Evaluation of the Time to Change Programme

Claire Henderson

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Institute of Psychiatry, Kings College London
Marshall Clemens and Philippe Vandenbroeck, ShiftN
TTC Central Management Team, LEAP, Mental Health Media, Mind, Rethink
Years of evidence that discrimination is at high levels in the UK
## 2 Evidence that public attitudes have declined

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<tbody>
<tr>
<td>Need to be more tolerant to MI*</td>
<td>90</td>
<td>89</td>
<td>91</td>
<td>83</td>
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<tr>
<td>MI ridiculed for too long*</td>
<td>84</td>
<td>85</td>
<td>84</td>
<td>78</td>
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<tr>
<td>MI deserve our sympathy*</td>
<td>90</td>
<td>91</td>
<td>87</td>
<td>85</td>
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<tr>
<td>People with MI are a burden on society*</td>
<td>20</td>
<td>19</td>
<td>17</td>
<td>25</td>
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Dept of Health, Public Attitudes to Mental Illness Surveys.

2000 Representative Adults in GB (% agreeing with key statements)
Evidence that population-wide attitudinal change is possible

International:
- Like Minds Like Mine (New Zealand)
- See Me (Scotland)
Like Minds – Years 1 to 10
43% to 55% (1997 to 2002, after two advertising campaigns)
55% to 62% (2003 to 2007, after third campaign)
Time to Change: Phase 1

- Partners – Mind, Rethink, Mental Health Media, King’s College London Institute of Psychiatry

- £16million Big Lottery Fund (well-being) £4m Comic Relief (35.1mCAD). Government funding: £1/3m for research and two secondees to TTC.

- Four year programme - 2007-2011 with a ten-year vision

- 35 projects - 6 national, 28 local, 1 evaluation
Outcome Targets

- 5% positive shift in public attitudes towards mental health problems
- 5% reduction in discrimination by 2012
- 100,000 people with mental health problems with increased ability to address discrimination
- ¼ m people engaged in physical activity
Component programmes

- Social marketing to change the societal context
- Legal Rights (test cases, resources for employees)
- Empowerment - training and support to tackle discrimination, 32 local and 8 national user-led campaigns, improvements to empowerment and social inclusion indicators
- Individual wellbeing programmes and whole population wellbeing messages
- Training future professionals
## Population level evaluation

<table>
<thead>
<tr>
<th>Projects/evaluation tools</th>
<th>Knowledge</th>
<th>Attitudes</th>
<th>Behaviour</th>
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<tbody>
<tr>
<td>Attitudes to Mental Illness survey</td>
<td>MAKS (Mental Health Knowledge Survey)</td>
<td>CAMI (Community Attitudes Toward the Mentally Ill)</td>
<td>RIBS (Reported &amp; Intended Behaviour Scale)</td>
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<td>Social distance/contact</td>
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<td>Disclosure</td>
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<td></td>
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<td></td>
<td>Help-seeking</td>
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<tr>
<td>Social Marketing Campaign</td>
<td>MAKS</td>
<td>CAMI (Brief)</td>
<td>RIBS</td>
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<td>Social distance/contact</td>
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<td>Disclosure</td>
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<tr>
<td>Get Moving!</td>
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<td>Social distance/contact</td>
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<td>Disclosure</td>
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</tbody>
</table>
“It’s odd, but people found my cancer easier to deal with than my depression.”

When her husband’s cancer diagnosis was followed by a relapse, it was their support and love that helped her get through the treatment. But when she told her same friends she had been diagnosed with depression, their support disappeared almost overnight. This made Sue feel isolated and made her depression worse.

She’s now in remission and she’s made a full recovery from her depression. Like many people who experience mental health problems, she thinks seeing the faces of the women that named her friends was

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

time to change
let's end mental health discrimination

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

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“1 in 4 people like me, have a mental health problem.
Many more people have a problem with that.”

When her husband’s cancer diagnosis was followed by a relapse, it was their support and love that helped her get through the treatment. But when she told her same friends she had been diagnosed with depression, their support disappeared almost overnight. This made Sue feel isolated and made her depression worse.

