An Evaluation of Time to Change Wales Phase Two

let's end mental health discrimination

time to change **Wales**

rhown ddiwedd ar wahaniaethu ar sail iechyd meddwl

amser i newid **Cymru**

Delivered by

Gofal Thinking Differently

dros adferiad o afiechyd meddwl difrifol **hafal** for recovery from serious mental illness

mind Cymru for better mental health o blaid gwell iechyd meddwl

Funded by

Llywodraeth Cymru Welsh Government

COMIC RELIEF

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TIME TO CHANGE WALES: INTRODUCTION

Time to Change Wales is a social movement to tackle stigma and discrimination against people in Wales with mental health problems, supported by Gofal, Hafal and Mind Cymru and funded by Welsh Government and Comic Relief.

Now completing its second phase from 2015 to 2017, this report evaluates the success of the campaign. This report includes sections on:

- the outcomes of a Public Attitudes Survey conducted with respondents who reflect the population of Wales,

- the findings of qualitative and quantitative research on the confidence and empowerment of our Champions, who have their own lived experience of mental health and are trained to deliver presentations on the subject across Wales

- the impact of those presentations upon audiences in Wales, and whether those audiences have improved their attitudes and knowledge about mental health as a result of their participation

- the progress made by employers who have pledged to tackle mental health stigma and discrimination within their organisations, and

- the social marketing campaign that promotes the work carried out under the Time to Change Wales banner

Time to Change Wales would like to thank all of our Champions and pledged organisations for their efforts in tackling stigma and discrimination throughout this phase of the campaign, as well as all of the staff who made the campaign possible and those who have participated in the programme evaluation. The positive outcomes shown in this report illustrate the life-changing impact that the campaign has had upon people.

- Time to Change Wales has been successful in improving attitudes to mental health across Wales, evidenced by a 5% increase in public attitudes since 2012, supported by the activities of more than 150 Time to Change Wales Champions who have spoken about mental health to over 8,000 people and nearly 100 employers in Wales who have signed the Time to Change Wales pledge on behalf of 250,000 members of staff, nearly one in five Welsh employees.

- More than 120,000 adults in Wales have an improved attitude towards mental health in Wales compared with our baseline survey at the beginning of the campaign in 2012.

- Trained Time to Change Wales Champions have benefited from improved self-confidence from their participation in the campaign, often leading to improved employment prospects and other opportunities.

- Audiences at Time to Change Wales Champions presentations show a significant improvement in attitudes and knowledge following the presentation. These results are valid for almost every sector of society.

- All of the pledged employers said that being a part of the Time to Change Wales campaign has helped them to reduce stigma and discrimination in their workplace.

- A third of participants in our Wales-wide Public Attitudes Survey told the telephone interviewer that they have personal experience of mental health problems, rising to almost half of those who attended a Champions presentation and completed our anonymous questionnaire, illustrating the scale of mental health problems in Wales.

- Results from the Public Attitudes Survey and the Champions Presentation Evaluations corroborate findings that the greatest stigma is amongst those who believe that they do not have any friends or family with a mental health problem. Around two-thirds of people in this category are men.

- Men are under-represented within the Time to Change Wales community and mental health in general. Women make up two-thirds of TTCW Champions and the audience in Champions' presentations, with men making up less than a third of participants. This suggests an underlying problem with regards to men and mental health which should be further investigated.

TIME TO CHANGE WALES: PUBLIC ATTITUDES SURVEY

Key Findings:

- There has been a mean average increase of 4.9 percentage points in public attitudes in Wales between surveys held in 2012 and 2016, representing an improvement in the attitudes of more than 120,000 adults in Wales.

- One in three respondents to the 2016 survey disclosed lived experience of a mental health problem to the interviewer, an increase from one in four in 2012.

- The greatest driver of stigmatizing views was whether or not the respondent had a friend or family member with a mental health problem, with those who claim to not know anybody with a mental health problem having less positive opinions. Weighted for population, men make up two-thirds of this group.

Methods

The Welsh Public Attitudes to Mental Health in Wales Survey is a telephone questionnaire with a representative sample of 400 Welsh adults as respondents.

Time to Change Wales use this survey, which we commission from Opinion Research Services in Swansea, to uncover changes in Welsh public attitudes to mental health over time, compared with a baseline questionnaire conducted in Summer 2012. The most recent public attitudes survey was conducted in November 2016.

In our full-length survey, informants give a response on a five point Likert-type scale to 15 different statements, with the scale points labelled 'strongly agree', 'tend to agree', 'neither agree nor disagree', 'tend to disagree', and 'strongly disagree'.

Findings

Across all fifteen statements there has been a mean average increase of 4.9 percentage points in positive attitudes towards mental health in the November 2016 survey compared with the original baseline. This represents an improvement from an average response of 3.90 to an average of 4.09 out of 5.

This suggests that there has been a sustained improvement in public attitudes towards mental health in Wales, improving upon the findings of the previous survey held in November 2014, which showed an increase of 3.1%. Assuming a continued trajectory during 2017, this outcome meets the target of an improvement of 5% in attitudes towards mental health amongst respondents.

As our sample is representative of adults in Wales, this means that more than 120,000 adults in Wales share a more positive attitude towards mental health than when the Time to Change Wales campaign began.

Statistically significant changes

There was a statistically significant improvement in attitudes for eight of the fifteen questions. This means we can be confident that the increase in positive responses to these statements is because of changes across society and not just variation in our sample.

Amongst the key statements asked during the survey, there has been a significant increase in the number of people who say that they know the basic facts about mental illness, although still a quarter of people say that they do not know the basic facts or are unsure of them. This suggests that, despite the improvement in public attitudes, a substantial section of the population are still unsure about mental health information.

There has also been a significant improvement in attitudes towards hospitalization of people with a mental health problem and a significant reduction in the number of people who say that they feel uncomfortable about being around people with mental health problems.

The greatest change in knowledge is a reduction in respondents believing that people with a mental illness cannot be held responsible for their own actions. However a quarter of respondents still feel that somebody with a mental health problem is not responsible for their actions and a further quarter are unsure.

There has also been a significant improvement in the number of people who do not think that somebody with a mental health problem is unpredictable. However, half of respondents still believe that somebody with a mental health problem is unpredictable and nearly a quarter are unsure. The findings

of these last two statements show that, even though there has been a significant improvement in attitudes, there remains substantial work to be done to reduce stigma in these situations.

Legislation on mental health and holding public office was changed in 2012 and since that time there has been a statistically significant positive shift on attitudes on this subject, the second largest within the survey.

There has also been a statistically significant improvement in the attitudes of respondents towards whether or not people with a mental health problem should be allowed to have children and the number of people who believe that somebody with a mental health problem should not be given any responsibility.

Amongst the other seven statements where there was no significant change, four of those had very high baselines and this may have led to a ceiling effect where responses are unlikely to further improve because the starting point was so high.

Detailed information on responses

More detailed information is provided here on the responses to the fifteen statements.

Note that, due to rounding, not all percentages are 100%.

Q1. Can I first ask, to what extent do you agree or disagree that you feel comfortable talking to others about mental health?
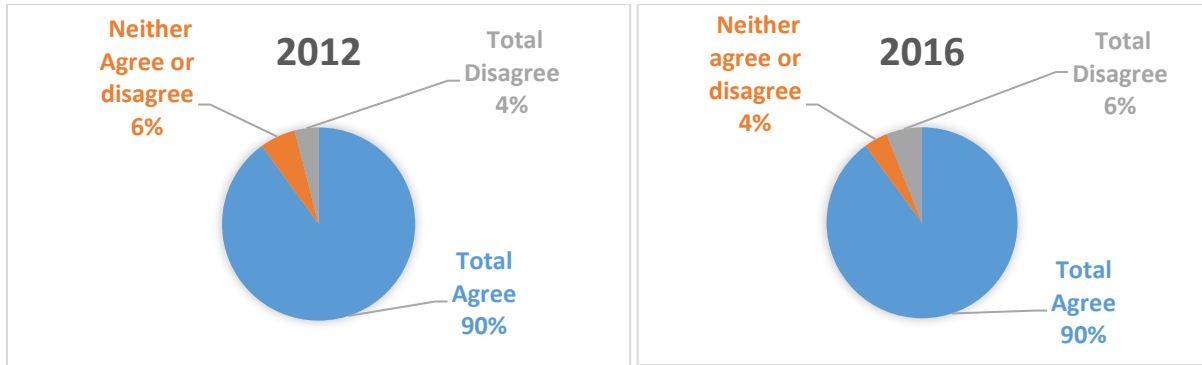
	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	54	36	6	3	1	90	4	+86
2016	61	28	4	4	2	89	6	+83

Although there is no significant difference in the number of people who say that they are comfortable talking to others about mental health, there has been an increase in the number of people who are most positive.
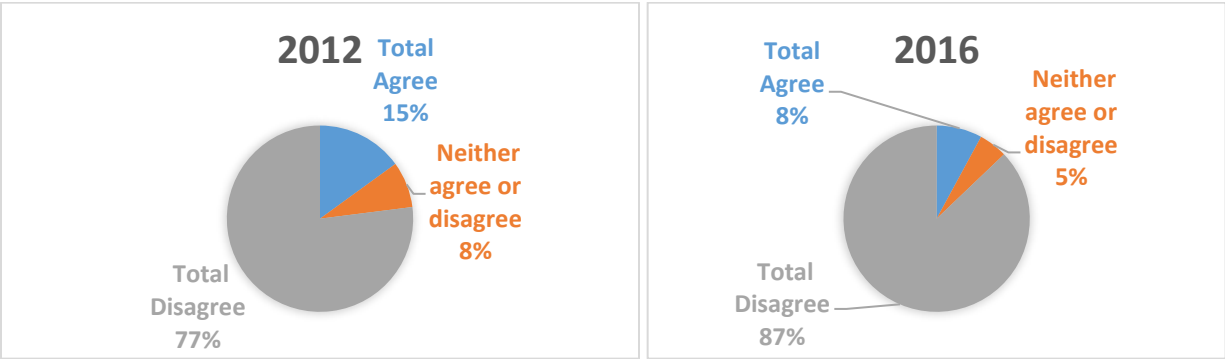
Q2. And to what extent do you agree or disagree you know the facts about mental illness?
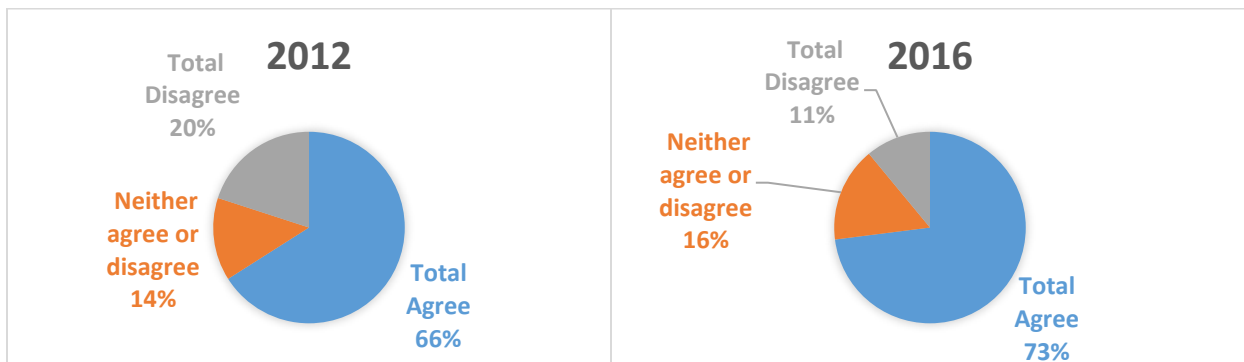
	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	29	37	14	16	4	66	20	+46
2016	32	41	16	8	3	73	11	+62

There has been a significant increase in the number of people who say that they know the facts about mental illness, caused by a 7% increase in the number of people who say that they know the facts and a 9% reduction in the number of people who say that they don't.

