

time to change

let's end mental health discrimination

Children and young people's programme development

Summary of research and insights

"The stigma that I have experienced because of my mental health problem has really affected my childhood in terms of friendships and relationships and in education and more recently at work. When I was first diagnosed at 14, I was automatically told by healthcare professionals to stop going to school because it was too stressful. Then once I left I heard nasty rumours that people were spreading about me and even comments to my friends about stopping hanging out with me in case I might kill them. This has made it so hard to keep friends and make new ones."

(Bryony, Time to Change Champion aged 18)

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Summary of research and insights

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"I've had friends walk away, people make off-mark comments...I think it's just the isolation that's come with it. I've dropped out of education because I couldn't keep hiding who I really was from my friends. And so it was easier not to go, than to have to contend with that every day." (Time to Change Young People's Panel member)

"When I first found out that I had some mental health problems I told a few of my close friends and somehow it all got out round my year at school. I was only about 15 at the time. Half the people sort of turned round and said "oh she's lying to get attention, she doesn't seem mentally ill", and the other half of the people just turned round and said "well she's too dangerous to be in school, we can't talk to her". So either way I was quite alienated." (Time to Change Young People's Panel member)

About this report

This report summarises the various pieces of preliminary research that we carried out to help develop Time to Change's first pilot children and young people's programme. It highlights some of the key findings from all this research, in order to give an overview of the framework behind the Time to Change children and young people's programme and to share the insights we have gained with others who are interested in tackling stigma and discrimination among this audience. The methodology is explained in further detail on page 4.

1. Background to the new children and young people's programme

Time to Change is England's biggest programme to end the stigma and discrimination faced by people with mental health problems. The programme is run by the charities Mind and Rethink Mental Illness, and funded by the Department of Health and Comic Relief.

Time to Change has been running since 2007 and has already achieved significant improvements in public attitudes and behaviour among adults, including a 20% reduction in the levels of reported discrimination and a 3% increase in the number of people with mental health problems living lives completely free from discrimination¹, along with improvements to public attitudes.

As part of its second phase, Time to Change is now funded to extend the programme to work with children and young people in order to improve the attitudes and behaviour of young people and families towards people with mental health problems.

The new children and young people's programme

10% of children and young people have mental health problems² but the real figure may be higher, as many don't access services. Ultimately, our aim is that young people who experience any mental health problems can receive support and understanding from those around them.

Attitudes are formed at a young age, and through this work we also want to prevent young people from developing negative attitudes towards people with mental health problems in the future. So we will reach out to help improve the understanding of the nine out of 10 children who don't have mental health problems themselves, as well as their parents and families.

Children and young people with lived experience of mental health problems will shape and lead our work, as members of our Young People's Panel and as young Champions.

Our young people's work aims to:

- Improve the knowledge, attitudes and behaviour of young people and families around mental health
- Reduce the number of young people with mental health problems who experience the negative impact of stigma and discrimination
- Improve the confidence and ability of young people and families to speak openly about their mental health problems
- Improve the confidence and ability of all young people and families to tackle stigma and discrimination when they see it or experience it
- Improve the social capital³ of young people with mental health problems by building young people's confidence and ability to get involved and engaged within their local communities and activities including Time to Change.

The children and young people's programme will consist of two regional pilot campaigns, to help create an evidence base of what works to change attitudes and behaviour among young people that will inform plans for rolling out a national programme in the future.

¹ Viewpoint survey, Institute of Psychiatry, Kings College London and Rethink Mental Illness 2011

² Office for National Statistics (ONS), 2004

³ This refers to people's civic participation, social support, social participation, reciprocity and involvement in the local area

We will do this by running a programme with a range of activities, reflecting the approach taken with the national adult programme. We will work with a range of other organisations and partners with expertise in working with children and young people, both within the mental health field and beyond.

Scope of this report

This report presents a brief summary of various in depth pieces of research and relevant evidence from other studies and campaigns.

Through this research, we wanted to:

- Build an up to date picture of mental health in young people, how they are affected by stigma and discrimination and what they want from an anti-stigma campaign.
- Define and gain insights into the target audience for the campaign, including understanding the knowledge and attitudes around mental health within this age group; and how best we might reach and engage young people.
- Gain an understanding of the key stakeholders that a children and young people's campaign should engage – such as parents, teachers, and other professionals and volunteers working with young people. Who are they, what do they perceive as their role in tackling stigma, and how can we work with them in this campaign?
- Learn from initiatives and campaigns in other areas which have effectively reached young people and changed their attitudes and behaviour.

Methodology

As well as desk research the research included:

- An online consultation conducted by Associate Development Solutions with 72 professionals working in children's services; 20 young people aged 13-25; and 19 parents and family members of young people with mental health problems.
- Consultation workshops conducted by Associate Development Solutions with 20 professionals who work with children and young people; four parents; 10 young people with lived experience of mental health problems; and 10 young people without lived experience of mental health problems.
- Focus groups conducted by the Afiya Trust with 64 young people aged between 12 and 25 from Black and Minority Ethnic communities. The focus groups took place in London, Slough and Birmingham.
- Surveys conducted by the Guardian with 415 parents (on www.guardian.co.uk/family) and 546 teachers (through the Guardian Teacher Network).
- Literature review on stakeholders covering over 110 sources, conducted by Associate Development Solutions.
- An online survey with 733 young people aged 14-25 about their online behaviour.
- An online survey of 1,132 young people aged 14-25 with direct experience of mental health problems and in touch with Time to Change networks, about their experiences of stigma and discrimination.
- Focus groups with young people aged 14-18 to test various social marketing concepts, run by Forster.