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

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“1 in 5 people have dandruff. 1 in 4 people have mental health problems. I’ve had both.”

Beryl满了经验了，她拥有一段丰富的人生。但是她的生活并不简单，她从小就一直患有“抑郁症”。她在一次演讲中说，她的生活并不简单，她必须克服各种问题。

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

time to change
let's end mental health discrimination
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<tbody>
<tr>
<td>1. Most people with mental health problems want to have paid employment (Agree strongly----disagree strongly)</td>
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<tr>
<td>2. If a friend had a mental health problem, I know what advice to give them to get professional help</td>
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<td>3. Medication can be an effective treatment for people with mental health problems</td>
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<td>4. Psychotherapy (e.g., talking therapy or counselling) can be an effective treatment for people with mental health problems</td>
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<tr>
<td>5. People with severe mental health problems can fully recover</td>
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<td>6. Most people with mental health problems go to a healthcare professional to get help</td>
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</tbody>
</table>
For questions 7-12, say whether you think each condition is a type of mental illness (Agree strongly----disagree strongly)

7. Depression
8. Stress
9. Schizophrenia
10. Bipolar disorder (manic-depression)
11. Drug addiction
12. Grief
Community Attitudes to Mental Illness (CAMI)

Items targeted for goal of 5% reduction by 2012

- Virtually anyone can become mentally ill
- People with mental health problems are far less of a danger than most people suppose
- People with mental health problems should not be given any responsibility
Reported and Intended Behaviour Scale (RIBS)

Instructions: The following questions ask about your experiences and views in relation to people who have mental health problems (for example, meaning people seen by healthcare staff)

1. Are you currently living with, or have you ever lived with, someone with a mental health problem? (Yes/No/Don’t Know)

2. Are you currently working, or have you ever worked, with someone with a mental health problem?

3. Do you currently, or have you ever, had a neighbour with a mental health problem?

4. Do you currently have, or have you ever had, a close friend with a mental health problem?
MAKS & RIBS Psychometric Data

- **Validity**
  - Results of our work with expert panels (including service users) indicate content validity in MAKS and RIBS

- **Reliability**
  - **MAKS**
    - Test-Retest: Overall (0.71), Items (0.59-0.91)
  - **RIBS**
    - Test-Retest: Overall (0.74), Items (0.53-1.0)
    - Internal Consistency (0.66-0.82)
# Target group level evaluation

<table>
<thead>
<tr>
<th>Projects/evaluation tools</th>
<th>Knowledge</th>
<th>Attitudes</th>
<th>Behaviour</th>
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<tbody>
<tr>
<td>Viewpoint</td>
<td></td>
<td></td>
<td>DISC (Discrimination &amp; Stigma Scale)</td>
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<td></td>
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<td>Disclosure</td>
</tr>
<tr>
<td>Education Not Discrimination (END): medical students, trainee teachers, trainee head teachers and social inclusion officers</td>
<td>MAKS</td>
<td>CAMI (Brief)</td>
<td>RIBS (Brief)</td>
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<td>Clinical Role Plays (medical Students)</td>
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<td>Cuttings</td>
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<td>Press coverage</td>
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<td>Employers</td>
<td>Shaw Trust survey 2006</td>
<td>Shaw Trust survey 2006</td>
<td>Shaw Trust survey 2006 Social distance/contact Disclosure</td>
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<tr>
<td>Employees</td>
<td>Rights</td>
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<td>Empowerment</td>
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Measures (1)

DISC: Discrimination and Stigma Scale

Experience of discrimination
Domains: key areas of everyday life and social participation, including work, marriage, parenting, housing, leisure, and religious activities.

Example questions:
Have you been treated unfairly by the people in your neighbourhood?
Have you been treated unfairly in dating or intimate relationships?
Have you been treated unfairly in your housing? (including becoming homeless)

N/A Not at all A little Moderately A lot
Anticipated discrimination sub-scale

4 items address how far participants limit their own involvement in important aspects of everyday life, including work and intimate relationships.

Example: Have you stopped yourself from having a close personal relationship?

