have had close personal experiences

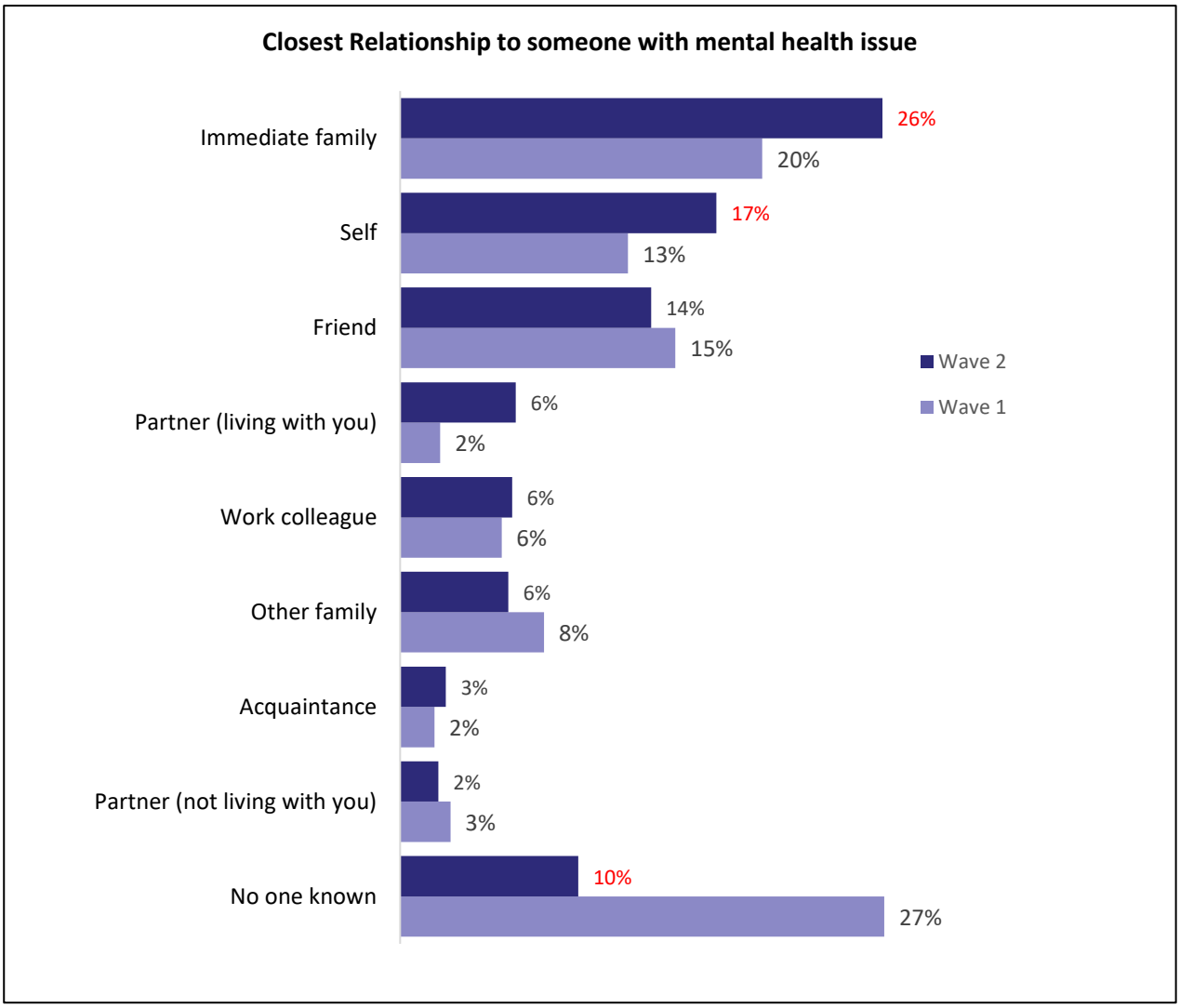
142. Initially respondents were asked about their closest experience of some form of mental illness at any time in the past.

143. Figure 20 shows some significant changes in this data with 26% now citing a member of their immediate family compared with just 20% in 2019. Increases can also be seen for partners living in the same household (increasing from 2% to 6%) and, as previously mentioned for themselves (13% to 17%)

144. There are some slight falls in other categories, however these should be seen in the context that they were asked about their closest experiences and so an increase in immediate family will almost inevitably reduce the proportion mentioning some more distant relationships

145. The largest difference seen is the fall in the number of people stating that they were not aware of any experiences. This has fallen from nearly three in ten (27%) to just one in ten (10%), a significant change over two years and one that must have been impacted in some way by the pandemic.

Figure 20: Proximity of relationship to person with mental health issue



Base: All respondents (2019~511, 2021~851)

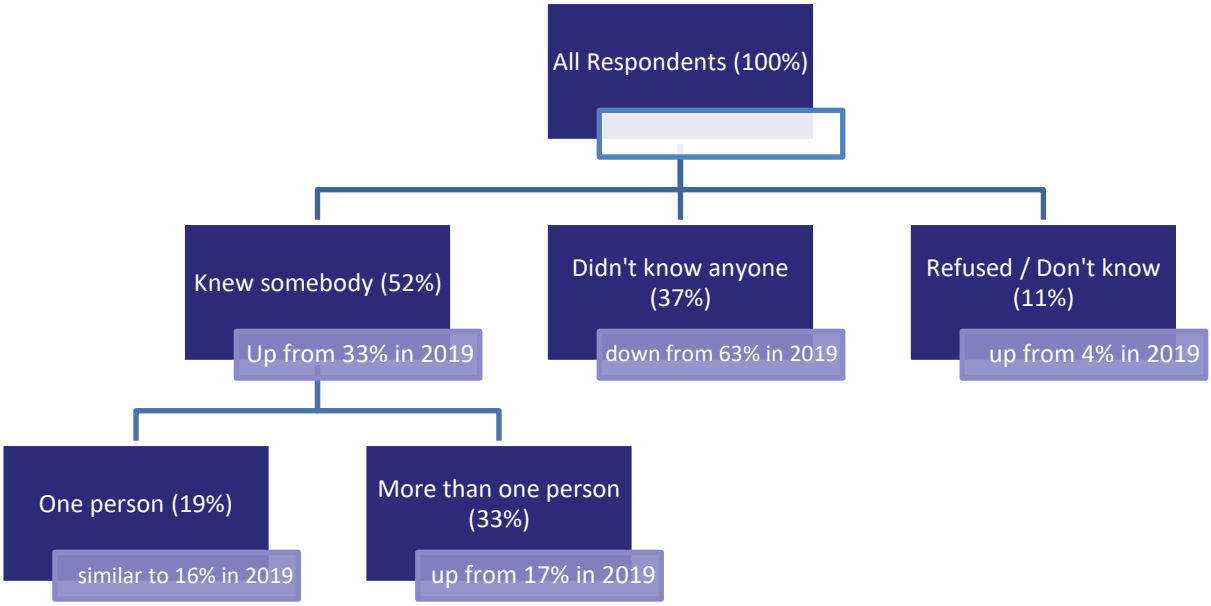
Half have known someone with an issue during the last year

146. Respondents were then asked to think only about experiences during the past year.

147. Over half (52%) said that they know at least one adult who has had a mental health problem in the last 12 months (excluding themselves). There are significant increases in the extent to which people are aware of others with a mental health issue when compared with 2019. Figure 21 shows how the overall sample breaks down in terms of the extent of exposure they have had.

148. A third of respondents (33%) were aware of more than one person experiencing a problem during the past year. This is almost twice as many as during 2019 (17%)

Figure 21: Levels of Experience during past year

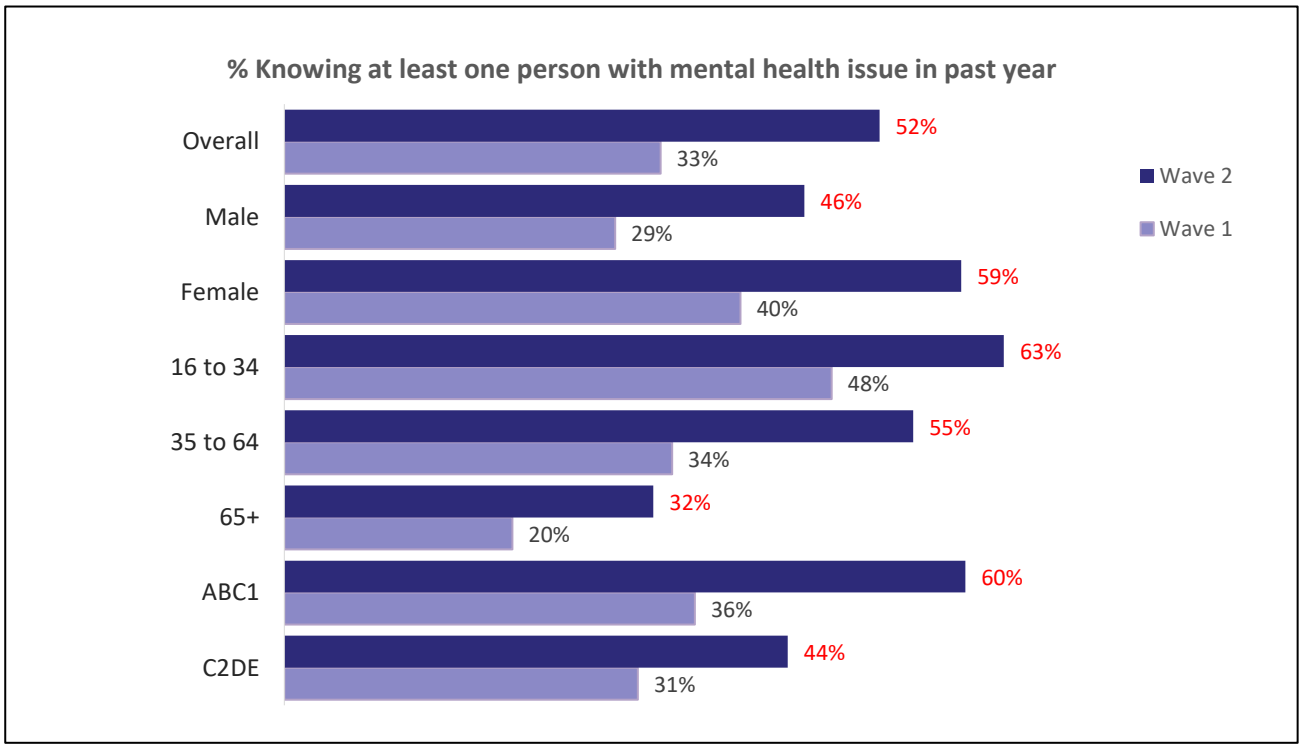


149. The increase appears to have impacted all sub-groups to a similar extent with significant increases in all groups.

150. Women are more likely than men (59% v 46%) to have known of somebody who has experienced a problem. The gap between the two genders has increased slightly from 11 percentage points to 13 percentage points which can be seen as a broadly equivalent gap between the genders.

151. The correlation by age group has also remained in 2021, suggesting that younger people were more likely to have engaged with an experience during the past twelve months. There may have been a greater increase between those aged 35 – 64 than for other age groups but this does fall within potential sample variability.