Q3. To what extent do you agree or disagree that as soon as somebody shows signs of mental illness they should be hospitalised?

	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	10	5	8	36	41	15	77	-62
2016	3	5	5	24	64	8	88	-80

There has been a significant improvement in the number of people opposing the use of hospitalization as soon as somebody shows signs of mental illness, with a 7% reduction in the number who agree and 11% increase in the number who disagree. This also shows a substantial shift to a more strongly held set of opinions against hospitalization, with a 23% increase in the number who strongly disagree.

Q4. To what extent do you agree or disagree that being around someone with a mental illness makes me feel uncomfortable?
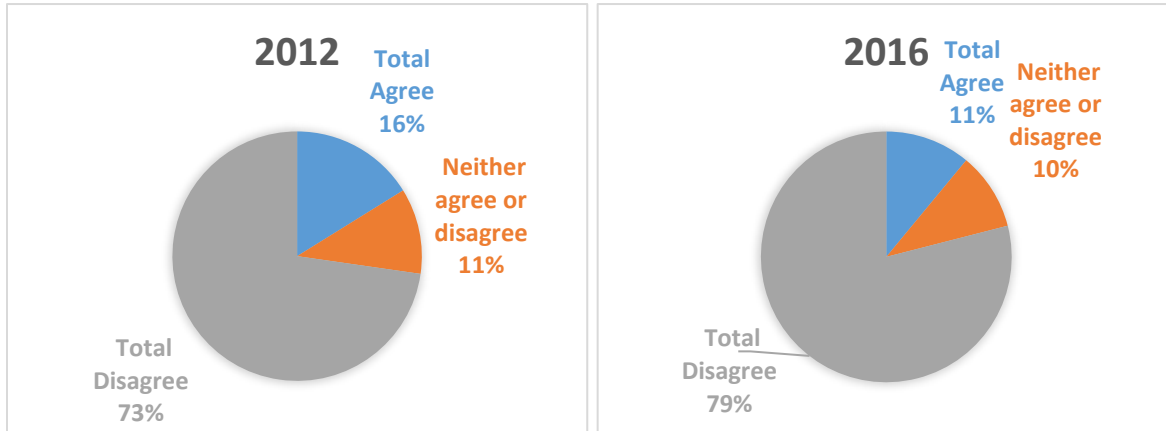
	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	3	13	11	27	45	16	72	-56
2016	2	9	10	21	58	11	79	-68

There is a significant reduction in the number of people who say that they feel uncomfortable around someone with a mental illness. This is caused by a reduction of 5% in the numbers who say that they feel uncomfortable with an increase of 7% in the numbers who disagree with the statement. Within those who disagree, there has been a shift to a more strongly held position – a 13% increase in the number of people who strongly disagree.

Q5. To what extent do you agree or disagree that I understand how stigma and discrimination can affect people with a mental illness?
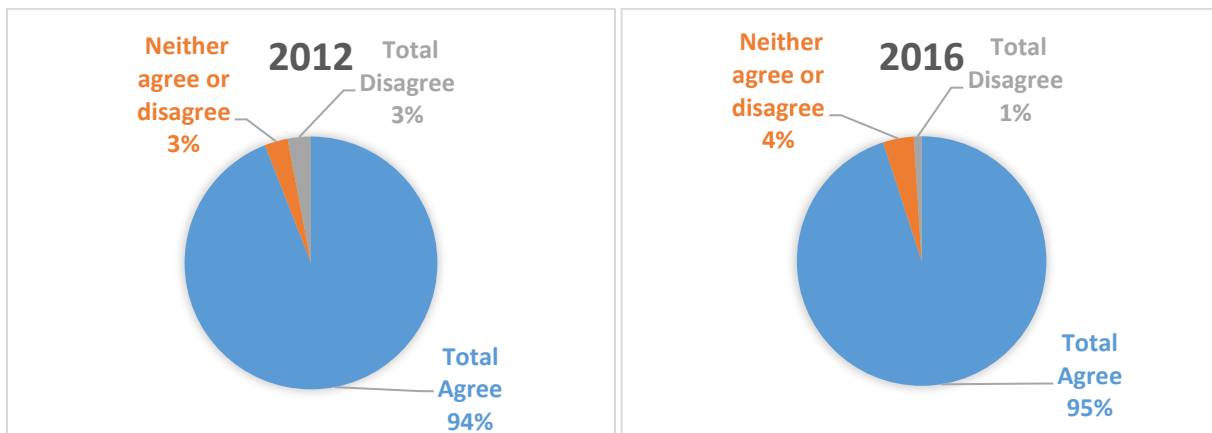
	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	67	28	3	1	2	95	3	+92
2016	71	24	1	3	1	95	4	+91

Starting from a very strong baseline with 95% of respondents saying that they understand how stigma and discrimination can affect people with a mental illness, there has been a small shift to a more strongly held position, although this is not statistically significant.
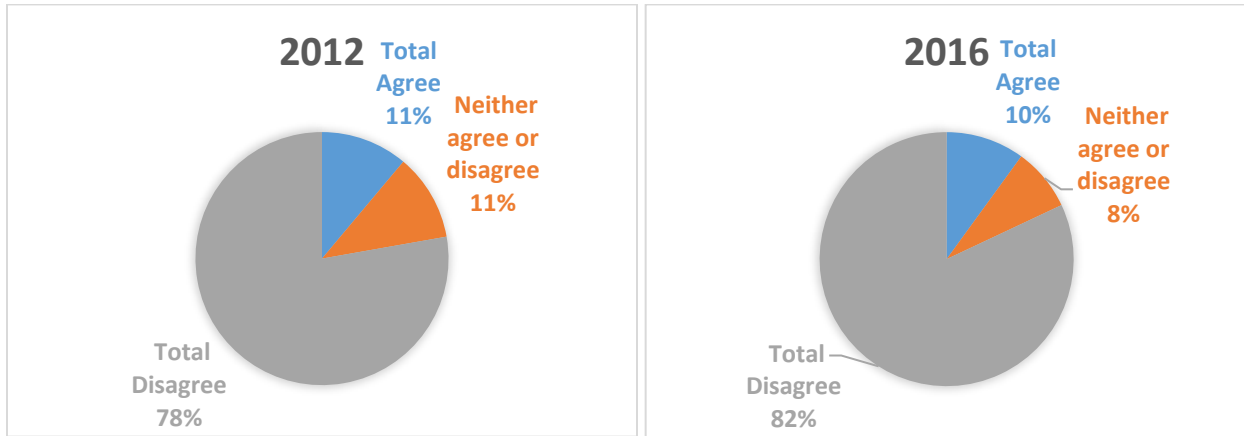
Q6. To what extent do you agree or disagree that people with a mental illness cannot be held responsible for their own actions?
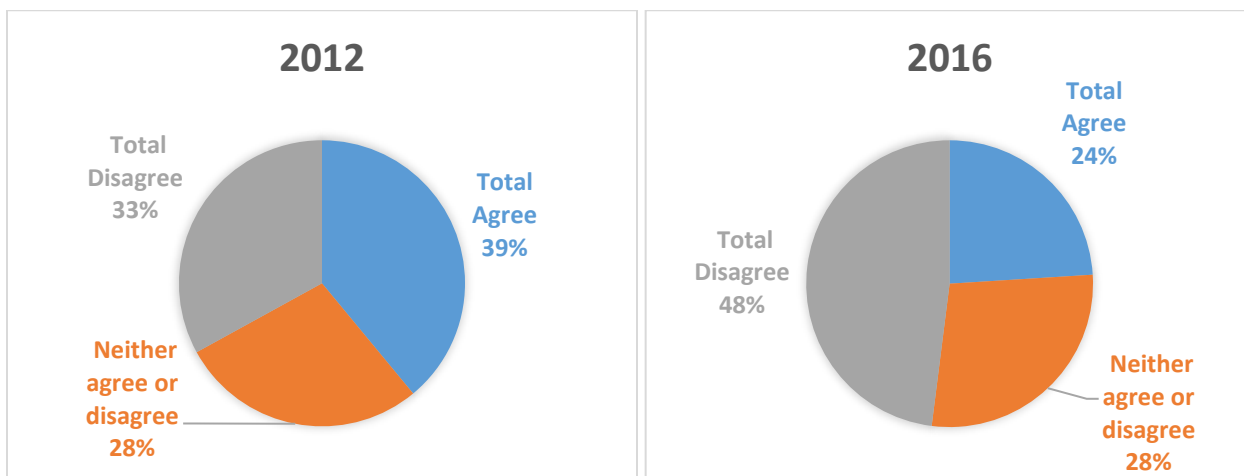
	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	16	23	28	26	7	39	33	+6
2016	11	13	28	34	14	24	48	-24

Responses to this question are ambivalent, with a high proportion – more than a quarter – giving the neutral mid-point answer. This suggests that respondents are uncertain about the 'correct' answer in this situation – to empathise with the lack of control over the situation and reject a 'pull yourself together' attitude or to provide agency to the individual to choose their fate. Amongst those who did respond there has been a substantial significant shift, moving from a plurality support that people with mental illness cannot be responsible for their actions (39%-33%) to a near majority support for the alternative (24%-48%). This is a 15% point reduction in the number of respondents who agreed with the proposal and a 13% point increase in the disagreement. This is the strongest change within the 15 statements being compared.
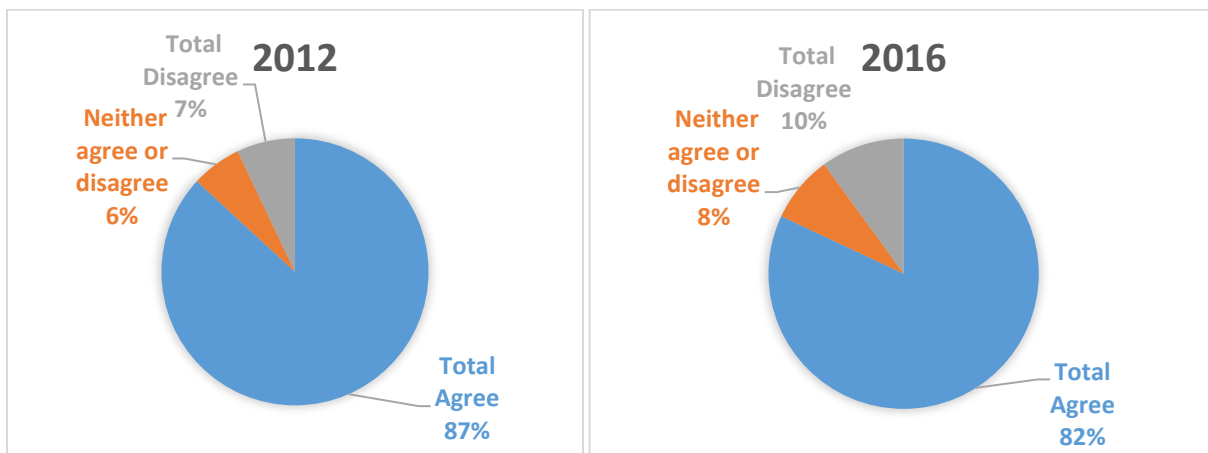
Q7. To what extent do you agree or disagree that people with a mental illness can never fully recover?

2012
Total Agree 11%
Neither agree or disagree 11%
Total Disagree 78%

2016
Total Agree 10%
Neither agree or disagree 8%
Total Disagree 82%

	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	6	5	11	37	40	11	77	-66
2016	3	7	8	32	50	10	82	-72

There has been no significant change in opinions to this question. A high percentage of respondents disagree with the premise that somebody with a mental illness can never fully recover, and this opinion has strengthened since 2012 with a 10% point increase in the number of respondents who strongly disagree.

Q8. To what extent do you agree or disagree that people with a mental illness should have the same rights to a job as anyone else?

