

Evaluation of the Time to Change Programme

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2 Evidence that public attitudes have declined

Question	1993	1997	2000	2003
Need to be more tolerant to MI*	90	89	91	83
MI ridiculed for too long*	84	85	84	78
MI deserve our sympathy*	90	91	87	85
People with MI are a burden on society*	20	19	17	25

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

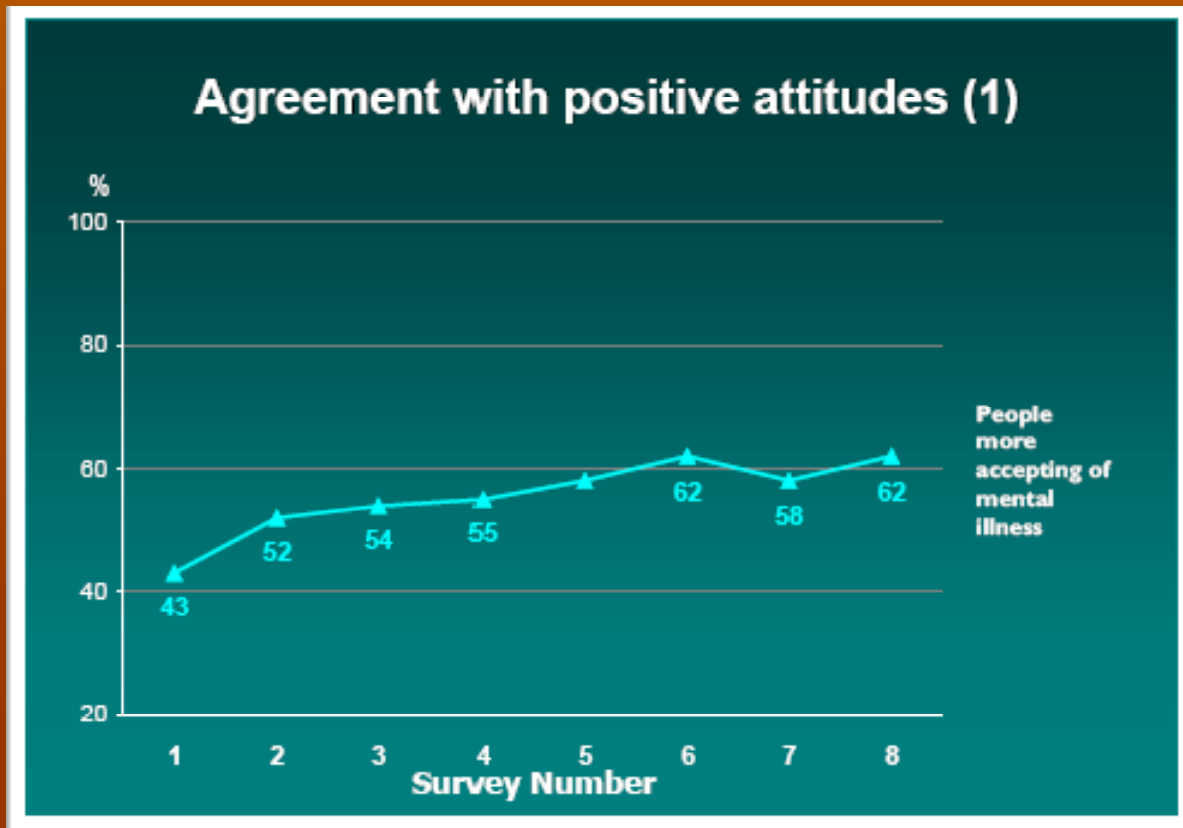
International:

- 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)



What is Time to Change?

