

**time to change**

let's end mental health discrimination

Time to Change – Social Marketing  
**Reaching the South Asian  
community in Harrow, North West  
London**

Time to Change pilot project,  
Summer 2011



## Contents

Executive summary .....	3
1. Background .....	5
2. Objectives.....	6
3. The Audience .....	6
4. Messaging .....	8
5. Activities.....	8
5.1 PR and advertising .....	8
5.2 Events.....	9
5.3 Materials .....	9
6. Activity and timing overview .....	10
7. Evaluation results.....	10
8. Key learnings .....	11
Appendices.....	12

# **The Time to Change pilot project Summer 2011 – Reaching the South Asian community in Harrow, North West London**

## **Executive summary**

In order to better understand mental health stigma from the viewpoint of a specific ethnic audience Time to Change ran a pilot project with the South Asian community in Harrow, North West London. The objective was to reach 3000 people and to get measurable results about what works to take into future work.

Research conducted by Rethink Mental Illness revealed six key findings;

1. Shame, fear and secrecy surround mental illness
2. The causes of mental illness are often misunderstood
3. The family can be both caring and isolating
4. Social pressure to conform
5. People with mental health problems are not valued
6. Marriage prospects can be damaged by mental illness.

Extended family and wider community were felt by people with mental health problems to have most impact on their lives.

This research helped us to define the primary audience as middle aged male and female 30-50 years old. This was due to them being the decision makers in families and the group with most influence on older and younger generations. The secondary audience were people with mental health problems in order to empower this group and signpost them to services available in the area.

Our messaging was based around dispelling the myths and misunderstandings around mental health that came through in the research with three key messages;

1. Mental health problems are common
2. People can and do recover
3. Anyone can be affected

Activity was spread over three months, July to September 2011. Activity included a mix of local events, discussion groups, press advertorials in local and Asian titles and free materials distributed in Harrow GP surgeries, pharmacies and community centres.

The project achieved 46% awareness within the area split evenly between those close and distant from mental health with local events being the strongest of the activities. 67% of people who saw the campaign claimed to have improved their opinions of people with mental health problems, and the key message taken out was that mental health problems can affect anyone.

The key learnings from the project are:

1. It's important to embrace the power of the community, its networks and local knowledge.
2. Pay attention to cultural dates of interest as hooks for PR and local activity.

3. Research pays dividends in terms of understanding attitudes in specific ethnic communities as they are likely to have needs different to those of the national population as a whole.
4. In order to get the best learnings from a project consider the method of evaluation used. In the case of this project, long questionnaires were a barrier, preventing us gathering robust quantitative results.

The project exceeded its objectives by reaching over 4000 people through social contact activities and many more through press advertorials and leaflet distribution.

## 1. Background

Time to Change is England's most ambitious attempt to end mental health discrimination. It is led by mental health charities Rethink Mental Illness and Mind. Phase one of the programme in which this project fell was funded by The Big Lottery Fund and Comic Relief.

Part of the Time to Change programme is a national social marketing campaign, which launched in 2009. The target audience for the national campaign is defined in terms of age, socio-economic group, experience of mental health problems and attitudes; we have not targeted by specific BME group. All research used to develop and evaluate the national campaign has been representative of the English population, but it has not explored attitudes and behaviour towards mental illness by different ethnic groups.

In 2010 we received funding to run a pilot intervention with a BME group as an opportunity to understand more about the attitudes and behaviour of a specific ethnic group and learn about running an intervention at a community level, both in terms of the design of the activities and working with that community on delivery.

As the BME population of England is large and diverse, for the pilot project to have impact and contribute a different approach to the national campaign, we needed to target the attitudes and behaviour of one BME group. We know that there are similarities in attitudes and behaviour towards mental illness across the whole population of England, but by understanding the attitudes and behaviour that might be specific to a particular BME group, we were able to develop activities that would be more effective at reaching and engaging that group, and in turn improving their attitudes and behaviour. Following scoping work, we decided to focus on the South Asian community in Harrow.