Figure *22*: Levels of exposure by sub-group



Base: All respondents (2019~511, 2021~851)

About that experience

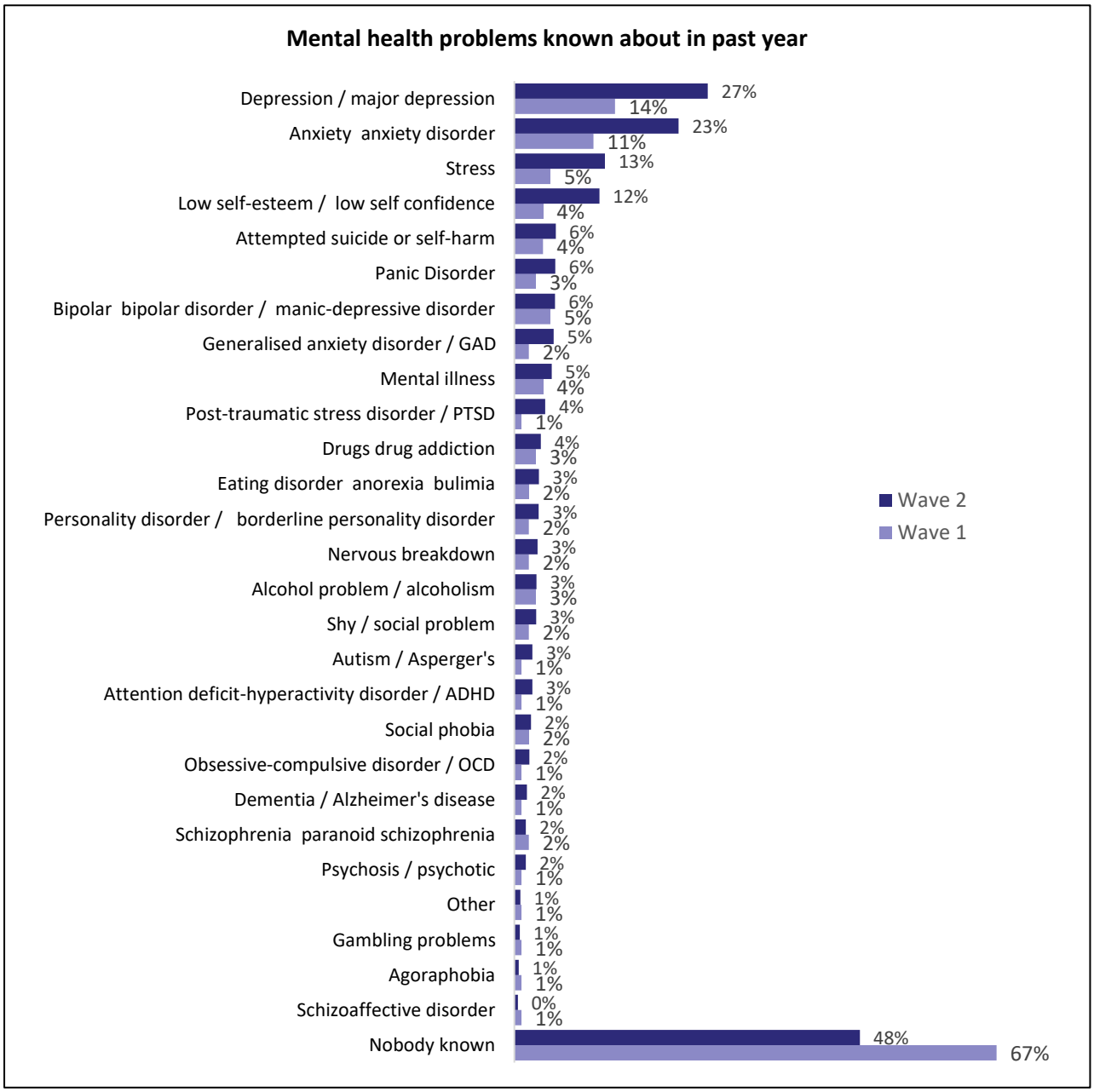
152. Respondents were subsequently asked a number of questions about the mental health problems they had been aware of during the past year. Those respondents who knew of more than one person experiencing an issue were asked to focus on the person that they knew the best.

153. Initially, they were asked what the mental health problem they were aware of was and selected the closest fit from a list. The questionnaire was then designed to remove those from subsequent questions where the conditions are not generally considered as a valid mental health problem.

154. The overall list is fairly long but with a considerable concentration on depression, anxiety and stress followed by a long tail of alternative conditions mentioned by a small number of people.

155. The most notable difference compared with 2019 is the change in the number of people who have known somebody with a mental health problem during the last twelve months. This has increased from 33% to 52% over the past two years.

Figure 23: Type(s) of mental health issues experienced by those closest to them



Base: All respondents (2019=511, 2021=851)

156. Further questions were asked to develop a profile of those known to be experiencing mental health issues during the past year.

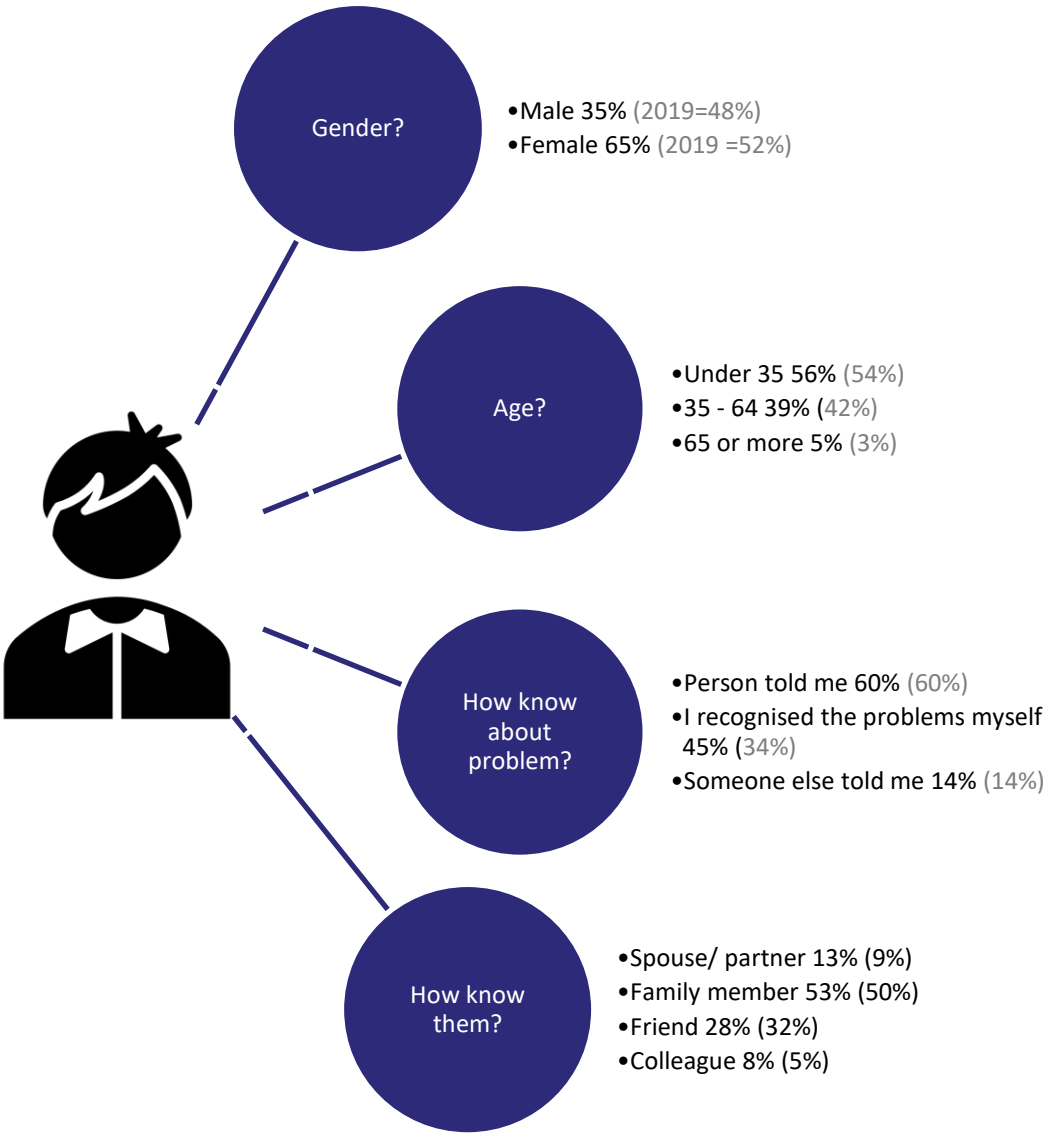
157. In 2019 the gender of the person experiencing a problem was fairly evenly split between men and women, however in 2019 this seems to have shifted and is now more likely to be a woman.

158. In 2019 the person was generally younger and this pattern has generally continued with a slightly higher proportion being under 35 in 2021.

159. Three in five, exactly as many as in 2019 had been told about the issue by the person themselves. However, respondents were more likely to say they had recognised the symptoms themselves this year (up from 34% to 45%).

160. As we encouraged people to provide a profile of the person that they know best, it is perhaps not surprising that the majority were family members, and in 2021 just 8% were referencing a work colleague.

Figure 24: Profile of those known to have had a mental health episode in p12m



Perception of how person with mental health issue was treated

161. Those respondents who knew somebody who had experienced a mental health problem in the past twelve months were asked whether the person they knew has been treated fairly, unfairly, or more positively in various scenarios, as a result of the problems they were experiencing.

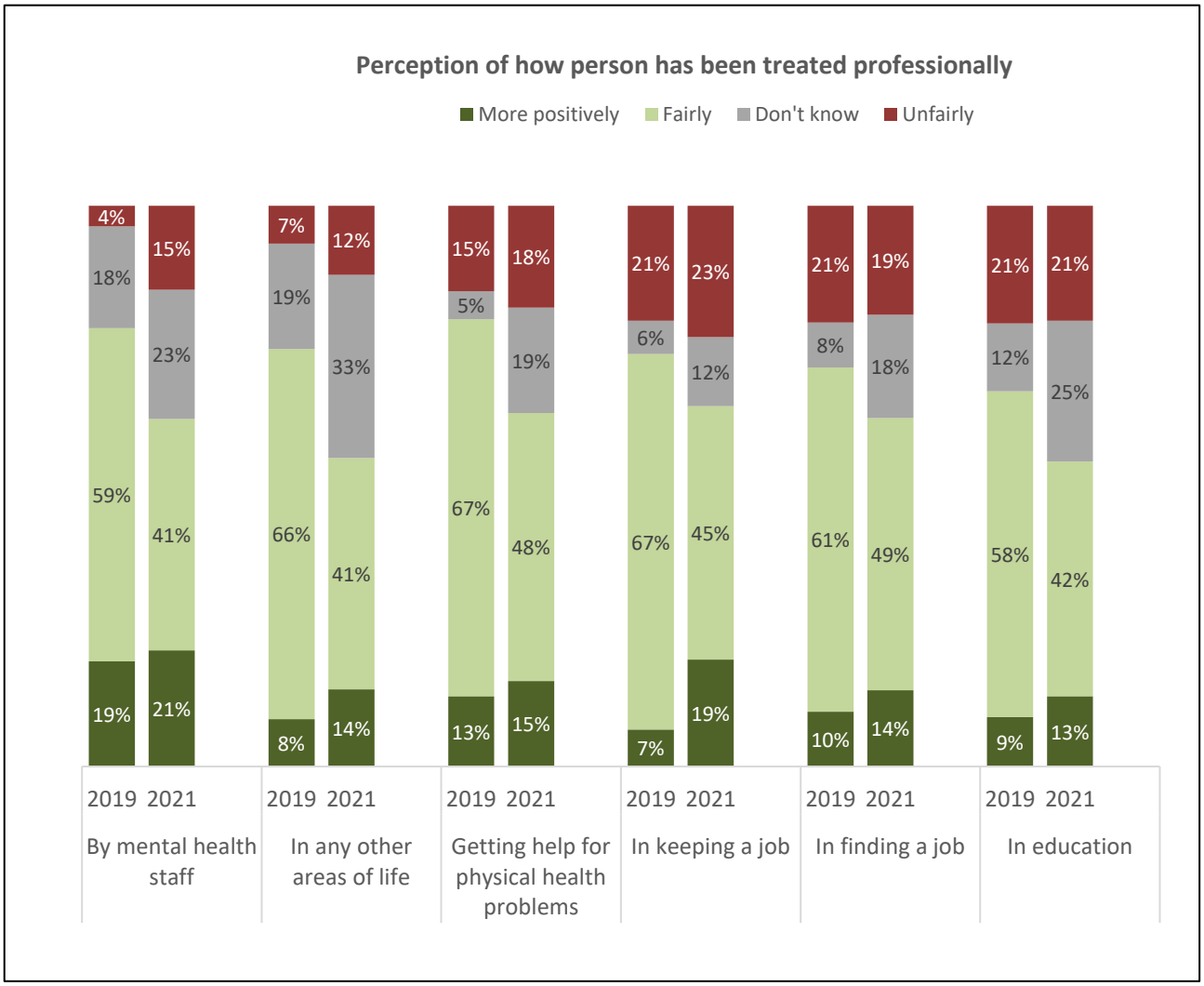
162. Overall, most agreed that the person had been treated either fairly or in a more positive way, in each of the scenarios listed.