- Consortium of three voluntary sector partners – Mind, Rethink, Institute of Psychiatry
- £16million Big (well-being) £4m Comic Relief (35.1mCAD). Government funds £1/3m for research tools and two secondees to TTC and DH-funded 'Shift' in anti-stigma programme in England.
- Four year programme - 2007-2011 *with a ten-year vision*
- 35 projects - 6 national, 28 local, 1 evaluation

Outcome Targets

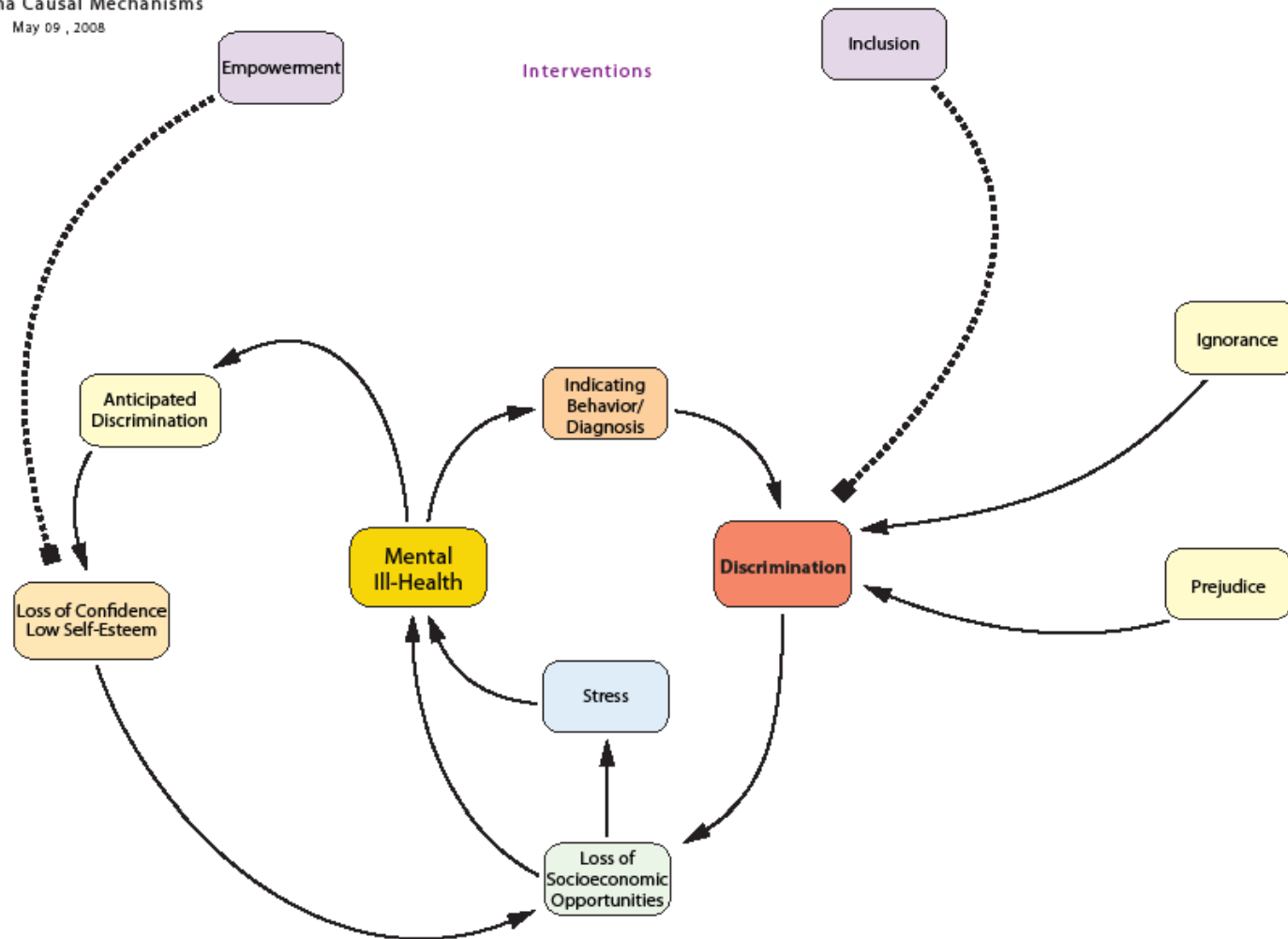
- 5% positive shift in public attitudes **towards mental health problems**
- 5% reduction in discrimination **by 2012**
- 100,000 people **with mental health problems with increased ability to address discrimination**
- $\frac{1}{4}$ m people **engaged in physical activity**

New Hybrid

- 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

Stigma Causal Mechanisms- Basic Model

Foresight project on Mental Capital & Wellbeing
B • Stigma Causal Mechanisms
Version 0.4 May 09, 2008