N/A Not at all A little Moderately A lot
## Service user level evaluation

<table>
<thead>
<tr>
<th>Projects/evaluation tools</th>
<th>Knowledge</th>
<th>Attitudes</th>
<th>Behaviour</th>
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<tbody>
<tr>
<td>Local project participants</td>
<td>MAKS</td>
<td>CAMI (Brief)</td>
<td>W-E Wellbeing Scale</td>
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<td></td>
<td>Empowerment Scale</td>
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<td></td>
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<td>5 DISC questions</td>
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<td>Disclosure</td>
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<td>Aadahl Physical Activity</td>
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<td>CSRI (Client Service Receipt Inventory)</td>
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<td>Open Up</td>
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<td>W-E Wellbeing Scale</td>
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<td></td>
<td>Empowerment Scale</td>
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<td></td>
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<td>5 DISC questions</td>
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<td></td>
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<td></td>
<td>Disclosure</td>
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Empowerment: Making Decisions
(Rogers et al 1997)

Examples

1. People have more power if they join together as a group. (4 points, Strongly agree-strongly disagree)
2. Getting angry about something never helps.
3. I am usually confident about the decisions I make.
Warwick-Edinburgh Wellbeing Scale

Examples

I’ve been feeling optimistic about the future
(5 points, None of the time—All of the time)

I’ve been feeling useful

I’ve been feeling interested in other people
Public knowledge, attitudes and behaviour regarding people with mental illness in England 2009–2012

Sara Evans-Lacko, Claire Henderson and Graham Thornicroft

Background
Public stigma against people with mental health problems is damaging to individuals with mental illness and is associated with substantial societal burden.

Aims
To investigate whether public knowledge, attitudes and behaviour in relation to people with mental health problems have improved among the English population since the inception of the Time To Change programme in 2009.

Method
We analysed longitudinal trends in public knowledge, attitudes and behaviour between 2009 and 2012 among a nationally representative sample of English adults.

Results
There were improvements in intended behaviour (0.07 standard deviation units, 95% CI 0.01–0.14) and a non-significant trend for improvement in attitudes ($P=0.08$) among the English population. There was, however, no significant improvement in knowledge or reported behaviour.

Conclusions
The findings provide support for effectiveness of the national Time to Change programme against stigma and discrimination in improving attitudes and intended behaviour, but not knowledge, among the public in England.

Declaration of interest
G.T. has received grants for stigma-related research in the past 5 years from Lundbeck UK and the National Institute for Health Research, and has acted as a consultant to the UK Office of the Chief Scientist.
Influence of Time to Change’s social marketing interventions on stigma in England 2009–2011

Sara Evans-Lacko, Estelle Malcolm, Keon West, Diana Rose, Jillian London, Nicolas Rüscher, Kirsty Little, Claire Henderson and Graham Thornicroft

Background
England’s Time To Change (TTC) social marketing campaign emphasised social contact between people with and without mental health problems to reduce stigma and discrimination.

Aims
We aimed to assess the effectiveness of the mass media component and also that of the mass social contact events.

Method
Online interviews were performed before and after each burst of mass media social marketing to evaluate changes in knowledge, attitudes and behaviour and associations between campaign awareness and outcomes. Participants at social contact events were asked about the occurrence and quality of contact, attitudes, readiness to discuss mental health and intended behaviour towards people with mental health problems.

Results
Prompted campaign awareness was 38–64%. A longitudinal improvement was noted for one intended behaviour item but not for knowledge or attitudes. Campaign awareness was positively associated with greater knowledge ($\beta=0.80$, 95% CI 0.52–1.08) and more favourable attitudes (commonality OR 1.37, 95% CI 1.10–1.70; dangerousness OR 1.41, 95% CI 1.22–1.63) and intended behaviour ($\beta=0.75$, 95% CI 0.53–0.96). Social contact at events demonstrated a positive impact ($M=2.68$) v. no contact ($M=2.42$) on perceived attitude change; $t(211)=3.30$, $P=0.001$. Contact quality predicted more positive attitude change ($r=0.33$; $P<0.01$) and greater confidence to challenge stigma ($r=0.38$; $P<0.01$).

Conclusions
The favourable short-term consequences of the social marketing campaign suggest that social contact can be used by anti-stigma programmes to reduce stigma.