Our starting point for developing the project in Harrow was qualitative research to understand the experiences of stigma and discrimination encountered by South Asian people with mental health problems. This was led by the Rethink Mental Illness research team and took the form of a literature review of existing research within this area followed by focus groups with people from the South Asian community in Harrow with mental health problems. The six key findings of the research were:

- Shame, fear and secrecy surround mental illness
- The causes of mental illness are often misunderstood
- The family can be both caring and isolating
- Social pressure to conform
- People with mental health problems are not valued
- Marriage prospects can be damaged by mental illness<sup>1</sup>

This research enabled us to make decisions on the target audience within the South Asian community and the messaging for the intervention. It also gave us some initial ideas on the type of activities that might be effective with this community. These ideas were further developed and refined through a workshop with people from the local community.

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<sup>1</sup> Read the full Family Matters report <http://www.time-to-change.org.uk/files/Family%20Matters.pdf>

This document sets out the details of the intervention we delivered in Harrow between June and August 2011, the results from the evaluation and learnings to take forward for future work with specific ethnic communities and general community engagement.

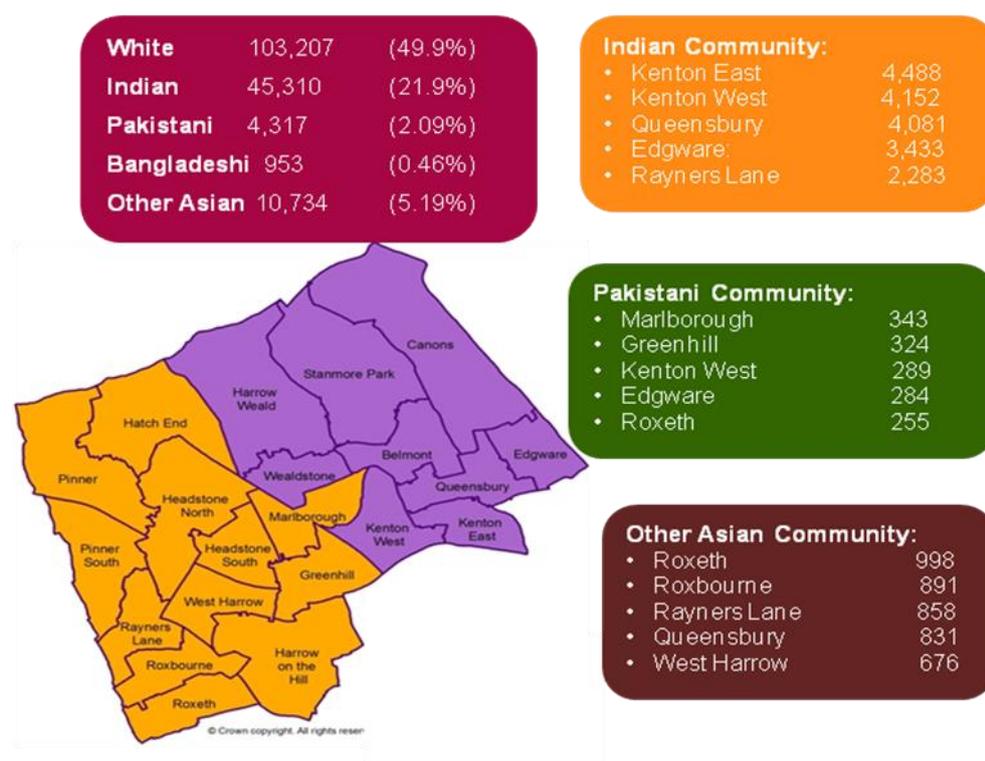
## 2. Objectives

- Improve knowledge, attitudes and behaviour towards people with mental health problems within the South Asian community in the Harrow area of London, reaching 3000 people.
- Get measurable results so we can learn more about what works to change knowledge, attitudes and behaviour within this specific BME population using a tailored social marketing intervention

## 3. The Audience

### *South Asian population in Harrow*

The South Asian community in Harrow is heavily weighted to the Indian, Hindu population. They make up 22% of the total Harrow population in comparison to Pakistani 2.1%, Bangladeshi 0.5% and other Asian 5.2%. The majority of the Indian population live in the wards of Kenton East, Kenton West, Queensbury, Edgware and Rayners Lane, with the rest of the population spread across the borough.