Population level evaluation

<i>Projects/evaluation tools</i>	<i>Knowledge</i>	<i>Attitudes</i>	<i>Behaviour</i>
Shift (Department of Health) survey	MAKS (Mental Health Knowledge Survey)	CAMI (Community Attitudes Toward Mental Illness)	RIBS (Reported & Intended Behaviour Scale)
			Social distance/contact
			Disclosure
Anti Stigma Campaign	MAKS	CAMI (Brief)	Help-seeking
			RIBS
			Social distance/contact
Get Moving!			Disclosure
			Social distance/contact

Target group level evaluation

<i>Projects/evaluation tools</i>	<i>Knowledge</i>	<i>Attitudes</i>	<i>Behaviour</i>
Viewpoint			DISC (Discrimination & Stigma Scale) Disclosure
Education Not Discrimination (END): medical students, trainee teachers, trainee head teachers and social inclusion officers	MAKS	CAMI (Brief)	RIBS (Brief) Clinical Role Plays (medical Students)
Cuttings			Press coverage
Employers	Shaw Trust Q're	Shaw Trust Q're	Shaw Trust Q're Social distance/contact Disclosure
Employees	Rights		Empowerment

Service user level evaluation

<i>Projects/evaluation tools</i>	<i>Knowledge</i>	<i>Attitudes</i>	<i>Behaviour</i>
Local project participants	MAKS	CAMI (Brief)	W-E Wellbeing Scale
			Empowerment Scale
			5 DISC questions
			Disclosure
			AadahI Physical Activity
			CSRI (Client Service Receipt Inventory)
Open Up			W-E Wellbeing Scale
			Empowerment Scale
			5 DISC questions
			Disclosure



“It’s odd, but people found my cancer easier to deal with than my depression.”

When Sue had cancer her friends and workmates rallied round her. It was their support and love that helped her get through the treatment. But when she told the same friends she had been diagnosed with depression, their support disappeared almost overnight. This made Sue feel isolated and made her depression worse.

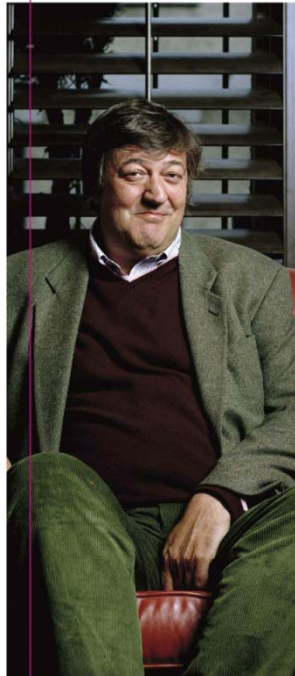
Sue’s cancer is now in remission and she’s made a full recovery from her depression. Like many people who experience mental health problems, Sue thinks it was the fear of the unknown that turned her friends away.

As Sue says: “They didn’t know how to deal with it. But it’s the small things that can make a big difference, like a phone call, a chat over a cup of tea, or someone simply saying - I’m here for you.”

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



time to change
let's end mental health discrimination



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

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

time to change

let's end mental health discrimination



NAME	DATE	TIME	LOCATION
WILEY	11/02/08	10:00	1000
BRIDGEMAN	11/02/08	10:00	1000
DUFFY	11/02/08	10:00	1000



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

Roly Wix has experienced episodes of depression for most of her life, but it wasn't until she finally checked into a clinic, that she realised how wide spread mental health problems are. "It's so common, it could be anyone. The trouble is, nobody wants to talk about it. And that makes everything worse."

Roly has written about depression and used the topic for her one woman shows as a way of getting the subject out in the open.

"We need to take the stigma out of mental illness. People shouldn't be ashamed of it."

Roly manages her depression through therapy and medication and is optimistic about the future.

"It used to be the 'C' word - cancer - that people wouldn't discuss. Now it's the 'M' word - mental health. I hope pretty soon it'll be okay for everyone to talk openly about their mental health without fear of being treated differently."