Declaration of interest
G.T. has received grants for stigma-related research in the past 5 years from Lundbeck UK and from the National Institute for Health Research, and has acted as a consultant to the UK Office of the Chief Scientist.
### Top 10 discrimination life areas 2008 and 2011

<table>
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<tr>
<th></th>
<th>2008</th>
<th>2011</th>
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<tbody>
<tr>
<td>1</td>
<td>Being shunned (57.9%)</td>
<td>1 Being shunned (50%)</td>
</tr>
<tr>
<td></td>
<td>(-7.9%) Signif</td>
<td>(-7.9%) Signif</td>
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<tr>
<td>2=</td>
<td>Friends (53.3%)</td>
<td>2 Family (43.7%)</td>
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<tr>
<td></td>
<td>(-9.6%) Signif</td>
<td>(-9.6%) Signif</td>
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<tr>
<td>2=</td>
<td>Family (53.1%)</td>
<td>3 Friends (39.4%)</td>
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<td>(-13.7%) Signif</td>
<td>(-13.7%) Signif</td>
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<tr>
<td>4</td>
<td>Social life (43.2%)</td>
<td>4 Social life (31.5%)</td>
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<tr>
<td></td>
<td>(-11.7%) Signif</td>
<td>(-11.7%) Signif</td>
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<tr>
<td>5</td>
<td>Mental health staff (34.3%)</td>
<td>5 Mental health staff (30.4%)</td>
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<tr>
<td></td>
<td>(-3.9%)</td>
<td>(-3.9%)</td>
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<tr>
<td>6</td>
<td>Dating (30.9%)</td>
<td>6 Physical health staff (28.9%)</td>
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<tr>
<td></td>
<td>(-0.7%)</td>
<td>(-0.7%)</td>
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<tr>
<td>7</td>
<td>Physical health staff (29.6%)</td>
<td>7 Benefits (24.9%)</td>
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<td></td>
<td>(+5.9%)</td>
<td>(+5.9%)</td>
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<tr>
<td>8</td>
<td>Neighbours (25.3%)</td>
<td>8 Safety (24.8%)</td>
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<td>(+5.2%)</td>
<td>(+5.2%)</td>
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<td>9</td>
<td>Finding a job (24.2%)</td>
<td>9 Neighbours (22.7)</td>
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<td>(-2.6%)</td>
<td>(-2.6%)</td>
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<tr>
<td>10</td>
<td>Privacy (21.6%)</td>
<td>10 Dating (22.1%)</td>
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<td>(-8.8%)</td>
<td>(-8.8%)</td>
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Anti-stigma training for medical students: the Education Not Discrimination project

Bettina Friedrich, Sara Evans-Lacko, Jillian London, Danielle Rhydderch, Claire Henderson and Graham Thornicroft

Background
Education Not Discrimination (END) is the component of the Time to Change programme intended to reduce mental health stigma among professionals and professional trainees.

Aims
To investigate the impact of the END anti-stigma programme on medical students immediately and after 6 months with regard to knowledge, attitudes, behaviour and empathy.

Method
A total of 1452 medical students participated in the study (intervention group n = 1066, control group n = 386). Participants completed questionnaires at baseline, and at immediate and 6-month follow-up. Groups were compared for changes in stigma outcomes.

Results
All measures improved in both groups, particularly among students with less knowledge and more stigmatising attitudes and intended behaviour at baseline. At immediate follow-up the intervention group demonstrated significantly greater improvements in stigma-related knowledge and reductions in stigma-related attitudes and intended behaviour, relative to the control group. At 6 months’ follow-up, however, only one attitude item remained significantly better.

Conclusions
Although the intervention produced short-term advantage there was little evidence for its persistent effect, suggesting a need for greater integration of ongoing measures to reduce stigma into the medical curriculum.

