**Using social marketing campaign to tackle mental health discrimination**

Katherine Crawshaw, Time to Change

## About Time to Change

- Three partners – Mind, Rethink, Institute of Psychiatry, King's College London
- £20m funding – Big Lottery Fund (£16m) and Comic Relief (£4m)
- 35 projects – 6 national, 28 local, 1 evaluation
- Lived Experience Advisory Panel – LEAP
- Supporters (organisations and individuals) throughout England
- Four-year programme – 2007-2011 *with a ten-year vision*

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mind For better mental health · rethink · Institute of Psychiatry at The Maudsley · King's College London University of London

LOTTERY FUNDED · FUNDED BY COMIC RELIEF

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# Outcomes

As part of Time to Change

- 5% positive shift in public attitudes towards mental health problems
- 5% reduction in discrimination

Also

- Significantly increase public awareness of mental health reaching 30m people, with at least six opportunities to see
- Build momentum around the whole Time to Change programme

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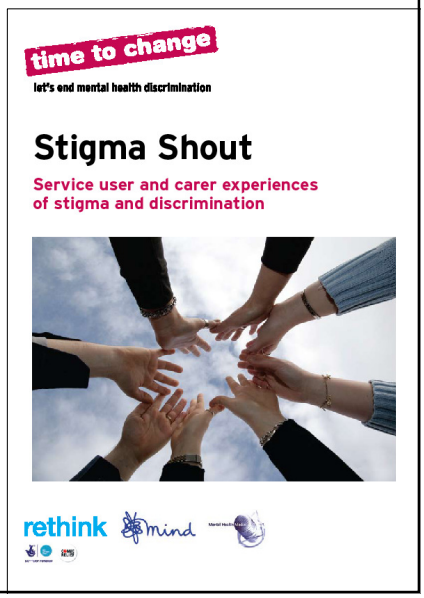
# Stigma Shout (July 2008)

- Nearly 4,000 people
- 87% reported actual or anticipated stigma and discrimination
- Stigma affects all areas of life: work, relationships, friendships, accessing services, doing everyday things like going to the pub and the shops



"My Dad wouldn't speak to me for 10 years because of my illness."

"I suddenly got abuse on the streets and I didn't leave the house unless absolutely necessary."

"When I was in a psychiatric ward my friends did not come and see me. When I had cancer they did."

Family

Friends and neighbours

"My Grandfather said it's all in your head – you are doing it for effect"

"They stop talking to you like a real person."

Health professionals

Work colleagues

"It's them and us – we're well and you're not."

"The stigma and discrimination I face daily is probably the only thing that is holding me back."

"The personal cost of stigma to me and my family has been beyond our wildest nightmares."

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# Who to target?

Will targeting this group make a difference to people with mental health problems?

Is this an influential group?

Are any other areas of Time to Change targeting this group?

Is a marketing campaign the best way?

How ready is this group to change?

Are any other organisations or government targeting this group?

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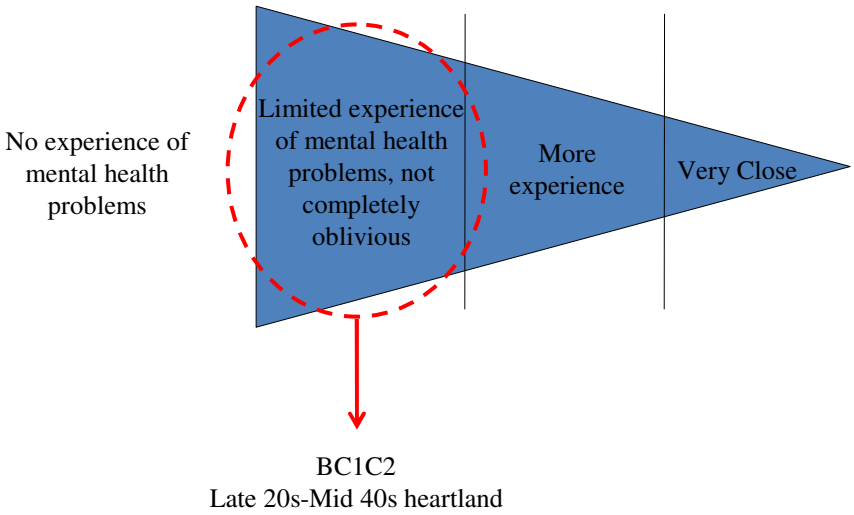
## Subconscious stigmatisers