163. The first chart below looks at primarily professional relationships including accessing work and healthcare in 2019 and 2021. Around a fifth think people have been treated unfairly for work or in education, this is largely unchanged from 2019.

164. An increase in the number perceiving a person as being treated unfairly by mental health professionals (from 4% to 15%) is a potential cause for concern. It is possible that care has been made more difficult during the pandemic and lower levels of access to care is being seen as unfair. Further research may be necessary to understand what has driven this increase.

165. There has been some growth in the perception of people being treated more positively 'in keeping a job' (from 7% to 19%). This could also see a connection to the pandemic with a number of organisations increasing a focus on wellbeing during 2020/21.

Figure 25: Perception of how person with a mental problem has been treated professionally

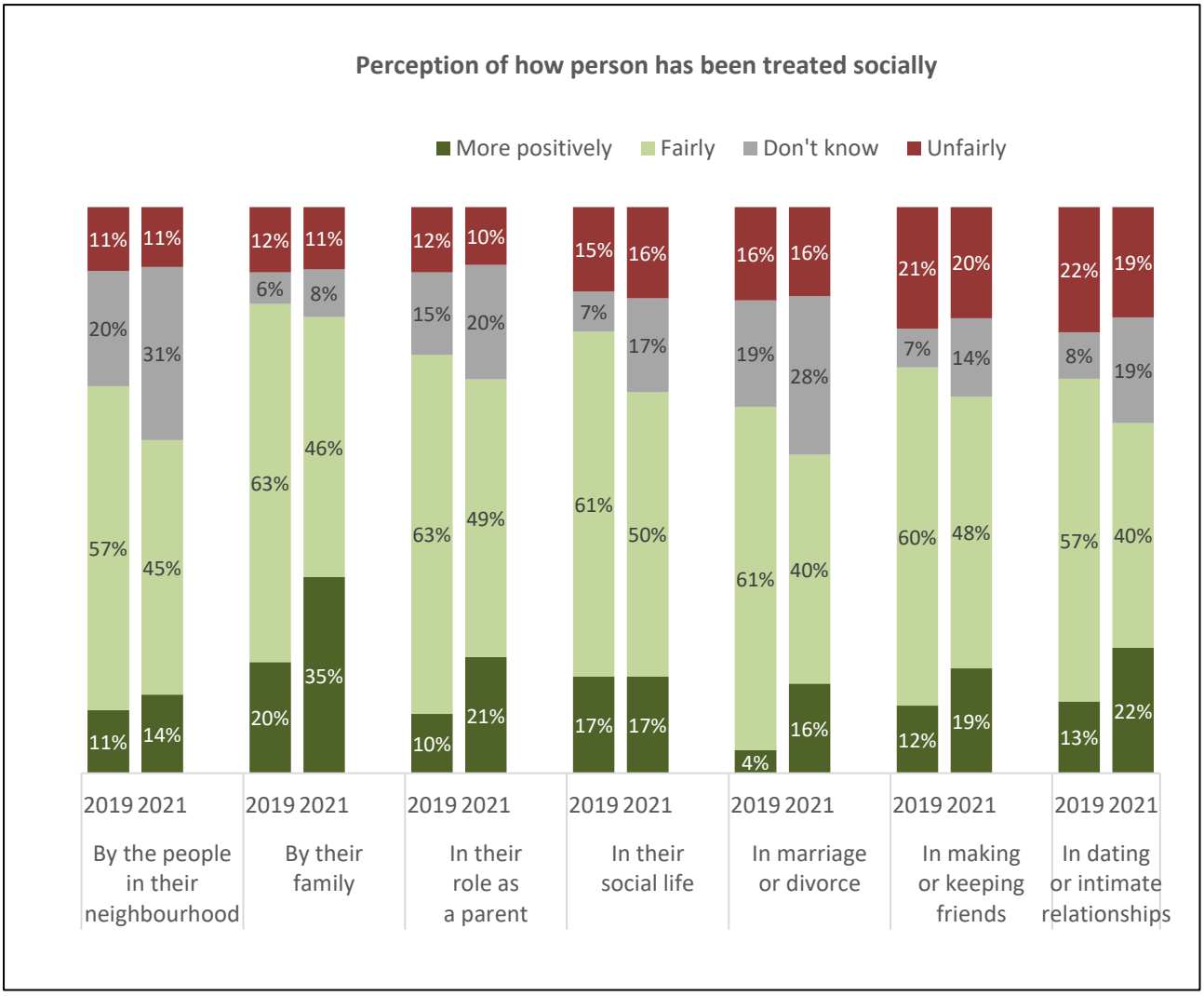


Base: All respondents who know another adult who has had a mental health problem in the last 12 months (NB: Base sizes vary due to the exclusion of 'not applicable' categories)

166. The proportion of people considering someone had been treated unfairly remained broadly similar on the metrics which refer to more personal relationships.

167. There has been an apparent increase in the proportions believing they were treated more positively by their family, in their role as a parent and in dating. All of these areas suggesting an increase in understanding for those undergoing a mental health issue.

Figure 26: Perception of how person with a mental problem has been treated socially



Base: All respondents who know another adult who has had a mental health problem in the last 12 months (NB: Base sizes vary due to the exclusion of 'not applicable' categories)

Personal behaviour towards person

168. Respondents were asked to reflect on their own behaviour towards the person with a mental health problem and whether they had avoided them or treated them unfairly at any point during the past twelve months.

169. Nine respondents believe they had treated the person unfairly compared with just one in 2019 – a small increase. This question relies on a certain degree of self awareness and we cannot be sure whether any increase is driven by an increase in bad behaviour or an increase in awareness and understanding about how their behaviour was unfair. It should also be noted that this question may have been impacted by

where the change in methodology – from face-to-face interviewing to online self-completion – resulting in people being more likely to admit to poor behaviour.

170. Twenty-four respondents admitted they had avoided the person as a result of their mental health problem.

171. The reasons for avoidance often referred to protecting their own mental health or dealing with the individual's behaviour or mood, including where they were unpredictable or even aggressive. In some cases, these were clearly people sharing a home

> *"It is very difficult living with someone with mental health issues. It all depends on their mood at the time, sometimes if they are having a bad day, it is best to avoid as much conflict as possible with them which can often mean avoiding being in a situation with them, for a short period of time"*

> *"This guy gets all the help he needs and more, I don't get anything just earache, please get me out of lockdown."*

172. More than three in five (63%) believed that they had treated the person more positively because of their mental health problems. This generally took the form of offering more visits or contact, talking to the person more frequently, spending more time with them, or simply being more supportive in general.

Sharing experience

173. The next section of the questionnaire focused on the extent to which individuals who had personally experienced a mental health issue had tried to educate people or challenged the stigma which surrounds it.

174. Of those interviewed, seventeen per cent had experienced some form of mental health problem. This amounts to 138 people answering this section of the questionnaire – almost double the 69 people who answered in 2019.

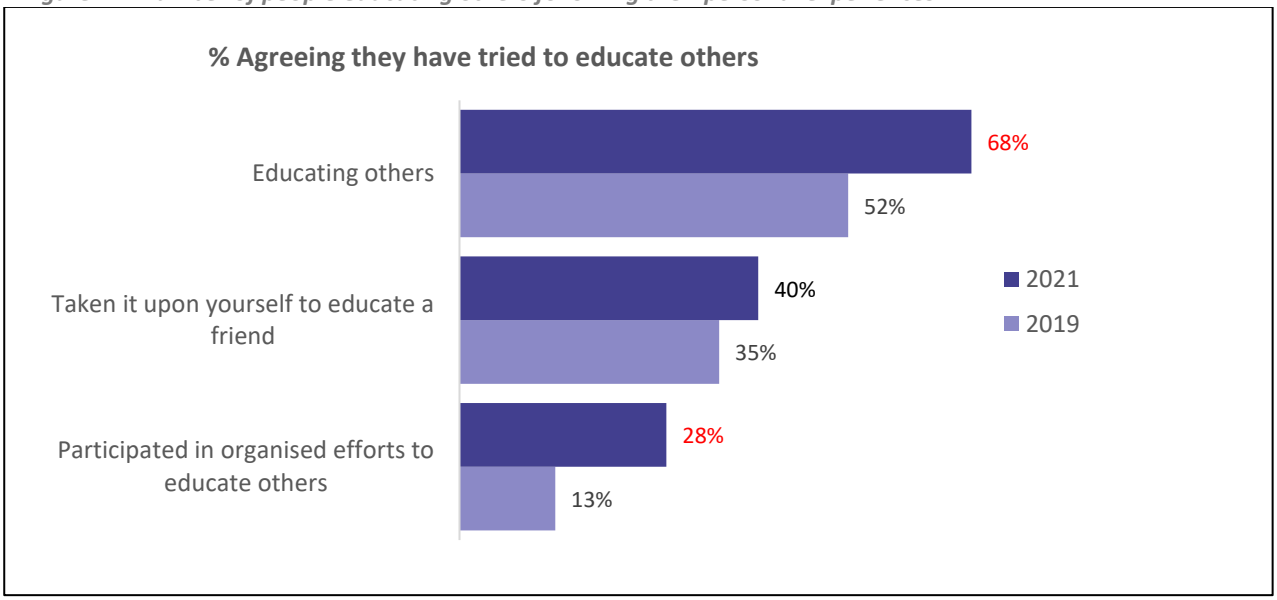
Educating others

175. Respondents were asked the extent to which they agreed or disagreed with each of the following statements (bold denotes a significant increase).
    - » **Since your mental illness, you have found yourself educating others about what it means to have a mental illness**
    - » Since your mental illness, if you thought a friend was uncomfortable with you because you had a mental illness, have you taken it upon yourself to educate them about it.
    - » **Since your mental illness you have participated in an organised effort to teach the public more about mental health services and problems faced by people with mental illness**

176. More than two in three (68%) agreed that they had educated others about what it means to have a mental illness, while 40% agreed that they had taken it upon themselves to educate a friend who felt uncomfortable. Over a quarter (28%) had participated in an organised effort to teach the public about mental health services and problems.

177. Educating others and participating in an organised effort have both increased significantly since 2019. This is potentially a sign of people being more open about their own mental health but also likely to be a result of the pandemic providing more opportunities for discussions around mental health.

