time to change
let's end mental health discrimination

Funding projects that challenge mental health stigma and discrimination
A social contact toolkit for funders
Who is this toolkit for?

This toolkit is for grant-making bodies and charitable trusts interested in supporting projects which combat mental health stigma and discrimination.

This resource shares key learning from Time to Change's £2 million grant programme (2012 to 2015) which supported 65 projects across England, all led by people with lived experience of mental health problems. This toolkit aims to help funders better understand the method of social contact – one of the most effective ways of improving public attitudes towards people with mental health problems. It sets out the top 5 things to look for in an application for a social contact project and provides examples of what this might look like in practice.

Time to Change is England’s biggest ever programme to end the discrimination faced by people with mental health problems. It is run by the leading mental health charities, Mind and Rethink Mental Illness. Time to Change is funded by the Department of Health, Comic Relief and the Big Lottery Fund.
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What impact does mental health stigma and discrimination have?

You may have experience of funding services or support for people with mental health problems, but did you know that most people say stigma and discrimination is as bad or worse that the mental health problem itself?

In any year, one in four people will experience a mental health problem. However, mental health remains a taboo subject, resulting in long standing myths and misunderstandings. For example, many people believe it is not possible to recover from a mental health problem or that all people with mental health problems are dangerous.

Mental health stigma and discrimination has individual, societal and economic impact:

**Individuals**
Stigma means people are less likely to get support early, and more likely to access crisis care.

- In England, 87% of people affected by mental health problems experience discrimination
- 60% of people with a mental health problem wait over a year to tell the people closest to them about it

**In the workplace**
People who can work are denied the opportunity to work or don't receive support appropriate workplace support.

- 7% of people think people with mental health problems shouldn't have the same rights to a job as anyone else
- 49% of people said they would feel uncomfortable talking to an employer about their mental health
- “I have experienced discrimination at work before, when I had to have 6 weeks off because I was in hospital. When I went to go back they had given my job to someone else and said that I should've told them when I applied that I would be off sick. This knocked my confidence and I now find it difficult applying for jobs.” Sarah, Management group member, Conversation Station project

**Family and community**
People are prevented from playing an active role in their communities.

- Only 28% of people agree that women who were once patients in a mental hospital can be trusted as babysitters.
- 13% of people think that anyone with a history of mental health problems should be excluded from public office.

Discrimination against people with mental health problems is often worsened by experience of discrimination on the basis of sexual orientation, gender identity, ethnicity, religion or disability.

To break the silence around mental health and challenge common stereotypes, we need to start talking more openly this subject.

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1 Time to Change State of Stigma Survey, December 2014
2 As above (1)
4 As above (3)
5 As above (3)
What is social contact, and why does it work?

One of the best ways to challenge stigma and discrimination is by creating opportunities for people with experience of mental health problems to share these with the public in informal one-to-one conversations. We call this social contact.

Social contact is when someone with experience of a mental health problem comes together with someone who doesn’t have, or isn’t aware that they have, this experience. Information is exchanged, experiences shared, and people get to know each other. In this context, disclosure around mental health can lead to an increase in knowledge, a shift in perception, or even a complete change in beliefs, as this person reassesses their attitude towards people with mental health problems.

In the context of anti-stigma work, social contact does not refer to social interaction, befriending or peer support. It refers to a one-to-one conversation where someone with relevant training talks about their experience of mental health problems - with the explicit aim of challenging stereotypes.

“We go out with a mobile print workshop and get members of the public making prints which have been designed by people with mental health problems. The images are starting points for the conversations, saying things such as ‘we all have a story.’”