## Insights

- That's sad, but it's not me – stigma is often subconscious
- Discrimination? What's that got to do with mental health?
- I wouldn't want anyone to know
- The fear factor
- Lack of understanding and information
- Personal connection is key.
- Walking on eggshells

*"It isn't that most people don't care – it's that they don't understand"*
**Friend ,male 35-54C1C2**

*"There's stigma because of ignorance, and probably bigotry because of lack of interest. Ignorance is that foundation of stigma and lack of interest"*
**Friend ,male 35-54C1C2**

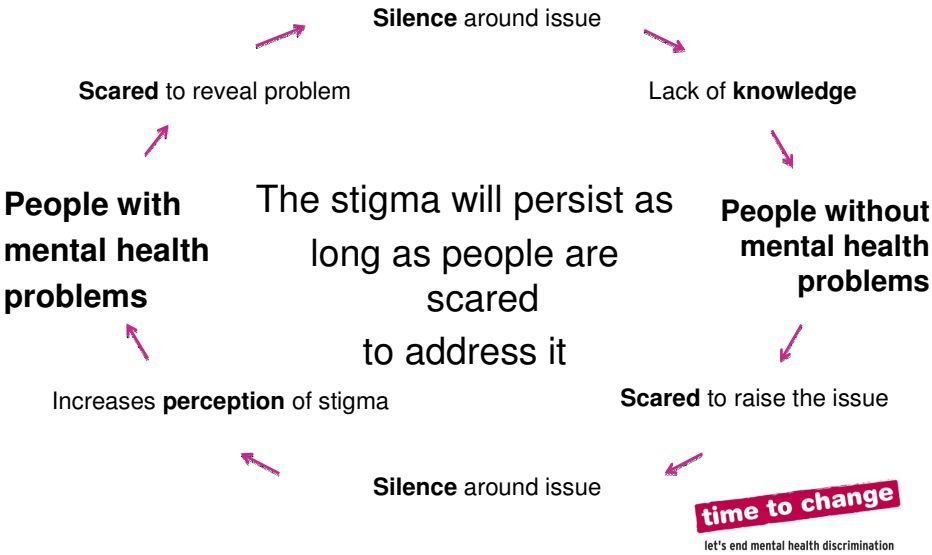
*"I take people as I find them me"*

*"I think of myself as very open minded. It's part of who I am"*

*"If you put mental health problems on a job application the person would have second thoughts because of the issue of going to the Doctors or time off or if you were on medication and forgot to take it"*
**Distant ,male 35-54, C2DE**

*"If it was me I would feel embarrassed telling people. They would think you were daft thinking you did have a problem. There is a stigma about mental health. I'd feel embarrassed and a bit anxious about what was going on in my head"*
**Distant ,male 35-54, C2DE**

*"If you have mental health problem you should be shut away is the old story. You could end up in Prestwich was something people used to say if you were down"*
**Distant ,male, 35-54, C2DE**