Figure 27: Number of people educating others following their personal experiences



Base: Those who had experienced a mental illness

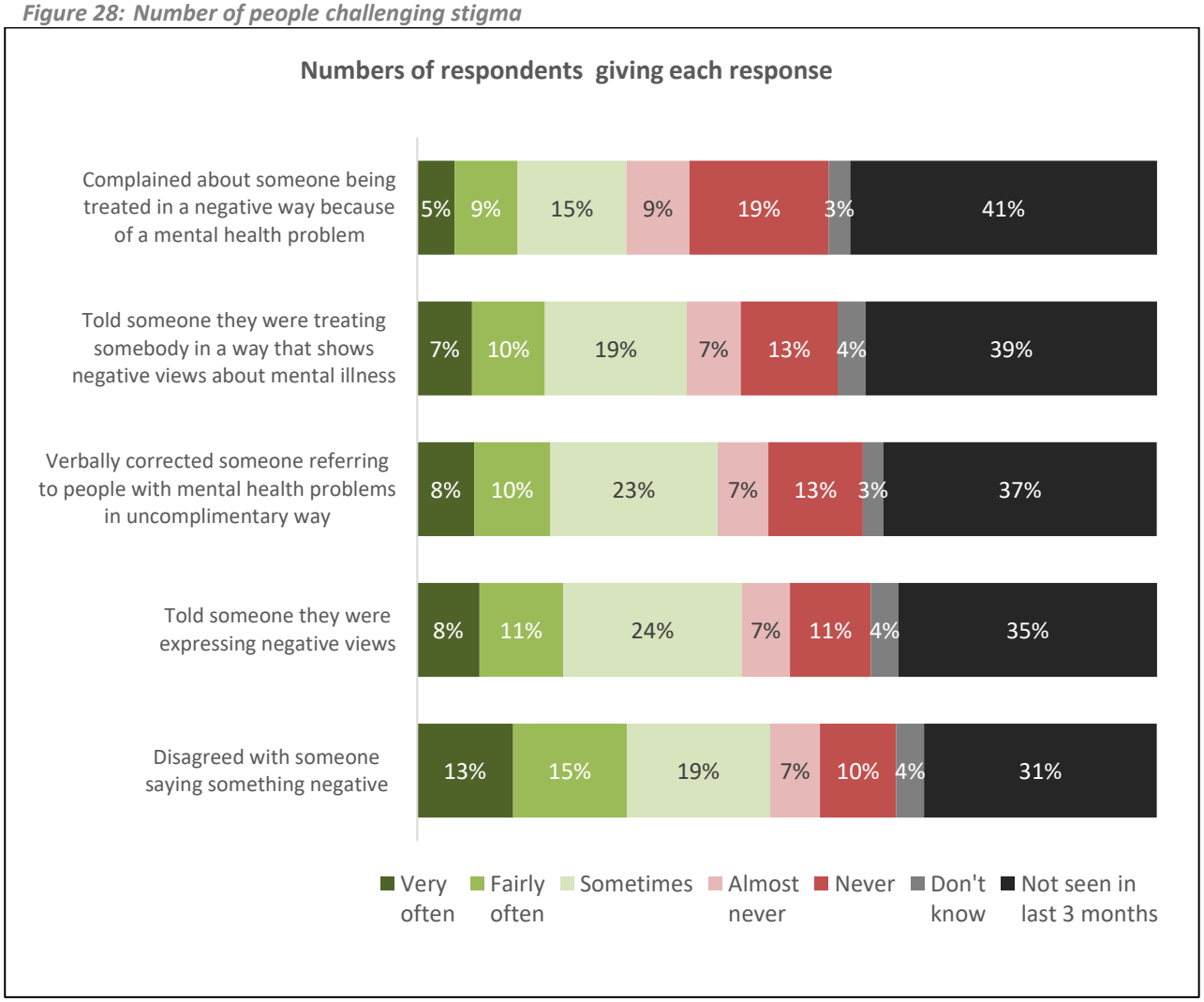
Challenging stigma

178. All respondents were asked whether they had challenged any negative or uncomplimentary views or behaviours around mental illness that they have encountered in the last three months. In 2019 this was only asked of those who had experienced a mental health problem (69 people) but in 2021 it was asked of everybody. The following section concentrates on the 2021 data since it is difficult to make meaningful comparisons with 2019.

179. Specifically, they were asked "On occasions when you have observed…
- someone saying something negative about people with mental health problems, how often have you disagreed?
- someone expressing negative views about mental illness have you told them they are doing this?
- someone treating somebody with mental illness in a way that shows negative views about mental illness, have you told them they are doing this?
- Someone being treated in a negative way because of a mental health problem, how often have you complained?
- Someone referring to people with mental health problems in an uncomplimentary way, [how often] have you verbally corrected them?

180. Between three and four in ten said that they had not heard or observed these behaviours. However, this implies that between six and seven in ten had encountered some stigmatizing behaviour.

Figure 28: Number of people challenging stigma



Base: All Respondents 2021~851

181. Almost three in ten (28%) had often, or fairly often, actively disagreed with someone saying something negative. There were a number of significant differences by subgroups. ABC1s were more likely to do so than C2DEs (33% v 24%), women more likely than men (34% v 23%) and younger people than older people (40%, 26% and 17% respectively). Those with a personal experience (38%) and those who knew someone (35%) were more likely to disagree than those without these experiences.

182. Slightly smaller proportions had called out the other behaviours, ranging from 20% telling people they were expressing negative views to 14% who had complained about someone being treated in a negative way.

183. There were significant differences by sub-groups for each of these behaviours. Women, younger people and those who had known someone with a mental health problem were more likely to tell people when they were expressing negative views about mental illness.

184. Complaints were more likely from women and younger people as well as those with a personal or known experience.

185. Telling someone they were treating someone in a way which showed negative views along with verbal corrections to those being uncomplimentary were more likely from women and younger people as well as those who had known someone with a mental health problem.

Campaign awareness

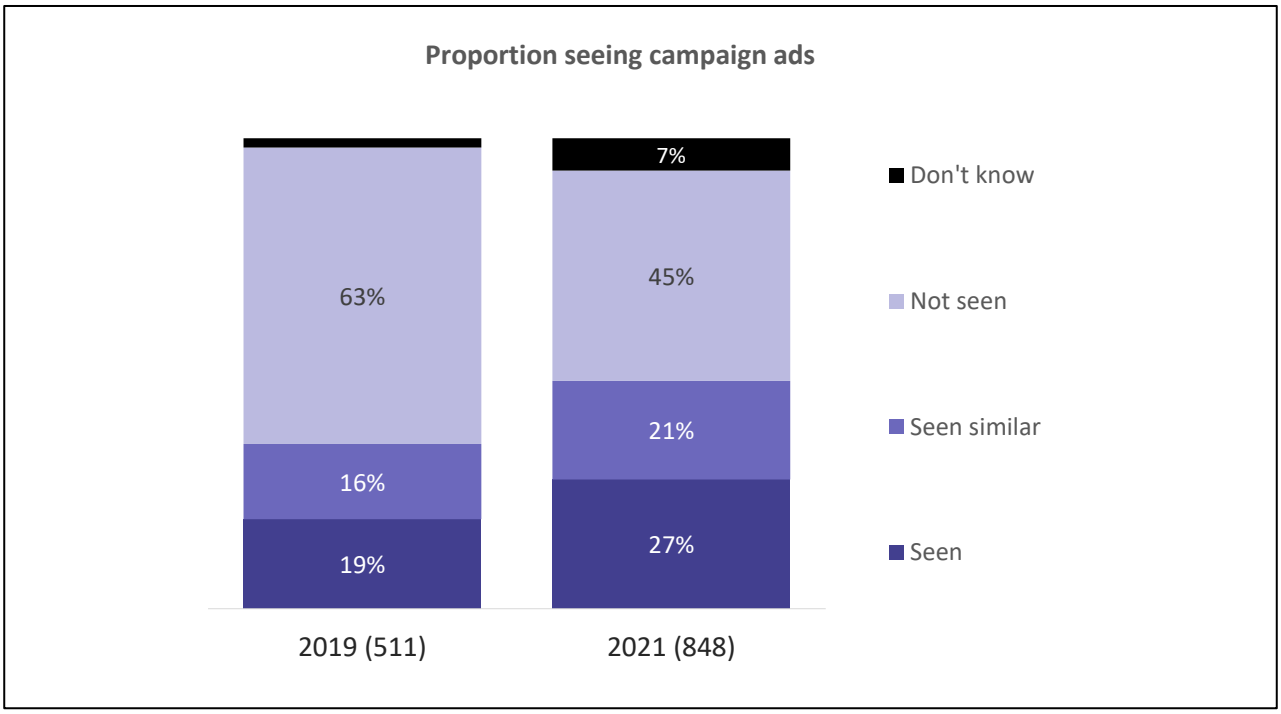
186. In order to explore the impact and recall of mental health-related campaigns respondents were shown some screen shots of mental health-related ads that have appeared on television, radio, magazines or on the web. The full range of images shown can be seen in Appendix 6.

187. In 2019 almost a fifth (19%) recalled the ads and a further 16% remembered "similar" ads. Both of these measures had increased significantly in 2021 to 27% and 21% respectively.

188. Overall, nearly half (48%) recalled campaign ads compared with 35% in 2019. This increase is clearly a positive finding for the campaign.

189. The lowest level of recall was amongst those aged over 65. Only 35% of this age group recalled the ads and whilst this is a significant increase on 2019 it may still be a call for concern.

Figure 29: Proportion seeing ads 2021 v 2019



Base: All respondents (2019=511, 2021=851)

190. Looked at by sub-groups the highest levels of recall are amongst those who have had a personal experience of a mental health problem or known somebody with one.

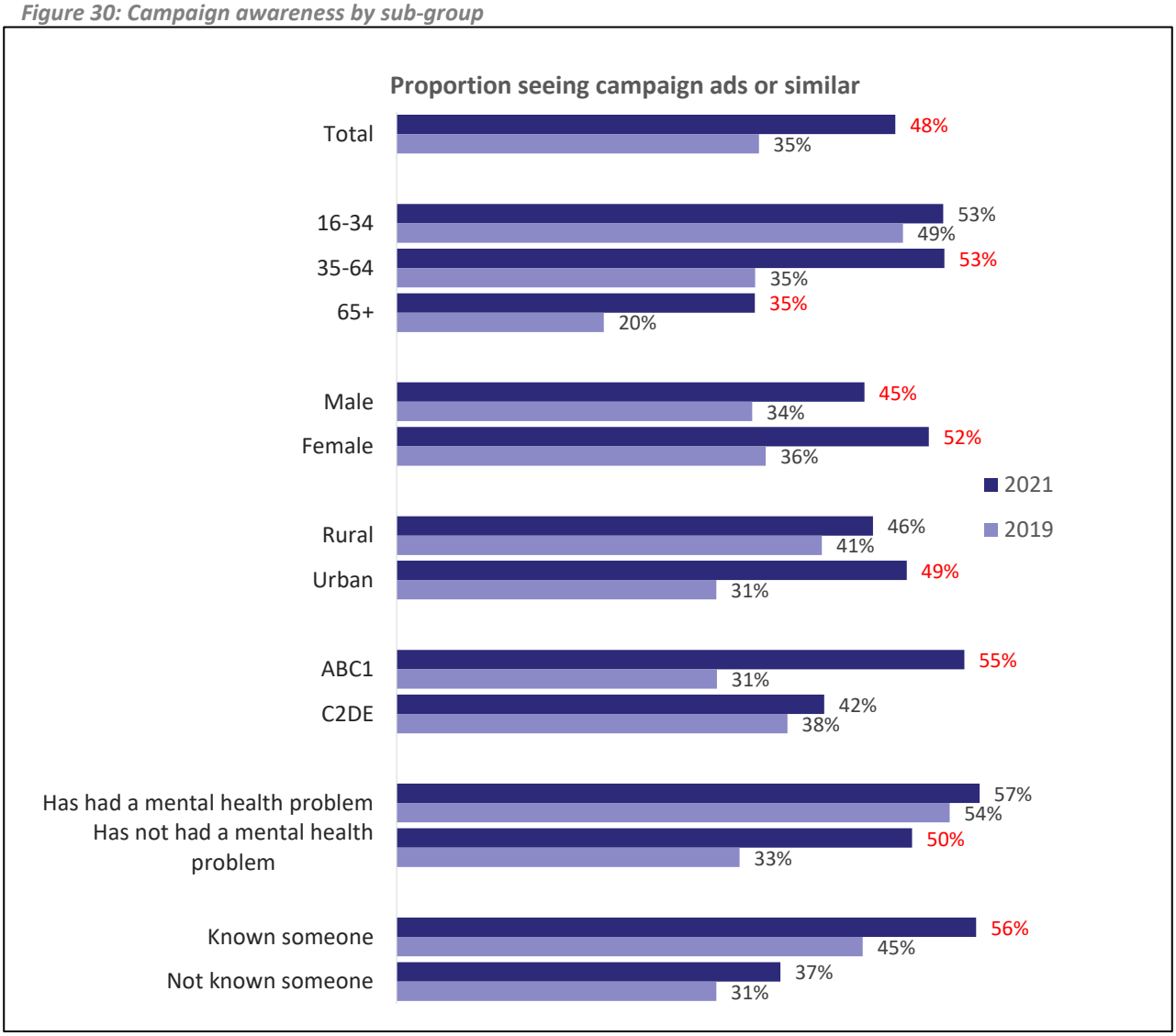
191. In 2021 the proportion of 16 – 34s seeing any campaign materials has stayed roughly the same whilst the proportions in the older age groups has increased significantly. However, those aged 65+ are still less likely to have any recall than younger age groups. Over half of those aged under 65 recalled an ad compared with just 35% of those over 65. Both the messages and channels used may not have the same level of reach for this part of the population.