Sarah, volunteer and member of the Conversation Station management group
In order to challenge stigma, social contact conversations must include disclosure of a mental health problem. In addition, certain circumstances make social contact more effective. In these, participants:

- **Have an equal status in the conversation or activity** — although volunteers may enter the conversation with the advantage of preparation, as much as possible the aim is to have a natural conversation
- **Feel safe to share their experiences, ask questions, and explain their perspective**
- **Collaborate / have a common goal** — this could range from ‘getting to know each other’ over a cup of tea to singing together in a community choir

**In addition:**
- **The person sharing their experience is able to provide information that challenges negative stereotypes** — this could be a postcard detailing statistics or an anecdote from a volunteer’s own experience
- **There is some kind of institutional support for the activity** — a programme or body responsible for bringing the groups together and making the activity happen

**Why does it work?**

Social contact helps people to realise that not everyone with a particular identity is the same. Many people stigmatise because they think they have never met anyone with this ‘other’ identity or because the experiences they have had were negative. People’s opinions may be influenced by external factors such as newspapers, or characters on TV, but having a conversation with someone with first-hand experience of the issues helps people realise that real people are a lot more complex than the two-dimensional stereotypes they find in society.

For examples of social contact projects, see the case studies in section 6

**The evidence**

In 2006, a review of over 500 studies confirmed that social contact can help reduce prejudice (as cited in Hewstone, M. (2003). Intergroup contact: Panacea for prejudice? The Psychologist, 16,35205).

A major piece of UK research into social contact looked at interaction between Protestant and Catholic communities in Belfast, over a number of years. Amongst other things, it compared attitudes of those living in segregated parts of the city to those in ‘mixed’ areas, where both communities live side by side.

The research showed that both Catholics and Protestants who lived in mixed areas were more likely to understand that just because one person from a denomination commits an act of violence, it does not mean that all people from that denomination are violent.

The study found that Catholics living in mixed areas were more able to recognise that Protestants were not all part of the one homogenous group and vice versa. Because they were able to see each other as individuals, and not stereotypes, each group was able to develop more positive attitudes towards the other.

For more information on social contact, see the useful reading and resources section

**“Amazing experience to hear about how someone manages living with bi-polar. It was a complete eye opener...”**

Member of the public attending Human Search Engine event
How can social contact be evaluated?

Time to Change developed evaluation tools to measure the impact of social contact on members of the public and volunteers with experience of mental health problems.

**Audience attitudes and behaviour**
Members of the public engaged in conversations about mental health were asked to complete a survey that measured attitudes and intended behaviour towards people with mental health problems. These results were compared with baseline figures from a 2014 Ipsos MORI ‘omnibus’ survey.

As of September 2014, after attending a social contact event:
- Audience attitudes improved by 9% compared to the 2014 baseline figures.
- 84% of audience members are “more willing” to challenge unfairness towards someone with a mental health problem.
- 81% of the total audience are “more willing” to speak more openly about their mental health problems.

A follow-up survey completed by audience members 1-3 months after they attended a Time to Change event showed that:
- 58% of people have talked about their own mental health since the event - 4% for the first time. 71% have talked about someone else’s mental health since the event.
- Since the event, 31% say they’ve witnessed or experienced unfair treatment because of mental health. 62% of these people did something about the unfairness. Of those who said something, 91% said the Time to Change event helped them to do this.
Volunteer empowerment and social capital
To measure the impact on people with mental health problems, volunteers were asked to rate changes in their feelings of confidence, empowerment and social capital.

- 45% of volunteers say they are more empowered after having participated in four or more Time to Change events. 35% indicated that their social capital had increased after four or more events.
- 63% of all volunteers say the experience has “definitely” given them confidence to try a similar activity in the future, and 26% replied that it “possibly” had.

For more information on Time to Change's evaluation tools, or the access the 2014 National baseline data, contact info@time-to-change.org.uk
Top 5 things to look for in an application

To be effective, social contact projects don’t need to be complex. If you receive an application for a social contact project, these are the top 5 things to look for.