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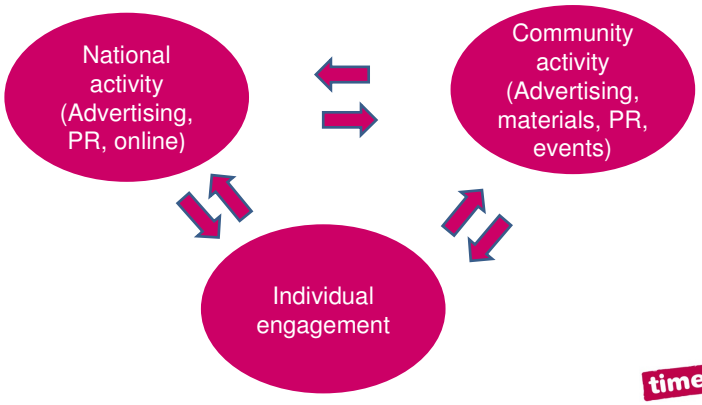
# Our campaign

- 2009: Getting mental health discrimination on the national agenda
- 2010: Recognising your role in mental health discrimination
- 2011: Starting your conversation about mental health

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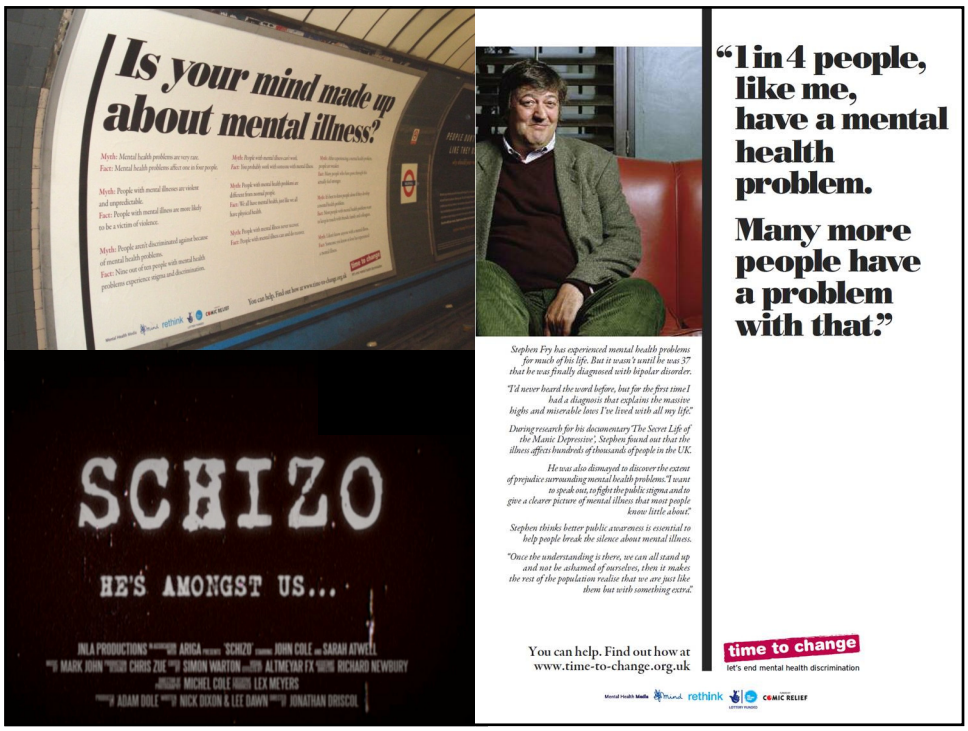


## 2010: Your role

*Lost interest when you read 'mental health problem'?*

**Erik, 30, GSOH, lecturer, likes cycling, keeps fit. Has a mental health problem. Looking for girl 25-32 for possible relationship.**

2011: Starting your conversation
HOW ARE YOU FEELING?
it's time to talk. it's
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LET'S CATCH UP

Local activity
STIGMA
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www.time-to-change.org.uk

**How is the TTC social marketing campaign influencing mental health related *knowledge*, *attitudes* and *behaviour*?**

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# Evaluation Methods

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# Outcome Measures

***Mental Health Knowledge Schedule (MAKS):*** Includes 6 items which assess stigma related mental health knowledge

Knowledge - Ignorance

***Community Attitudes Towards Mental Illness (CAMI):*** Assessed 3 items from the CAMI scale. (Chosen a priori & in line with campaign targets)

