

time to change

let's end mental health discrimination

Time to Change Children and Young People's programme

Interim pilot evaluation results;
April 2012 to September 2013



Funded by



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Recommendations for further reading:

- Time to Change children and young people's programme development: Summary of research and insights, October 2011 to March 2012
- Mental health stigma and discrimination: Influencing our children's attitudes as parents, July 2013
- Birmingham pre-pilot and post-pilot report

All reports can be downloaded from:

www.time-to-change.org.uk/research-reports-publications

To view *Stand Up Kid* please visit:

[Youtube.com/timetochangecampaign](https://www.youtube.com/timetochangecampaign)

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Section one: An overview

What is Time to Change?

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. We are funded by the Department of Health, Comic Relief and the Big Lottery Fund.

Time to Change was set up in 2007 and has already achieved significant improvements in public attitudes and reductions in the average levels of discrimination reported in 2011 compared to 2008.

In 2011, we extended our programme to include children and young people and developed a three-year pilot.

Our pilot programme

The children and young people's programme is a three-year pilot delivered in two 18-month periods. The first half, which ran in the West Midlands, has just come to an end. Using the learning and experience gained, the second half is due to be rolled out in the South East, and we will also deliver individual elements of the programme in five further regions. Once the pilot is completed, we will have a strong evidence base to inform plans for rolling out a comprehensive national programme.

Through the pilot, we aim to help shift the attitudes and behaviour of young people and their families towards mental health problems by:

- improving knowledge, attitudes and behaviour around mental health
- reducing the number of young people with mental health problems who experience the negative impact of stigma and discrimination
- improving the confidence and ability of young people and families to speak openly about their mental health problems
- improving the confidence and ability of all young people and families to tackle stigma and discrimination when they see or experience it
- improving the social capital¹ of young people with mental health problems by building confidence and encouraging engagement within their local communities and activities

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

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At the heart of the pilot are young people with personal experience of mental health problems. We train and support them to work alongside us so they can:

- co-deliver education sessions
- speak to the media
- guide our work through both consultation and the young people's panel
- help us to evaluate the project
- volunteer at our community engagement events

Creating a programme for young people and families

The children and young people's programme is modelled on the work we've been doing since 2007, but targeted specifically at delivering discrimination-free lives to young people and their families.

How the programme works

The Time to Change programme works best at a national, local and community level. There are five elements of our programme, and we'll be rolling out these same five elements in the second half of our pilot, starting in October 2013. They are:

Organisational engagement

Working with organisations such as schools to involve young people in challenging stigma and discrimination

Education programme

Training professionals and volunteers who work with young people and families

Community events

Mass reach activity bringing young people with and without mental health issues together to discuss mental health working within the school environment

Social marketing

Establishing online activity aimed at our target audience to drive attitude change and create background noise to enhance events and activities

Leadership volunteering

Training and supporting young people with personal experience of mental health problems to be active campaigners as part of Time to Change activity and within their own communities

Section two: Creating the pilot

Stigma and young people

Before we began our pilot, we needed to know how to influence the knowledge, attitude and behaviour of our target age range. We spent six months on preliminary research² to help establish the content and framework behind the children and young people's project and to gain insights about our target audience.

How does discrimination affect young people's lives?

How far-reaching is the impact of stigma? Our research demonstrated it was something that could have a profound impact on young people's lives.

- Young people experience stigma from those around them (parent, peers, friends)
- Stigma prevents young people from fulfilling their true potential
- Stigma leads to loneliness, depression and loss of confidence
- Fear of stigma can be as damaging as actual discrimination
- Stigma stops young people seeking help
- Young people fear they won't be taken seriously
- Talking about mental health is hard

Young people's attitudes towards mental health

- There is evidence that young people have more negative attitudes than adults³
- Attitudes are formed at a young age
- The concept of 'mental health' has broadly negative associations

How young people interact with issues

Our research also highlighted ways in which young people, who have different levels of involvement across a broad range of societal issues, could be engaged in the campaigning process:

- They're more likely to take an interest in issues that have a bearing on their current, or near-future, lives (such as student debt, housing or unemployment)
- A personal connection (through a family member, for example) leads to higher knowledge and interest
- Young people are most engaged by a real person telling their story
- Young people find it easier to get involved when direct action is possible (such as online petitions, phone numbers to call, websites to visit)
- Greater connections are made when young people have been reached face to face
- Peer-to-peer communication is vital

2. Time to Change children and young people's programme development; summary of research and insights.

3. TNS, 2009.

Parents as key influencers

We know 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 their children.