## ***Primary target audience – without mental health problems***

### **Middle aged, male and female, 30-50 years old**

This group were discussed throughout research by both people with mental health problems and carers. They were described as the gate keepers to family decisions and most influential regarding what happens in the family. We felt that they could play a positive role in spreading anti-stigma messages by being able to influence both the older and younger generations.

This group are part of the 'dual identity' generation being first/second generation immigrants to England. They are strongly influenced by the culture instilled in them by their parents and maintain cultural and religious traditions. They often speak English as well their native language, which in this area is most commonly Gujarati. There has also been a big increase in the number of people who speak Tamil in the area over the last few years.

In terms of our audience's relationship to people with mental health problems, the people whose attitudes and behaviour we most needed to influence were unlikely to be the close family of someone with a mental health problem. Close family were said to be generally caring and supportive, with the extended family and the wider community more likely to have more damaging attitudes and behaviour.

Our research showed that extended family and the wider community had more impact on, and importance to, people's lives than research with the English population more generally has shown. Research with people with and without mental health problems in the South Asian community showed social standing within the community is important – and mental illness, whether personal experience or connection through a family member or friend, is likely to have a negative impact on how people are seen in the community and their status.

### **Secondary audience – people with mental health problems**

With shame and secrecy around mental health being a key issue in this community, it was important that our intervention helped people with mental health problems to be more open about their experiences. We anticipated that as with national activity, level of social contact (having met, or knowing someone who is open about their mental health problem) will be a significant predictor of better knowledge, attitudes and behaviour, so we needed to support people to speak out.

The research also highlighted that people are often reluctant to seek help – or don't know that help is available, so with this intervention it was important to include practical information about services available in Harrow. This information also helped to reinforce the message that people can and do recover from mental health problems.

## 4. Messaging

We know that shame and secrecy are the main contributors to stigma and discrimination in this community. This shame and secrecy is driven by misconceptions about mental health problems as well as the need to fit in with the norms of the community. To address these, we used three key messages throughout the intervention:

- *Mental health problems are common*
- *People can and do recover*
- *Anyone can be affected*

These messages were communicated through straight-forward facts, as well as personal testimony.

## 5. Activities

### 5.1 PR and advertising

#### Launch function

A launch event for the project was held in Harrow to get the community involved in the upcoming activities and invite respected members of the community to show their support for the campaign including the Mayor of Harrow. The event was attended by around 60 local people.



#### Press/Advertorials (ongoing)

Real people's case studies featured in local papers such as the Harrow Observer and the Harrow Times throughout the project. We also ran the advertorials in Asian specific media – although national, publications they are widely read in Harrow.



#### National carer's week (13-19 June)

The importance of family care and support in aiding recovery made this week particularly relevant. We featured real people who spoke about their experiences as a family in the press advertorials.

#### Raksha Bandhan (August 13):

Raksha Bandhan is an Asian cultural festival which celebrates the relationship between a sister and her brother. A bracelet called a 'rakhi' is used to symbolise the sister's love and prayers for her brother's well-being, and the brother's lifelong vow to protect her. We used a sibling case study in the media to support this festival, and produced a Time to Change rakhi. The rakhi's were packaged in a display box and distributed by local volunteers throughout Harrow in high traffic areas for our target audience such as shops, health centres and beauty salons.



#### Events

We sought media coverage around events detailed below and ongoing media volunteer and celebrity opportunities as they arose.

## 5.2 Events

### Community groups

We took the campaign to community groups in Harrow to get people talking about mental health. Six sessions of on average 25 participants were held in the borough with community groups including the Ladies Yoga group, Saathi group and the Asian Women's breast cancer group.