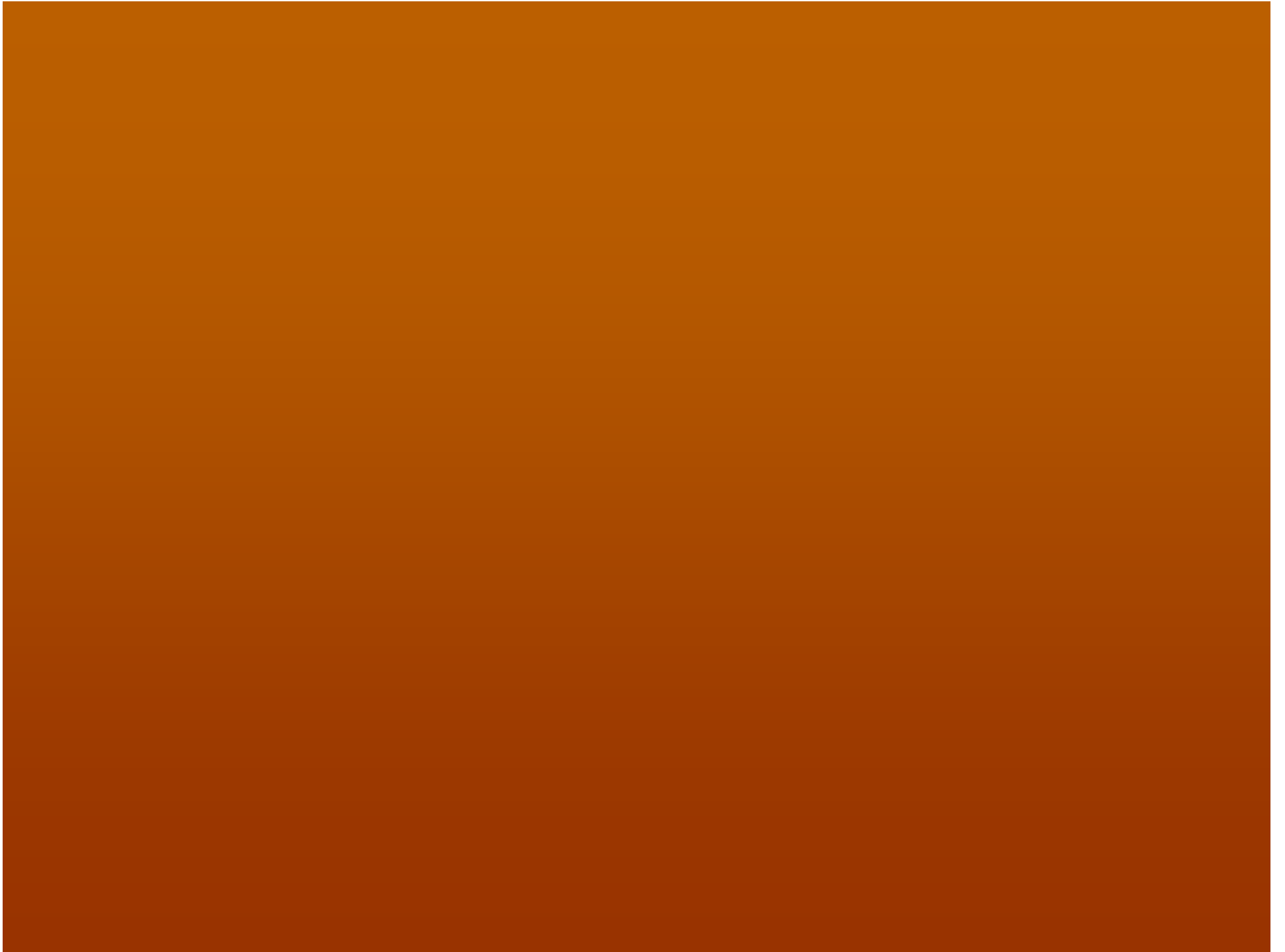
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Measures (1)

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

DISC (2)

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

Mental heAlth Knowledge Schedule (MAKS) (1)

1. Most people with mental health problems want to have paid employment
(Agree strongly----disagree strongly)

2. If a friend had a mental health problem, I know what advice to give them to get professional help

3. Medication can be an effective treatment for people with mental health problems

4. Psychotherapy (e.g., talking therapy or counselling) can be an effective treatment for people with mental health problems

5. People with severe mental health problems can fully recover

6. Most people with mental health problems go to a healthcare professional to get help

Mental heAlth Knowledge Schedule (MAKS) (2)

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)