Our research⁴, with 500 parents / guardians, has helped us to understand how parents perceive their role in influencing their children's views and behaviour around mental health and mental health problems as well as helping us to understand how parents could be supported in doing this.

- One in five parents feel awkward discussing the subject of mental health with their children as they don't want to scare them
- Encouragingly 80% also feel that they are the key influencers for their children's attitudes and beliefs
- Parents worry about starting a conversation about mental health as they believe their children know more about the subject than them
- Parents feel mental health problems happen to "other people" despite 84% agreeing that mental health could happen to anyone

The message we wanted to deliver with our last campaign

To bring about a shift in attitudes, we decided to focus on the following messages:

- Mental health problems are common (1 in 10 young people have to deal with a mental health issue while at school)
- Three of your classmates will have a mental health problem
- Think twice before laughing along - mental illness is no joke
- Make a stand and help spread the word

Who is involved?

As young people themselves have highlighted, any campaign aimed at changing young people's attitudes needs to engage with the people already in their lives who can support and influence behaviour change.

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

- Young people (not close to the subject of mental health)
- Parents and guardians of young people
- Youth professionals and volunteers; voluntary and community sector workers, education staff, healthcare workers
- Organisations and structures in contact with young people such as youth clubs, faith groups, educational establishments

Time to Change in the West Midlands

Our 18-month pilot took place in the West Midlands, with a particular focus on Birmingham. The area has a mix of urban and rural areas, a large city location and a number of black and minority ethnic communities. We concentrated on three different tiers of activity:

- Mass reach with social marketing activity across the whole region
- Targeted activity in individual towns, cities and counties
- Activity to reach specific communities within a closely defined area (e.g. schools, faith groups)

4. Mental health stigma and discrimination: influencing our children's attitudes as parents, July 2013.

What did we do?

As well as our pre-pilot research, we developed a communications strategy so that we could reach as many key stakeholders - individuals and organisations within and beyond the mental health field - as possible. Here is a detailed look at each of the core elements of our strategy.

1. Leadership volunteering

We recruited young people with and without personal experiences of mental health problems and trained and supported them to be actively involved in Time to Change and their own communities. We achieved this in two ways:

The young people's panel

Our policy was to create a "panel of panels" by engaging individuals who were already part of an existing youth group. As such, volunteer descriptions and application forms were created and circulated to a wide range of youth organisations.

The panel comprised 40 young people, 45% with declared personal experience of mental health problems and 18% from black and minority ethnic (BME) backgrounds. With ages ranging from 14 to 25, the membership of the young people's panel was

"Being part of the panel I have relished the chance to have my views and experiences listened to, as this is an often rare experience for a young person with mental illness. Within the panel every young person has been given an opportunity to speak, and speak we did! I learnt so much from the experiences of my fellow panel members, and although our stories differed we were all united in one thing... our ambition to end mental health stigma."

Charlotte, member of the young people's panel 2012 to 2013. To read more about Charlotte's experience please go to page 14.

England-wide and the panel met quarterly in central London, as well as virtually between meetings. Their initial commitment to the panel was for one year, but the majority asked to remain on the panel for an additional six months, until the end of the first pilot period.

Whilst the young people were not remunerated for their involvement, all travel expenses and refreshments were paid for by Time to Change, including any necessary companion travel costs.

Members of the young people's panel were consulted on the development of our YouTube video, *Stand Up Kid*, and our online interactive story as well as many other engagement materials.

