Challenging mental health related stigma and discrimination experienced by Black and Minority Ethnic communities

Position paper
October 2012

Introduction
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.

The first phase of Time to Change, funded by the Big Lottery Fund and Comic Relief, ran from October 2007 to September 2011. During this time there have been national improvements in public attitudes towards mental health and a reduction in reported discrimination. The second phase, running from October 2011 until March 2015, aims to continue changing public attitudes and behaviour and develop an even broader social movement. A pilot project is also being developed with children and young people. The programme outcomes are to:

1. Improve public attitudes by 5%
2. Increase the number of people with mental health problems leading discrimination-free lives by 5%, and reduce levels of reported discrimination.
3. Improve the confidence and ability of people with mental health problems to take action to tackle discrimination.
4. Improve the social capital of people with mental health problems by increasing their access to social resources.

Time to Change recognises that mental health stigma and discrimination varies across groups and communities. Time to Change also recognises that mental health has a cultural context which will affect the way that communities talk about mental health and engage with people with mental health problems.

Accordingly, the first phase of Time to Change involved some targeted work with Black and Minority Ethnic groups. A review of diversity across the programme was completed in 2009 and many of the recommendations were implemented, including developing a diversity resource and providing training for staff and project leads. Specific work with diverse groups included a targeted South Asian campaign in Harrow, North West London.

A review of the programme’s impact on Black and Minority Ethnic communities was commissioned in 2011 and its recommendations are being taken forward in the second phase of the programme. This includes Black and Minority Ethnic representation on governance and management groups and the Programme Advisory Board, and dedicated staff resources responsible for ensuring the programme is responsive to Black and Minority Ethnic communities. Specific activity with Black and Minority Ethnic communities, coordinated by a dedicated Black and Minority Ethnic Coordinator post, is being undertaken across the programme. And research is being commissioned into the experience of mental health discrimination by people from Black and Minority Ethnic communities, as well as the attitudes of people from Black and Minority Ethnic communities towards people with mental health problems.

This paper sets out the work that Time to Change has already done with Black and Minority Ethnic communities, what has been learnt, and what activity is being carried out in the new phase of the programme.
Phase 1: October 2007 – September 2011

Impact and evaluation

Public attitudes
During its first phase, Time to Change aimed to improve public attitudes towards mental health on a national scale. This was measured by an annual survey with a representative sample of adults across England. Evaluation by the Institute of Psychiatry, King’s College London (IoP) shows a 2.4% improvement in attitudes nationally since Time to Change began in 2008. However, the findings also showed that attitude scores were lower for Asian, black and other non-white respondents, who had different starting points. On average, in comparison to respondents who were white:

- Asian respondents scored 20.5% lower on attitudes questions.
- Black respondents scored 18.4% lower.
- Respondents categorised as ‘Other’ ethnicity scored 15.9% lower.

The survey also asked respondents about their intended behaviour towards people with mental health problems and, again, the scores were lower for Asian, black and other non-white respondents. However, measures relating to knowledge of mental health showed that black respondents scored higher than white respondents.

Discrimination
Time to Change also aimed to reduce the levels of discrimination experienced by people with mental health problems. This was measured by the IoP using an annual survey with 1000 people living in the community using secondary mental health services. During the first phase of the programme, there was a 3% increase in the number of people who reported no discrimination in any area of their lives, and an 11.5% reduction in the average levels of reported discrimination.

In 2008, there was a low number of non-white respondents to this survey (94% were white British). To address this, in 2009, a ‘language sheet’ was introduced that provided information in 13 languages about how to obtain the information pack in an alternative language. In 2010 and 2011, the IoP recruited participants through NHS trusts that work with a high proportion of Black and Minority Ethnic groups. The proportion of non-white British respondents has increased since 2008 (85% were white British in 2011) but is still low. This has been reviewed in the second phase of Time to Change and specific research is being commissioned with people from Black and Minority Ethnic groups in order to measure national change.

Activity

Pilot campaign: South Asian community in Harrow
In order to learn more about using social marketing to tackle stigma and discrimination within a specific Black and Minority Ethnic community, a pilot Time to Change campaign was delivered in partnership with the South Asian community in Harrow, North West London in 2011. Initial research revealed that there are particular issues of shame, fear and secrecy surrounding mental health problems in this community. The messaging focused on dispelling myths and misunderstandings around mental health, and activity included local cultural events, discussion groups, press advertorials in local and Asian titles, and free materials distributed to GP surgeries, pharmacies and community centres. Leaflets and posters were produced in Gujarati, Urdu, Hindi and Tamil translations, and real people’s stories featured in local papers such as the Harrow Observer and Harrow Times. A Time to Change ‘rakhi’ (bracelet exchanged between brother and sister) was produced for the Raksha Bandhan festival.
The campaign reached over 4,000 people with 46% of the target audience aware of the campaign. 67% people who saw the campaign had improved opinions of people with mental health problems, and ‘mental health problems can affect anyone’ was the most remembered key message. Local events were the most effective activity. Key learning from the pilot project includes:

- The effectiveness of embracing community networks and local knowledge.
- Using cultural dates as hooks for PR and local activity is an effective strategy.
- The importance of conducting research into attitudes within specific ethnic communities.
- The need to carefully consider and tailor evaluation methods – in the case of this project, long questionnaires were a barrier.