2. Mental health in children and young people

Mental health problems are common in young people

Existing research suggests that mental health problems are common among young people. One in four people overall will experience a mental health problem in any given year⁴, and roughly half of all lifetime mental disorders in most studies start by the mid-teens and three quarters by the mid-20s⁵.

According to ONS, 2004:

- One in 10 young people have mental health problems that are severe enough to require professional help (while one study showed that one in five children have a mental health problem in any given year⁶).
- Boys are more likely to have a mental disorder than girls with estimates suggesting that 13% of boys aged 11-16 years and 10% of girls are affected.
- Child and Adolescent Mental Health Services do not see the majority of these children and young people.

Some groups are more affected than others

In certain subgroups, mental health problems are even more common. For example, in looked after children (defined as those in care or receiving accommodation from a local authority), the rates of mental disorders are between four and five times higher than for young people in the general population⁷.

Of those young people in custody, over a third have a diagnosed mental health disorder, while children from Black and Minority Ethnic (BME) groups in contact with the youth justice system have a higher proportion of post-traumatic stress disorder compared with others⁸.

Lesbian, Gay, Bisexual and Transgendered (LGBT) young people are at increased risk for mental health problems, particularly depression: overall, young LGBT people are four times more likely to suffer major depression and three times more likely to have a generalised anxiety disorder⁹.

Mental health in young people from Black and Minority Ethnic groups

Research on the mental health needs of young people from BME groups is complex and does not give a clear picture of either the prevalence of mental health problems, or access to services. However, we know that in adult mental health services, people from BME communities are over-represented at the secure end of the system and underrepresented at the primary and community level. For example in the Count Me In survey (an annual census of patients in inpatient units), 22% of inpatients were from BME communities yet they make

⁴ Goldberg, D & Huxley, P, (1992). Common mental disorders - a bio-social model' London: Routledge and Meltzer et al (1995). Surveys of psychiatric morbidity in Great Britain: Report 1 HMSO: London

⁵ Kessler et al (2007). Age of onset of mental disorders: a review of recent literature. Current Opinion in Psychiatry 2007 Jul;20(4):359-64

⁶ See Me- Scotland, 2011

⁷ ONS, 2003

⁸ HM Government (2009). Healthy Children, Safer Communities: a strategy to promote the health and wellbeing of children and young people in contact with the youth justice system. DH 298969

⁹ Department of Health (2007) Briefing 3: Young lesbian, gay and bisexual (LGB) people

up only 8% of the total population¹⁰. This could suggest that either people from BME communities don't access services until they are at crisis point, or that they are fast-tracked into more intensive services.

Young people with mental health problems are often unlikely to seek help

Evidence indicates that young people generally tend to demonstrate low levels of help-seeking behaviour in relation to their mental health¹¹. This is even more of an issue among boys and young men: one Australian study found that in young adults aged 15-24 years, 39% of males and 22% of females would not seek help from formal services for personal, emotional or distressing problems¹². Many young people in our consultation spoke about stigma or fear of stigma as a factor that would delay them seeking help.

“Young people are afraid to admit to having a mental health problem through fear and shame. Many young people end up suffering in silence until something drastic happens.” (Consultation participant)

“A young person would be too scared to actually go address it because it puts a label on you and it's not a label that you want to be associated with.” (BME focus group participant)

¹⁰ Commission for Healthcare Audit and Inspection, 2005, Count me in, Results of a national census of inpatients in mental health hospitals and facilities in England and Wales, November 05

¹¹ Sullivan, C et al (2004). Young People's Mental Health: A Report of the findings from the Lifestyle and Coping Survey. National Suicide Research Foundation and Department of Epidemiology and Public Health, University College Cork; and Rickwood, D.J., Deane, F.P. & Wilson, C.J. (2007). When and how do young people seek professional help for mental health problems? Medical Journal of Australia, 187 (1): 35-39

¹² Donald, M et al (2000). The Queensland young peoples' mental health survey report. Centre for Primary Health Care, School of Populations Health and Department of Psychiatry, University of Queensland. Brisbane, Australia

3. Young people's experience of stigma and discrimination

We conducted an online survey with over 1000 young people in touch with our networks to find out about their experiences of stigma and discrimination, and asked young people in our consultation about this. Nine out of 10 young people report having experienced negative treatment from others because of their mental health problems, with nearly half (44%) saying this happened monthly, weekly or daily. Young people told us about the range of ways in which stigma and discrimination affect their lives, and the following is a summary of these. All the figures are from the Time to Change 2012 online survey unless otherwise stated.

“Many people make jokes about depression/bipolar/other disorders and it can make people feel isolated. I was constantly picked on and called “emo” because I was depressed. When people saw scars on my arms everyone made snide comments because they had no understanding.” (Consultation participant)

Young people experience stigma from those around them

Reflecting research conducted for the adult campaign, young people in the survey reported stigma coming from those around them: 70% had had negative reactions from friends, over half (57%) from parents and 45% from boyfriends and girlfriends.