What went well

The young people's panel proved really popular, and allowed us to develop a model of how a core group plus a virtual group could work. The model gave us direct access to more young people who we could consult with, and meant that those young people who might not be comfortable attending a face-to-face session, and those with access issues, could be included.

Social leadership

Our initial research⁴ with young people, emphasised the need to personalise mental health problems by showing real-life stories, building empathy and understanding, and in turn motivating young people to get involved. With this in mind, we developed a series of 'social leadership' opportunities for young people with personal experience of mental health problems to contribute to the programme in the West Midlands.

Our training and support included a session on generic leadership skills followed by a specialist session related to the involvement opportunity. Once trained, our social leaders could get involved in a multitude of ways both within the Time to Change project and within their own communities.

Our volunteers spoke at parliamentary events, fronted our Birmingham launch event and contributed to the evaluation of activities. They were interviewed by local press, radio and magazines including *Top of the Pops*, *Shout* and *Bliss*.

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"My family and friends (and work colleagues) who have seen it have been really supportive and had their eyes opened by the article. I've also had a few people write to me on Facebook to open up and talk to me about their issues with OCD too, which I'm pleased and surprised about, so it looks like we've done our job!"

Michael Crump, media volunteer

What we learnt

To continue the pilot in the South East, we'll be adapting our model slightly and recruiting a larger group of young people to attend the generic leadership training. From that group we'll invite young people to take part in further opportunities and/or offer specific training support. This will give young people a variety of opportunities as well as giving them the opportunity to get to know the team better.

2. Education programme

We deliver 'train the trainer' sessions to youth professionals and volunteers, so they can then go on to deliver the session themselves to the young people they work with. The training is three hours long and is divided into three topic areas: an overview of mental health and mental health problems, an overview of the impact of stigma and discrimination and, most importantly, a session on how to run a campaign using the resources available from Time to Change. It allows participants to visualise what a campaign might look like in their classroom, faith group or youth club, and plays a key part in allowing young people to access information from someone they know and trust.

We delivered our train the trainer programme to 612 individuals. If, as a conservative estimate, each participant delivered to one class of 30 we anticipate that we have reached at least 18,360 young people.

As a result of their experiences and personal knowledge of discrimination, young people with lived experience are ideally placed to challenge stereotypes and discriminatory practices.⁵ That is why young people with personal experience of mental health problems are an integral part of our 'train the trainer' sessions. A key element of this paid role is to deliver their personal story.

To apply for this role, young people were asked to fill in an application form and attend an informal interview process. Once this is complete, they attend three days of training, at least one of which is dedicated to shaping the presentation of their personal story, adapting it to resonate with the target audience, setting their disclosure boundaries and readying them for questions and answers. Equally important as the preparation is a debrief with a member of the Time to Change team afterwards.

What we learnt

We have decided to add an extra day of training to give young people better preparation in co-delivery to stakeholders. The model will switch to young people leading, with Time to Change staff supporting.

"I have loved it! It hasn't been easy though, and it has been emotional. Feeling that I've made a difference to people's lives is the best part. But from training to be an involvement worker I have made some fantastic close friends too."

Emma Salt, train the trainer co-facilitator

5. Ministry of Health (2007) Like Minds, Like Mine. National Plan 2007-2013. New Zealand: Ministry of Health.

3. Community events

The Time to Change Village is a pop-up interactive space that has all the things you might expect to find in villages and towns: a health centre, library, café, post office, cinema and a newsagent. The various marquees that made up our young people's village included a post office, a cafe, a village green with live performances by local musicians, and a youth club hosting our knowledge-based PlayStation 3 game, based on *Little Big Planet*.

Later, we amended our delivery model to take the pop-up village to schools. This guaranteed that we reached our target audience and young people were more inclined to engage because they were in familiar surroundings, amongst peer groups and friends.

We delivered five pop-up village events during our pilot, engaging with a total of 1115 young people as a result.

What we learnt

We'll use the pop-up village to set the context for youth organisations kicking off their campaigns and perhaps as the closing element as well.