2012
Total Disagree 7%
Neither agree or disagree 6%
Total Agree 87%

2016
Total Disagree 10%
Neither agree or disagree 8%
Total Agree 82%

	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	59	27	6	6	1	86	7	+79
2016	59	23	8	7	3	82	10	+72

There was no significant difference in the number of people who agreed or disagreed that people with a mental illness have the same rights to a job as anyone else.
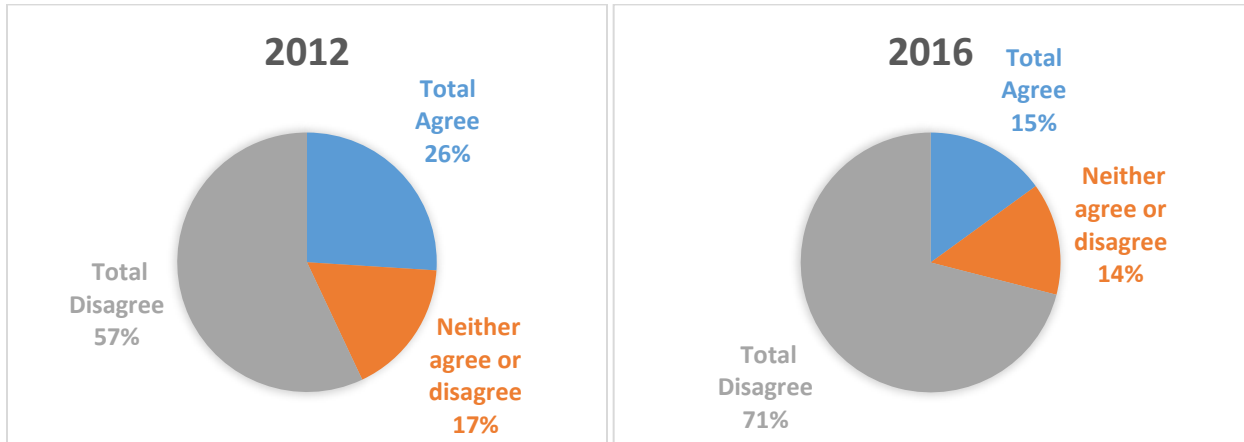
Q9. To what extent do you agree or disagree that people with a mental health problem are unpredictable?
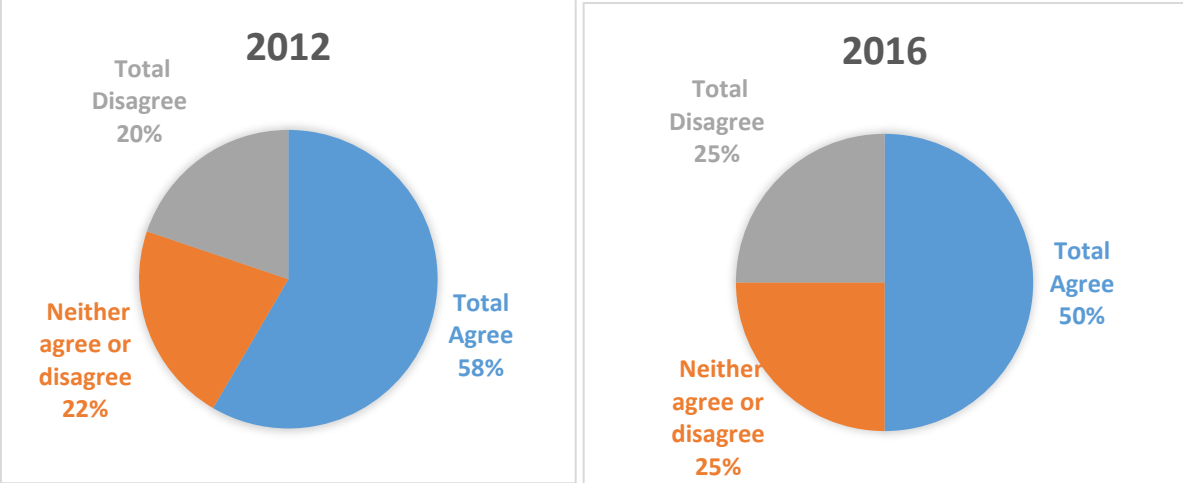
	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	19	40	22	15	5	59	20	+39
2016	14	36	25	20	5	50	25	+25

A quarter of respondents gave a neutral response to this statement, perhaps showing confusion as to the 'correct' response, similar to the question regarding responsibility. Half of the respondents thought that somebody with a mental illness was unpredictable, with a quarter disagreeing, reflecting substantial stigma towards people with mental health problems. However, this is a statistically significant improvement upon the responses in 2012, with 9% points fewer respondents saying they thought they were unpredictable and 5% points more disagreeing.

Q10. To what extent do you agree or disagree that people with a mental health problem should not be allowed to hold public office?

2012

- Total Agree 26%
- Neither agree or disagree 17%
- Total Disagree 57%

2016

- Total Agree 15%
- Neither agree or disagree 14%
- Total Disagree 71%

	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	11	15	17	31	26	26	57	-31
2016	6	9	14	36	35	15	71	-56

Legislation on mental health and holding public office was changed in 2012. Since that time there has been a statistically significant positive shift on attitudes on this subject, the second largest within the survey. 11% points fewer respondents said that they agreed that people with a mental health problem should not be allowed to hold office while 14% points more disagreed than in 2012. However, that still means that 15% oppose the suggestion.

Q11. To what extent do you agree or disagree that people with a mental health problem should not be allowed to have children?
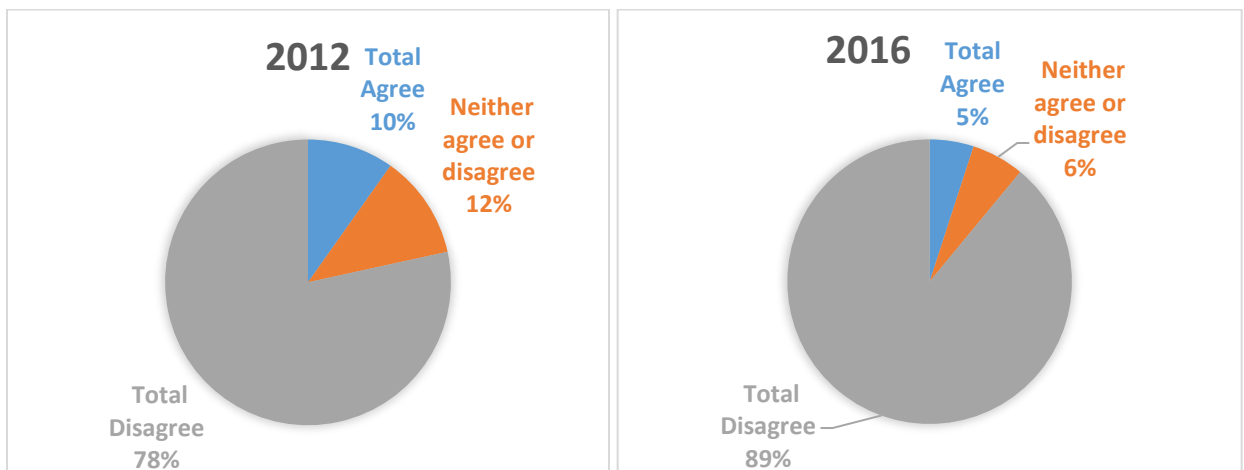
2012

- Total Agree 10%
- Neither agree or disagree 12%
- Total Disagree 78%

2016

- Total Agree 5%
- Neither agree or disagree 6%
- Total Disagree 89%

	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	4	6	12	25	55	10	80	-70
2016	3	2	6	24	65	5	89	-84

There has been a statistically significant improvement in the attitudes of respondents towards whether or not people with a mental health problem should be allowed to have children. There has been a 5% point reduction in the number who say they believe that they should not, and a 9% point increase in those who believe they should be allowed. Within those who believe they should, there has been a 10% point increase in the most strongly held position.

Q12. To what extent do you agree or disagree people with a mental health problem are just as trustworthy as anybody else?
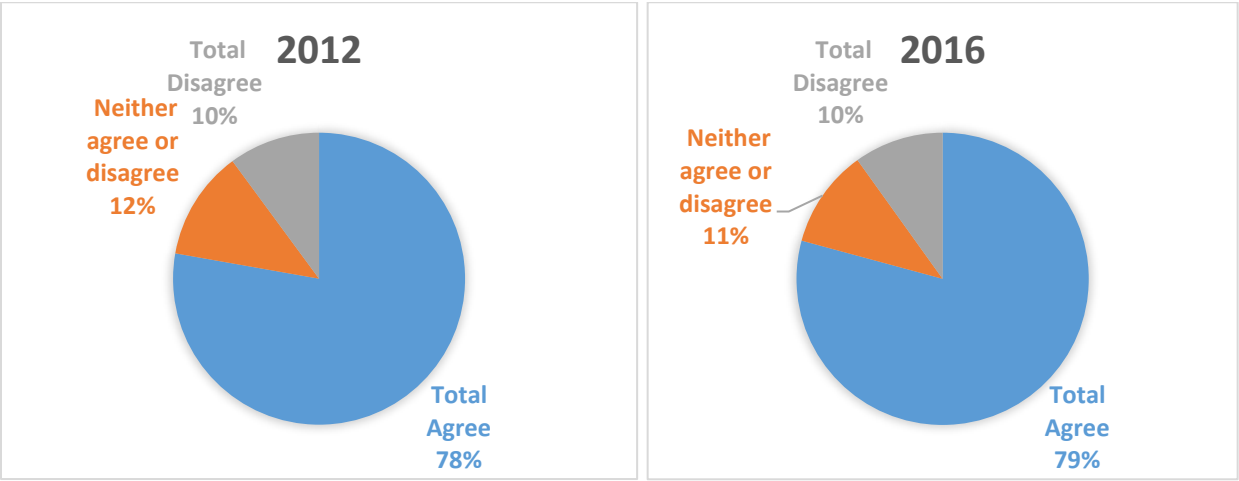
	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	39	38	12	9	1	77	10	+67
2016	50	30	11	6	4	80	10	+70