The professionals that young people come into contact with were also reported as a source of stigma and discrimination: 40% said that they had experienced negative reactions from teachers and 47% from doctors and other medical professionals.

Stigma prevents young people from leading normal lives

When asked what impact people's negative reactions to their mental health problems had had on young people, many said that it has stopped them from doing the everyday activities that are part of teenage life – hanging out with friends (54%), going to the pub or shopping (47%), and having a relationship (40%). Worryingly, 40% also said it had stopped them going to school.

Stigma leads to loneliness, depression and loss of confidence

It follows that experiencing negative reactions from those around them leads to feelings of isolation and loneliness. Young people in the consultation also spoke of feelings of inadequacy, failure and loss of self-esteem. Some young people talked about experiencing depression as a result of this, which led to self-harm and thoughts of suicide. In our survey, 26% said negative reactions from others had made them want to give up on life.

Fear of stigma can be as damaging as actual discrimination

In our consultation, young people were very aware of stigma surrounding mental health issues, with 95% indicating that the general public saw them in a negative light. Similarly 90% felt that their peers viewed them in a negative way. Participants reported that fear of being bullied or discriminated against stopped them telling others about their mental health problems, and that this makes their problems worse.

It's understandable, then, that the survey showed that fear of stigma can be as damaging as actual experiences of discrimination. As well as preventing young people from taking up opportunities and taking part in everyday life, the fear of how others might react is stopping young people disclosing their mental health problems in the first place. 49% said fear of stigma had prevented them telling their family about their mental health problem and 71% said it had stopped them telling their friends.

Stigma prevents young people from fulfilling their true potential

Stigma and discrimination are getting in the way of young people pursuing their future ambitions: 57% said fear of stigma had stopped them applying for a job and 32% that it had stopped them applying for or taking up a place at college or university.

Most tragically, over a quarter of young people surveyed (27%) said that the stigma and discrimination they faced has made them give up on their ambitions, hopes and dreams for life. This shows the devastating impact that stigma and discrimination have on young lives.

More encouragingly, around the same proportion of people said that they had carried on pursuing their ambitions regardless (27%) and that others' negative reactions had made them work harder to be able to use their skills and talents (26%).

Stigma stops people seeking help

Young people in the consultation reported not seeking help because they were scared of stigma, or felt that they would be treated badly if they told someone. They described 'suffering in silence'. This was backed up by the survey, in which 43% said that fear of stigma had stopped them seeking help, for example going to a GP or a counsellor.

Young people fear they won't be taken seriously

The consultation showed that young people feared not being taken seriously, being brushed off as attention-seeking or being made to feel that their problems were just a phase of adolescence. The young people we spoke to from BME communities were of the view that they were even less likely to be recognised as in need of support than their white peers.

"Depression is often brushed off as attention seeking and anxiety disorders are disregarded as over-reactions or over-exaggerations."
(Consultation participant)

Talking about mental health is hard

The message from young people is clear: stigma and fear of stigma can make it extremely difficult to talk openly about mental health. To make it easier for young people to speak out about their own mental health problems we need to address the attitudes of those around them – family as well as peers. This highlights the importance of the young people's campaign working alongside the wider Time to Change campaign which continues to address adults' attitudes and behaviour.

In the focus groups we ran with young people from BME communities, this issue was also raised. The environment in which conversations take place was said to influence whether and how mental health is spoken about. Participants said that it would be easier to talk about mental health in an environment where this was the key issue being addressed or where most people have experience of mental health problems.

Multiple stigma and issues specific to young people in BME communities

In our focus groups with young people from BME communities we explored the impact of multiple stigma, which participants said had an impact on young people in a range of ways – significantly, confusion about the real reason for being stigmatised could result in being unable to find an appropriate solution to deal with the source of the stigma and its impact on the person. It was also highlighted that all types of stigma and discrimination, not just that related to mental health, had a negative impact on mental health.

“One of the consequences of that is if you don’t know what you’re being picked on for then how do you address it.” (BME focus group participant)

Participants also thought that there were some aspects of mental health stigma specific to BME communities. These included:

- Reluctance to speak about mental health problems and seek support, due to being aware of the negative experience of some BME groups in the mental health system.
- Misrepresentation of the mental health of people in a minority group (people seeing mental health problems in a minority group as representative of the whole group).
- A lack of appropriate support available to BME young people with mental health problems.
- Having to deal with the stress that comes from society at large and from within the families and communities that young people are located in.
- Dealing with differing understanding and reactions to mental health in different BME communities and between generations.

The impact of stigma on families

The young people in our consultation also showed a great deal of insight into how their families might be affected by the stigma associated with mental health problems. Many of these themes overlapped with those highlighted in relation to their own experience of mental health stigma. These included:

- Reluctance within the family to talk about the mental health problems of their young person.
- The family might be stigmatised because of their association with the young person.
- The family may feel helpless, as they have limited knowledge about how to deal with mental health problems.
- Stigma and discrimination can cause families significant amounts of family stress.
- They may be less likely to seek help or tell others about their young person’s mental health problem.
- The family may feel like a failure and worry that that others see them as ineffective.
- Families may feel so ashamed that they deny that the young person has a mental health problem.