1. Activities will reach the public
2. One-to-one conversations are central
3. The project is led by people with lived experience of mental health problems
4. Robust training and support for volunteers
5. Community led
1. Activities will reach the public

To avoid ‘preaching to the converted’, applicants need to consider how they’ll reach the public and not people with an existing interest in mental health. This table shows the advantages and challenges of three broad approaches.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Benefits</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Going to where people are: pre-arranged activities in businesses, places of worship or community centres.</td>
<td>• Can target specific groups or communities.</td>
<td>• Need to have, or develop, relationships.</td>
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<td></td>
<td>• Institutional support: backing from the organisation/leaders gives status.</td>
<td>• Time required to explain purpose, agree dates and times.</td>
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<td></td>
<td>• Indoors - won’t be rained off, can have longer, more in-depth conversations.</td>
<td>• Organisations’ priorities are different - last minute cancellations.</td>
</tr>
<tr>
<td>‘Popping up’ in a public space or at pre-existing event.</td>
<td>• Takes mental health into the public sphere and reaches high numbers of people.</td>
<td>• Public may not be interested or have time for a conversation.</td>
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<tr>
<td></td>
<td>• No need to carry out promotion.</td>
<td>• External factors can negatively impact on social contact e.g. loud music, bad weather.</td>
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<td></td>
<td>• Can choose events that attract particular audiences.</td>
<td>• Public may be reluctant to complete evaluation forms.</td>
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<tr>
<td>Inviting people to a stand-alone social contact event.</td>
<td>• Control over location, venue layout, etc.</td>
<td>• Very difficult to promote a social contact event without attracting people already interested in mental health.</td>
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<tr>
<td></td>
<td>• Can target specific communities.</td>
<td>• Resource required (staff, materials, venue hire etc).</td>
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<td></td>
<td>• A big event can highlight the importance of the issue.</td>
<td>• A one-off event gives limited opportunities for learning.</td>
</tr>
</tbody>
</table>
2. One-to-one conversations are central

At an event, a simple activity or hook can work well to break the ice. However, a good application will demonstrate how one-to-one conversations are the main focus of each event. This table sets out three different ways of setting up meaningful conversations.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Benefits</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared activity</td>
<td>• Longer conversations - breaking down barriers.</td>
<td>• Some people may not be interested in the activity or have time to get involved.</td>
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<tr>
<td></td>
<td>• Volunteers use their skills and are seen as ‘more than a diagnosis’.</td>
<td>• Requires volunteers with specific skills.</td>
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<tr>
<td></td>
<td>• People can take a ‘memento’ away, prompting further conversations.</td>
<td></td>
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<tr>
<td>Creative hook</td>
<td>• Performance/film raises the profile and engages people.</td>
<td>• Need two teams of volunteers - performers and social contact volunteers.</td>
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<tr>
<td></td>
<td>• The hook introduces the subject of mental health - making conversations easier.</td>
<td>• Conversations not prioritised - people leave after the performance.</td>
</tr>
<tr>
<td></td>
<td>• Volunteers create the hook, developing wider skills (e.g. in filmmaking).</td>
<td>• Time and money required to produce the hook.</td>
</tr>
<tr>
<td>Just talking</td>
<td>• Prioritises volunteers’ lived experience.</td>
<td>• Volunteers may need more training and confidence in managing the conversations and telling their story.</td>
</tr>
<tr>
<td></td>
<td>• Relaxed conversation, opportunity to ask questions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Limited resources required (can use a simple quiz as an ice-breaker).</td>
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→ For more information, see the useful resources and reading section
3. The project is led by people with lived experience of mental health problems

People with mental health problems can feel disempowered and excluded from our society as a result of stigma and discrimination. By getting involved in a social contact project, people with lived experience can feel more confident and empowered to take further action in their communities.

A strong application will demonstrate how people with lived experience have shaped the initial project planning and will manage and lead the project through specific roles (e.g. steering group, Lead Volunteer, Project Coordinator). These projects will be more effective as all aspects of the project will be informed by people’s own experience and the delivery team will have increased ownership over the project.