There has been no significant change between 2012 and 2016 about whether or not respondents believe people with a mental health problem are just as trustworthy as anybody else, but there has been an increase of 11% point in the number with the most strongly held opinions.
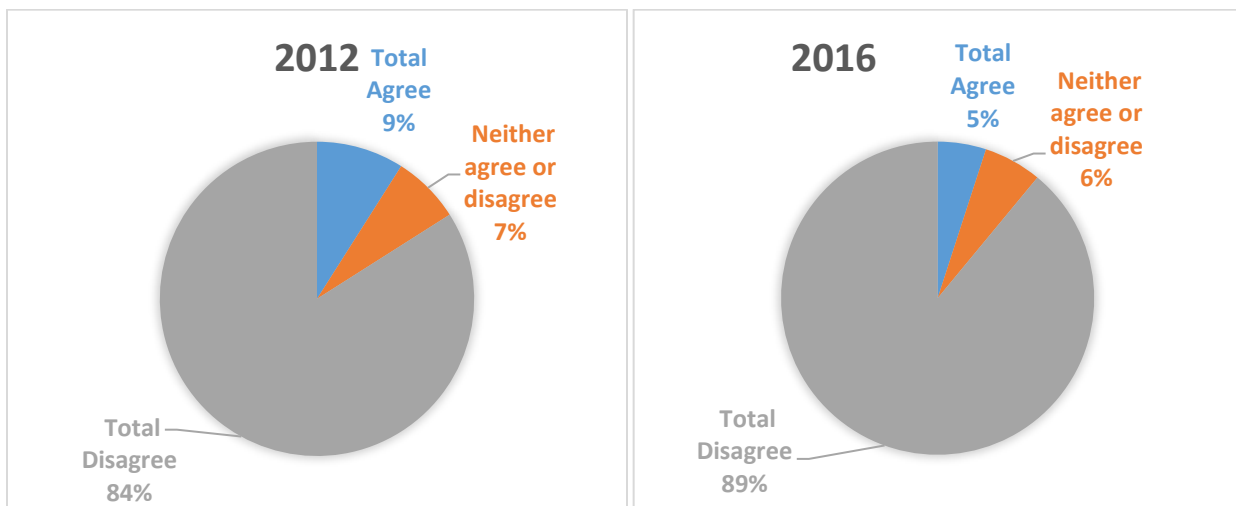
Q13. To what extent do you agree or disagree that people with mental health are a burden on society?
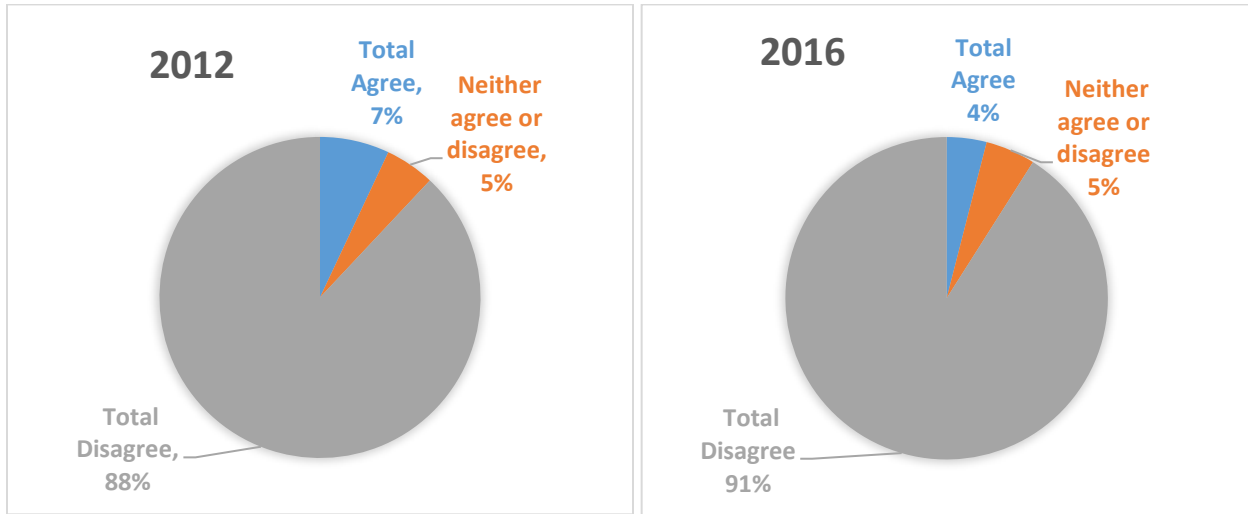
	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	1	6	5	21	67	7	88	-81
2016	2	2	5	17	74	4	91	-87

Nearly three-quarters of respondents strongly rejected the suggestion that people with mental health a burden on society, with only 4% agreeing with the statement. Again, with two-thirds of respondents already holding the strongest available position on this statement in the baseline question, it is likely that there is a ceiling effect in place.

Q14. To what extent do you agree or disagree that people with mental health problems should not be given any responsibility?

	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	2	7	7	34	50	9	84	-75
2016	2	3	6	29	60	5	89	-84

Only a small number of respondents believe that people with mental health problems should not be given any responsibility, while nearly 90% of respondents reject that proposal. There is a significant positive change in responses, with 10% point more respondents strongly disagreeing in 2016 compared with the 2012 baseline.

Q15. To what extent do you agree or disagree that people with a mental health problem are far less of a danger than people suppose?
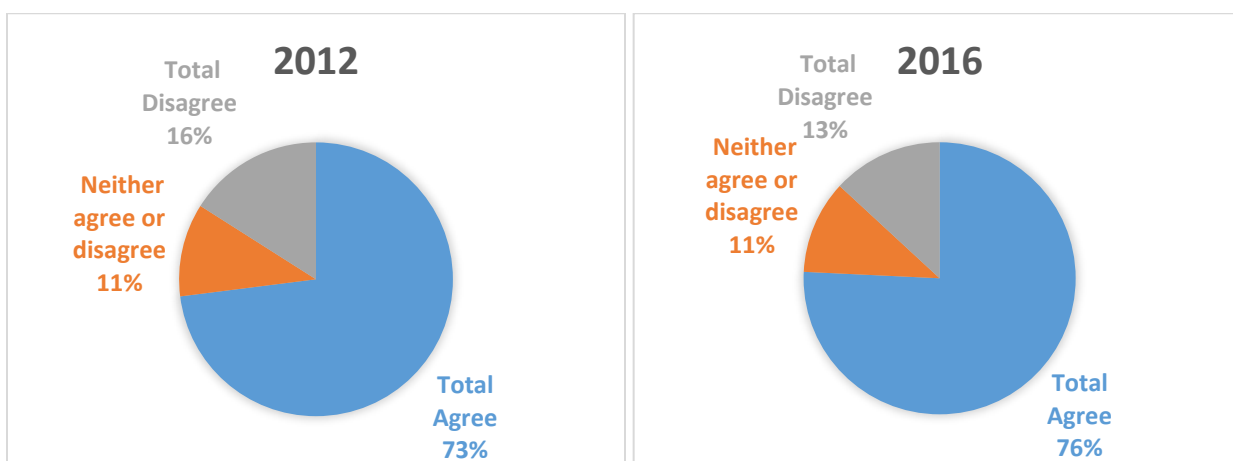
	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Total Agree	Total Disagree	Favourability
2012	31	42	11	12	4	73	16	+57
2016	46	29	11	11	2	75	13	+62

Although there is no statistically significant improvement in the number of respondents giving a positive response to this question, there has been a shift in the number who give a strong positive answer, an increase of 15% points compared with a 13% reduction who gave a less stridently positive answer

Independent Variables

Experience of Mental Health Problems

There are no accurate figures for the number of people in Wales who have suffered from mental health problems, with or without a diagnosis, so benchmarking the Welsh population according to this is difficult.

Around one-third of respondents to the survey told the interviewer that they had personal experience of mental health problems – an increase from 25% in the first phase of Time to Change Wales. The most recent available data from the Welsh Health Survey (2016) says that 13% of respondents had received treatment for mental health in the previous twelve months. It is not out of the question that one-third of people in Wales may have had a mental health issue at some point in their lives. 90% of respondents said that they knew somebody with a mental health problem. Amongst the remaining 10%, these represented 17% of men and only 4% women, i.e. male respondents were four times as likely to say that they did not know somebody with a mental health problem than female respondents.

Respondents who knew a friend or family member with a mental health issue were statistically more likely to give positive responses than those who claimed not to know anybody. This was true for twelve of the fifteen statements. Going forward, being able to identify the causes of mental health stigma and discrimination amongst this group should be a priority. Do their beliefs stem from their non-friendship with people who have mental health problems, or do their beliefs prevent friends and family who have mental health problems from opening up to them because of their concern about stigma and discrimination?

Gender

There were few significant differences in responses according to gender although women were more likely than men to say that they understood how stigma and discrimination could affect people with a mental health illness, and also to disagree that people with a mental health problem are a burden on society. Nevertheless, there was a consistent trend in which women gave more positive ratings than men, even if they were not statistically significant.

Age

Analysis according to the age of respondents uncovered interesting findings. Broadly, older people had the least positive opinions on mental health. Respondents aged 35-54 were most likely to say that they had a good understanding of mental health issues while younger respondents, aged 18-34, were most likely to be supportive of the rights of those with mental health issues, but also say that they feel less comfortable discussing mental health than older people. Research on age and mental health attitudes suggest that familiarity with medical settings and emotional resilience means that older people may be more comfortable in discussing issues than younger members of society.

Ethnicity

According to the 2011 census, more than 94% of people resident in Wales at that time were of a white ethnic background, therefore it should not be a surprise that, in a representative sample of Wales, 92% of respondents described themselves as white and just 8% of a non-white ethnic group. While this is a small number of respondents within the survey and therefore the findings may not be robust, there is a

consistently less positive attitude amongst this group of people and a significant statistical difference that non-white participants have less positive attitudes towards mental health issues on eleven of the fifteen statements with which they were presented. Greater work is required to better understand mental health stigma and discrimination within BME communities, particularly as part of a double discrimination on an inter and intra-cultural level (e.g. receiving stigmatising racist attitudes from members of the host community in addition to stigmatizing attitudes towards mental health from both the host and home communities).

Campaign Impact

Since the campaign began there has been an increase in awareness regarding mental health issues amongst the public surveyed. The percentage of respondents saying that they had seen or heard about mental health issues in the previous year increased from 43% in September 2012 to 61% in November 2016.

23% of respondents in the 2016 survey said that they had specifically heard of the Time to Change Wales or Reach Out campaigns. This means that around 600,000 adults in Wales have heard of the campaign, 500,000 in the previous three months during which a media campaign was held to raise awareness.

Discussion

The Public Attitudes to Mental Health in Wales Survey 2016 has found an improvement in attitudes towards mental health amongst the public in Wales. There has been an increased awareness of mental

health issues in the media since the 2012 baseline and an increase in the number of respondents self-reporting a mental health issue. More positive attitudes amongst those with lived experience and those who know family, friends or colleagues with a mental health problem compared with those without experience of either have contributed to an overall more positive attitude.

However, there are still groups which hold stubbornly negative opinions on mental health. Half of respondents believe that somebody with a mental health problem is unpredictable and a quarter think that they cannot be held responsible for their own actions. Small numbers still hold strong opinions against people with mental health problems having children or believe that they should be hospitalized. Stigmatising opinions are most deeply rooted amongst individuals who say that they do not know anybody with a mental health problem. Men and BME groups are substantially over-represented within these categories. Reducing stigma amongst these groups should be a priority.

Recommendations

- More work, perhaps on a qualitative level, should be carried out with those groups identified as holding stubbornly negative attitudes towards mental health, including men, BME groups and those who claim to not know anybody with a mental health problem, so that we can better understand the root of these negative attitudes. Men are four times more likely than women to say that they do not know anybody with a mental health problem.
- Although there has been an improvement in attitudes in Wales, it is unclear how Wales compares internationally in terms of stigma and discrimination attitudes as the statements tested in the Public Attitudes Survey are unique to Wales. Internal comparability between surveys since 2012 is useful to show improvements, but future phases of the campaign should consider adopting an internationally accepted scale, such as CAMI (Community Attitudes

towards Mental Illness scale). This is especially important considering the ceiling effect that is visible in a number of statements

- While positive attitudes on mental health may be a goal in itself, the linking of improved public attitudes to mental health and the reduction of stigma and discrimination towards those with lived experience is a key part of the Time to Change Wales Theory of Change. Stronger evidence is required to show the effectiveness of this.

TIME TO CHANGE WALES: CHAMPIONS

Background

In its role in creating a social movement, Time to Change Wales has met its target of recruiting and training 150 Champions – people with lived experience of mental health problems who reduce stigma and discrimination through speaking in the community about their experiences, educating others about mental health. The Champions strand is led by Hafal.

Champions attend a day-long Time to Talk training course and then a follow-up day of Time to Tell training before attending events and speaking about their experiences in front of an audience. Participation is voluntary, and Champions interaction with the campaign varies.

Diversity

A target for the campaign set by Welsh Government was that the cohort of Champions should broadly reflect the diversity of Wales. Using statistics generated by the Census for the Office of National Statistics (and Stonewall for the LGBT+ population), we have a benchmark for our Champions against the Welsh population. This is shown below, incorporating information from 155 Champions.

Characteristic	% of Welsh popn.	No. of Champions	% of Champions
Disability that limits daily activities	23%	53	34%
Welsh language speaker	19%	29	19%
BME	4%	6	4%
LGBT Sexuality	5-7%	22	14%
Rurality ('Sparsity')	33%	50	32%

The Champions cohort accurately reflects the number of Welsh speakers in Wales, the BME population and those who live in a rural area, but includes an over-representation of those who describe themselves as a 'person with a physical, learning or other disability or impairment' and those who describe themselves as LGBT+.