“The family would be under a strain with the distress of what is happening to the young person, this strain would be multiplied by the stigma attached to mental illness. They may themselves feel shame upon themselves or the entire family, or the stigma may be so strong that they deny the young person’s problems.” (Consultation participant)

4. Defining and understanding our target audience

Having developed an understanding of how stigma and discrimination have an impact on young people who experience mental health problems, the next step was to understand more about the target audience for the campaign – those young people who do not have mental health problems themselves and whose attitudes and behaviour we seek to influence.

Defining a target audience: 14-18 year olds

Overall, there are 11,120,000 children and young people between 0 and 17 years in England; with 5 million between 10 and 17 years¹³.

Children and young people in different age groups will need different approaches to tackling stigma, so targeting all young people with one campaign is unlikely to work. Before going on to gather in depth insights and develop a campaign, we carefully considered which age range to focus on, and decided to target 14-18 year olds. This decision was based on a number of factors.

First, this age range would allow the programme to connect with the continuing Time to Change adult programme – essentially extending the campaign without leaving a gap between adults and young people.

Second, working with young people under the age of 14 raises legal issues which would have an impact on how young people could participate in the campaign. The Young People's Panel and social leadership work which aims to train and empower young people, can all work within legal boundaries providing the lower age limit is 14. We also know that Facebook is an effective way of reaching and engaging large numbers of young people, but Facebook's statement of Rights and Responsibilities states that users must be aged 13 or above. Another consideration was the existing expertise of Rethink Mental Illness, the partner in Time to Change responsible for delivering the children and young people's programme, in education and leadership work with young people aged 14-18, which this project can capitalise on.

Crucially, between the ages of 14-18, young people are developing their personal value systems, beginning to understand concepts outside their own direct experience, and beginning to take responsibility for their own behaviour. At this formative life stage, the time is right to begin to influence attitudes and behaviour about mental health. There is more detail below about how some of these developments at this age might be important for anti-stigma work with young people.

Developmental considerations

Adolescence, defined as the period of transition from puberty to late teens or early twenties, is a time of enormous change, and it's important to understand the developmental factors that affect the target audience for the campaign. Research finds that typically early puberty presents greater problems for girls while late puberty tends to present more problems for boys¹⁴. That said, there is consistent evidence that most young people manage the transition of adolescence without undue stress.

¹³ ONS, 2008; HM Government, 2009

¹⁴ Dogra N et al (2009) A Multidisciplinary Handbook of Child and Adolescent Mental Health for Front-Line Professionals. 2nd edition. Jessica Kingsley Publishers, London

In terms of cognitive development, by age 14, young people who don't have learning disabilities or developmental delays can understand concepts which are beyond their direct experience. This means that they can talk about mental illness even if they have not personally experienced it. Mental health is a concept that applies to everyone, so young people of this age should be able to engage with thinking about this concept even more easily.

While segments of the target audience differ in significant ways, it is also important to remember that there are common 'tasks' of adolescence that young people the campaign is focusing on must work through. These include:

- Increasing educational demands
- Establishing adult vocational goals and thinking about how to achieve them
- Adjustment to being a sexually mature adult, including developing one's sexual identity, sexual orientation and sexuality
- Developing peer relationships (sexual and non-sexual)
- Acquiring a personal ideology including values and an ethical system
- Increasing responsibility for one's own behaviour, which usually means desiring and achieving socially responsible behaviour
- Achieving independence from parents and other adults (emotional, psychological, financial and otherwise)
- Preparing for one's own marriage and family¹⁵.

These 'tasks of adolescence' can be viewed as opportunities to work with young people to form their ongoing attitudes, values and thoughts about social justice. However, we also need to be aware of them as potential hurdles to overcome, since these tasks compete for their time and focus.

Young people's attitudes towards mental health

Using desk research and our consultation, we have sought to gain insights into where the target audience are now in terms of their attitudes and behaviour around mental health. These are summarised below.

There is evidence that young people have more negative attitudes

Public attitude surveys tell us that younger people (aged 16-34) tend to have more negative attitudes about mental illness than those aged 35 and above¹⁶. Time to Change campaign data from 2008-2010 is in line with these results, finding that younger people (aged 16-18) had significantly more negative attitudes.

Attitudes are formed at a young age

Attitudes are formed at a young age, and several pieces of research highlight the 'reaching people early' model as useful for anti-discrimination programmes, as it is for early intervention, care and support models in mental health. Targeting stigma in young people has the potential to reduce the development of stigmatising attitudes, to minimise discrimination in the future, and to encourage young people who are struggling with mental health issues to seek help¹⁷.

Young people are exposed to people with mental health problems

As with the adult population, because mental health problems are common, many young

¹⁵ Dogra N et al (2009) A Multidisciplinary Handbook of Child and Adolescent Mental Health for Front-Line Professionals. 2nd edition. Jessica Kingsley Publishers, London

¹⁶ TNS, 2009

¹⁷ Corrigan, P.W. & Watson, A.C (2007). How children stigmatize people with mental illness. *International Journal of Social Psychiatry*, 53(6): 526-546

people have come into contact with peers who are affected by them. In research by GirlGuiding UK in 2008, two fifths of girls knew someone who had self-harmed, a third had a friend who had an eating disorder, 51% knew someone with depression and 38% had a friend who experienced panic attacks¹⁸.

Evidence from Time to Change's national adult campaign and other international campaigns has shown that knowing someone who is open about their mental health problem ('social contact') is an important predictor of more positive attitudes. Therefore a key task for the children and young people's programme will be to harness the power of social contact by bringing more young people into contact with peers who are willing to speak openly about their mental health problems.