If organisations aren’t used to involving service users in planning and decision-making they may not recognise the benefits to the project and to individuals of doing this in a meaningful way. Well planned projects will have sufficient resources to support people to take on leadership roles e.g. mentoring support prior to chairing a meeting.

Organisations that are themselves user-led are likely to be particularly effective at running the user-led aspect of the project.

As a guide to measuring different levels of leadership and involvement, the ladder of participation is a useful tool: [www.partnerships.org.uk/guide/ideas.htm](http://www.partnerships.org.uk/guide/ideas.htm)

“I have gained a lot. I can talk in front of an audience but this has given me a wider experience... I am already talking to AHPN about doing more with them. This has made me realise I have a lot more to offer, and I have the confidence to offer it.”

Amosi, Church Champion, AHPN
4. Robust training and support for volunteers

Speaking out publically about one’s experience of mental health problems can be empowering and rewarding, but it isn’t easy. Applicants will need to work with potential volunteers to identify training and support needs and ensure the project has sufficient resource to cover these. Strong applications will consider a range of support that volunteers may need to deliver and lead the project.

- General training could include: mental health awareness; stigma and discrimination; starting, managing and ending social contact conversations; boundaries and keeping safe.
- Specific training could include: project or event management training; social media training, evaluation training.

- Support could include: briefings and debriefings for each event, regular team meetings, mentoring or shadowing opportunities, one-to-one support from project staff, signposting to other services, peer-support led by volunteers.

Assessors should be aware that people from some groups may be less likely to access services, due to a lack of culturally appropriate services or experiences of discrimination. In this context, the project team may need extra resource in order to support volunteers itself.

➡️ For training films and session plans, refer to the Time to Change Community Event toolkit and other resources.
5. Community led

For a social contact project to be successful, it will need to be led by people with good knowledge of the local area and good relationships with community organisations and leaders. Social contact isn’t a one-size fits all model and strong applications should reflect an understanding of the context of the project.

Some people may face increased discrimination towards aspects of their identity, in addition to their mental health, for example: their sexual orientation, ethnic or cultural heritage, or disability. In this context, speaking out about our mental health problems can be harder. This may be reflected in the application in a number of ways:

- More time may be needed to build relationships of trust with community leaders, and to increase general awareness and understanding of mental health.
- More resource for volunteer recruitment and support (recruiting volunteers may be more difficult, or more support may need to be in place before volunteers are confident to speak about their mental health problems publically).
- Lower targets in terms of the number of people reached.
- For information on levels of discrimination experienced by people with mental health problems from black and minority ethnic (BME) communities, www.time-to-change.org.uk/news/black-and-minority-ethnic-communities-faced-double-levels-discrimination
Troubleshooting

It’s useful to be aware of particular areas to monitor and anticipate common problems that might arise with a social contact project:

<table>
<thead>
<tr>
<th>Issues</th>
<th>How was this addressed</th>
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| People come together but conversations about mental health don't necessarily take place. | More training or mentoring for volunteers around starting conversations and sharing their experience.  
Arrange the timing of events and layout of the space in a way that ensures that conversations are central.  
Explicitly ‘give permission’ to the public to ask questions. |
| The focus of the project moves away from conversations, shifting to the ‘hook’ e.g. film or play. | Ensure the project team recognises the impact of social contact.  
Recruit volunteers specifically for social contact roles.  
Communicate the project focus and rationale to audience members. |
| Volunteers need more support than anticipated. | Volunteers set up and run their own peer support.  
Project Coordinator supports volunteers to access other sources of support and/or information outside of the project (e.g. friends, Care Coordinator, advice services). |
| Too few volunteers. | Existing volunteers lead on recruiting new volunteers, redrafting advertisements and role descriptions to emphasise how exciting the role is, and the benefits.  
Recruit outside usual networks and ensure training and opportunities are accessible for people with work, childcare and other commitments. |
| Challenging conversations – the topic is upsetting for volunteers or a member of the public is aggressive. | Volunteers have pre-agreed ‘sign’ that means another member of the team should interrupt the conversation.  
Robust briefing and debriefing. |
| A member of the public opens up about their own mental health problems or those of a family member. | Have signposting information ready to give away (a list of local services and national helplines). |
| Problems measuring the impact of activities. | Staff work alongside volunteers to plan evaluation from the outset  
If surveys are used, time to complete these is built in to activities.  
A named person leads on this process, leaving volunteers free to concentrate on conversations.  
Information is shared and celebrated with all stakeholders and results in changes, where appropriate. |
Case studies