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

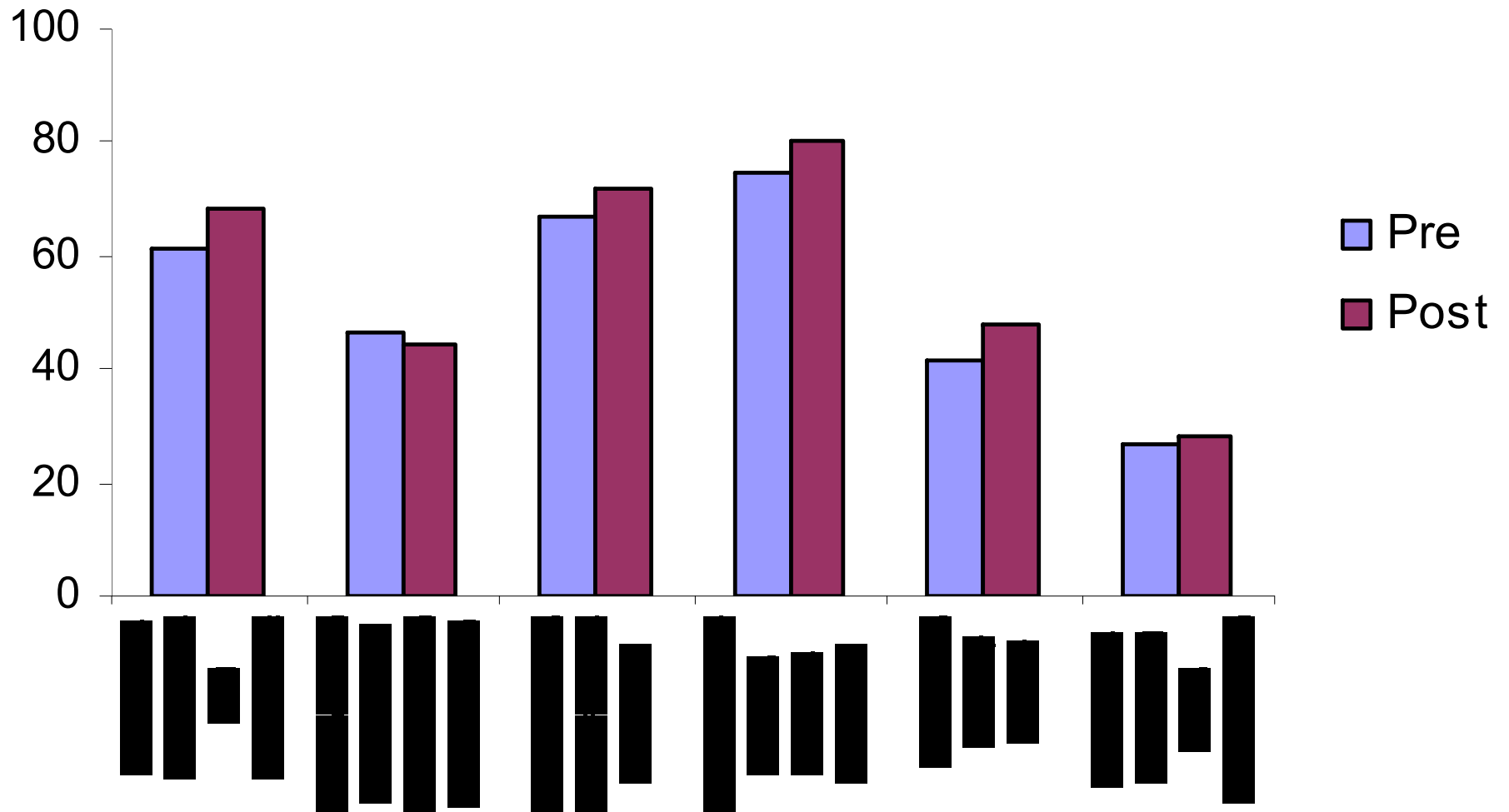
I've been feeling optimistic about the future
(5 points, None of the time---All of the
time)