The concept of 'mental health' has broadly negative associations

Across the diverse range of young people we spoke to in our consultation, the concept of mental health is overwhelmingly seen to have negative associations. Most young people did not understand that everyone has mental health or emotional wellbeing, and many expressed uncertainty and poor understanding around the term 'mental health.'

Respondents also regularly confused physical and mental health problems. In the BME focus groups, all participants said they understood the term 'mental health', but the individual interpretations of it varied widely, with some only associating it with mental illness and others speaking about good mental health as well as mental health problems.

Understanding of the language and concepts of mental health, stigma and discrimination

Language is an important consideration in an anti-stigma campaign, and we explored the understanding of different terms with young people both with and without direct experience of mental health problems.

The majority of those surveyed agreed on two central definitions of stigma and discrimination. These were:

- Stigma: the experience of shame or disgrace that sets people apart and identifies them as being different or undesirable
- Discrimination: less favourable treatment of people, which might include being less able to access opportunities and resources.

There was a good deal of overlap between these two words, with young people frequently using the concepts interchangeably. More than half felt that it was possible to experience stigma without being treated differently or discriminated against, while others felt that stigma and discrimination go hand in hand. The latter group emphasised that it was possible, because of stigma, to unintentionally treat someone differently.

"If people put a stigma on something then they're more likely to treat them wrongly." (Consultation participant)

In BME communities there can be different linguistic and cultural issues affecting young people's understanding of stigma and discrimination. Knowledge about the meaning of the word 'stigma' was low among participants in the BME focus groups. However, after hearing descriptions of stigma, many more were familiar with the concept than those who initially indicated they understood the word itself, and most either made, or were aware of, negative associations towards people experiencing mental health problems, and were aware that these were more likely to be made with mental health than physical health. The words 'negative', 'stereotype' and 'taboo' were more frequently used to explain the concept.

¹⁸ GirlGuiding UK (2008), Teenage mental health: Girls shout out! GirlGuides

“I mean, OK for example, young people would look at someone for example in a wheelchair and just think, you know, they can’t walk. But if it’s mental health they’ll use the word you’re crazy or stuff like that. That’s more likely how it will be put across.” (BME focus group participant)

In contrast the majority of BME participants did understand what ‘discrimination’ meant, and most of the explanations they gave related to treating someone differently in an unequal and unfair way.

The consensus among BME groups was that young people did not generally make the links between ‘mental health’, ‘stigma’ and ‘discrimination’, or understand how these issues could work collectively to have a negative impact on people with mental health problems.

The variation in understanding of the language around mental health, as well as stigma and discrimination (covered above) highlights the importance of clearly explaining and showing what we mean by all these terms and their impact on people. This is necessary to help give young people from all backgrounds the tools and confidence to understand and start talking about mental health.

5. Key stakeholders in the campaign

As young people themselves have highlighted, any campaign aimed at changing young people's attitudes and making it easier for them to speak out about mental health also needs to engage with those in young people's lives who can support and influence behaviour change.

For the Time to Change children and young people's programme, stakeholders fall into five main categories. These are:

- Young people (these are stakeholders as well as the target audience, and their views are covered in other sections)
- Parents and families
- Those who work with children and young people including healthcare workers, voluntary and community sector workers, healthcare workers, education staff and adults working with vulnerable children
- Organisations and structures in contact with young people
- The general public.

The summary below focuses on parents and families, and professionals.

Parents and families

Parents are one of the key groups that need to be targeted in an anti-stigma campaign because of the important and lasting influence that they have on children and young people.

In our focus groups, young people told us that a campaign to enable them to talk about mental health stigma and discrimination needs to take into account significant others that young people were likely to speak with including family, as well as friends and the wider community in which they are located.

Young people from BME communities who we spoke to in focus groups also highlighted the importance of working with families and paying attention to generational differences that there may be in understanding of and attitudes towards mental health. They felt that equipping young people with strategies to talk about mental health could be, in and of itself, unsuccessful without also working with those around them, including parents, who also needed to feel comfortable talking about mental health. In certain BME communities, there are sometimes cultural and generational barriers that make it harder for young people to talk about mental health with their parents.

"I wouldn't talk to my dad about some of the issues I think I have. Um, because his knowledge in that area would be, not because he's old, but I don't think his knowledge, because he's from an Asian culture, is so clued up on it. Whereas we've got the knowledge here (in England)." (BME focus group participant)

Different models for engaging parents include involving them in the planning process for the campaign (which has been used widely in anti-stigma campaigns internationally) and engaging them through specialised third sector agencies or parents' forums. The target audience for Time to Change's adult national anti-stigma campaign includes parents, however, within the children and young people's programme we will also be seeking to work alongside parents specifically as key influencers of young people and exploring the role that they can play in helping to tackle stigma and discrimination.

People working with children and young people

This is a very broad and diverse group. The Children Workforce Development Council says:

“If you work with children or young people in any aspect of your job, including volunteering, or if you manage people who do, then the answer is yes, you are part of the children and young people’s workforce.”

Other anti-stigma work has also shown that it is important to target all the workers who may come into contact with children and young people, and to understand the breadth and number of workers that this includes. For the purposes of the Time to Change children and young people’s programme, we will aim to work with a range of youth professionals and volunteers who have an influential role with, and access to, young people – including teachers and other school staff, youth workers, and community groups.