This section gives examples of social contact projects delivered by 5 different organisations:

- **Mind in Brighton and Hove**
- **AWAAZ**
- **Double Elephant CIC**
- **Oxfordshire Mind**
- **African Health Policy Network (AHPN)**
Mind in Brighton and Hove, Challenging Mental Health Myths in the workplace

The project
Volunteers with lived experience of mental health problems visited workplaces, engaging employers and employees in conversations about mental health over tea, cake and a quiz.

Approach
Activities took place in employers' staff rooms, at 'Wellbeing Fairs' or other informal events. Events started with a short presentation from a member of the team, and one of Time to Change's short films. Following this, volunteers and staff members mingled informally. Interactive and creative activities such as Myth/Fact quizzes and 'stress dots' were light hearted ways of opening up conversations on a one-to-one basis.

Learning
The first few months of the project were challenging as the Project Coordinator had to develop new relationships with employers. As the project progressed, the Project Coordinator supported volunteers to lead on specific areas. For example, one volunteer took the lead in planning and delivering an event for small businesses. Another volunteer led on making initial contacts with businesses and keeping records of this.

“This project is a great idea. Due to my own lived experience I’m all for helping employers to understand mental health... Discussing it in a more informal and relaxed way, with tea and cake, would be helpful for all parties concerned.”
Member of Listening to the Voice of Experience (LiVE) project
AWAAZ, Shared Voices project

The project
Shared Voices was led by people from Black and Minority Ethnic (BME) communities. Volunteers with personal experience of mental health problems worked alongside Nottingham's Change Makers Health Champions to deliver ‘pop-up’ social contact activities in public spaces, community events, community centres, learning centres and faith settings.

Approach
AWAAZ chose this approach because it allowed volunteers to go into the heart of the community and engage with people where they feel most comfortable. Activities were adapted for the different settings volunteers had conversations in. For example, at local faith groups the team spoke to people after religious prayers over a drink and snack.

Learning
More support was provided to volunteers than originally anticipated. The Project Coordinator was always there to ensure their safety and enable them to have meaningful conversations. Training was provided more than once to practice conversations using role play. It was also important that the project was flexible, and that volunteers were able to attend events over weekends and in the evening.

“The success of achieving our target has been due to our wide established contacts and trust within BME communities in Nottingham.”
Angela, Executive Director, Awaaz
Double Elephant CIC, The Conversation Station

The project
The Conversation Station is a print-making trailer. It ‘popped up’ at over 30 events and busy public spaces in Exeter and the surrounding area. The trailer was staffed by members with lived experience of mental health problems who invited the public to try out printmaking, using designs created by project participants.

The approach
The approach was successful because it breaks down power dynamics. Participants are sharing their expertise and experience in both printmaking and mental health. Also, people take away a memento of their visit. The images and text were deliberatively thought-provoking so these could prompt further conversations about mental health.

Learning
Approaching a member of the public and starting a conversation is challenging. Some people were involved in the project because of their interest in printmaking and were less confident about social contact. However, there were enough people in the group with different skills and interests to cover different roles. Regular management meetings, flexibility and understanding the fact that people’s mental health fluctuates were important.