I've been feeling useful

I've been feeling interested in other people

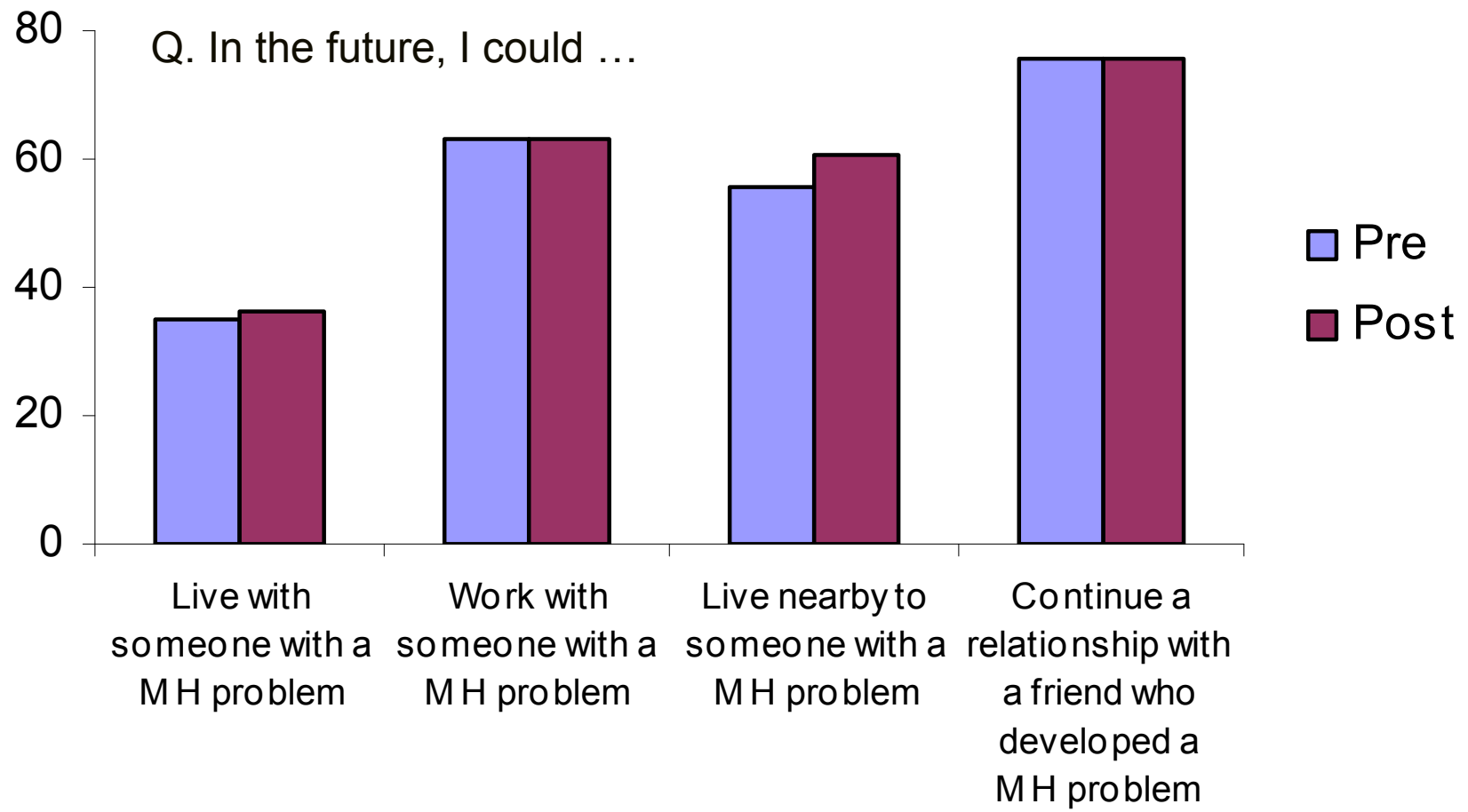
Pre/Post Changes in Knowledge (MAKS)