The role of parents and schools in challenging stigmatising language and behaviour

We carried out some specific research with the Guardian’s family and teacher networks to understand what parents and teachers feel their role is in challenging stigmatising behaviour in young people, and whether they saw the responsibility for this lying more at school or at home. As well as surveys, we also hosted a round table event with the Guardian to bring together parents and people with experience and expertise in working with young people, to discuss the roles and responsibilities of schools and families in tackling stigma. All statistics below are from the Time to Change online surveys with the Guardian family and teacher networks unless otherwise stated.

“Schools are the major influence in children’s lives. When we think of young people in this age group, the one thing we know about them is that they’re in school and school is where they’re getting a lot of their ideas from.” (Guardian round table participant)

We found that phrases like ‘stop acting like a weirdo,’ ‘I don’t like John, he is a psycho,’ ‘I’ve had a mental day at school today,’ and ‘you’re driving me mad’ were overwhelmingly heard in school settings. Two thirds of teachers had heard all four phrases used by their pupils. Teaching assistants were even more likely to hear this language, with 96% having heard pupils say such phrases.

80% of teachers said they would deal with the use of this type of language. A large proportion (45%) said they would do nothing immediately but would deal with it at a later date either individually or at a class level. This response was most common in head teachers, with 67% endorsing this action. A third (33%) said they would immediately stop the pupils involved and explain the language is inappropriate. This response was more characteristic of teaching assistants with 48% agreeing with the statement. The remaining 22% of teachers said they would do nothing, feeling that it is OK for pupils to use that language innocently in a school setting.

Participants in the round table discussion felt that a heavy-handed approach to addressing stigmatising language, such as simply telling young people not to do it, would not work. A preferable strategy would be to explain why and to address general attitudes underlying the language.

Teachers were asked how stigma should be handled in schools. The most popular responses were:

- In PSHE lessons (76%)

- In school assemblies (62%)
- Across the entire curriculum (60%). This final suggestion was endorsed most strongly by head teachers, with 93% saying they thought stigma towards mental health should be tackled across the entire curriculum.

The majority of teachers (76%) indicated that they are not getting guidance on their school's policy towards dealing with mental health stigma.

In terms of where the responsibility for challenging stigmatising behaviour is seen to lie, teachers viewed parents and guardians as having the greatest responsibility for tackling young people's use of language, followed closely by teachers and schools. This finding is in line with the parent survey which found that only a very small percentage of parents would leave it to the school to explain why a young person's language was inappropriate. Interestingly however, many parents felt they did not have sufficient understanding of mental health problems themselves and would welcome more information. This suggests that the continuing adult campaign can support the children and young people's work by helping to address this lack of knowledge and understanding, which may help equip parents to better facilitate conversations with their children.

Parents have different views of the acceptability of different types of language. For example, 74% of parents felt that it was fine for children to use phrases such as 'you're driving me mad' whereas 72% felt that phrases such as 'I don't like John, he is a psycho' should not be used by their children. Context was an important consideration. Many parents said they would want to know where and why the language was used before dealing with it. Finally, a subset of parents felt that stigmatising language around mental illness was not as offensive as, and did not need to be dealt with ahead of, discriminatory language relating to race, gender or sexual orientation.

"Most parents would be mortified if their child was found acting in a racist way in the playground. But it comes down to awareness: there's simply a lack of understanding among most adults about how damaging this language and behaviour around mental illness can be." (Guardian round table participant)

6. Developing an anti-stigma campaign

This section summarises the insights we have gathered as to the most effective strategies to improve young people's attitudes and behaviour and engage young people both with and without experience of mental health problems to actively participate in the campaign. This is based on what young people told us in the consultation as well as on evidence from other international interventions with children and young people.

What do young people want from an anti-stigma campaign?

Many of the young people we spoke to in our consultation had already been involved in efforts to tackle stigma and their responses show that there is inspiration and motivation among young people, who are willing to be key drivers in the process.

When asked what would inspire them to get involved, their answers included:

- To challenge and reduce stigma – this tended to be as a result of their personal experiences of stigma.
- To see young people with mental health problems have more opportunities to get involved in society. They also wanted to be able to drive a programme and have their voices heard.
- To see young people with mental health problems have better life chances. They wanted to work towards young people with mental health problems being treated equally and given the same opportunities as everyone else.
- A programme with a consistent, national approach with young people at the centre. They didn't want to see an approach that was disjointed or project based, or lots of different people trying to do the same thing separately.
- A programme that is energetic and different.
- A programme that can engage marginalised young people, and those who wouldn't ordinarily get involved with an initiative like this.

Engaging and involving young people in a campaign

When asked how they felt when witnessing stigma, young people overwhelmingly identified feeling sympathetic, disgusted, and wanting to help. The vast majority said these feelings had made them feel more able to challenge stigma, and over half saying that they had at some time challenged mental health stigma. Some of the ways in which they said they had challenged stigma were:

- Giving examples of how people experience mental health problems.
- Educating others, including adults and professionals, through presentations, stories, and debates.
- Standing up for and defending young people with mental health problems.
- Sitting on youth panels to tackle stigma, campaigning, blogging, and lobbying about mental health.
- Starting conversations about mental health and stigma with others.