Although not a protected characteristic, men are under-represented within the group, representing only 30% (47) of Champions at the time of writing while women make up 67% (105). As illustrated throughout this evaluation, this suggests that men participate less in mental health issues than women, including in anti-stigma campaigns.

Methods

Different methods were used in order to better understand the impact of being a Time to Change Wales Champion. Champions were asked to complete a questionnaire on their well-being and empowerment at the beginning of their training and towards the end of the campaign. When completing their follow-up questionnaires, Champions were also asked to reflect upon their experiences as part of the campaign, including the impact upon them and suggestions for how to improve the campaign's effectiveness in future. Finally, a series of focus groups were held with Champions (in Colwyn Bay, Swansea and Cardiff) to discuss their experiences in more detail.

Questionnaire

The questionnaire includes two separate scales, 34 items in total, on a Likert-type scale of 1 to 5 where, usually, one is the most negative response and five the most positive.

150 Champions were trained between 2015 and April 2017 and asked to complete a follow-up questionnaire on a remote basis, using Survey Monkey. 45 trained champions (30%) completed the questionnaire, but due to insufficient information on some cases this was reduced to 36 complete forms available for comparison between the baseline questionnaire and the follow-up. This reflects the variable participation of Champions in the campaign.

Findings

Following analysis, no statistically significant change was found for any of the 34 items which Champions were requested to complete. Half of the Champions (18 people, 50%) were found to have improved their well-being and empowerment since the morning of their training, two returned the same score (5.5%) and the remaining Champions (16, 44.5%) gave lower scores than their baseline.

In part, the reason for this was that Champions provided a high baseline response in their initial questionnaire. For 24 of the 34 items, the mean average was greater than 4 out of 5 points on the scale, giving a ceiling effect on any possible increases, and only two items could be claimed to have produced unclear outcomes (i.e. below 3.5 out of 5).

	No of respondents	Mean Before	Mean After	Change
Speak up for your rights	36	4.14	4.36	+0.22
Speak up for others' rights	36	4.31	4.47	+0.16
Say no/ stand up to a person treating you unfairly	36	3.86	4.11	+0.25
Talk about your mental health within your community/area	35	4.29	4.46	+0.17
Talk about mental health outside your community/area	35	4.40	4.43	+0.03
Talk about mental health at work/school/college	35	4.43	4.40	-0.03
Talk about mental health with friends/family	34	4.12	4.38	+0.26
Speak more openly about mental health	36	4.33	4.39	+0.06
Speak about your experience online via social media	34	3.85	3.94	+0.09
Get involved in new activities	35	4.14	4.06	-0.08
Be involved with local action groups	33	4.06	3.82	-0.24
Make friends	35	3.97	3.80	-0.17
Get support when you need it	35	3.86	3.86	=
Give help if needed	36	4.33	4.36	+0.03
Feel confident about the future	35	3.60	3.83	+0.23
Become involved in community/local events	36	3.97	3.83	-0.14
Become involved in volunteering	35	4.03	4.00	-0.03
Trust people who are like you	35	4.00	4.06	+0.06
Trust people who are not like you	34	3.47	3.59	+0.12
Use facilities in your area (like leisure)	35	3.91	4.09	+0.18
Seek work or maintain employment	35	4.26	4.14	-0.12
Seek help from your GP	36	4.25	4.06	-0.19

	n	Mean Before	Mean After	Change
I think I know the basic facts about mental illness	36	4.53	4.53	=
I do not feel comfortable talking to others about mental health	35	1.63	1.60	+0.03**
I feel equipped to lead discussions and sessions with members of the public about mental health	36	3.69	4.11	+0.42
I understand how stigma and discrimination affects me	36	4.33	4.67	+0.34
I can see how my experience could help reduce stigma and help others in similar situations	36	4.67	4.72	+0.05
People with a mental health illness should have equal rights to a job as anyone else	35	4.94	4.89	-0.05
I believe I can have a role to play in my community	36	4.56	4.42	-0.14
I am confident to take part in community life	36	4.22	4.08	-0.14
In the last week I've felt good about myself	34	4.09	3.82	-0.27
I rarely feel optimistic about the future	35	2.77	2.40	+0.37**
I am learning new skills	36	4.36	4.28	-0.08
I am not able to develop meaningful relationships	35	1.60	2.00	-0.40**

** As the sentiment is negative, the change is reversed

In the context of the Time to Change Wales campaign's aims, some of the more notable responses were a +0.42 improvement in responses to the statement 'I feel equipped to lead discussions and sessions with members of the public about mental health' from 3.69 to 4.11, a +0.34 improvement in response to the statement 'I understand how stigma and discrimination affects me' from 4.33 to 4.67, and a +0.26 improvement in 'I feel able to talk about mental health with friends and family' from 4.12 to 4.38.

Other highly positive responses were related to items such as 'I think I know the basic facts about mental illness', which was 4.53 in both the baseline and the follow-up, 'People with a mental health illness should have equal rights to a job as anyone else', which was 4.94 in the baseline and 4.89 in the

follow-up, and 'I believe I can have a role to play in the community', which was 4.56 in the baseline and 4.42 in the follow-up.

Discussion

This analysis brought two issues into focus.

Firstly, the high baseline questionnaire responses suggest, understandably, that a moment in time at which an individual feels capable of attending a Champions training course to discuss their mental health problems with others is a moment in their lives at which they are likely to have a strong sense of well-being and empowerment. As an individual the Champion has, at this point, recognised their mental health problems, voluntarily contacted the campaign and made the effort to attend. It is therefore an unrealistic expectation that all individuals will make statistically significant or even substantial improvement from this point, and many may be at risk of having reduced well-being or empowerment at any given point in future.

The second point is related, as it is subsequently difficult to draw a correlation between Time to Change training or participation and the Champions' own mental health over a period of time, not least due to the impact of external events. Champions will have had important life events take place in the period between their training and completion of the follow-up questionnaire, whether they be positive or negative in their impact. It is therefore difficult to claim with any justification that being a TTCW champion alone has had a positive or negative impact upon their mental well-being and empowerment, greater than any other factor in their life.

It was hypothesised that greater participation with Time to Change Wales would lead to improved outcomes. This was found to be partially true as there was a correlation between frequent participation in events and high scores. However, some of the most notable improvements were found amongst those who had limited involvement with the campaign after completing the training – usually because their baseline questionnaire responses had been low. It may be that these individuals were, at that time, not in an appropriate place to play a role in Time to Change Wales, but this may have changed over the lifetime of the campaign.

Recommendations

It is recommended that the process of monitoring Champions well-being and empowerment is changed in future. This should include a shorter baseline and follow-up questionnaire to promote completion, a three-month follow-up of the questionnaire to give a consistent indicator of progress for each Champion and a further consideration of the offer to Champions in a manner that will improve or maintain their well-being and empowerment, including improved communications.

Champions Experience

Findings

The comments from Champions about their experiences in the campaign were largely positive, in particular with regards to personal impact. The Champions own words can be seen in the word cloud (Wordle).

As is clear from the word cloud, Champions claim an improved confidence as an outcome of their participation in the campaign.

One Champion says that: "Being a champion has helped my confidence and self- esteem. I have really valued the support I have received that has helped me through my recovery journey.". This captures the personal development of a Champion – having a role to undertake and appreciating the efforts of others.

Moving from mental health problem to employment is a common theme of Champions' feedback.

Of their participation in TTCW, one Champion says: "I have gained in confidence and have used my work as part of a level 4 apprenticeship in Leadership and Management.", illustrating the gains that can be made in employability as a result of TTCW participation.

Another Champion explains how the campaign has helped them to contextualize their mental health problems, reduced their loneliness and moved towards work, saying "Having the chance to meet people who have faced their own mental illness has made me feel less isolated. It helped me in my recovery journey and gave me the confidence to apply for a job after being out of work for a while."

In a similar vein, a third Champion says: "It gradually re-built my confidence, allowing me to eventually take up a university course and obtain meaningful employment where my mental health experiences are used to support others."

As expressed in the above quote, helping others was also a key part of the TTCW Champion experience, with examples including: "It has given me ideas about how I can further help people who have suffered with mental illness.", and "Helps me to feel like I am helping other people."

Not all Champions have been able to give talks about their mental health, for a number of reasons. One Champion who says that they have been unable to give presentations because of their work hours notes other available opportunities, saying "blogging makes me feel like I can make a difference…and makes me feel better when I'm feeling down", referring to the therapeutic nature of sharing their story. This digital output from Champions may engage with different audiences than those who may attend TTCW presentations and complements the overall message, albeit through a different platform.

Champions Feedback

Methods

Three focus group style structured interviews were held with Time to Change Wales Champions in August 2017 to discuss their experiences of the campaign, each lasting approximately two hours with a short break. Champions in each area of Wales were invited to attend. In total, fifteen Champions attended – three at the session in Colwyn Bay, five at the session in Swansea and seven in Cardiff. These included thirteen women and two men. All sessions were conducted in English, although one participant noted a preference for discussing matters in Welsh.

Similar themes were discussed in each of the three sessions, including an icebreaker of how the Champion came to hear about the campaign, benefits that Champions had received from participation and areas of the campaign which they thought had been successful and less successful. Within these parameters a number of other topics were raised and the structured interviews brought out richer data on these, as provided by the Champions.

The main points raised by Champions included:

- That Champions discovered the campaign through a variety of means, including social media and seeing stalls or talks at major events, including the Royal Welsh Show and the Eisteddfod. This shows the importance of both social media and real-world engagement. Some Champions came across the Time to Change campaign in England first and then found out about Time to Change Wales

- Champions in all three groups talked about the need to strengthen the all-Wales nature of the campaign. The group in Colwyn Bay felt that the campaign in North Wales needed greater resources – with champions pointing to the relative isolation of people there within smaller communities and there being fewer talks organized for them to spread the message. Both groups in South Wales talked about the need to do more campaign work in mid-Wales. Rural issues and impacts of rurality were raised as a specific concern.

- Champions recognized two types of audience in their presentations – informing colder audiences with little or no knowledge of mental health issues and validating the experiences of people with lived experience. Talks organized with mandatory attendance at pledged organisations were considered to have greater numbers of participants but less active participation and involvement compared with smaller events with voluntary attendance. Champions indicate that they consider their major role to be supporting people with lived experience to open up and talk about their feelings and challenges.

- In terms of support and resources, Champions made suggestions as to what would assist them in their role. A number of Champions talked about the experience of disclosure following talks, and suggested that Mental Health First Aid training would assist them in dealing with this, and also having information to hand that could be distributed to audience members so that they can make their own decisions about getting help. Suggestions for this include a post-card or credit-card size document with important information e.g. advice lines, internet pages, that can be easily carried by Champions and audience members. It was recommended that all support materials be bilingual. One Champion recommended keeping the Headspace app available for Champions.

- Co-ordination amongst Champions was highly valued and there was discussion on how the Champions network can be more self-sustaining. Facebook was good for arranging lifts or

'venting', but Champions felt that a newsletter (not just distributed through Facebook) was a good way of keeping people in touch with the campaign, informing them what was happening and putting names to faces. There were discussions on the progress of the regional champions networks, including differing expectations of what group meets should involve and how they should be organized. There was no agreed outcome to these discussions, perhaps reflecting the differing needs and interests of Champions. It was clear that some Champions already socialize together and that others may have limited interest in doing so, but this is largely a matter for the Champions themselves.

- Comparisons were made with Time to Change in England by Champions who were familiar with both campaigns. They seemed to prefer the more hands-on approach taken by TTCW in giving talks, pointing to the barriers in organizing events that are faced by Champions. On the other hand, it was agreed that the social media in the English campaign was better resourced.

