time to change

let's end mental health discrimination
Phase 2 outcomes (2011-2015)

• Improve public attitudes by 5%

• Reduce discrimination by 5%

• Improve the confidence and ability of people with mental health problems to tackle discrimination

• Improve the social capital of people with mental health problems
Structure of Change

L/E Leaders & Activators of Change
- Peer Mentors, skills & training (empowerment & confidence)
- Drive the delivery across local communities & settings (social contact)
- Key Champion Audiences: African & Caribbean communities, workplaces, schools/colleges, MH sector workforce
- Ownership within communities by working in partnership
- Regional Hubs with TTC funds
- To design and deliver effective local social contact activities according to local need
- Embed into local structures for long term sustainability

Communities
- By location
- Settings (workplace, school)
- Identity & culture

National/Institutional Policies & Systems
- Societal/System/Structural
  - General Public (friends & family, neighbours, colleagues)
  - Employers (policy & practice change)
  - MHNHS services
  - Education
  - Media

Empower
Empower & Embed Ownership
Embed Improved Policy/Practices
Key Approaches

• Lived Experience Leadership

• Social contact. Meaningful interaction and conversation with disclosure by someone with lived experience talking to someone without (in person at public events, in the workplace, schools, and in training sessions as well as ‘virtual’). Egs ‘tea and talking’ sessions in workplaces, living libraries (talking books), interactive plays, church champions.

• Social marketing (& and social media). National and regional. Umbrella for all activity local, regional & national. Campaign-aware audience has higher attitude and intended behaviour scores, and say they have talked as a result of seeing the adverts. Targeted campaigns; CYP, African and Caribbean & men.

Oct 2014 burst reached 40m adults in England. 14% said they had asked someone “how they were doing” as a result of the campaign (est. 678,000 people) and 12% have stated talking about their own MH.
Advert 2014/15: It’s the little things

1 in 4 of us will experience a mental health problem in any given year.
Social Leadership

• People with lived experience across Time to Change – governance, senior management, project management & delivery, research and evaluation and the face of the campaign.

• Culture within TTC – value the asset of lived experience. 64% of staff and dedicated regional and equalities peer co-ordinator roles.

• 5,000 champions (adults and young people). We provide peer support, mentoring and training (eg speaking out)
  
  o Planning and delivering social contact events
  o Delivering training in the workplace
  o Consultants undertaking ‘health checks’ for pledged employers
  o Research and evaluation
  o Media advisors (advised on 56 TV scripts & also soap actors)
  o Undertaken strategic reviews (lived experience, diversity)
  o Co-delivering Train the Trainer sessions for teachers and youth professionals
  o Staff with l/e leading change within pledged employers (Bank of England, Home Office, councils)
  o Face of campaign adverts and online (blogs)
  o Digital champions

Peer support, training and skills building + clear payment policy
The movement has gained confidence, found and used a stronger voice and made change happen.
Time to Change Outcomes (Phase 2)

- Improve public attitudes by 5%
  4.8% since the start of Phase 2 (2012-2014)
  6.4% since start of TTC (2008-2014)

- Reduce discrimination by 5%
  9% reduction in median levels of discrimination (2008-2014)
  11.5% reduction (2008-2011)

- Improve the confidence and ability of people with mental health problems to tackle discrimination
  Stat. significant national rise of 1.6% in empowerment scores (12-14)

- Improve the social capital of people with mental health problems
  Stat. significant national rise of 1% in empowerment scores (12-14)

Other national evaluation:
- National and regional print media (stigmatising / non-stigmatising)
- National TV soaps and drama storylines
2 million people have improved attitudes towards people with mental illness

Public attitudes towards people with mental health problems have improved significantly with the biggest annual improvement in the last decade taking place in 2013.

Since Time to Change started in 2007
6.4% improvement in attitudes

Since phase two started in 2011
4.8% improvement in attitudes

And in the last year (2012-2013)
2.8% improvement in attitudes

That’s the biggest annual shift we’ve ever seen!

We are moving in the right direction...

In 2009 questions were added to the survey to ask people about their intended behaviour and since then we have seen a marked increase in the proportion of people who say they would be willing to continue a relationship with, work with, live nearby to and live with someone with a mental health problem:

7% rise in willingness to work with someone with a mental health problem (69% to 76%).
6% rise in willingness to continue a relationship with a friend with a mental health problem (82% to 88%).
5% rise in willingness to live nearby to someone with a mental health problem (72% to 77%).
5% rise in willingness to live with someone with a mental health problem (57% to 62%).
Only 28% of people in 2013 agree that women who were once patients in a mental hospital can be trusted as babysitters.

Nearly one in 10 adults (7%) in England think people with mental health problems shouldn't have the same rights to a job as anyone else.

Nearly half of people (49%) said they would feel uncomfortable talking to an employer about their mental health.
Some ideas/tips

- **Build and connect your social movement offline and online** (lived experience champions, employers, schools, Universities, sports groups, community organisations, journalists & media supporters, celebrities, politicians and key influencers)

- **Give your audiences something that unites with a common call to action** = ‘Time to Talk’ has worked for the public and people with lived experience

- **Ambush the public** – ‘pop up villages’ at events the public already attend

- **Always research and test your messages** with audiences

- **Be flexible and adaptable** (to local need and culture) **BUT stay fixed on mission** (stigma and discrimination) to avoid ‘mission drift’

- **Work in partnership (co-production) with all** – people with lived experience, communities, employers, schools, NHS providers and workforce

- **Some audiences are going to need more time** to secure culture change

- Don’t overlook the **power of an on-line movement** to secure change

- **Gather evaluation data and other evidence and continue to evolve**
Thank you

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