4. Organisational engagement

As well as delivering events at local schools, we spent time researching and developing campaign materials suitable for key stakeholder organisations to use to facilitate learning and trigger conversations. These were:

- Our *Stand Up Kid* three minute film
- Our 'Train the trainer' education sessions
- A level based on Playstation 3 game, *Little Big Planet*
- An online interactive story with wraparound education pack.
- Keyrings, wristbands, notepads
- Education sessions: assembly and lesson outlines based around PSHE and Citizenship
- Young people speaking about their personal stories
- Supportive digital content

Many schools we've worked with have signed the organisational pledge. This requires them to complete a realistic and manageable action plan setting out what they intend to do to support young people to tackle stigma and discrimination.

What we learnt

From our work with schools in the West Midlands, we've come to understand the importance of a comprehensive, well thought through action plan, so that schools and youth organisations have an outline of structure, timescales and capacity requirements.

"We want to create a school-wide atmosphere of tolerance towards mental health issues, raising awareness about discrimination, particularly in use of language and allow pupils to challenge such language usage by their peers. We believe such tolerance enable students to talk about and seek appropriate help before issues become more serious."

Kate Steadman, Senior Teacher, Bishop Vesey Grammar School. Please see page 15 for more.

5. Social marketing activity

Our survey⁴ 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. 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 social marketing burst of activity during September and October 2012 played heavily on social media platforms and included:

- Our three-minute film, *Stand Up Kid*, on YouTube
- Paid-for digital seeding of *Stand Up Kid* (including Facebook adverts, video adverts on YouTube, key word search terms, distribution of video content to a mix of channels known for attracting 14- to 18-year-olds and online advertising via a variety of channels)
- PR to trade publications and editorial content; interviews with young people in *Top of the Pops* magazine, *Bliss* and *Shout*
- Community action; launch of schools-based competition and Birmingham pop-up village event.

What we learnt

To maximise impact and exposure the children and young people burst of marketing activity will synchronise with the "adult focussed" burst.

Since its launch on 17th September 2012, *Stand Up Kid* has received 283,545 views on YouTube, 98,925 in the UK, with 52,035 within the age range 13 to 17 years. YouTube comments include:

"The end gave me goosebumps. This is so powerful."

"I'm going to share this like there's no tomorrow!"

"One of the biggest reality checks I ever got was when a very good friend of mine admitted she had been on medication for severe depression for quite a while. I remember the shock and I just couldn't reconcile this fun, vibrant person with someone who was mentally ill."

"I think it's great correct information on depression and mental illness is finally coming out, honestly when I was in high school I just assumed it was the kid dressed in all black. Great ad, amazing actor."



The Birmingham pilot: shifting attitudes

We measured attitudes to mental health problems in the West Midlands before and after our pilot programme, and found that the pilot achieved a positive impact on the attitudes and behaviours of young people, those with mental health problems, and adults living and working with young people.

Overall, there was an improvement in attitudes among young people as a whole, as well as the experiences and empowerment of young people with mental health problems. There was also a measurably increased understanding and empathy among stakeholders (siblings, parents and adults working in a professional capacity with young people).

Among young people:

Overall, attitudes measured across the survey improved by 1.3%. Young people felt much more positive about how their peers with mental health problems are treated, and show less stigmatising attitudes. Pupils who were aware of the Time to Change campaign had a greater sense of belonging in their school and were more willing to spend time with a peer experiencing a mental health problem. In addition, young people were more likely to take action against someone being treated unfairly because of a mental health problem by telling a professional/adult or giving support to someone.

Among young people with lived experience:

Young people with experience of mental health problems benefited strongly from the campaign. Overall, their general attitudes rose by an average of 3%. The empowerment scores (ie the ability to take steps to challenge stigma) for this group rose overall by a high 6.8%, meaning there is a greater willingness to talk, act or speak up for others when witnessing unfair treatment due to mental health problems. The survey picked up a 6% improvement in the amount of discrimination experienced. Among those who were aware of the Time to Change campaign, the net improvement was 12%, and for those who said they were aware of the *Stand Up Kid* film, the net improvement was 10%.