192. Awareness has increased amongst both men and women with the increase slightly more marked amongst women (16 percentage points compared with 11 percentage points)

193. In 2019 those who had personally experienced mental health problems were more likely to recall ads than those who hadn't (54% v 33%). This sub-group difference has largely disappeared in 2021 with a significant increase in the proportion of those who have not had a mental health problem recalling the campaign – now 57% and 50% respectively.

194. In 2019 C2DEs were more likely to recall ads than ABC1s (38% v 31%) this situation has reversed in 2021 with recall from ABC1s have grown significantly from 31% to 55% whilst that amongst C2DEs was broadly static (38% to 42%). This data may need to be reviewed against the marketing strategy to understand how the reach was extended for this sub-group.

Figure 30: Campaign awareness by sub-group

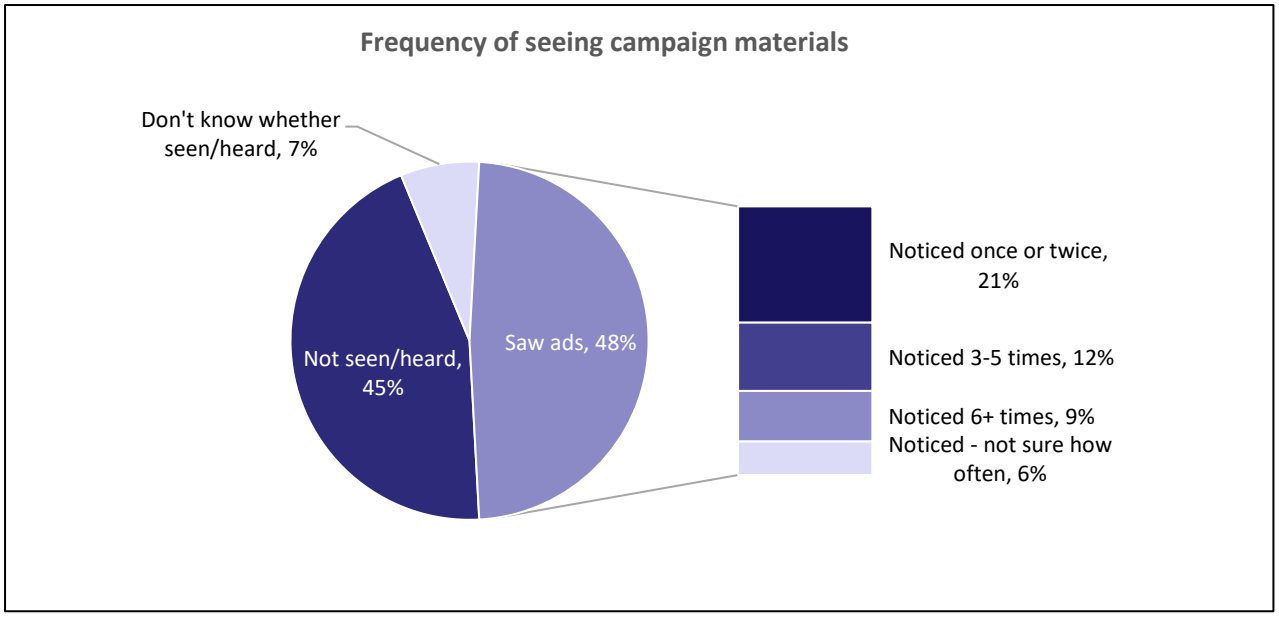


Base: All respondents (2019~511, 2021~851)

195. Those that had seen campaign ads were asked how often they had seen them. One in five (21%) of all respondents had noticed once or twice but almost a tenth (9%) thought they had seen ads six times or more.

196. The number of times (if any) that respondents have seen or heard relevant advertising is summarised below.

Figure 31: Frequency of seeing campaigns



Base: All respondents (2021~851)

Appendices

Appendix 1 - Interpretation of the Data

Graphics are used in this report to support understanding of the data.

Charts show the proportions (percentages) of respondents making relevant responses. Where possible, the colours of the charts have been standardised with a 'traffic light' system in which:

- Green shades represent positive responses
- Beige and purple/blue shades represent neither positive nor negative responses
- Red shades represent negative responses
- The bolder shades are used to highlight responses at the 'extremes', for example, very satisfied or very dissatisfied

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers. Throughout the volume an asterisk (*) denotes any value less than half a per cent.

Not all responses are necessarily included in charts.

Appendix 2 – Weighting and Respondent profile

Kantar conducted the interviewing and data processing aspects of this research combining the work with a similar project for Time to Change Wales.

As this Wales report looked at only a sub sample of those interviewed it was established that the sample was not sufficiently representative for Wales only analysis. In 2019 following some discussion with Time to Change Wales it was decided to re-weight the data to ensure a more representative sample by location and WIMD classification. The impact of weighting can be seen in the table below.

2019 Sample Profile

Sub-groups	Target Population (Wales)	Actual Interviews		Applying ORS Weighting	
	%	Count	%	n	%
Male 16-24	7.2%	29	5.7%	36.0	7.0%
Male 25-34	7.7%	30	5.9%	39.0	7.6%
Male 35-44	6.8%	24	4.7%	41.5	8.1%
Male 45-54	8.2%	26	5.1%	41.6	8.1%
Male 55-64	7.5%	40	7.8%	42.3	8.3%
Male 65-74	6.8%	45	8.8%	35.1	6.9%
Male 75+	4.8%	36	7.0%	20.9	4.1%
Female 16-24	6.6%	26	5.1%	28.9	5.7%
Female 25-34	7.5%	43	8.4%	32.9	6.4%
Female 35-44	7.0%	40	7.8%	34.9	6.8%
Female 45-54	8.6%	34	6.7%	50.9	10.0%
Female 55-64	7.9%	37	7.2%	41.6	8.1%
Female 65-74	7.1%	53	10.4%	35.9	7.0%
Female 75+	6.4%	48	9.4%	29.4	5.8%
TOTAL	**100.0%**	**511**	**100.0%**	**511.0**	**100.0%**
Working	56.6%	190	37.2%	286.9	56.1%
Retired	25.3%	193	37.8%	131.7	25.8%
Otherwise not working	18.1%	128	25.0%	92.3	18.1%
TOTAL	**100.0%**	**511**	**100.0%**	**511**	**100.0%**
White	96.1%	484	94.7%	490.8	96.0%
Non-white	3.9%	27	5.3%	20.2	4.0%
TOTAL	**100.0%**	**511**	**100.0%**	**511**	**100.0%**
Rural	33.1%	215	42.2%	168.9	33.1%
Urban	66.9%	295	57.8%	341.2	66.9%
TOTAL	**100.0%**	**510**	**100.0%**	**510**	**100.0%**
1 Most deprived	8.6%	80	15.7%	43.5	8.5%
2	9.7%	53	10.4%	50.3	9.9%
3	10.1%	58	11.4%	60.3	11.8%
4	10.1%	41	8.0%	56.2	11.0%
5	10.5%	63	12.4%	49.4	9.7%
6	10.0%	69	13.5%	42.9	8.4%
7	10.2%	47	9.2%	44.1	8.6%
8	10.3%	16	3.1%	35.5	7.0%
9	10.0%	40	7.8%	59.2	11.6%
10 Least deprived	10.6%	43	8.4%	68.8	13.5%
TOTAL	**100.0%**	**510**	**100.0%**	**510**	**100.0%**

2021 Sample Profile

To maximise comparison a similar target weighting was used in 2021.

The self-completion methodology – cannot include a quota and therefore weighting is needed to correct for higher levels of participation by some sub-groups to ensure a more representative picture.

Sub-groups	Target Population (Wales)	Actual Interviews		Applying ORS Weighting	
	%	Count	%	n	%
Male 16-24	7.2%	33	3.9%	57.4	7.1%
Male 25-34	7.7%	47	5.5%	66.1	8.1%
Male 35-44	6.8%	47	5.5%	58.3	7.2%
Male 45-54	8.2%	39	4.6%	71.6	8.8%
Male 55-64	7.5%	37	4.3%	62.3	7.7%
Male 65-74	6.8%	60	7.1%	50.2	6.2%
Male 75+	4.8%	40	4.7%	34.0	4.2%
Female 16-24	6.6%	68	5.1%	44.6	5.5%
Female 25-34	7.5%	104	8.4%	63.7	7.8%
Female 35-44	7.0%	66	7.8%	60.3	7.4%
Female 45-54	8.6%	72	6.7%	74.9	9.2%
Female 55-64	7.9%	83	7.2%	66.1	8.1%
Female 65-74	7.1%	63	10.4%	50.6	6.2%
Female 75+	6.4%	54	9.4%	44.5	5.5%
TOTAL	**100.0%**	**813**	**100.0%**	**813**	**100.0%**
Working	56.6%	431	50.6%	480.7	56.5%
Retired	25.3%	261	30.7%	216.9	25.5%
Otherwise not working	18.1%	159	18.7%	153.3	18.0%
TOTAL	**100.0%**	**851**	**100.0%**	**851**	**100.0%**
White	96.1%	821	97.4%	821	97.4%
Non-white	3.9%	22	2.6%	22	2.6%
TOTAL	**100.0%**	**843**	**100.0%**	**843**	**100.0%**
Rural	33.1%	251	29.5%	281.7	33.1%
Urban	66.9%	600	70.5%	569.3	66.9%
TOTAL	**100.0%**	**851**	**100.0%**	**510**	**100.0%**
1 Most deprived	8.6%	91	10.7%	87.7	10.3%
2	9.7%	92	10.8%	85.3	10.0%
3	10.1%	76	8.9%	75.1	8.8%
4	10.1%	89	10.5%	89.4	10.5%
5	10.5%	83	9.8%	85.4	10.0%
6	10.0%	75	8.8%	76.0	8.9%
7	10.2%	82	9.6%	86.7	10.2%
8	10.3%	110	12.9%	111.9	13.2%
9	10.0%	66	7.8%	72.3	8.5%
10 Least deprived	10.6%	87	10.2%	81.2	9.5%
TOTAL	**100.0%**	**851**	**100.0%**	**851**	**100.0%**

Weighting factors are:
Gender Age interlocking
WIMD
Rural/Urban
Working Status
Ethnic Group

NOTE: weights were capped at 5 and reapportioned

Appendix 3 – Letter and Questionnaire

time to change Wales
let's end mental health discrimination

Name
Address1
Address2
Address3
Town
County
Postcode 0000

This is an invitation to take part in a survey for Time to Change Wales about mental health and attitudes towards mental illness.

Your contribution will help mental health charities to track changes over time and to plan their activities and support. The survey findings will be shared with funders and policymakers, so it is important we obtain views from as many different people as possible.

Each person who completes the survey will receive a **£10 gift voucher** to thank them for their time.

It's easy to take part. Simply go to **www.mentalhealthsurvey2021.com** and log in using one of the reference number and password details provided below. Each set of login details can only be used once. Up to four people aged 16 and over can take part in your household.

Login 1	Login 2	Login 3	Login 4

The closing date for the survey is **Wednesday 31st March.**

The survey can be completed on a laptop, tablet or smartphone. If you are unable to complete the survey online and require a paper version of the questionnaire please use the contact details provided in the box below.

I hope you enjoy the opportunity to express your thoughts and opinions.

Yours faithfully,

Lowri Wyn Jones
Time to Change Wales Programme Manager

This study is being carried out on behalf of Time to Change Wales by Kantar, an independent social research organisation. If you would like to contact us about the study or if you require a postal version of the questionnaire, please contact Kantar via the email address below.