Declaration of interest
G.T. has received grants for stigma-related research in the past 5 years from Lundbeck UK and from the National Institute for Health Research, and has acted as a consultant to the UK Office of the Chief Scientist.
Newspaper coverage of mental illness in England 2008–2011
Amalia Thornicroft, Robert Goulden, Guy Shefer, Danielle Rhydderch, Diana Rose, Paul Williams, Graham Thornicroft and Claire Henderson

Background
Better newspaper coverage of mental health-related issues is a target for the Time to Change (TTC) anti-stigma programme in England, whose population impact may be influenced by how far concurrent media coverage perpetuates stigma and discrimination.

Aims
To compare English newspaper coverage of mental health-related topics each year of the TTC social marketing campaign (2009–2011) with baseline coverage in 2008.

Method
Content analysis was performed on articles in 27 local and national newspapers on two randomly chosen days each month.

Results
There was a significant increase in the proportion of anti-stigmatising articles between 2008 and 2011. There was no concomitant proportional decrease in stigmatising articles, and the contribution of mixed or neutral elements decreased.

Conclusions
These findings provide promising results on improvements in press reporting of mental illness during the TTC programme in 2009–2011, and a basis for guidance to newspaper journalists and editors on reporting mental illness.

Declaration of interest
G.T. has received grants for stigma-related research in the past 5 years from Lundbeck UK and from the National Institute for Health Research, and has acted as a consultant to the UK Office of the Chief Scientist.
Time to Change Phase 2: October 2011- March 2016

- Children and Young People’s Programme
- Continuation of social marketing; social contact; and organisational engagement programmes
- Organisational Healthcheck for employers
- Media work
- Engagement with leaders in mental health care
Matt and Tim

Tim: "When I was feeling down I'd get the phone and there'd be a text from Matt or a phone call, or he'd send me a message, an email or a stupid joke...that always made me smile"

Lisa and Liz

Liz: "Just a little tiny message to say I really admire what you're doing just stick with it... they know that you care and that's the most important thing"

Stephen and Jeremy

Stephen: "when you've said 'how you doing' it gives me a chance not to keep it to myself"
Attitudes in England before and since the start of Time to Change

Launch of Time to Change anti-stigma social marketing campaign

Sara Evans-Lacko, Elizabeth Corker, Paul Williams, Claire Henderson*, Graham Thornicroft*

Summary

**Background** Understanding trends and effective mechanisms that are likely to reduce public stigma and discrimination towards people with mental illness is important. We aimed to assess changes in public stigma in England after the introduction of the Time to Change anti-stigma campaign.

**Methods** We used data from the 2003 and 2007–13 national Attitudes to Mental Illness surveys to investigate 10-year trends in public attitudes across England before and during the Time to Change anti-stigma campaign. We present annual mean scores for attitude items related to prejudice and exclusion, and tolerance and support for community care. We also present an extrapolated linear trend line for the years 2009–13 and estimate population attitude scores without the campaign. We present unadjusted and adjusted linear regression models. In addition, we used multivariable linear regression models fitted to data aggregated by region to investigate whether a dose-effect response exists between campaign awareness and regional outcomes related to knowledge, attitudes, and intended behaviour.

**Findings** About 1700 respondents were surveyed each year. Significant increases in positive attitudes related to prejudice and exclusion occurred after the Time to Change campaign. In the multivariable analysis, we noted a significant increase in positive attitudes in relation to prejudice and exclusion after the launch of Time to Change (reverse-coded Z score 0.02, 95% CI 0.01 to 0.05; p=0.01), but not for tolerance and support for community care (Z score 0.01, −0.01 to 0.03; p=0.27). We also found evidence for a dose–effect relation between campaign awareness and regional improvement in knowledge (p=0.004) and attitudes (tolerance and support p<0.0001; prejudice and exclusion p=0.001), but not intended behaviour (p=0.20).

**Interpretation** The positive effects of Time to Change seem to be significant and moderate. Although attitudes are probably more at risk of deterioration during times of economic hardship, anti-stigma programmes might still play an active part in long-term reduction of stigma and discrimination, especially in relation to prejudice and exclusion of people with mental health problems.
To sum up

Attitudes are starting to improve 
Media coverage is changing slowly 
Behaviour in informal relationships and on the part of employers may be improving but appears vulnerable to economic situation. 
Given the pace of change and affect of economic climate, long term follow up is needed to assess sustainability of changes.