The implication is that where the campaign activity reaches individuals, it can help their resilience, shape their interactions with others and improve the way people treat them.

Among stakeholders:

There has been a significant positive change with this group as well. General attitudes have improved by 3%, and stakeholders are significantly more likely to feel positively towards those exhibiting mental health problems. Awareness of the severity of mental health issues (and potentially reflecting it being seen as a health issue) has increased. Stakeholders are now more concerned about how young people are treated and can see the discrimination they face when they have mental health problems. Post pilot, there has been a significant increase in the proportion of stakeholders who consider a young person's mental health part of their responsibility (92% post pilot versus 86% pre pilot).

"As a parent I have a duty to safeguard and have regard for my daughter's mental health. If she were to develop a mental illness she would benefit from my understanding and support, not judgement."

There is also some increased propensity for stakeholders to escalate issues to a professional, rather than just handling issues themselves.

Our conclusions

The activity in Birmingham has reached measurable sections of young people and stakeholders. Young people's awareness and sympathy for those with mental health problems have increased. Individuals with mental health problems seem bolstered by the pilot, have better relationships and a more positive outlook about seeking help.

Stakeholders, meanwhile, have become more sensitive and concerned about the issue and are more likely to get help rather than ignore problems. Of course, there is still work to do. Young Adults (18 - 24) have a larger knowledge gap than older stakeholders. Those with mental health problems still experience a lot of discrimination. A 40% with lived experience say they would probably not ask for help if they had problems with depression/psychosis - this compares to a much lower figure (16%) for those without lived experience.

Section three: Children and young people's programme: what happens next?

For the second half of our pilot, we will focus on Kent. At the end of the pilot, we hope to have enough of an evidence base to roll elements of our programme out nationally.

Our goals in Kent & Medway are to:

- train 15 children and young people and parents as co-facilitators
- train 375 youth professionals and volunteers to deliver the anti-stigma education package to young people they work with
- work with 250 teachers and 15,000 children and young people across school clusters
- train 60 young people with personal experience of mental health problems as social leaders.

In addition, through social marketing and events, our aims are to reach:

- 15,000 young people (under 18) - either seeing our campaign or at events
- 7,500 children and young people who recognise Time to Change after prompting, with 2,500 active supporters

We'll support these activities with continued planning and development at the higher level; including the development of marketing materials and bursts of activity to support action on the ground.

The message we want to deliver:

- Mental health problems are common (1 in 10 young people deal with a mental health problem while at school)
- Three of your classmates will have a mental health problem
- Mental health is everyday and ordinary; so let's discuss it like it is

Working with parents as key influencers

Using the results from this study, we will offer parents helpful and practical information and advice on how to talk to their children about mental health. One of the main barriers that parents report to starting conversations is lack of time, so advice may include suggestions of good times to raise the topic (such as on the school run, at meal times or when mental health is being addressed on the TV). Time to Change has worked with popular soaps e.g. *EastEnders* and *Emmerdale* and BBC3's mental health season over the last year.

New national campaign for children and young people

An additional part of the pilot project will focus on activities that challenge mental health stigma and discrimination in secondary schools across the country. We'll recruit five secondary schools per term (a new geographical area per term) and, working with a project panel comprising ten students ('TTC ambassadors') and five staff, we will develop an action plan that provides a framework for a year-long anti-stigma programme that will reach all students.

To kick-start the school campaigns, we will run one school village event per region, bringing together those with and without mental health problems in meaningful conversation. We will also provide education sessions for the project panel and staff.

To support the direct work in schools, we will develop and run advertising specifically aimed at our target audience. Advertising should enable people with direct experience to talk, which is crucial for our social contact approach. The exact nature of this advertising is still to be confirmed, but may include a radio burst and digital seeding of our well received film, *Stand Up Kid*.

To find out more about our pilot in Kent & Medway, or to get involved, contact Noella Kanagaratnam on 0207 840 3025, or email noella.kanagaratnam@rethink.org

Appendix one

The young people's panel, Charlotte's story

Having been a member of the panel from the start, it has been exciting to watch how the project has developed (along with the lunches of course). At the beginning I think it's fair to say we were all feeling our way, however as time went on we learnt what worked and built on the successes which made for a more fulfilling experience.