Why did we choose your address?
As it is not possible to ask everyone to take part in the survey, we select a sample of addresses to represent the entire country. Your address was selected at random from a list of private addresses held by the Royal Mail.

Who is conducting the survey?
The survey is being conducted on behalf of Time to Change Wales by **Kantar**, an independent research agency.

Is this survey confidential?
Yes. The information that is collected will only be used for research and statistical purposes. Your contact details are kept separate from your answers and will not be passed on to any other organisation outside of Kantar or supplier organisations who assist in running the survey.

Data from the survey will be shared with Time to Change Wales for the purpose of producing and publishing statistics. The data shared with Time to Change Wales won't contain your name or contact details, and no individual or household will be identifiable from the results. Your answers will be combined with others that take part in the survey. You will not receive any 'junk mail' as a result of taking part.

Why are my views important?
We need people from all age groups and backgrounds to take part. Your views are important to us as without them we may not have a representative picture of all people in Wales.

Data Protection
All information will be processed in compliance with the Data Protection Act 2018 and General Data Protection Regulation. Further information about the way we handle your personal data can be found at **https://kantar.com/uki/surveys**

What do you need to do?
Up to four people aged 16 or over in your household simply need to go to **www.mentalhealthsurvey2021.com**, enter one of the reference numbers and associated password provided and complete the questionnaire **by the date shown on the front of the letter.**

If you would like to take part but are unable to complete the survey online please email us using the email address on the front side of the letter and a paper version of the questionnaire will be sent to you along with a pre-paid envelope.

How do I collect the voucher?
Online: Once you have completed the survey you will be shown a voucher code and be directed to the Perks website where you can choose from a range of different £10 gift vouchers.

Postal: As a thank you for returning the completed survey we will post a £10 shopping voucher to your address around 5 working days after the closing date of the survey.

How will the information be used?
The information will be used to produce statistics on attitudes towards mental health that Time to Change Wales will use to help plan their activities and support.

What are my rights?
Completion of this survey is voluntary. We will ask for details such as your views on mental illness. We will also ask you for sensitive information such as your ethnicity and about your mental health but you don't have to answer these questions.

Attitudes to Mental Illness 2021 Questionnaire

Hello, this survey is conducted by Kantar on behalf of Time to Change Wales.

We are going to ask you about your opinions on mental illness. It will take up to 15 minutes.

Time to Change Wales have been tracking attitudes to mental health among the general public for many years to see how opinion has changed. This survey uses some questions that were developed in the late 1970s, and which have been widely used in many surveys since then. The phrases used in these questions may seem outdated but it is important for us to use the same questions, without updating the wording, to allow us to measure genuine change over time.

This survey includes some questions about your mental health as it helps our analysis to understand how people's own mental health affects their views of others. If there are any questions you do not wish to answer there is a 'Prefer not to say' option at every question.

How do I fill in the questionnaire?

1. Most questions can be answered by putting a cross in the box next to the answer that applies to you, like this: ☒
   Or by writing in a number like this: | 1 | 0 |
2. Some questions will ask you to "cross all that apply." Please cross as many boxes that apply to you when you see this instruction.
3. Please try to answer every question. If you cannot remember, do not know, or the question does not apply to you then please cross the relevant box where shown or leave the question blank.
4. If you change your mind about an answer you have given, completely block out the box you have crossed like this, ■ and then put a cross in your preferred box.
5. Please use black or blue ink to complete the questionnaire.

Where can I get more information?

✉ : mentalhealthsurvey2021@kantar.com

Information about how your data is processed and information about your rights in relation to the data we collect is available on the back of the accompanying letter. You can also access our privacy policy at:

https://kantar.com/uki/surveys

KANTAR

Q1 First, we would like to ask you about some opinions which other people hold about mental illness and would like you to tell us how much you agree or disagree with each one... ➲ Please cross one box per row ☒

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't Know	Prefer not to say
...One of the main causes of mental illness is a lack of self-discipline and will-power	☐	☐	☐	☐	☐	☐	☐
...There is something about people with mental illness that makes it easy to tell them from normal people	☐	☐	☐	☐	☐	☐	☐
...As soon as a person shows signs of mental disturbance, he should be hospitalized	☐	☐	☐	☐	☐	☐	☐
...Mental illness is an illness like any other	☐	☐	☐	☐	☐	☐	☐
...Less emphasis should be placed on protecting the public from people with mental illness	☐	☐	☐	☐	☐	☐	☐
...Mental hospitals are an outdated means of treating people with mental illness	☐	☐	☐	☐	☐	☐	☐
...Virtually anyone can become mentally ill	☐	☐	☐	☐	☐	☐	☐
...People with mental illness have for too long been the subject of ridicule	☐	☐	☐	☐	☐	☐	☐
...We need to adopt a far more tolerant attitude toward people with mental illness in our society	☐	☐	☐	☐	☐	☐	☐
...We have a responsibility to provide the best possible care for people with mental illness	☐	☐	☐	☐	☐	☐	☐
...People with mental illness don't deserve our sympathy	☐	☐	☐	☐	☐	☐	☐
...People with mental illness are a burden on society	☐	☐	☐	☐	☐	☐	☐
...Increased spending on mental health services is a waste of money	☐	☐	☐	☐	☐	☐	☐
...There are sufficient existing services for people with mental illness	☐	☐	☐	☐	☐	☐	☐

Continued on next page...

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't Know	Prefer not to say
...People with mental illness should not be given any responsibility	☐	☐	☐	☐	☐	☐	☐
...A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered	☐	☐	☐	☐	☐	☐	☐
...I would not want to live next door to someone who has been mentally ill	☐	☐	☐	☐	☐	☐	☐
...Anyone with a history of mental problems should be excluded from taking public office	☐	☐	☐	☐	☐	☐	☐
...No-one has the right to exclude people with mental illness from their neighbourhood	☐	☐	☐	☐	☐	☐	☐
...People with mental illness are far less of a danger than most people suppose	☐	☐	☐	☐	☐	☐	☐
...Most women who were once patients in a mental hospital can be trusted as babysitters	☐	☐	☐	☐	☐	☐	☐
...The best therapy for many people with mental illness is to be part of a normal community	☐	☐	☐	☐	☐	☐	☐
...As far as possible, mental health services should be provided through community based facilities	☐	☐	☐	☐	☐	☐	☐
...Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services	☐	☐	☐	☐	☐	☐	☐
...It is frightening to think of people with mental problems living in residential neighbourhoods	☐	☐	☐	☐	☐	☐	☐
...Locating mental health facilities in a residential area downgrades the neighbourhood	☐	☐	☐	☐	☐	☐	☐
...People with mental health problems should have the same rights to a job as anyone else	☐	☐	☐	☐	☐	☐	☐

For the next few questions, we will ask about your experiences and views in relation to people who have mental health problems. By this we mean people who have been seen by healthcare staff for a mental health problem.

Q2 **Are you currently living with, or have you ever lived with, someone with a mental health problem?** ➲ **Please cross one box only** ☒

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Prefer not to say

Q3 **Are you currently working, or have you ever worked, with someone with a mental health problem?** ➲ **Please cross one box only** ☒

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Prefer not to say

Q4 **Do you currently, or have you ever, had a neighbour with a mental health problem?** ➲ **Please cross one box only** ☒

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Prefer not to say

Q5 **Do you currently have, or have you ever had, a close friend with a mental health problem?** ➲ **Please cross one box only** ☒

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Prefer not to say

Q6 **The following statements are about any future relationships you may experience with people with mental health problems. Please tell us how much you agree or disagree with each one.** ➲ **Please cross one box per row** ☒

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know	Prefer not to say
...In the future, I would be willing to live with someone with a mental health problem	☐	☐	☐	☐	☐	☐	☐
...In the future, I would be willing to work with someone with a mental health problem	☐	☐	☐	☐	☐	☐	☐
...In the future, I would be willing to live nearby to someone with a mental health problem	☐	☐	☐	☐	☐	☐	☐
...In the future, I would be willing to continue a relationship with a friend who developed a mental health problem	☐	☐	☐	☐	☐	☐	☐

Q7 How much you agree or disagree with following statements about mental health problems, again that is conditions for which an individual would be seen by healthcare staff. ➲ **Please cross <u>one</u> box per row** ☒

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know	Prefer not to say
Most people with mental health problems want to have paid employment	☐	☐	☐	☐	☐	☐	☐
If a friend had a mental health problem, I know what advice to give them to get professional help	☐	☐	☐	☐	☐	☐	☐
Medication can be an effective treatment for people with mental health problems	☐	☐	☐	☐	☐	☐	☐
Psychotherapy (e.g., talking therapy or counselling) can be an effective treatment for people with mental health problems	☐	☐	☐	☐	☐	☐	☐
People with severe mental health problems can fully recover	☐	☐	☐	☐	☐	☐	☐
Most people with mental health problems go to a healthcare professional to get help	☐	☐	☐	☐	☐	☐	☐

Q8 To what extent you agree or disagree that each of the following conditions is a type of mental illness… ➲ **Please cross <u>one</u> box per row** ☒

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know	Prefer not to say
Depression	☐	☐	☐	☐	☐	☐	☐
Stress	☐	☐	☐	☐	☐	☐	☐
Schizophrenia	☐	☐	☐	☐	☐	☐	☐
Bipolar disorder (manic-depression)	☐	☐	☐	☐	☐	☐	☐
Drug addiction	☐	☐	☐	☐	☐	☐	☐
Grief	☐	☐	☐	☐	☐	☐	☐

Q9 Who is the person closest to you who has or has had some kind of mental illness?
➲ **Please cross <u>one</u> box only** ☒

- ☐ Immediate family (spouse\child\sister\brother\parent etc)
- ☐ Partner (living with you)
- ☐ Partner (not living with you)
- ☐ Other family (uncle\aunt\cousin\grand parent etc)
- ☐ Friend
- ☐ Acquaintance
- ☐ Work colleague
- ☐ Self
- ☐ Other - please specify

  [ ]
- ☐ No-one known
- ☐ Prefer not to say

Q10 If you felt that you had a mental health problem, how likely would you be to go to your GP for help? ➲ **Please cross <u>one</u> box only** ☒

- ☐ Very likely
- ☐ Quite likely
- ☐ Neither likely nor unlikely
- ☐ Quite unlikely
- ☐ Very unlikely
- ☐ Don't know
- ☐ Prefer not to say

Q11 In general, how comfortable would you feel talking to a friend or family member about your mental health, for example telling them you have a mental health diagnosis and how it affects you? ➲ **Please cross <u>one</u> box only** ☒

- ☐ Very uncomfortable
- ☐ Moderately uncomfortable
- ☐ Slightly uncomfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Fairly comfortable
- ☐ Moderately comfortable
- ☐ Very comfortable
- ☐ Don't know
- ☐ Prefer not to say

Q12 In general, how comfortable would you feel talking to a current or prospective employer about your mental health, for example telling them you have a mental health diagnosis and how it affects you? ➲ **Please cross <u>one</u> box only** ☒

- ☐ Very uncomfortable
- ☐ Moderately uncomfortable
- ☐ Slightly uncomfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Fairly comfortable
- ☐ Moderately comfortable
- ☐ Very comfortable
- ☐ Not applicable
- ☐ Don't know
- ☐ Prefer not to say

Q13 Please take your time to look at the different adverts shown on the page opposite that have appeared on television, radio, magazines or on the web.
➲ **Please cross <u>one</u> box only** ☒

Thinking about the images you have seen…
Have you seen or heard any of this advertising, or similar during the last year?

- ☐ Yes - seen or heard some of these ads
- ☐ Yes - seen or heard similar ads
- ☐ No - Not seen ➲ **Skip to Q15**
- ☐ Don't know ➲ **Skip to Q15**

Q14 How many times, have you seen or heard ANY of the advertising before today?

Please answer as best you can even if it is just an estimate.

➲ **Please cross one box only** ☒

- ☐ Once or twice
- ☐ Three to five times
- ☐ Six times or more
- ☐ Don't know

Q15 Has any adult aged 16 or over that you know had a mental health problem over the last twelve months, excluding yourself?