### Local events

A team of Time to Change trained volunteers attended local community venues/events including places of worship throughout the summer. We produced a roadshow kit (banners, materials etc) which we used in reception areas as a base for activity.



### Arts festival

The arts form a large part of the South Asian culture and a positive way of attracting attention to the otherwise taboo topic of mental health. Arts activities took the form of an arts day in the main Harrow shopping centre and included an interactive dance session with local Bollywood dance school 'Jay Kumar', glass painting, henna art and the local Harrow community choir which was born from a local mental health support group and a special screening at the Harrow Vue cinema of the award winning film 'Open Secrets' about mental health stigma in a South Asian family.



## 5.3 Materials

All events were supported by materials developed for this community in English, Gujarati and Tamil, including:

- Leaflet
- Poster
- Z card
- Pop up banners

As well as using the materials for events, we also supplied local shops, restaurants, GPs surgeries, pharmacies and dentists.



## 6. Activity and timing overview

June	July	August
<p>Launch function</p> <p>National carers week – advertorial and community events</p> <p>It's time to talk roadshow – Under One Sky</p>	<p>Advertorials in local press</p>	<p>Raksha Bandhan – celebration of siblings – Advertorial in local and national press</p> <p>Arts festival</p> <p>Janmashtami festival at the Hare Krishna Temple</p>
<p>Ongoing: discussion groups and community events, promotional materials</p>		

## 7. Evaluation results

- Good level of prompted campaign awareness (46%), split evenly between those both close and distant to mental health.
- Local events were the strongest activity followed by the TTC rakhi bracelets in reaching people close and distant to mental health. (See appendix i)
- 67% people claimed to have improved their opinions of people with mental health problems as a result of the Time to Change Harrow campaign which is a great success. (See appendix iv)
- 43% of those who have seen the activity in Harrow say it has encouraged them to reflect on their own behaviours. (See appendix iii)
- The message of commonality is more likely to be interpreted as 'mental illness can affect anyone' rather than 'mental illness is common', suggesting that continued dialogue around 'myth busting' is important amongst this community. (See appendix ii)
- Well over 4000 people were reached through social contact<sup>2</sup> campaign activity. (see appendix vi). Unfortunately the titles used for advertorials were too small to get an accurate cover and frequency number.

<sup>2</sup> Institute of Psychiatry evaluation shows that people who have had social contact with someone with a mental health problem will have better attitudes and behaviour toward mental health.

## 8. Key learnings

- Cultural timings

Time of year has a significant impact on the success and efficiency of a burst of activity. For example; summer is core wedding season and many people from the South Asian community will return to India to visit family. Being aware of key cultural/religious dates to take advantage of an already engaging time was also key to the success of the project eg Raksha Bandhan and Janmashtami.

- Research pays dividends

Research pays dividends in terms of understanding attitudes in specific ethnic communities as they are likely to have needs different to those of the national sample. For example, whilst this audience recognised talking as an excellent way to break down the taboo it was felt that the misunderstandings around mental health were still too strong and the role of the campaign should be to dispel these myths before the audience will be ready to talk. This caused us to review and adapt our national messaging (it's time to talk, it's Time to Change) in order to meet our audience needs for this campaign.

- Community power

This regional pilot has been all about community as our research revealed the importance of social standing in the South Asian community. Also very apparent was the importance of networking in this community and the speed at which news could be spread, which was an asset to this kind of work. It was apparent from the scoping stage of the project that having local stakeholders was essential to its success. This was also borne out by the results showing that community-based events were one of the most effective activities.