- The support provided by TTCW staff was valued and appreciated by Champions, whether that was driving Champions to events or checking up on welfare before and after presentations. It was felt that this pastoral role should not be lost. Champions felt that having a second person with them at a presentation was always helpful – either another Champion or a TTCW staff member – because it removed pressure from them in case of a trigger moment, as well as offering variety of experiences for the audience.

- It was felt that pledged organisations should be working closer with the campaign, and rewarded for doing so. One group of Champions queried the impact of the pledge compared with taking action. It was queried whether a ranking system (e.g. gold, silver, bronze) could be awarded to organisations with a greater involvement, or that Champions could be trained to audit the action plans that organisations create. The role of internal or employee champions was also raised, helping to organise awareness-raising events and creating safe spaces within

organisations. Another suggestion included compulsory mental health Champions talks during inductions.

- Issues related to diversity were raised, including that the stall at Pride Cymru was the busiest that one Champion had attended, and awareness and context of the audience – e.g. successfully matching Champions with the group of people that they are speaking with, such as the needs of an audience at Remploy. Questions were raised about the best way of successfully reaching BME members within the community, including recruitment of BME Champions.

Findings

The fifteen Champions engaged enthusiastically with the structured interviews and were keen for the campaign to continue at an all-Wales level, feeling empowered by giving presentations and talking to the public, and enthusiastic to promote the campaign's anti-stigma and discrimination message. They proposed methods to improve the Champion experience and to increase their engagement with pledged organisations, in particular. It was clear that Champions recognized their dual role of promoting knowledge and awareness amongst the public at large whilst valuing the impact upon individuals facing challenges with their own lived experience.

Recommendations

- The experience gained by Champions in giving presentations and dealing directly with audiences is important in helping the campaign to develop in future. It is important to maintain good links with Champions and recognize their needs as individuals and as a group of volunteers promoting the campaign.

Methods

Since October 2014, Time to Change Wales Champions have attended events and given presentations to varied audiences across Wales, telling their personal story of lived experience of mental health problems. The purpose of these talks is to improve attitudes and knowledge about mental health amongst the general public as part of the campaign to reduce stigma and discrimination in Wales. Between October 2014 and August 2017, 406 talks had been given to 5,297 people.

In order to understand the effectiveness of these presentations in changing attitudes, participants are requested to complete a short questionnaire to test their attitudes and knowledge about mental health before and after the presentation. These include information regarding demographic data, including their home location, gender, age, ethnicity, ability in Welsh, occupation, their personal experience of mental health and whether they know other people with experience of mental health problems. The questionnaire element then includes six items about their attitudes to mental health and three questions asking for knowledge about mental health.

Completed questionnaires for 4,000 attendees at these presentations were entered into IBM Statistical Package for Social Scientists (SPSS) 23 and analysed.

The analysis uncovered audience demographics which included 67% of attendees being female and 32% male, with a small number who described themselves as transgender. 46% of respondents stated that

they had personal experience of mental health and 85% said that they knew somebody with a mental health problem.

In line with ethnic diversity in Wales, 92% of attendees described themselves as White from the British Isles, with 4% as White Other, mostly from the European Union. There were small numbers of attendees from other ethnic groups, none of whom represented more than 1% of the total.

Around three quarters of respondents were aged between 25 and 54, with small numbers aged above 65 – perhaps reflecting a correlation with the two-thirds of respondents who work full time compared with only 2% who stated that they were retired. This reflects that a substantial number of Champions' presentations are given in the workplace.

Attitudes towards Mental Health

As shown below, there was a statistically significant improvement in attitudes to each of the six items, following the presentation.

	Pre-talk average	Post-talk average	Difference	Sig. (2 tailed)
I feel comfortable talking to others about mental health	4.04	4.38	+0.34	t(3864)=-22.77 p<0.001

I know the basic facts about mental illness	3.92	4.37	+0.45	t(3862)=-29.71 p<0.001
*Being around someone with a mental illness makes me uncomfortable	2.05*	1.78	-0.27*	t(3866)=16.25 p<0.001
I understand how stigma and discrimination can affect people with a mental illness	4.25	4.52	+0.27	t(3833)=-15.11 p<0.001
*People with a mental illness can never recover	1.87*	1.78	-0.09*	t(3850)=4.47 p<0.001
People with a mental illness should have the same rights to a job as anyone else	4.41	4.58	+0.17	t(3796)=-9.64 p<0.001

*Responses have been reverse-coded so that 1 is the positive outcome and 5 the negative

Prior to attending the presentation, the greatest predictor in attitudes for each of the six items was whether the informant reported knowing somebody with a mental health problem. This was found to be more important than lived experience in determining attitudes. As the Public Attitudes Survey for Wales has already shown, there is a positive relationship between knowing others with a mental health problem and attitudes towards mental health.

Analysis of the effect of the presentations has not included the effect of individual presenters or sessions.

The results of the analysis show that there was a statistically significant improvement in attitudes towards mental health amongst almost every identified sub-group in their follow-up questionnaire after the presentation, compared with their earlier baseline questionnaire, irrespective of age, gender, location, ability in Welsh, personal experience of mental health and knowing others with experience.

This means that audiences stated after the presentation, that, on average, all participants were more comfortable talking to others about mental health, knew more of the basic facts about mental health, said that they were more comfortable being around someone with a mental illness, better understood how stigma and discrimination can affect people with a mental illness, believe that somebody with a mental health illness can recover and that someone with a mental illness has the same rights to a job as anybody else.

There were, however, a number of exceptions to this pattern. It is unclear whether this might be a result of small numbers within the subset or poor understanding of the questions, but respondents who identified as being permanently sick or disabled and from some ethnic groups gave mean average responses that were less positive after the presentation. Reasons for this may include cultural difference between the Champions and any BAME audience members or a lack of resonance between the positive outcome of a Champions' story and the experiences of audience members who describe themselves as permanently sick or disabled (evidence from Canada shows that audiences usually react more positively to a successful story about mental health and that a negative story can have contrary impacts).

Knowledge of Mental Health

In their baseline questionnaire, audiences were asked three questions about knowledge of mental health, including the number of people who experience a mental health problem, the number of people

who will be diagnosed with schizophrenia in their lifetime and the number of people with a mental health problem who experience stigma and discrimination.
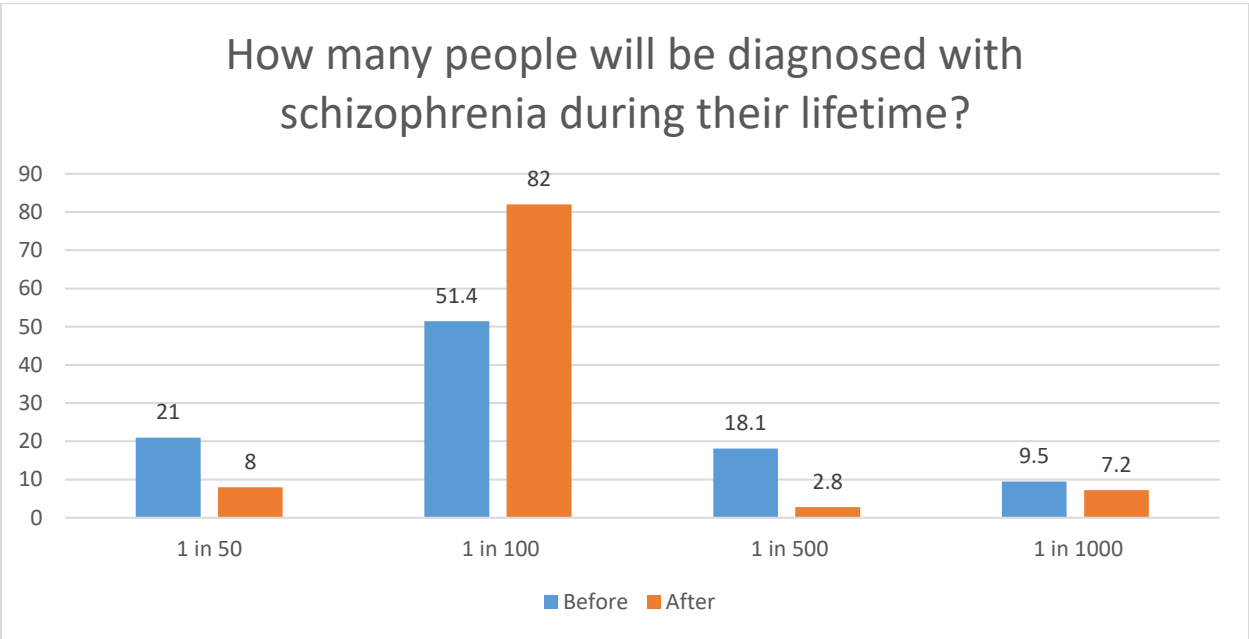
The answers given during the presentation are that 1 in 4 people have experience of a mental health problem, 1 in 100 people will be diagnosed with schizophrenia during their lifetime and that 9 out of 10 people with a mental health problem will experience stigma and discrimination.

The audience results to these questions can be seen on the following pages:

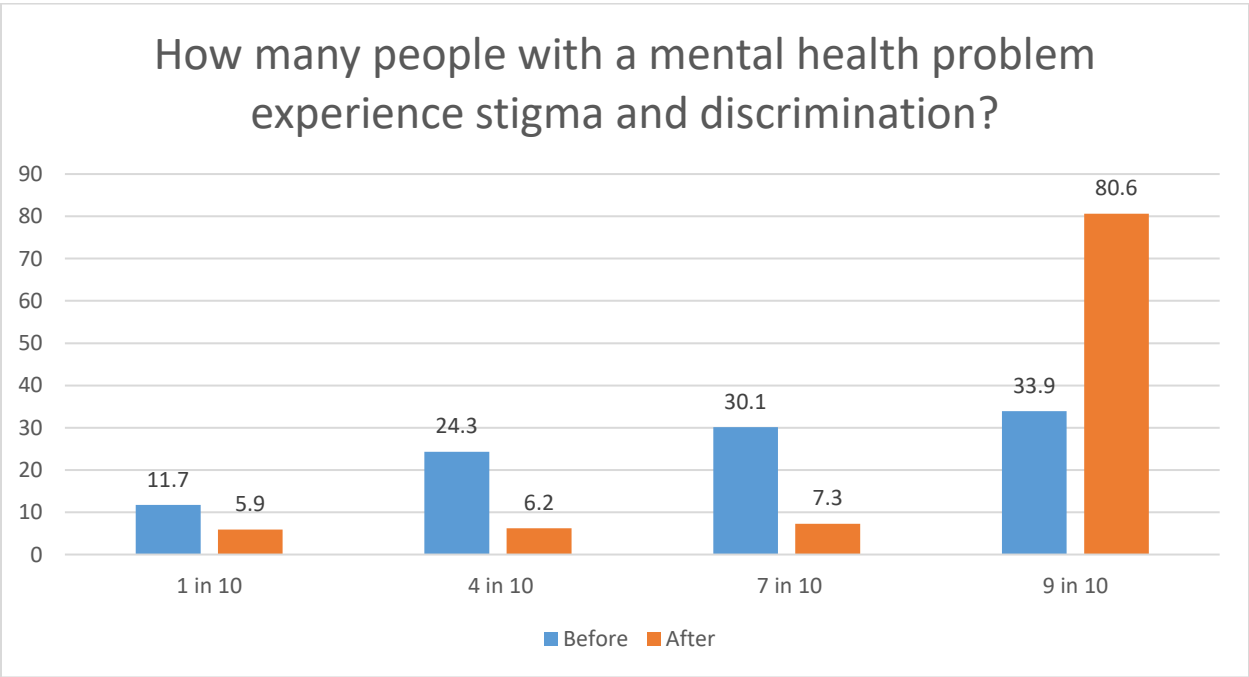| How many people experience a mental health problem?	Pre-talk	Post-talk	% change
1 in 4	76.2%	94.3%	+18.1% pts
1 in 10	17.7%	4.7%	-13.0% pts
1 in 20	3.8%	0.7%	-3.1% pts
1 in 30	2.4%	0.4%	-2.0% pts
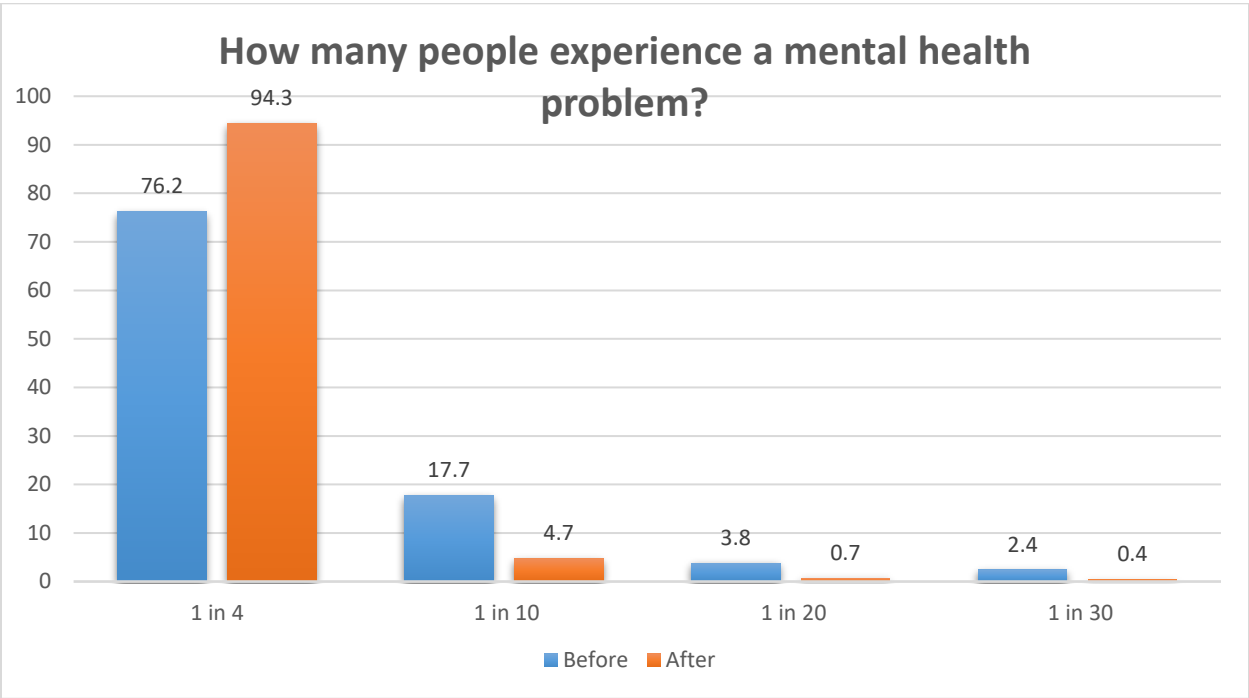
How many people will be diagnosed with schizophrenia during their lifetime?	Pre-talk	Post-talk	% change
1 in 50	21.0%	8.0%	-13.0% pts
1 in 100	51.4%	82.0%	+30.6% pts
1 in 500	18.1%	2.8%	-15.3% pts
1 in 1000	9.5%	7.2%	-2.3% pts

How many people will be diagnosed with schizophrenia during their lifetime?

	1 in 50	1 in 100	1 in 500	1 in 1000
Before	21	51.4	18.1	9.5
After	8	82	2.8	7.2

■ Before ■ After

How many people with a mental health problem experience stigma and discrimination?	Pre-talk	Post-talk	% change
1 out of 10	11.7%	5.9%	-5.8%
4 out of 10	24.3%	6.2%	-18.1%
7 out of 10	30.1%	7.3%	-22.8%
9 out of 10	33.9%	80.6%	+46.7%

How many people with a mental health problem experience stigma and discrimination?

As can be seen, around three-quarters of respondents gave the correct answer to the first question about the number who experience a mental health problem, rising to 94% of respondents after the presentation. This shows that many people are now aware of the frequently cited '1 in 4' figure, even in advance of any presentation on mental health.

There is lower advance knowledge amongst informants on the remaining two questions, although around half (51.4%) of respondents successfully state that 1 in 100 people will be diagnosed with schizophrenia during their lifetime. This rises to 82% (a rise of +30.6% pts) following the presentation. The final question uncovers that around a third of respondents (33.9%) are aware in advance of the extent of stigma and discrimination against people with mental health problems, but this rises sharply, by 46.7% pts, to 80.6% after the presentation.

Discussion

Analysis of the outcomes on both attitudes and knowledge show substantial improvements amongst the audience at Time to Change Wales presentations, and therefore a clear success.

However, having made this achievement, it is difficult to link these improvements directly to behavioural change amongst participants (i.e. whether this reduces stigma and discriminatory behaviours) or whether these attitudinal changes and knowledge is maintained or quickly forgotten. It is also important to consider who is not in the room for the presentation, with men, retired, older people and more rural parts of Wales under-represented in the audience. This may be related to how Champions' presentations are organised – through invitations and through the social movement, both of which are easier in more urban areas and possibly leading to 'warmer' audiences.

Recommendation

The Champions' presentations are very successful in promoting positive attitudes and knowledge towards mental health, but, in addition to speaking to 'friendly' audiences, the campaign should make targeted efforts to increase visibility in harder to reach groups across Wales where research indicates that stigma can be strongest.

Methods

At the conclusion of the presentation, the audience at the Champions presentations were invited to add comments on how their understanding of stigma and discrimination changed as a result of the event.

Findings

The word cloud on the following page gives an example of the vocabulary chosen by audiences in response to this request.

The overwhelming majority of comments received were positive, reflecting the improvement in attitudes and knowledge towards mental health as a result of the presentation.

However, these comments should also be read within the context of a social desirability bias – there was no requirement for comments to be made and many audience members wrote their comments with the intention of the presenter reading them later, sometimes explicitly using the pronoun 'you', for example one comment: "I thought the session was incredible. You were brave, open and I was gripped the whole time. You are amazing!" (female, 45-54, Cardiff)

As in the above comment, it is clear that many audience members find the Champion's lived experience story a powerful and compelling narrative, for example "Andrew's story was inspiring and informative"

(female, 25-34, Swansea) or "Hearing Alex's experience first-hand was inspiring as well as increasing my understanding. It will also help me in my own life." (male, 55-64, Monmouthshire)

This led some respondents to explain that they felt greater empathy towards people with mental health problems following the presentation, such as this comment: "Makes me more understanding towards those with mental illness. Would feel more comfortable talking to someone suffering now and would like to support them." (male, 18-24, Cardiff), and that they may take steps to help people as a result: "I feel that I understand how friend and colleagues feel when depression and anxiety occur. I will be more understanding and able to deal with it." (female, 55-64, Pembrokeshire)

Other commenters reflected the presentation experience back upon themselves, one audience member saying "I believe I already had a good understanding of the issue, being Bipolar myself. It was enlightening to see and hear someone else's experience, which I could identify with." (female, 35-44, Ceredigion) or wanted to refer to their own circumstances: "I have suffered all my life with depression for no visible reason and do not talk about it enough but have started to and find it helps a lot. So listening to Alex has helped me to understand this and carry on talking." (female, 55-64, Blaenau Gwent)

Many respondents referred to the increased knowledge that they had gained from the presentation. Sometimes this was done in simple terms, for example: "My knowledge has improved as a result of this session" (male, 35-44, Neath Port Talbot), but some added greater context to their knowledge transfer, e.g. "I was not previously aware that stigma and discrimination regarding mental health was as prevalent in the workplace." (female, 25-34, Newport)

Discussion

These comments provide richer data on how the audience respond to the Champions' presentations as well as crystalising their 'take-away' from the event. In some cases, these responses suggest respect and empathy for the Champion who has told their story, some respondents show self-reflection upon their own mental health whilst others focus upon the knowledge and information they have received through the presentation. Almost all comments, though, focus upon positive impacts of the experience they have just had.

TIME TO CHANGE WALES: PLEDGED ORGANISATIONS

Introduction

Recognising the importance of workplace wellbeing for employees and that colleagues and employment structures can be a major source of stigma and discrimination, the Time to Change Wales Organisational Pledge is intended to make employers consider the impact of mental health stigma and discrimination upon their organisation and their staff. This strand of the project is led by Mind Cymru.

Organisations which sign the Time to Change Wales Pledge make a public statement that they will tackle stigma and discrimination and are required to create and implement an action plan which sets out how this will be accomplished, with deliverable achievements.

Current signatories include all of the Welsh Local Health Boards, more than half of Welsh local authorities and a wide range of organisations, particularly in the public and third sector in Wales as well as corporate, academic and training organisations.

Whilst sitting within the Time to Change Wales campaign because of its focus upon tackling stigma and discrimination, this is part of a wider Welsh Government initiative regarding workplace wellbeing which is included within the Healthy Working Wales awards and section 64 grants to promote workplace wellbeing.

Method

In order to better understand the implementation of the pledge and action plan by pledged organisations, all participants were asked to complete an on-line questionnaire about their experiences.

36 organisations completed this questionnaire by the end of June, 50% or half of the pledged organisations at that point in time. These included a broad range of industries across Wales, although predominantly within the public sector. There was a strong response from large public sector organisations (nine), 'blue light' emergency services (six), local authorities and housing associations (five apiece), as well as from the education sector (four, including three universities and one further education college). Disappointingly none of the local health boards in Wales responded to the survey, despite a series of reminders.

The campaign has deliberately targeted some of Wales' larger employers to become pledged organisations. To put this into perspective, the thirty-five organisations who answered a question on their employee numbers have approximately 86,200 members of staff, ranging from 11,500 employees at a local authority to 6 at a third sector organisation. In total, more than 250,000 employees are covered by the Time to Change Wales organizational pledge, out of the 1.4m people currently in employment in Wales (i.e. 18%, nearly one in five of the working population). This number will rise as the number of pledged organisations increase.
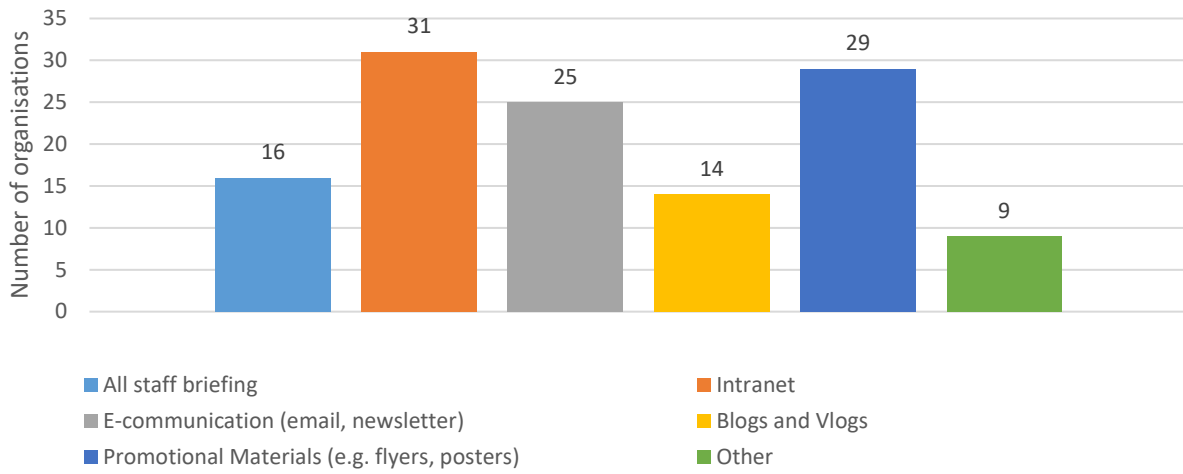
Findings

Of the 14-item questionnaire, the most important was the question (Q9) which asked respondents whether 'Overall, has being part of the Time to Change Wales campaign helped you to reduce stigma and discrimination in your workplace?'. All of the 34 organisations who answered this question agreed with the statement, whilst two did not answer. There were no negative responses to this question.