This is only if you definitely know they have a mental health problem, not speculative

➲ **Please cross one box only** ☒

- ☐ Yes
- ☐ No ➲ **Skip to Q29**
- ☐ Don't know ➲ **Skip to Q29**
- ☐ Prefer not to say ➲ **Skip to Q29**

Q16 Did just one person have a problem or was it more than one person?

➲ **Please cross one box only** ☒

- ☐ More than one
- ☐ Just one
- ☐ Don't know
- ☐ Prefer not to say

If you know more than one person who had a mental health problem, for the next few questions, please think about the one you know BEST.

Q17 What do you think the mental health problem they had was?

➲ **Please cross all that apply** ☒

- ☐ Depression /major depression
- ☐ Attempted suicide or self-harm
- ☐ Anxiety / anxiety disorder
- ☐ Post-traumatic stress disorder / PTSD
- ☐ Agoraphobia
- ☐ Panic Disorder
- ☐ Obsessive-compulsive disorder / OCD
- ☐ Social phobia
- ☐ Generalised anxiety disorder / GAD
- ☐ Eating disorder / anorexia / bulimia
- ☐ Schizophrenia / paranoid schizophrenia
- ☐ Schizoaffective disorder
- ☐ Psychosis / psychotic
- ☐ Bipolar / bipolar disorder / manic-depressive disorder
- ☐ Mental illness
- ☐ Personality disorder / borderline personality disorder
- ☐ Attention deficit-hyperactivity disorder / ADHD
- ☐ Autism / Asperger's
- ☐ Nervous breakdown
- ☐ Alcohol problem / alcoholism
- ☐ Drugs / drug addiction
- ☐ Gambling problems
- ☐ Low self-esteem / low self confidence
- ☐ Shy / social problem
- ☐ Stress
- ☐ Dementia / Alzheimer's disease
- ☐ Other - please specify

- ☐ Don't know
- ☐ Prefer not to say

Q18 How old is that person?

If you don't know exactly, your best guess is fine.

➲ **Please cross one box only** ☒

☐ 16-17	☐ 30-34	☐ 50-54	☐ 70-74
☐ 18-19	☐ 35-39	☐ 55-59	☐ 75+
☐ 20-24	☐ 40-44	☐ 60-64	☐ Don't know
☐ 25-29	☐ 45-49	☐ 65-69	☐ Prefer not to say

Q19 Are they: ➲ **Please cross one box only** ☒

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Don't know
- ☐ Prefer not to say

Q20 Would you describe this person as being a...

➲ **Please cross all that apply** ☒

- ☐ Family member
- ☐ Friend
- ☐ Spouse or intimate partner
- ☐ Work colleague
- ☐ Client or customer
- ☐ Acquaintance
- ☐ Neighbour
- ☐ Other - please specify

☐ Don't know

☐ Prefer not to say

Q21 How do you know that the person had a mental health problem? Did the person tell you themselves, did someone else tell you, or did you recognise the person's mental health problems yourself without them telling you?

➲ **Please cross all that apply** ☒

- ☐ The person told me
- ☐ I recognised the problems myself
- ☐ Someone else told me
- ☐ Other - please specify

☐ Don't know

☐ Prefer not to say

In the next part of the survey, we will ask you about whether people have treated this person unfairly because of their mental health problems, and also about whether they have been treated more positively because of them. We are interested in how people have reacted to this person as a result of their mental health problems.

We would like you to think about situations that have occurred in the last 12 months specifically. If you don't know whether this person was treated any differently in a particular situation, you have the option to say so.

Q22 As a result of their mental health problem, how has this person been treated...

➲ **Please cross one box per row** ☒

	Unfairly	Fairly	More positively	Not applicable	Don't know	Prefer not to say
In making or keeping friends	☐	☐	☐	☐	☐	☐
By the people in their neighbourhood	☐	☐	☐	☐	☐	☐
In dating or intimate relationships, including treatment by spouse or co-habiting partner	☐	☐	☐	☐	☐	☐
In education	☐	☐	☐	☐	☐	☐
In marriage or divorce	☐	☐	☐	☐	☐	☐
By their family	☐	☐	☐	☐	☐	☐
In finding a job	☐	☐	☐	☐	☐	☐
In keeping a job	☐	☐	☐	☐	☐	☐
In their social life	☐	☐	☐	☐	☐	☐
When getting help for physical health problems	☐	☐	☐	☐	☐	☐
By mental health staff	☐	☐	☐	☐	☐	☐
In their role as a parent	☐	☐	☐	☐	☐	☐
In any other areas of life	☐	☐	☐	☐	☐	☐

Q23 In the past 12 months, have you yourself avoided this person or anyone else because of their mental health problems? ➲ **Please cross one box only** ☒

- ☐ Yes
- ☐ No ➲ **Skip to Q25**
- ☐ Don't know ➲ **Skip to Q25**
- ☐ Prefer not to say ➲ **Skip to Q25**

Q24 Why did you avoid this person? ➲ **Please cross one box only** ☒

- ☐ Don't know
- ☐ Prefer not to say

Q25 Have you treated this person or anyone else unfairly because of their mental health problems in the past 12 months? ➲ **Please cross one box only** ☒

- ☐ Yes
- ☐ No ➲ **Skip to Q27**
- ☐ Don't know ➲ **Skip to Q27**
- ☐ Prefer not to say ➲ **Skip to Q27**

Q26 Can you please describe what happened? ➲ **Please cross one box only** ☒

- ☐ Don't know
- ☐ Prefer not to say

Q27 Have you treated this person or anyone else more positively because of their mental health problems in the past 12 months? ➲ **Please cross one box only** ☒

- ☐ Yes
- ☐ No ➲ **Skip to Q29**
- ☐ Don't know ➲ **Skip to Q29**
- ☐ Prefer not to say ➲ **Skip to Q29**

Q28 Can you please describe what happened? ➲ **Please cross one box only** ☒

- ☐ Don't know
- ☐ Prefer not to say

Q29 We would like to know if you have educated other people about mental health and the stigma that surrounds it. Can you tell us how much you agree or disagree with the following statements...

Only answer this question if you answered 'Self' at Q9

➲ **Please cross one box per row** ☒

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know	Prefer not to say
....since your mental illness, you have found yourself educating others about what it means to have a mental illness	☐	☐	☐	☐	☐	☐	☐
.... since your mental illness, you have participated in an organized effort to teach the public more about mental health services and problems faced by people with mental illness.	☐	☐	☐	☐	☐	☐	☐
... since your mental illness, if you thought a friend was uncomfortable with you because you had a mental illness, have you taken it upon yourself to educate him or her about it.	☐	☐	☐	☐	☐	☐	☐

Q30 We would like to know if you have challenged the sometimes stigmatising views other people hold towards mental health problems. Can you tell us how often you have challenged this in the last 3 months for each of the occasions?

On occasions when you have observed someone ...

➲ **Please cross one box per row** ☒

	Never	Almost never	Some-times	Fairly often	Very often	Have not observed in the last 3 months	Don't know	Prefer not to say
...saying something negative about people with mental health problems, how often have you disagreed?	☐	☐	☐	☐	☐	☐	☐	☐
...expressing negative views about mental illness have you told them that they are doing this?	☐	☐	☐	☐	☐	☐	☐	☐
...treating somebody with mental illness in a way that shows negative views about mental illness have you told them that they are doing this?	☐	☐	☐	☐	☐	☐	☐	☐
...being treated in a negative way because of a mental health problem, how often have you complained?	☐	☐	☐	☐	☐	☐	☐	☐
...referring to people with mental health problems in an uncomplimentary way, have you verbally corrected them?	☐	☐	☐	☐	☐	☐	☐	☐

Q31 In the past 12 months, have you spoken to a GP or family doctor on your own behalf, either in person or by telephone about being anxious or depressed or a mental, nervous or emotional problem?

Do not include telephone calls to the NHS 111 service

➲ **Please cross one box only** ☒

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

Q32 How would you describe your ability to speak Welsh? ➲ **Please cross one box only** ☒

- ☐ Speak Welsh fluently
- ☐ Speak Welsh, but not fluent
- ☐ Learning Welsh
- ☐ Do not speak Welsh

We just have a few final questions about you to make sure we're talking to a representative sample...

Q33 Which of the following age groups are you in? ➲ **Please cross one box only** ☒

- ☐ Under 16
- ☐ 16-17
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and above

Q34 What best describes your gender? ➲ **Please cross one box only** ☒

- ☐ Male
- ☐ Female
- ☐ I don't identify as either
- ☐ Prefer not to answer

Q35 Which of the following best describes you? ➲ **Please cross one box only** ☒

- ☐ Full-time paid work (30+ hours per week)
- ☐ Part-time paid work (8-29 hours per week)
- ☐ Part-time paid work (under 8 hours per week)
- ☐ Retired
- ☐ Still at school
- ☐ In full time higher education
- ☐ Unemployed (seeking work)
- ☐ Not in paid employment (not seeking work)

Q36 Which of the following groups does the Chief Income Earner in your household belong to...

Which of the following groups does the Chief Income Earner in your household belong to...

The person in the household with the largest income is the Chief Income Earner, however this income is obtained

If the Chief Income Earner is retired and has an occupational pension, please select according to the previous occupation

If the Chief Income Earner is not in paid employment and has been out of work for less than 6 months, please select according to previous occupation

➲ **Please cross one box only** ☒

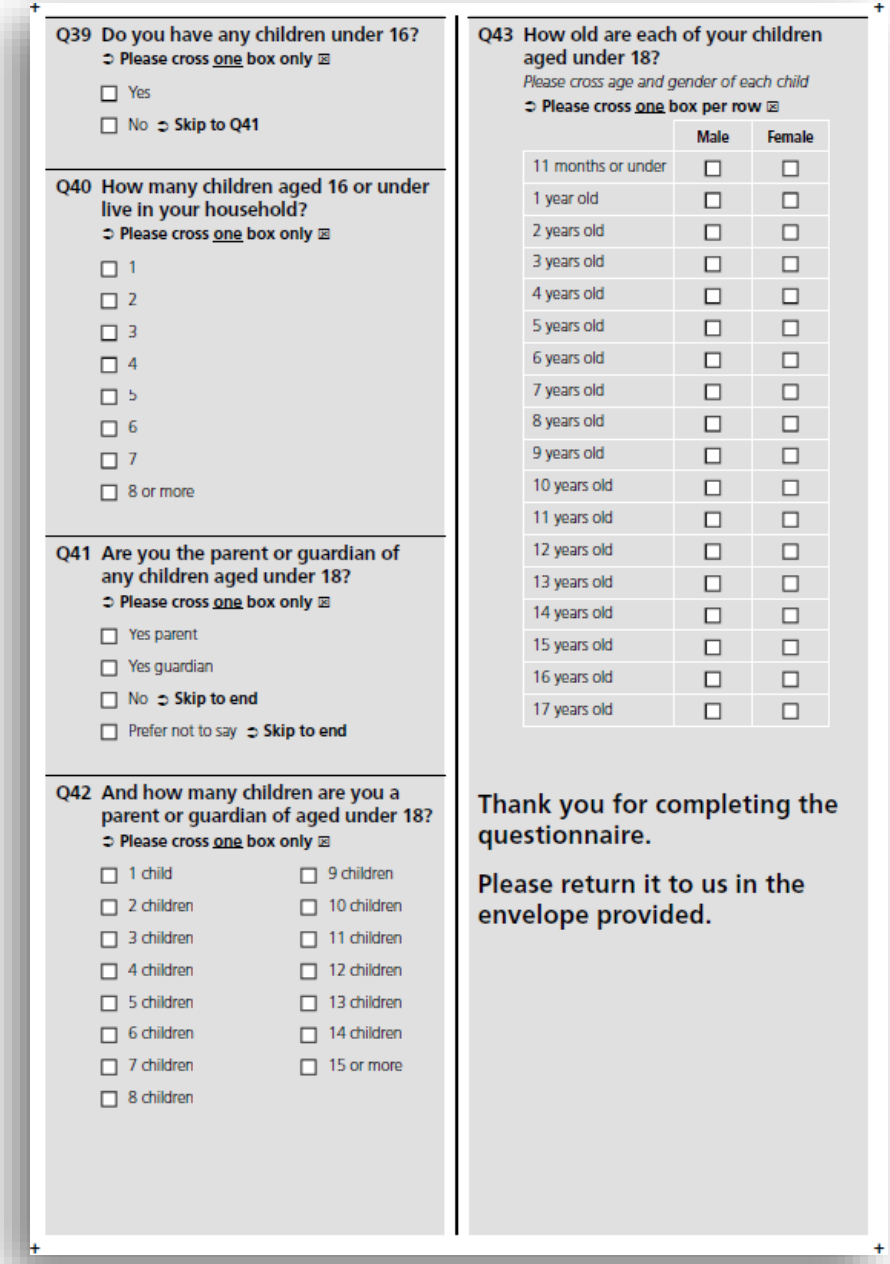
- ☐ Semi or unskilled manual worker (e.g. manual jobs that require no special training or qualifications, manual workers, apprentices to be skilled trades, caretaker, cleaner, nursery school assistant, park keeper, non-HGV driver, shop assistant etc)
- ☐ Skilled manual worker (e.g. skilled bricklayer, carpenter, plumber, painter, bus/ambulance driver, HGV driver, unqualified assistant teacher, AA patrolman, pub/bar worker, etc)
- ☐ Supervisory or clerical/junior managerial/professional/administrator (e.g. office worker, student doctor, foreman with 25+ employees, salesperson, student teachers, etc)
- ☐ Intermediate managerial/professional/administrative (e.g. newly qualified (under 3 years) doctor, solicitor, board director small organisation, middle manager in large organisation, principle officer in civil service/local government, etc)
- ☐ Higher managerial/professional/administrative (e.g. established doctor, solicitor, board director in large organisation (200+ employees, top level civil servant/public service employee), headmaster/mistress, etc)
- ☐ Student
- ☐ Retired and living on state pension only
- ☐ Unemployed (for over 6 months) or not working due to long term sickness