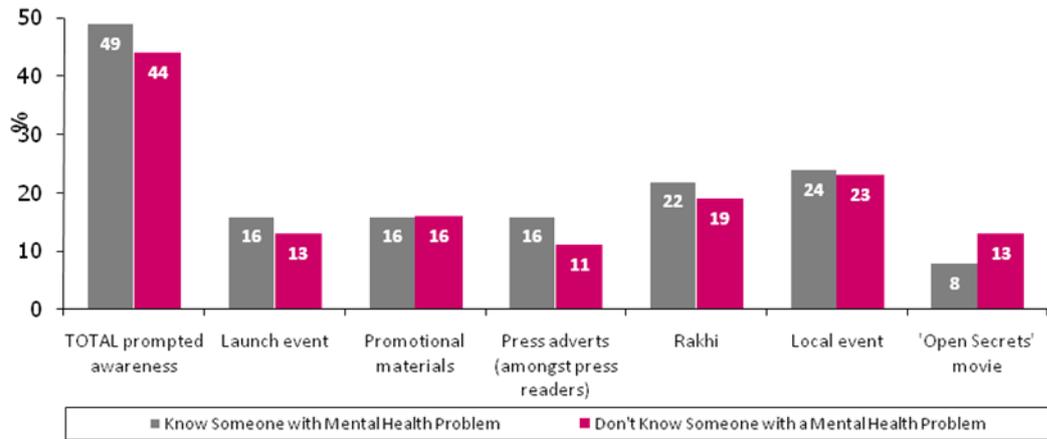
- Evaluation methods

We used the Institute of Psychiatry (IoP) evaluation questionnaire to measure change with our target audience in Harrow. These have been most successful when we have received specific resource from the IoP to enable completion, as our audience did not respond well to the format and fed back that questionnaires were not a cultural norm in the same way as in the western world. The questionnaire was translated into Gujarati in addition to the English version for ease of completion for the audience however very few in Gujarati were used.

# Appendices

i.

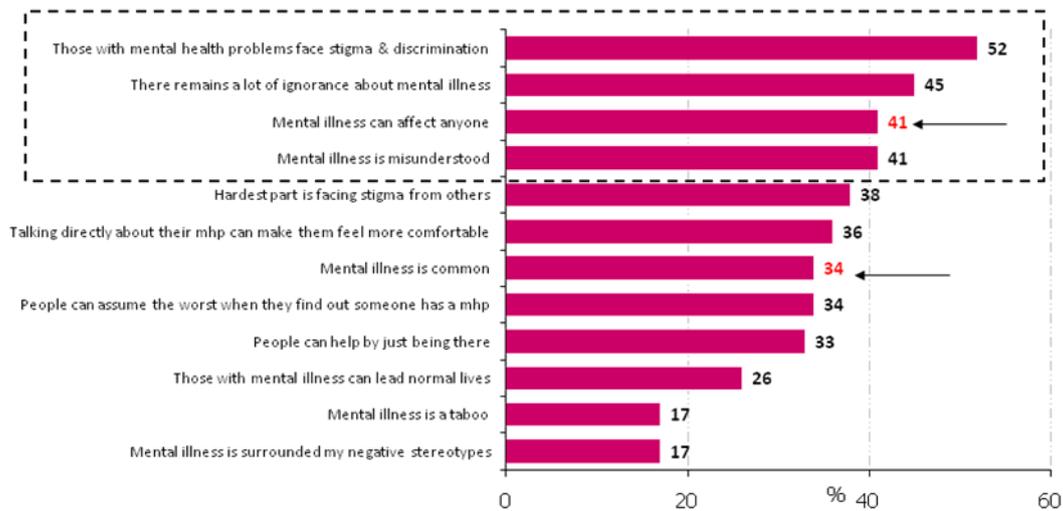
**Summary of Prompted Recognition of Harrow Campaign Advertising**  
**All respondents post stage – Proximity to someone with a mental health problem**



Q. Do you think you have seen this advertising, or similar?

ii.