Attitudes - Prejudice

***Reported and Intended Behaviour*** *Scale* ***(RIBS):*** Assessed 4 intended behaviour items

Behaviour - Discrimination

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# Sample

- Participants recruited via online market research panel (n=900-1,100/burst)
- Interviews performed pre, during and post each burst of campaign activity
- Representative of target population (age 25-45; SES BC1C2)
- Quotas: age, sex and SES; 50% confirmed press readers

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# Campaign Awareness

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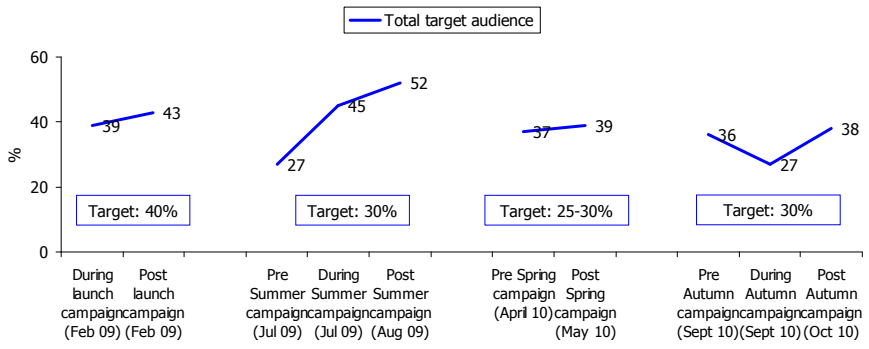
## Campaign has maintained reach at similar levels to Spring 2010, peaking at 38% at the post stage.

**Total Prompted Recognition of any Time To Change Advertising**
**All respondents**




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

*Base: FEBRUARY 09: during campaign period (290); post campaign (453); total campaign period (743); SUMMER 09: during campaign period (200); post campaign (230); total campaign period (430); pre spring 2010 campaign (232); post spring 2010 campaign (232). AUTUMN 10: pre campaign (233), during campaign (200), post campaign period (231)*

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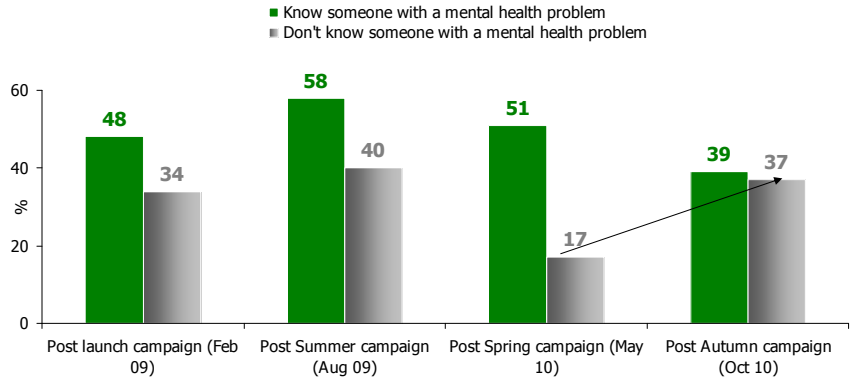
# Total Prompted Recognition by Proximity to Mental Health Problems




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

*Base: All who know someone with a mental health problem: Launch (481); Summer 09 campaign (281); Spring 2010 campaign (150); Post Autumn 10 (153)*

*All who don't know anyone with a mental health problem: Launch (255); Summer 09 campaign (145); Spring 2010 campaign (82); Post Autumn 10 (78)*

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# MAKS (Knowledge), CAMI (Attitudes) and Behaviour (RIBS)
## -Pre/Post Total Target Population