Open Up

The Open Up project funded initiatives led by people with mental health problems to challenge mental health stigma and discrimination in local communities across England. There was a target of 25% to be delivered within marginalised communities. Six of the 28 projects (21%) were Black and Minority Ethnic-focused. Examples include:

- **Khamoshi (meaning ‘cocoon’): Harrow, London**
  A play was written and performed in Hindi and English by a group of Asian women. It tackles mental health and domestic violence in the South Asian community, and the stigma that surrounds these issues. The play has been widely performed and a DVD has been made, which is still used for training across many mental health and voluntary sector organisations.

- **Maat Probe Group: Sheffield**
  Research was conducted by a group of African and African Caribbean men into the discrimination they face from mental health service providers. The group continues to use the findings to train mental health professionals on how to deliver culturally appropriate services.

- **The Well: Birmingham**
  This was a befriending and peer support group for Asian women with post-natal depression. The project used befrienders who represented the community they were working with, something which had been highlighted as important through a pilot group.

Aspects of the Open Up project have been incorporated into the second phase of Time to Change.

**Education Not Discrimination (END)**

The END project piloted mental health stigma and discrimination training with professionals. The project’s work with staff from GP surgeries included a focus on issues for people from Black and Minority Ethnic communities. Involvement Workers (people with experience of mental health problems) from Black and Minority Ethnic backgrounds helped develop the training content and deliver sessions. There was an interactive presentation on myths and facts and a role-play relating to mental health and Black and Minority Ethnic issues.

**Phase 2: October 2011 – March 2015**

As part of the Black and Minority Ethnic review commissioned in 2011, we asked for recommendations about how to prioritise Black and Minority Ethnic communities to work with. The audience chosen as a priority for the new programme was the African-Caribbean community, based largely of the evidence from research such as Count Me In\(^1\), which shows these groups are overrepresented in mental health services at the secure end of the system and underrepresented at primary care and community level. This work, led by a specific Black and Minority Ethnic Coordinator post for 2012/13, has involved a review of national-level evaluation tools to ensure they are able to measure impact. The work of the Time to Change projects, including the grants programme, has been reviewed and targets for working with African-Caribbean and other Black and Minority Ethnic communities have been identified.

\(^1\) CQC (2010), Count Me In, CQC, London
Governance and management structures
Strategic decisions about the Time to Change programme are made by the Senior Management Group (SMG). This group includes a Black and Minority Ethnic representative with lived experience of mental health problems.

The Black and Minority Ethnic Coordinator sits on the Operational Management Team, which makes recommendations about budget allocation and project planning to the SMG.

In addition, there is Black and Minority Ethnic representation from the Afiya Trust on the Time to Change Programme Advisory Board, which provides advice and expert opinion to Time to Change.

The Black and Minority Ethnic Coordinator also works with Time to Change staff to ensure there is Black and Minority Ethnic representation on all project and evaluation advisory groups.

Dedicated staff resources
The Black and Minority Ethnic Coordinator has been seconded to Time to Change in 2012/13 to ensure the programme is responsive to Black and Minority Ethnic communities. The responsibilities of this role include inputting into the planning of Time to Change activity, developing appropriate monitoring and evaluation systems, advising on producing and distributing promotional material, and developing new partnerships with organisations from Black and Minority Ethnic communities. In addition, two Equalities Coordinators have a focus on working with Black and Minority Ethnic communities. They are responsible for making links with external Black and Minority Ethnic groups and individuals with lived experience, and providing expertise and support across the whole Time to Change programme.

Evaluation
As part of the second phase of the programme, research has been commissioned into public attitudes amongst Black and Minority Ethnic communities towards people with mental health problems. This will enable Time to Change to measure the extent of stigma and discrimination across a range of communities. This research will be conducted on an annual basis, in order to track changes within Black and Minority Ethnic communities.

In addition, the evaluation of the social marketing campaign burst in January/February 2012 involved oversampling Black and Minority Ethnic participants to ensure there were sufficient numbers to analyse this subgroup.