Q9. Overall, has being part of the Time to Change Wales campaign helped you to reduce stigma and discrimination in your workplace?
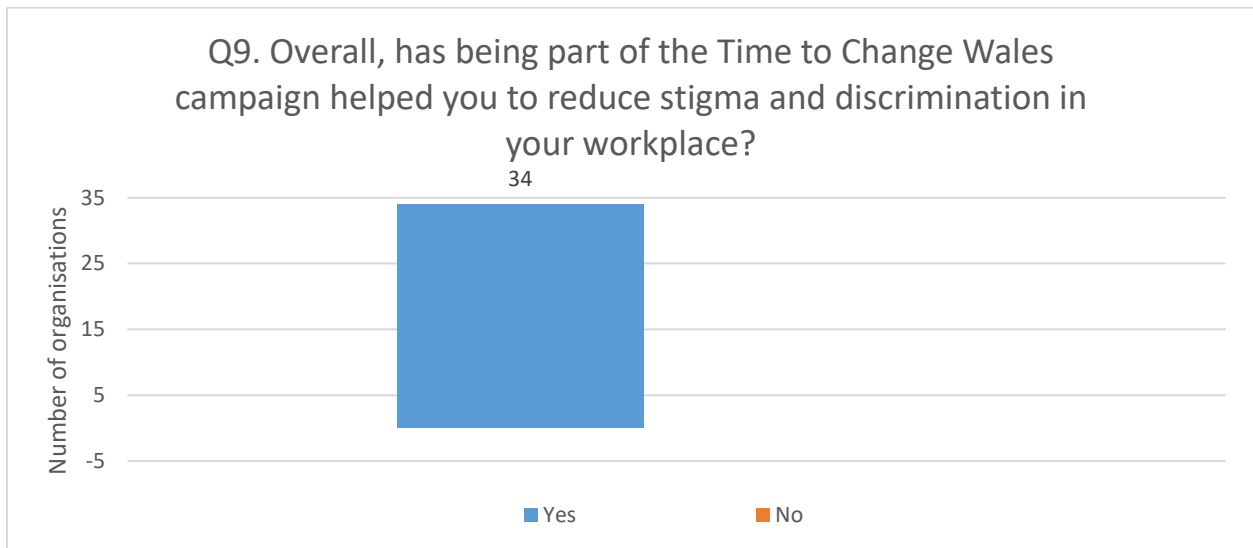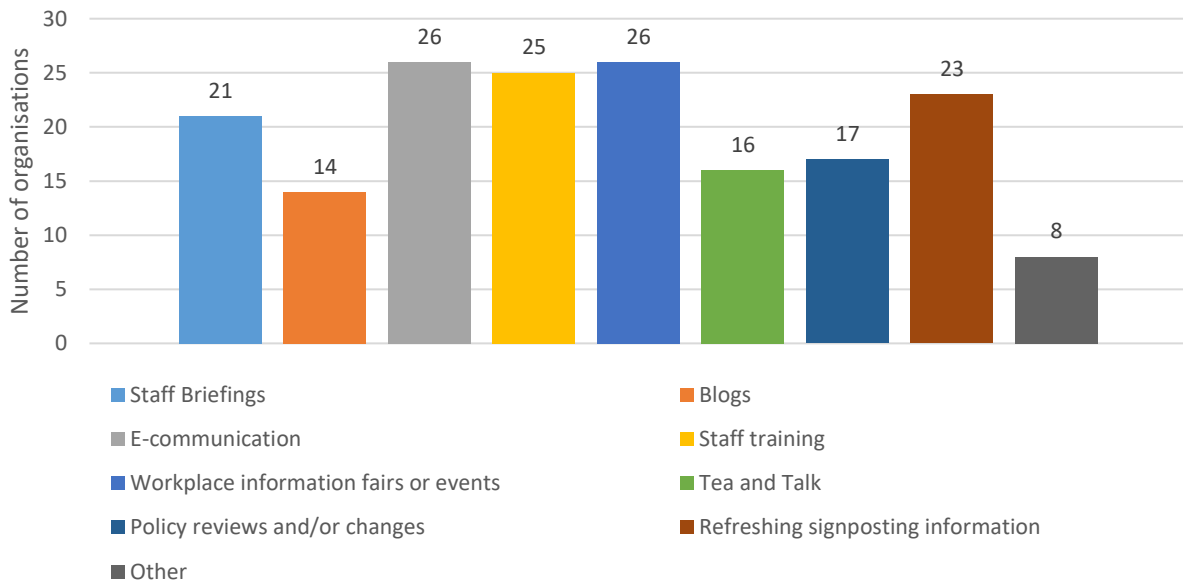
Organisations said that they had used a broad range of measures to promote the pledge, including the intranet (31 organisations, 92% of respondents), promotional material such as fliers and posters (29, 85%) and direct electronic communications such as e-mail or newsletters (25, 75%). This was followed by raising issues at an All Staff Briefing (16, 47%) and blogs and vlogs (14, 41%). They also reported that they had included stigma and discrimination reduction in staff training (25, 69%), had refreshed their signposting information (23, 64%) and held staff briefings (21, 58%). Nearly half of organisations had held a policy review (17, 47%) or a 'tea and talk' event (16, 44%).

Q5 How have you promoted the Time to Change Wales organisational pledge to employees within your organisation?

Chart — Number of organisations:
- All staff briefing: 16
- Intranet: 31
- E-communication (email, newsletter): 25
- Blogs and Vlogs: 14
- Promotional Materials (e.g. flyers, posters): 29
- Other: 9

Legend:
- All staff briefing
- Intranet
- E-communication (email, newsletter)
- Blogs and Vlogs
- Promotional Materials (e.g. flyers, posters)
- Other

Q6. Which activities has your organisation carried out to reduce stigma and discrimination since signing the Time to Change Wales organisational pledge?

Chart — Number of organisations:
- Staff Briefings: 21
- Blogs: 14
- E-communication: 26
- Staff training: 25
- Workplace information fairs or events: 26
- Tea and Talk: 16
- Policy reviews and/or changes: 17
- Refreshing signposting information: 23
- Other: 8

Legend:
- Staff Briefings
- Blogs
- E-communication
- Staff training
- Workplace information fairs or events
- Tea and Talk
- Policy reviews and/or changes
- Refreshing signposting information
- Other

Asked about the challenges and barriers to their work, 44% said that time was a noticeable or greatest challenge, while approximately 20% considered the greatest challenge to be resources and participation by other staff in activities. Senior buy-in and negative reaction to activities were not seen as problems.

Respondents to the questionnaire were very positive about the pledge and wanted further support.

When asked to reflect upon how their organisation could be helped to become more effective in implementing their action plan, 91% supported additional resources, content and campaign materials, 89% of organisations thought that the sharing of best practice would be helpful or very useful, 79% felt that new ideas on workplace activities would be either helpful or very useful, and 76% thought that a reminder of existing materials would be either helpful or very useful. 78% also thought that the Time to Change Employee Champion Training would be helpful. However, seven organisations felt that this was not applicable to them - it could be that they had already had the training or thought it inappropriate for their particular organisation.

Discussion

Organisations who have signed the Time to Change Wales pledge to reduce stigma and discrimination are, on the whole, very positive about their experiences working with the campaign. However, some of these have only recently signed and have made limited progress on implementation of their action plan. It is also likely that the questionnaire will have been completed by a member of the human resources team or a staff member with responsibility for action plan implementation who may display a social desirability bias in their responses.

Recommendation

With the relationship between positive mental health and economic productivity, and awareness that the workplace is a generator of stress and stigma for many people experiencing mental health problems, it is important that Time to Change Wales continues to develop new forms of support for workplace wellbeing so that practices are improved across Wales and that stigma and discrimination issues are reduced, building on work also taking place in England.

Once the action plan is embedded, further follow-up work could include a wider employee survey to establish its effectiveness and that good intentions are delivered on the ground.

SOCIAL MARKETING

The social marketing campaign for Time to Change Wales is organised by Gofal and includes promotion of the campaign across a series of social media and traditional communication platforms.

The initial targets for the campaign were that the campaign page would achieve 15,000 Facebook followers and 7,500 followers on Twitter.

At the end of July 2017, the campaign had 14,335 people who had liked the campaign Facebook page including 1,108 in Welsh, and 9,456 who follow the campaign on Twitter, with 408 in Welsh. The campaign is therefore on target.

The table below shows the number of views on Facebook for the 'Reach Out' campaign videos. The most recent videos have been amongst the most successful, promoted by advertising to reach a wider audience within the key target group.

Video Title	Date of launch	(Approx.) Number of Views
Minnie #ReachOut	June 21 2017	19,000
Lee #Reach Out	June 20 2017	12,000
Naomi #ReachOut	Sept 21 2016	14,000
Lisa #ReachOut	Sept 8 2016	11,000
Andy #ReachOut	Sept 8 2016	11,000
Matt #ReachOut	Sept 7 2016	12,000
Anya #ReachOut	Sept 7 2016	14,000
		Avg. 13,300

This compares with videos released in 2012-2014 which averaged 2,800 views each

Recommendation

In future, the social marketing strand of the campaign should be better integrated with overall monitoring and evaluation to ensure that the social marketing impact can be more accurately assessed.

TIME TO CHANGE WALES: THEMED CONCLUSIONS

This report has made a series of recommendations about how to improve the Time to Change Wales campaign in future.

Monitoring and Evaluation

- Although there has been an improvement in attitudes in Wales, it is unclear how Wales compares internationally in terms of stigma and discrimination attitudes as the statements tested in the Public Attitudes Survey are unique to Wales. Internal comparability between surveys since 2012 is useful to show improvements, but future phases of the campaign should consider adopting an internationally accepted scale, such as CAMI (Community Attitudes towards Mental Illness scale). This is especially important considering the ceiling effect that is visible in a number of statements

- While positive attitudes on mental health may be a goal in itself, the linking of improved public attitudes to mental health and the reduction of stigma and discrimination towards those with lived experience is a key part of the Time to Change Wales Theory of Change. Stronger evidence is required to show the effectiveness of this.

- In future, the social marketing strand of the campaign should be better integrated with overall monitoring and evaluation to ensure that the social marketing impact can be more accurately assessed.

Champions

- It is recommended that the process of monitoring Champions well-being and empowerment is changed in future. This should include a shorter baseline and follow-up questionnaire to promote completion, a three-month follow-up of the questionnaire to give a consistent indicator of progress for each Champion and a further consideration of the offer to Champions in a manner that will improve or maintain their well-being and empowerment, including improved communications.

- The experience gained by Champions in giving presentations and dealing directly with audiences is important in helping the campaign to develop in future. It is important to maintain good links with Champions and recognize their needs as individuals and as a group of volunteers promoting the campaign.

Target Groups

Tackling stigma

- More research, including on a qualitative level, should be carried out with those groups identified as holding stubbornly negative attitudes towards mental health, including men and BME groups and those who claim to not know anybody with a mental health problem, so that we can better understand the root of these negative attitudes. Men are more likely to say that they do not know anybody with a mental health problem.

Audiences

- The Champions' presentations are very successful in promoting positive attitudes and knowledge towards mental health, but, in addition to speaking to 'friendly' audiences, the campaign should make targeted efforts to increase visibility in harder to reach groups across Wales.

Workplace wellbeing

- With the relationship between positive mental health and economic productivity, and awareness that the workplace is a generator of stress and stigma for many people experiencing mental health problems, it is important that Time to Change Wales continues to develop new forms of support for workplace wellbeing so that practices are improved across Wales and that stigma and discrimination issues are reduced, building on work also taking place in England.
- Once the action plan is embedded, further follow-up work could include a wider employee survey to establish effectiveness of the pledge and that good intentions are delivered on the ground.