%who agree strongly/slightly

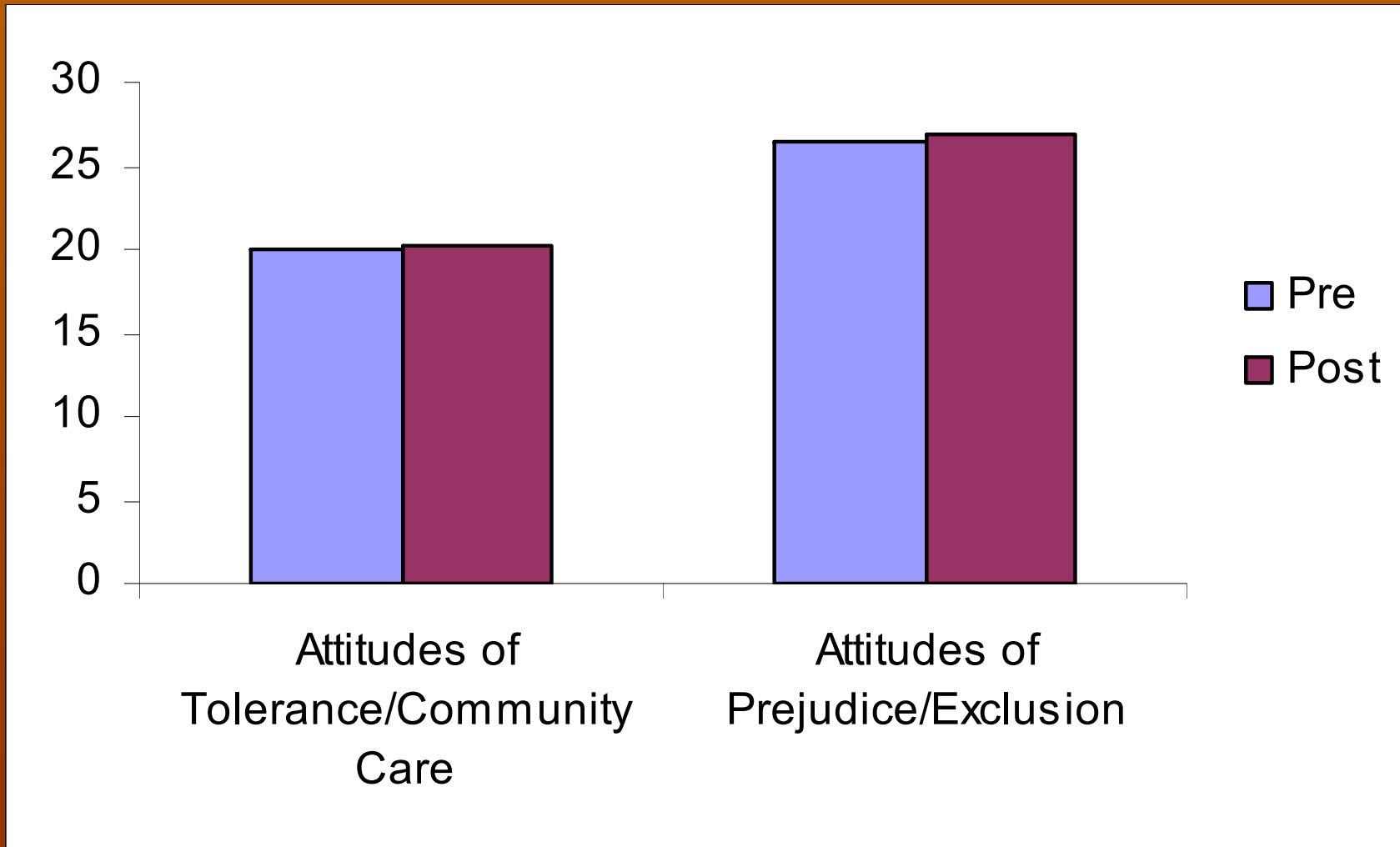


Pre/Post Changes in Intended Behaviour (RIBS)

%who agree strongly/slightly



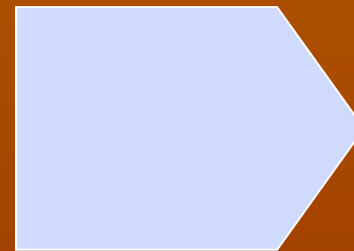
Mean Change of CAMI Factors



Predictors of Total MAKS Score

Significant Predictors:

- **Campaign Exposure: 0.3 points higher**
- Male Gender: -1.3 points
- Older Age: +0.5 points
- Social Contact: +3.9 points
- Higher Socioeconomic Status: +1.1 points
- Student: 2.5 points