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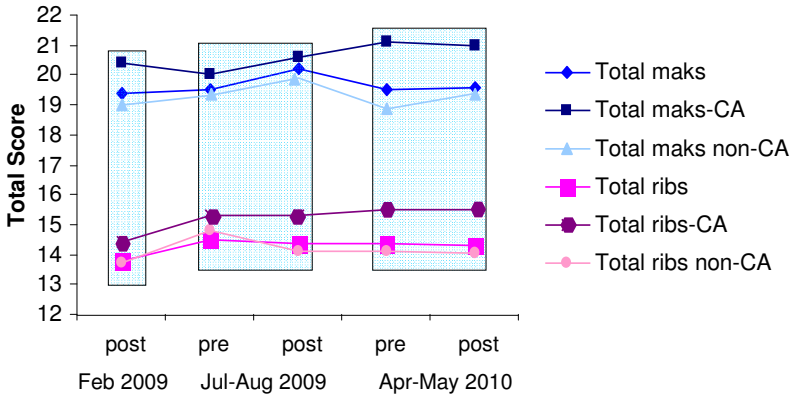
## Total MAKS & RIBS
## Jan 2009-May 2010

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# How is Campaign Awareness associated with MAKS, CAMI and RIBS?

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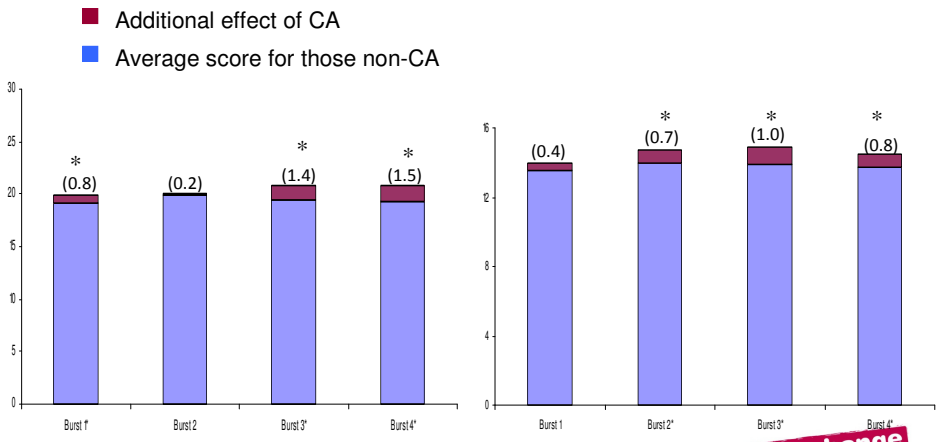
# Association between <u>any</u> Campaign Awareness and MAKS & RIBS (Adjusted)