Time to Change will also measure levels of mental health discrimination experienced by people using mental health services from Black and Minority Ethnic communities. This will provide a larger sample size, so Time to Change can gain a better understanding of the experiences of service users from Black and Minority Ethnic communities, and results can be compared with the national Viewpoint survey (1,000 service users’ experiences of discrimination).

Project delivery
Individual projects within Time to Change have developed targets relating to working with Black and Minority Ethnic communities and have started delivering activity, in particular with African-Caribbean communities. Some examples of Time to Change activity are listed below.

- Grants
  25% of the grant fund is ring-fenced for Black and Minority Ethnic community groups. The first round of the grants fund was launched in February 2012 with promotional events and materials marketed to African-Caribbean audiences. Sixteen projects were funded in this round. 48% of the fund in this round...
was awarded to projects led by and working with Black and Minority Ethnic community groups, including the Afiya Trust (flagship grant of £100,000), Mind in Tower Hamlets and Newham, Sheffield Mind, Naz Project London (NPL), Refugee Radio, COPE Black Mental Health Foundation and The Hearth Centre. For further information go to [www.time-to-change.org.uk/grants](http://www.time-to-change.org.uk/grants).

- **Children and Young People**
  As part of the development of Time to Change’s pilot work with children and young people, the Afiya Trust was commissioned to undertake research with children and young people from Black and Minority Ethnic communities with and without mental health problems. A summary report of all the children and young people research can be downloaded at [www.time-to-change.org.uk/young-people-programme](http://www.time-to-change.org.uk/young-people-programme). The pilot is taking place in Birmingham and the West Midlands, an area specifically chosen as it has the largest non-White population outside of London as well as a higher than average proportion of young people under the age of 20. The pilot programme is working with many stakeholders from Black and Minority Ethnic communities and faith groups in the West Midlands.

- **Social marketing**
  The most recent burst of the social marketing campaign (January/February 2012) includes adverts played on community radio stations run by, and for, the black community. The evaluation showed that people from Black and Minority Ethnic communities had similar levels of campaign recognition to all respondents.

- **Community engagement events**
  These events involve bringing together people with and without experience of mental health problems. This ‘social contact’ is proven to be an effective way to break down stigma and discrimination. The criteria for selecting event venues include reaching Black and Minority Ethnic audiences. A flagship event took place at the Leicester Caribbean Carnival in August 2012 with over 1,600 conversations taking place. A working group has been set up to organise an event for African-Caribbean communities in East London in December 2012. Organisations involved in the first planning meeting for this event included the Tony Cheeseman Foundation, East London Hopefus, Ochee Designs, 4 Sight Network/People’s Network, Association for Prostate Awareness and Café Nia/Asumjwe.

- **Social leadership**
  The social leadership project team includes eight Regional Coordinators and six Equalities Coordinators (focusing on Black and Minority Ethnic (two posts), LGBT, older people, physical disability and rural communities). The coordinators work across England to engage people with lived experience of mental health problems with Time to Change, including organising networking events. For example, a networking event took place in London in July 2012 that focused on engaging older people from African and Caribbean communities.

  The project also recruits and provides training to Time to Change Champions. Champions are people with lived experience of mental health problems who campaign to end mental health discrimination in their communities. They raise awareness by speaking out about their experiences, through events, media work, and other anti-stigma activities. Time to Change is proactively recruiting Champions from Black and Minority Ethnic communities, with support from the Black and Minority Ethnic-focussed coordinators.

**Impact to date**

**Social marketing campaign: January/February 2012**

The evaluation of the January/February 2012 campaign showed high levels of recognition amongst the overall target audience: there was 81% prompted recognition after the campaign burst, compared to 46% before the
burst started. There were similarly high levels of recognition amongst those from Black and Minority Ethnic groups. Compared to those who were not campaign-aware, Black and Minority Ethnic respondents who were aware of the Time to Change campaign:

- had higher levels of knowledge about mental health
- were less likely to stereotype of people with mental health problems as dangerous
- scored higher in relation to intended behaviour towards people with mental health problems (6% higher than those not campaign-aware).

However there was no significant association between campaign awareness and the idea that anyone can become mentally ill, or that people with mental health problems should hold positions of responsibility.

**Conclusion**

The commitment of Time to Change to challenging mental health discrimination within society needs to ensure that all communities benefit. Our focus is on involving people from Black and Minority Ethnic communities throughout all of Time to Change, including strategic development and decision-making, planning, coordination and delivery. This is essential if the programme is to truly respond to the needs of diverse communities.

The programme will continue to review its activity and impact targets in relation to working with diverse groups. It is important that the programme gains learning and insight through project delivery, as well as evaluation of the attitudes and experiences of those from Black and Minority Ethnic communities.