**Increased
Knowledge
Score on
MAKS**

Predictors of CAMI Factor: Prejudice/Exclusion

Significant Predictors:

Male Gender: -2.6 points

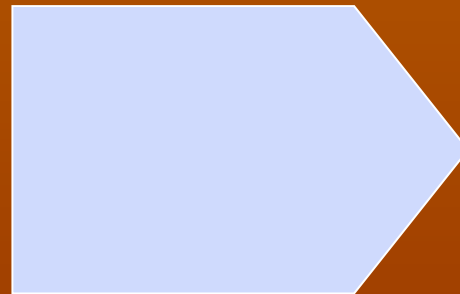
Married: +1.2 points

Full time Employment: -1.8
points

Ethnicity:

Asian: -2.8 points

Social Contact: +1.8 points



**Improved
Attitudes re:
Prejudice/
Exclusion**

Predictors of CAMI Factor: Tolerance/Support Community Care

Significant Predictors:

Higher SES: +0.9 points

Married: points higher

Student: +2.0 points

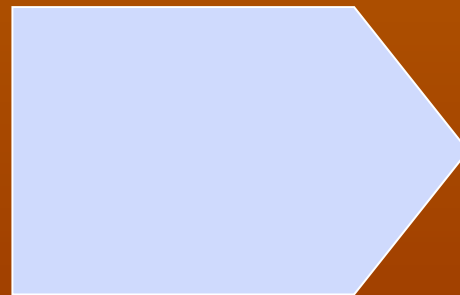
Ethnicity:

Mixed: +1.0

Black: -1.1

Asian: -2.2 points lower

Social Contact: +1.2 points



**Improved
Attitudes re:
Prejudice/
Exclusion**

Predictors of Total RIBS Score

Significant Predictors:

Campaign Exposure:
0.26 points higher

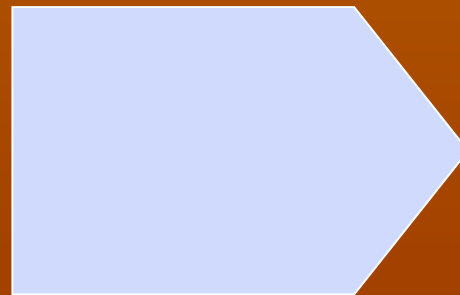
Higher Socioeconomic
Status: 1.18 points higher

Ethnicity:

Asian: -2.00 points lower

Black: -2.06 points lower

Social Contact: 2.64 points
higher

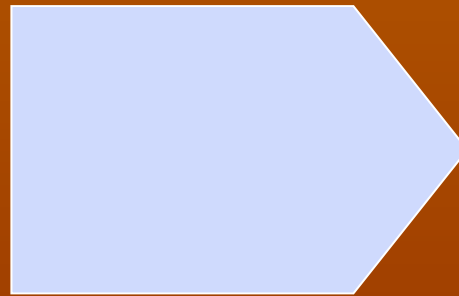


**Increased
Knowledge
Score on
RIBS**

Predictors of Any Campaign Awareness

Significant Predictors:

- **Males: 55% lower**
- Higher Socioeconomic Status: 95% higher
- Mixed Ethnicity: 82% lower
- Children in household: 98% higher
- Social Contact: 2.64



**Increased
Knowledge
Score on
RIBS**

1st & 2nd Burst Conclusions

- The best predictor of better knowledge, attitudes and behaviour and campaign awareness continues to be **knowing someone with a mental health problem**
- More people of BME background continue to report campaign awareness, however, their knowledge, attitude and behavioural scores continue to be lower than that of the general public

2nd burst conclusions: Awareness

- Following the 2nd burst, 40.5% of the target group reported awareness when prompted --a slight increase from awareness following initial burst (36.4%)
- Among those with any awareness, the highest proportion reported being aware of any TV (61%) and print media (58%).
- Print news (£5.37/1,000 exposures) and then beer mats had the lowest cost per exposure (£16.50/1,000 exposures)

2nd burst conclusions: MAKS, CAMI, RIBS

- Campaign awareness was associated with 0.3 points higher on each of MAKS and RIBS
- Campaign awareness was associated with responding positively towards CAMI statements:
 - ‘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’but not overall scores.
- Endorsement of CAMI statement ‘Virtually anyone can become mentally ill’ increased but not related to awareness