Key ingredients of a young people's anti-stigma campaign

Research with young people and the substantial evidence base on approaches that have been used to tackle stigma in children and young people identified the following ingredients that an anti-stigma campaign should have.

Leadership and delivery by young people themselves

Many of the studies in our literature review highlighted face to face and peer-led education and networking projects as important strategies for involving children and young people.

Evidence from Time to Change's adult campaign and other international campaigns has also shown that social contact – giving people the opportunity to learn directly from those who have experienced mental health problems – is one of the most powerful indicators of improved attitudes, so having young people who have had mental health problems themselves delivering messages to their peers will be vital.

Participation may take the form of young people with experiences of mental illness co-facilitating workshops and educational programmes, giving personal talks, taking part in local events, making films, contributing to books, and engaging with the media. Participation should result in empowerment and leadership skill development for the young person involved.

In the consultation, participants emphasised the need to personalise mental health problems by showing real life stories. All groups highlighted the importance of building empathy and understanding in motivating young people to get involved, and personal stories are a powerful way of doing this. Young people in the online survey also talked about the importance of showing success stories and journeys – modelling the behaviour change we want to see and showing that it can be done.

Opportunities for young people to get involved and have their own say

Young people in the online survey said they would want to see opportunities to get involved with the campaign on the website. Participants in the BME focus groups felt that in order to make community engagement as effective as possible, young people should be given the opportunity to ask questions and give their own views.

This is backed up by another American study which showed that getting young people to have an opinion is important and education campaigns need to include dialogue and discussion¹⁹.

Targeted approaches for different communities

Participants in the BME focus groups warned against a 'one size fits all' approach, feeling this would be likely to be unsuccessful in reaching the diversity of individuals and communities with wide ranging understanding, knowledge and experience of mental health.

Campaigning, social marketing, and media work across a range of channels

Key considerations here are that information used in marketing and media activity must be accessible to the target audience, with focused messages for different segments of the audience. To be most effective, the campaign should be multi-media, rather than using just one type. Social media present a huge potential for changing knowledge and attitudes through the involvement of young people in local issues.

Work with key stakeholders, partners, and allies

One of the principles of social marketing involves working with stakeholders and partners to

¹⁹ Niemi and Junn, 2000, cited in Sherrod LR, Flanagan C and Youniss J (2002), Dimensions of citizenship and opportunities for youth development: the what, why, when, where and who of citizenship development. Applied Developmental Science, 2002, 6(4) 264-272.

reach the target audience. Some of the key stakeholders in a campaign for children and young people, and their role in the campaign, are summarised in the 'Stakeholders' section above.

Education

Education can be a valuable element of anti-stigma programmes. Education may target young people, teachers, parents, and community groups. While education interventions vary widely, effective anti-stigma education programmes typically include clear aims and objectives in addition to a well-defined conceptual approach; a clearly defined target audience who is willing to work with the programme; appropriate methodology for achieving established aims and objectives; and an evaluation strategy to monitor programme efforts in an appropriate way.

Whole systems change approaches at a local and national level

Whole systems change approaches may improve sustainability, and provide services that are inclusive and reduce stigma. Engaging the public and professionals who work with children and young people, at all levels, in a collaborative approach that develops a strong partnership with children and their families, will ensure that stigma is addressed across a number of domains. Whole systems approaches coupled with education and training programmes for professionals, parents, children, and young people have been shown to have good long term effects in reducing the effect of stigma.

Information about mental health and young people

As we found that young people have varied and sometimes low levels of understanding about mental health, and about what stigma and discrimination are, it's important to give clear information to improve understanding of these concepts and how these issues affect young people, before we can expect them to engage further with the campaign or feel more comfortable speaking about mental health.

Young people from BME communities particularly emphasised the importance of first helping them to understand the key concepts and terminology around mental health, stigma and discrimination, including the need to raise awareness of what mental health actually means, before going on to address stigma and discrimination.

A US study also showed that young people need information and probably need it regularly in order to keep it in mind²⁰.

Where and who we should target?

Schools and colleges

There was consensus among young people and adults that schools and colleges, are a key place to target.

Social media

Both the young people and the adults (parents and professionals) in our consultation felt that Facebook was a hugely influential way of communicating with young people. Our survey into young people's use of digital media showed that social networks are extremely popular, with 96% using Facebook, 63% using YouTube and 53% on Twitter. Only 0.3% (two respondents) said they don't use any social networks at all. Indeed, when asked what they would do if they only had one hour to spend online, 84% said they would spend the time on social networking sites. However, it's important to bear in mind that the young people

²⁰ Sherrod LR, Flanagan C and Youniss J (2002), Dimensions of citizenship and opportunities for youth development: the what, why, when, where and who of citizenship development. Applied Developmental Science, 2002, 6(4) 264-272

surveyed were those already using digital media and that those without access to the internet also need to be considered.

The media

When asked where mental health stigma comes from, many young people in the consultation said that the media (television, newspapers and magazines) were responsible. They suggested targeting the media and challenging negative media representations.

“Stigma is mainly portrayed through the media, where it originated I couldn’t guess, yet it seems to be passed down through the generations.” (Consultation participant)

Working in communities and ‘non mental health’ settings

Young people from BME communities emphasised the importance of proactively going out into communities to engage people, and not solely relying on media and publicity campaigns. Working with community groups accessed by young people and in ‘non mental health’ settings was also suggested as an effective route to encouraging young people to engage with the issue. Locations that were suggested included faith groups, outdoor festivals and events.