Q37 Are you...? ➲ **Please cross one box only** ☒

- ☐ Single
- ☐ Married/Civil Partnership
- ☐ Living as a couple
- ☐ Widowed
- ☐ Divorced
- ☐ Separated

Q38 Which ethnic group would you describe yourself as? ➲ **Please cross one box only** ☒

- ☐ White British/English/Welsh/Scottish/ Northern Irish
- ☐ White Irish
- ☐ Other White background
- ☐ White & Black Caribbean
- ☐ White & Black African
- ☐ White and Asian
- ☐ Asian/Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Other Asian background
- ☐ African
- ☐ Caribbean
- ☐ Other Black/African/Caribbean
- ☐ Other
- ☐ Prefer not to say



Q39 Do you have any children under 16?

➲ **Please cross one box only** ☒

- ☐ Yes
- ☐ No ➲ **Skip to Q41**

Q40 How many children aged 16 or under live in your household?

➲ **Please cross one box only** ☒

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8 or more

Q41 Are you the parent or guardian of any children aged under 18?

➲ **Please cross one box only** ☒

- ☐ Yes parent
- ☐ Yes guardian
- ☐ No ➲ **Skip to end**
- ☐ Prefer not to say ➲ **Skip to end**

Q42 And how many children are you a parent or guardian of aged under 18?

➲ **Please cross one box only** ☒

- ☐ 1 child
- ☐ 2 children
- ☐ 3 children
- ☐ 4 children
- ☐ 5 children
- ☐ 6 children
- ☐ 7 children
- ☐ 8 children
- ☐ 9 children
- ☐ 10 children
- ☐ 11 children
- ☐ 12 children
- ☐ 13 children
- ☐ 14 children
- ☐ 15 or more

Q43 How old are each of your children aged under 18?

Please cross age and gender of each child

➲ **Please cross one box per row** ☒

	Male	Female
11 months or under	☐	☐
1 year old	☐	☐
2 years old	☐	☐
3 years old	☐	☐
4 years old	☐	☐
5 years old	☐	☐
6 years old	☐	☐
7 years old	☐	☐
8 years old	☐	☐
9 years old	☐	☐
10 years old	☐	☐
11 years old	☐	☐
12 years old	☐	☐
13 years old	☐	☐
14 years old	☐	☐
15 years old	☐	☐
16 years old	☐	☐
17 years old	☐	☐

Thank you for completing the questionnaire.

Please return it to us in the envelope provided.

Appendix 4 – Calculation of scores (CAMI, MAKS, RIBS)

To calculate CAMI Score

Twenty-seven questions are used
Q1_1 to Q1_27 are the source scores
Total score is calculated by adding response values for these questions.
Strongly agree should be given score of 5
Don't know was coded as neutral – score of 3
Some of the question scores were reverse coded to reflect direction of response

The SPSS file had coded these questions with strongly agree as "1" and Don't know as "6"
Therefore, recoded into new variables and used these new variables to calculate a final MAKS score

To calculate RIBS Score

Four questions are used
Q7_1 to Q7_4
Are the source scores
Total score is calculated by adding response values for these questions.
Strongly agree should be given score of 5
Don't know was coded as neutral – score of 3
The SPSS file had coded these questions with strongly agree as "1" and Don't know as "6"
Therefore, recoded into new variables and used these new variables to calculate a final RIBS score

To calculate MAKS Score

Six questions are used
Q8_1 to Q8_6
Are the source scores
Total score is calculated by adding response values for these questions.
Strongly agree should be given score of 5
Don't know was coded as neutral – score of 3
Q8_6 is reverse coded to reflect direction of response

The SPSS file had coded these questions with strongly agree as "1" and Don't know as "6"
Therefore, recoded into new variables and used these new variables to calculate a final MAKS score

Appendix 5 – Summary of scores by sub-group

	Sub- Group	2019 Base Size (Unweighted)	2021 Base Size (Unweighted)	2019 CAMI Score	2021 CAMI Score
TOTAL	Total	511	851	112.97	113.71
Gender	Male	230	313	111.28	112.77
	Female	281	523	114.68	114.82
Age (Grouped)	16-34	128	258	112.18	114.64
	35-64	201	350	115.03	114.89
	65+	182	220	109.59	110.52
Working Status	Working	190	431	113.92	114.63
	Retired	193	261	109.80	110.56
	Otherwise not working	128	159	114.55	115.29
Ethnicity	White	484	821	113.32	113.93
	Non-white	27	22	104.48	109.08
Location	Rural	215	251	114.85	113.32
	Urban	295	600	112.01	113.90
Welsh Speaking	Yes	109	162	115.27	114.38
	No	402	688	112.40	113.55
Marital Status	Married	243	506	113.44	113.65
	Sep/Wid/div	125	119	110.36	112.04
	Single	143	226	113.68	114.62
Welsh Index of Multiple Deprivation	Most deprived - 1	133	183	111.90	113.36
	2	99	165	110.96	112.05
	3	132	158	112.61	113.70
	4	63	192	113.75	113.85
	Least deprived - 5	83	153	115.28	115.72
Social Grade (grouped)	ABC1	180	426	115.14	116.00
	C2DE	331	420	111.50	111.36
Personal Experience of mental health problem	Yes	69	138	120.38	119.35
	No	418	611	112.40	113.53
Known someone with mental health problem in past year	Yes	160	436	117.88	117.71
	No	335	307	111.08	109.63
Parent / Guardian of child under 18	No	382	667	112.44	113.84
	Yes	129	182	114.26	113.56
Campaign Awareness	Yes - seen/heard ads	101	228	116.31	115.54
	Yes - seen/heard similar ads	75	180	112.96	115.25
	No - Not seen/heard	326	379	111.88	112.76

	Sub- Group	2019 Base Size	2021 Base Size	2019 MAKS Score	2021 MAKS Score
TOTAL	Total	511	851	22.87	22.99
Gender	Male	230	313	22.47	22.84
	Female	281	523	23.28	23.24
Age (Grouped)	16-34	128	258	23.05	23.10
	35-64	201	350	23.11	23.15
	65+	182	220	22.17	22.59
Working Status	Working	190	431	23.23	23.19
	Retired	193	261	22.12	22.58
	Otherwise not working	128	159	22.84	22.96
Ethnicity	White	484	821	22.89	23.04
	Non-white	27	22	22.48	22.38
Location	Rural	215	251	23.33	22.83
	Urban	295	600	22.64	23.07
Welsh Speaking	Yes	109	162	23.30	23.08
	No	402	688	22.77	22.97
Marital Status	Married	243	506	23.16	23.09
	Sep/Wid/div	125	119	21.76	22.88
	Single	143	226	23.01	22.84
Welsh Index of Multiple Deprivation	Most deprived - 1	133	183	22.54	22.95
	2	99	165	22.53	22.57
	3	132	158	23.30	22.99
	4	63	192	22.48	23.05
	Least deprived - 5	83	153	23.35	23.44
Social Grade (grouped)	ABC1	180	426	23.41	23.42
	C2DE	331	420	22.51	22.55
Personal Experience of mental health problem	Yes	69	138	24.35	24.21
	No	418	611	22.79	22.92
Known Someone with mental health problem in past year	Yes	160	436	24.29	23.72
	No	335	307	22.27	22.43
Parent / Guardian of child under 18	No	382	667	22.64	23.04
	Yes	129	182	23.43	22.86
Campaign Awareness	Yes - seen/heard ads	101	228	23.75	23.60
	Yes - seen/heard similar ads	75	180	23.71	23.66
	No - Not seen/heard	326	379	22.34	22.55

	Sub- Group	2019 Base Size	2021 Base Size	2019 RIBS Score	2021 RIBS Score
TOTAL	Total	511	851	16.97	17.06
Gender	Male	230	313	16.74	16.88
	Female	281	523	17.20	17.32
Age (Grouped)	16-34	128	258	17.43	18.04
	35-64	201	350	17.40	17.39
	65+	182	220	15.55	15.36
Working Status	Working	190	431	17.36	17.49
	Retired	193	261	15.82	15.49
	Otherwise not working	128	159	17.40	17.95
Ethnicity	White	484	821	17.07	17.11
	Non-white	27	22	14.54	15.52
Location	Rural	215	251	17.18	17.02
	Urban	295	600	16.86	17.09
Welsh Speaking	Yes	109	162	18.04	17.25
	No	402	688	16.70	17.02
Marital Status	Married	243	506	17.22	17.12
	Sep/Wid/div	125	119	15.72	15.66
	Single	143	226	17.25	17.60
Welsh Index of Multiple Deprivation	Most deprived - 1	133	183	16.71	17.34
	2	99	165	16.92	16.78
	3	132	158	16.66	17.07
	4	63	192	16.75	17.03
	Least deprived - 5	83	153	17.54	17.10
Social Grade (grouped)	ABC1	180	426	17.40	17.64
	C2DE	331	420	16.67	16.50
Personal Experience of mental health problem	Yes	69	138	18.57	18.64
	No	418	611	16.70	17.13
Known Someone with mental health problem in past year	Yes	160	436	18.43	18.20
	No	335	307	16.20	15.90
Parent / Guardian of child under 18	No	382	667	16.73	16.92
	Yes	129	182	17.54	17.66
Campaign Awareness	Yes - seen/heard ads	101	228	17.53	17.45
	Yes - seen/heard similar ads	75	180	17.33	17.83
	No - Not seen/heard	326	379	16.69	16.69

Appendix 6 – Campaign Materials

To be provided






Mental health problems can affect one in four people at any time.
Let's start a conversation.
timetochangewales.org.uk
time to change Wales
How will you end stigma around mental health?
WOULD YOU RATHER
Kiss a jellyfish?
OR
Talk to a colleague who feels all at sea?
time to talk day
Ready to start your conversation?
time to change Wales
The power of small
time to talk day
A small conversation about mental health has the power to make a big difference
Only 55% of men who reported feeling very depressed said they talked to someone about it
time to change Wales
The power of small
A small conversation about mental health has the power to make a big difference
Let's start talking
The power of small
A small conversation about mental health has the power to make a big difference
Let's start talking
The power of small
A small conversation about mental health has the power to make a big difference
Let's start talking

Appendix 7 – List of Tables and Figures