* Significant association with CA

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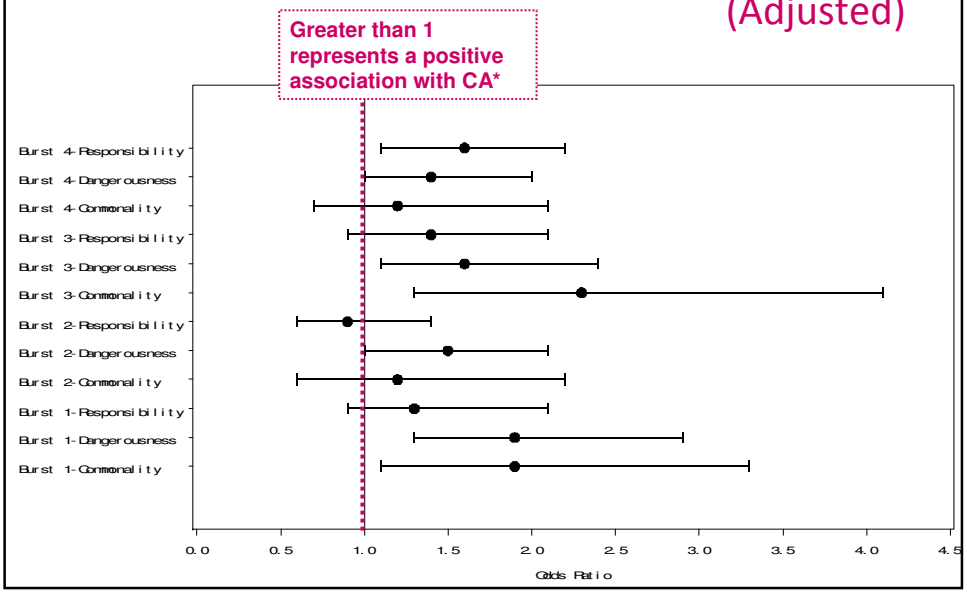
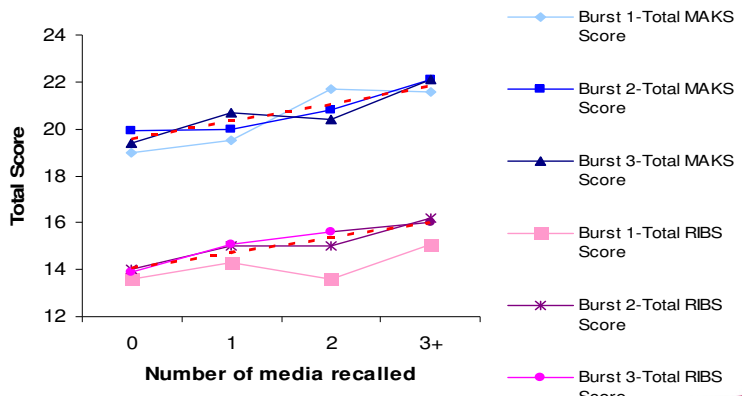
# Odds Ratio of Agreeing with CAMI Items Campaign Aware vs not Campaign Aware (Adjusted)



## Association between level of Campaign Awareness and MAKS & RIBS Scores (Jan 2009-June 2010)

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## Summary & Conclusions (Evaluation)

- Overall RIBS score seems to be building over time for those that are CA vs. non-CA. This trend is not yet significant for BME respondents
- There were significant associations between CA and overall knowledge and behaviour and 2/3 attitude items during Autumn 2010
- The strength of the relationship between CA and knowledge and behaviour continues to improve (comparing Jan 2009 to Autumn 2010) –this is not the case for attitudes
- The relationship between CA and knowledge and behaviour increases as level of CA increases, however, this is not true for attitudes
- Social contact continues to be the most significant predictor of mental health related knowledge, attitudes and behaviour and continues to improve as the level of contact increases

*CA = Campaign awareness

# Progress toward overall targets

- 5% Reduction in Discrimination
  - From 2008-2010 the overall level of discrimination reported by people who experience a mental health problem has dropped by 4%
- 5% Improvement in Attitudes
  - There has been a 2.2% improvement n public attitudes toward people with mental health problems from 2008-2010. (DH Attitudes toward Mental Illness Survey)

# What we have achieved so far

- Reached 34 million people, each with four opportunities to see
- Significant shifts in knowledge, attitudes and behaviour among those who have seen the campaign, with improvements in some attitude indicators
- Over 33,000 Facebook fans – part of a growing movement of supporters
- Local interaction with 100,000 people through 12 Roadshows
- Engagement of at least 117 PCTs and Mental Health Trusts
- In-depth evaluation of all campaign activity
- More in-depth understanding of how to engage our target audience in order to drive behaviour change

**Overall, we have created a new public space where people are talking about mental health**

## What we've learnt...

- Investment in development time has worked
- Importance of ongoing learning and testing
- Social contact is the key to changing attitudes and behaviour, and communications work well to model this – for example using real people in our advertising and through local engagement and events
- If we can get people aware of the campaign, we can shift knowledge, attitudes and behaviour
- Celebrities boost engagement and awareness
- Local partnerships extend the campaign and engage people in their own communities
- We can now target people with mental health problems directly – building a movement

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## Thank you

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