**Total Prompted Impressions Towards Those With Mental Illness Suggested by Campaign**  
**All who recognise the campaign FROM STILLS**

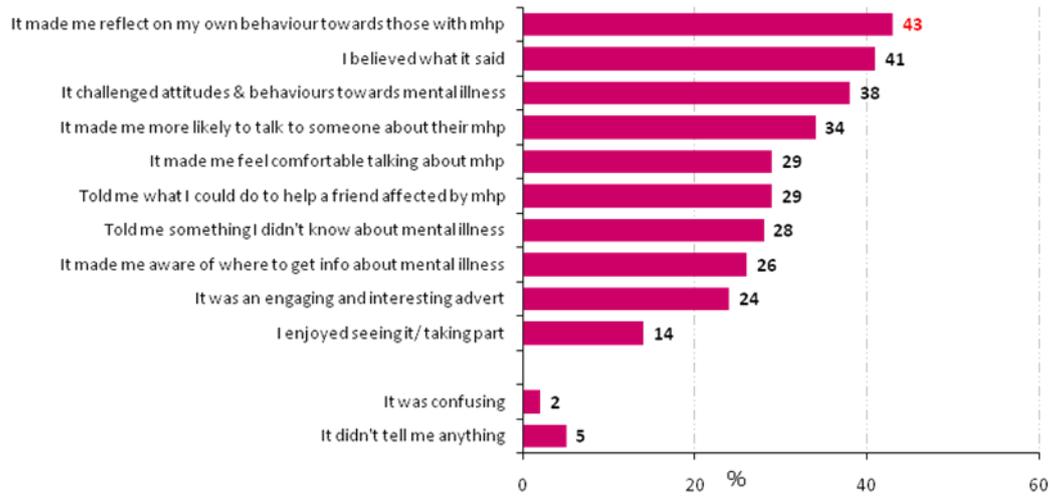


Q. Which of the following impressions did the advertising give you about mental illnesses and those who experience mental health problems?

Base: All Respondents who recognised the ad campaign at the post stage at stills (58)

iii.

**Total Prompted Attitudes Towards the Campaign**  
**All who recognise the campaign post stage 1 and 2 combined FROM STILLS**

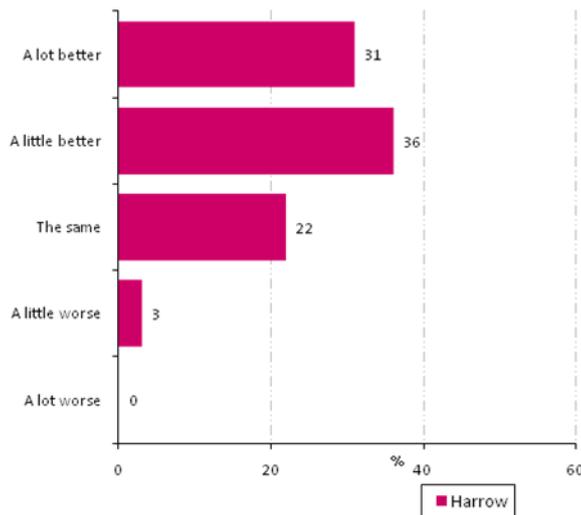


Q. Which of these statements about the advertising itself do you agree with?

Base: All Respondents who recognised the ad campaign at the post stage at stills (58)

iv.

**Change In Opinion of Those who Experience Mental Illness, as a result of Harrow Time to Change campaign**  
**All Respondents who recall the campaign FROM STILLS**



Improved Opinion vs. North East Campaign 2010:	
North East Campaign:	47%
Harrow Campaign:	67%

Q. Having seen any of these events, advertising or PR for the Time to Talk campaign, I'd like you to tell me whether your opinion of those who experience mental illness is now better or worse.

Base: All Respondents who recognised the ad campaign at the Harrow post stage at stills (58).

## Vi. Social contact numbers

<b>Activity strand</b>	<b>Detail</b>	<b>Social contacts</b>
Local events	Under One Sky roadshow	400
	Other local events	800
Faith events	Oshwal Mela	800
	Navnat Mela	300
	Janmashtami	1000
	Raksha Bandhan	200
Arts Festival	Arts day in St Georges	350
	Open Secrets screening	100
Discussion groups	Visiting local community groups	200
<b>TOTAL</b>		<b>4150</b>