Creative strategies and tone of the campaign

In our interviews with young people, we asked them to respond to several different creative concepts. Despite the diversity of the interviewees (in terms of ethnicity, gender and experience of mental health issues), there were a number of elements which were universally popular. These included:

- Giving the person (with mental health problems) a voice
- Humour
- Facts and figures
- Ability to interact with the concept
- Clear and concise messages, with a specific call to action
- Campaigns featuring real people telling their stories
- Having the protagonist look ‘like them.’

In addition, young people responded well to existing Time to Change advertising. In particular, they appreciated their subtlety, realism, and the voice of an individual affected by stigma at the core of the message. They also liked the inclusion of information and advice about what an individual should do to help combat discrimination in a way that is positive and achievable.

Further, in our digital survey, young people said that the following points were important for the tone of online content:

- Explain things in a clear and concise way
- Be informative, not frightening
- Be straight talking and to the point.

These insights, along with continuing formative research, will inform the development of social marketing efforts throughout the programme.

Choosing a pilot area for the campaign

In this phase Time to Change is running two consecutive pilot programmes to test approaches to tackling stigma among children and young people and build an evidence base. This will involve working in two regions, rather than nationally. The first pilot will take place in Birmingham and the wider West Midlands area. Birmingham has been selected because of the size and profile of the youth population and the existing support for and delivery of anti-stigma work.

The following information is provided as a snapshot of the region in which Time to Change will be working. All statistics are from ONS, February 2012 unless otherwise stated.



- The West Midlands has the largest non-White regional population outside of London. 'Asian or Asian British' is the ethnic group that makes up the biggest non-White proportion of the West Midlands population (estimated at 8.5% in 2009 compared with 6.1% of England as a whole).
- There is a higher than average proportion of young people under the age of 20 (288,651). Birmingham has the youngest population in Europe with 28% under 19, and 37% under 25 years of age²¹.
- Birmingham itself has a population of 1m, and 30% of city's residents are from BME communities, of whom over 50% are under 24²².
- The region is often described as an area of contrasts. It includes the densely populated conurbation of Birmingham, which is the largest urban area in England outside London, as well as beautiful areas of remote countryside within the counties of Herefordshire and Shropshire. It contains areas of high deprivation, particularly in Birmingham, Coventry and Stoke-on-Trent, but also contains very prosperous areas like Solihull, south Warwickshire and Evesham.

²¹ www.birminghamnewsroom.com, Feb 2010

²² www.birminghamnewsroom.com, Feb 2010

7. Next steps

The research summarised in this report, along with our learning from the adult programme about what works to change public attitudes and behaviour, has informed the initial development of Time to Change's children and young people's programme.

Following the initial West Midlands pilot in 2012-13, a second pilot will run in 2013-15 in a different region.

By piloting the activity regionally, we will be able to see which elements work best, and learn from this before deciding how to roll the project out more widely. However, some elements of the campaign will have a wider reach – for example, any tools created as part of our online work. And while we will not be able to carry out direct, focused work outside of our pilot areas, we will be making any materials we develop, such as education resources, available to anyone in England to use in their own work.

The elements of the programme will be:

Social marketing campaign

We are developing targeted advertising, PR and digital activity to help improve attitudes and behaviour among children and young people and this will launch in the West Midlands in October 2012. It will be accompanied by tailored community events and activities.

Social leadership

The social leadership programme will support young people with experience of mental health problems to challenge discrimination for themselves. Young people will take on leadership roles within Time to Change - for example, speaking out in the media, running or volunteering at events, and leading or volunteering on our grant-funded projects. We will be providing training and support to develop young people's skills and confidence to challenge discrimination as part of Time to Change and beyond.

Organisational engagement

We want to reach out to as many organisations representing and working with young people as we possibly can – both within the mental health field and beyond it. We want those organisations to show a commitment to ending stigma and discrimination by signing the Time to Change pledge, which will include a commitment to take action.

Education programme

We will develop and deliver education and training to professionals working with young people and families in our pilot areas. Young people with direct experience of mental health problems, and parents, will co-deliver this education work with us. The resources that we develop as part of the education programme will be designed so that frontline youth staff can use them to deliver anti-stigma and discrimination sessions directly to young people.

Grants fund

20% of the overall Time to Change grants fund will be allocated to projects working with children and young people (24 years of age and under) in our pilot areas.

For more information about the children and young people's programme, contact:

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"I think it's really really important that we change the attitude that we have towards young people with mental health problems, because it stops young people fulfilling their potential and reaching what they could potentially achieve. Because we see them as an illness or a diagnosis or a number, whatever that may be, and not as an individual with talents and with skills." (Time to Change Young People's Panel member)

"I think my most important message for Time to Change and stigma is the fact that we're all unique, we all have our own problems, we all have things going on in our lives, it doesn't mean that we're different, we're dangerous, we're – we should be separated. Everyone's gonna have problems, everyone's gonna need to talk...Just because mine happens to be for a mental illness not a physical illness doesn't mean I'm any different." (Time to Change Young People's Panel member)

time to change

let's end mental health discrimination

Time to Change is a campaign run by the mental health charities Mind and Rethink Mental Illness to end the discrimination that people with mental health problems face.

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