“(I liked) that the activity was practical so offered a non-judgmental way into discussing or talking about the issues.”
Member of the public
Oxfordshire Mind, the Human Search Engine project

The project
Members of the public attending Human Search Engine events submitted questions about mental health to ‘Search Engineers’. They were matched with a volunteer who could answer their questions using their first-hand experience of the issues.

The approach
There was an eye-catching ‘question tree’ with example questions such as ‘What’s it like to hear voices?’ This attracted people and gave permission to ask questions that might otherwise be considered taboo. Rooms were set up with small café style tables, and everyone was provided with refreshments. This created a warm, relaxed and safe space to have a 20 minute conversation.

Learning
It was quite challenging to get people to actually come to events if they were stand-alone events and not part of another community activity. Festivals worked well, although fees could be high. It was harder to predict numbers at theatres and arts centres. Workplaces were an ideal location as there were no costs involved and there were fewer risks in terms of numbers and the weather.

“The approach was open and non-threatening. I was with my two daughters 10 & 12 and it increased their awareness. A human search engine (volunteer name) clearly described the history of labelling schizophrenia and what (it) is like, she answered our question clearly.”

Member of the public
African Health Policy Network (AHPN), Changing Perspectives through Church Champions project

The project
The Church Champions, volunteers with lived experience of mental health problems, used drama, presentations and testimonials to engage congregations in African faith settings. Following services, Church Champions shared their personal stories and the impact of mental health stigma and discrimination on their lives.

The approach
The team co-ordinated their visit with each faith leader who sometimes preached to a specific health/mental health theme, guided by a ‘Sermon Pack’ developed in conjunction with RevD David Shosanya from the Baptist faith. The faith leader would advise congregants of the time slot for the conversations. These took place when people mill around and talk/network/take tea and coffee before heading home. Having the buy-in from faith leaders was really important, as congregants were more willing to talk to Champions openly when faith leaders actively encouraged this.

Learning
Having the project led by Champions with experience of mental health issues was such a key asset that AHPN think it provides a ‘what works’ template for this type of work. In faith settings there seemed to be something about the personal ‘testimony’ or story, no matter how expressed, which resonated greatly with audiences.

“We were talking with churchgoers before the service. One mentioned something like he had come to ‘hear the word of God, not chat about mental health’... the same member of the congregation came back to speak to me afterwards, following the service and apologised and we had a lengthy conversation. That was really satisfying.”

Volunteer from AHPN’s Church Champions project
Useful resources and reading

Time to Change has a wealth of short films, conversation starters and toolkits that can be used to support social contact projects.

Resources

- Time to Change reports and research into stigma and discrimination: [www.time-to-change.org.uk/research-reports-publications](http://www.time-to-change.org.uk/research-reports-publications)
- For more information on Time to Change and social contact, email [info@time-to-change.org.uk](mailto:info@time-to-change.org.uk) or call [020 8215 2356](tel:02082152356)
- Toolkits and guides for delivering activities: [www.time-to-change.org.uk/resources/guides-toolkits](http://www.time-to-change.org.uk/resources/guides-toolkits)
- Short films to show at events: [www.youtube.com/user/ttcnow2008](http://www.youtube.com/user/ttcnow2008)
- Volunteer training films: [www.time-to-change.org.uk/get-involved/events/training-volunteers](http://www.time-to-change.org.uk/get-involved/events/training-volunteers)
- Free leaflets, quizzes and posters: [www.time-to-change.org.uk/resources](http://www.time-to-change.org.uk/resources)

Reading

- Oxford Centre for the Study of Intergroup Conflict, [http://ocsic psy.ox.ac.uk/](http://ocsic psy.ox.ac.uk/)

To receive this information in an alternative format, contact Time to Change on [info@time-to-change.org.uk](mailto:info@time-to-change.org.uk), [020 8215 2356](tel:02082152356) or Mind, 15-19 The Broadway, London, E15 4BQ