There have been many changes since the first meeting, and I hope the new members felt welcomed into the panel (and weren't totally terrified by the ice breakers). We really valued everyone's contribution.

Being part of the panel I have relished the chance to have my views and experiences listened to, as this is an often rare experience for a young person with mental illness. Within the panel every young person has been given an opportunity to speak, and speak we did! I learnt so much from the experiences of my fellow panel members, and although our stories differed we were all united in one thing... our ambition to end mental health stigma.

I have chosen a couple of highlights from my time on the panel, the first being the launch event in Birmingham. Not only was this an opportunity to shout 'we're here' from the rooftops, but for me staying overnight in Birmingham was also a personal triumph (as was avoiding the new fashion season in the Bullring). Birmingham was a momentous moment for the panel, for me, and I'm sure for many others. It was great having the time to bond with the other panel members, and brilliant to have the opportunity of contributing to the conference.

My second highlight was participating in the development meeting for 'train the trainer' materials. Seeing *Stand Up Kid* for the first time was a memorable moment. Since then I have enjoyed watching different audiences being emotionally moved by this powerful clip. At my last conference it earned a round of applause, and rightly so.

I have never failed to be impressed by the achievements of individual panel members. I looked forward to every meeting wondering what has been achieved by my peers in the previous months. I enjoyed sharing my work on AcSeed, an accreditation mark that rewards emotional wellbeing support in schools. I would like to thank all the young people on the panel who helped me develop this concept. The scheme is continuing to expand, and our very latest news is that we are now extending the scheme into primary schools with a pilot school already identified.

On behalf of everyone I would like to thank Dave Wong, Youth Involvement Officer and the rest of the facilitators for making this experience so enjoyable and fulfilling. Thank you for guiding and motivating us, and most importantly thank you for your support. And of course for helping us to have a few laughs on the way.

We really are an amazing lot! Although I will be sad to leave the panel and end this chapter, I also leave this meeting with hope. Hope that our passion and determination can make a real difference in our communities, and hope that one day mental health stigma really will be a thing of the past.

Appendix two

Organisational pledge case study

Name: Kate Steadman
Role Title: Senior Teacher
School: Bishop Vesey Grammar School, July 2013

1. How did you find out about Time to Change (CYP) and why did you want to get involved?

Through the Deputy Head, Ruth Hearn, and through the Time To Change advertising. We wanted to get involved as we had been giving assemblies on a number of personal and social issues, including some of those connected to mental health, particularly to the older year groups (Sixth Form and Year 11). These assemblies helped to create a more tolerant atmosphere and students became more willing to seek help from appropriate staff before mental health problems escalated to a more serious level - as had happened in the past. We, therefore, believed that by becoming involved in Time to Change, we would be able to seek support in broadening our work to KS4 students.

2. What made you want to complete an action plan and pledge to support young people to challenge mental health stigma and discrimination?

We want to create a school wide atmosphere of tolerance towards mental health issues, raising awareness about discrimination, particularly in use of language and allow pupils to challenge such language usage by their peers. We believe such tolerance enables students to talk about and seek appropriate help before issues become more serious.

3. What was the experience and process of pledging like for you and your organisation?

Rewarding.

4. What are the main things you committed to do within your action plan and why did you choose them?

To use the train the trainer materials provided on a course to develop lessons that raise the profile of Time to Change campaign and its messages for Year 10. To work with the Time to Change team in providing training for L6 students who will become mental health champions within the school. Both of these were chosen in conjunction with our broader aims outlined above in sections 1 and 2.

5. Since completing your action plan and pledging, how have you found implementing the action plan?

We are in the process of preparing our points from the action plan for implementation in September 2013. The training for L6 will take place on September 25th 2013 and the lessons for Year 10 will become part of a rolling plan that will take place throughout the year. We have already had, prior to widespread advertising, some students express an interest in becoming mental health champions.



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