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1. Introduction

Time to Change Surrey is a local campaign and programme to raise awareness and reduce stigma around mental health. Due to a recent change of provider for the anti-stigma services in Surrey there was a need to collect data to help target the service to where it is most needed.

The team set out to hear from people with experience of mental health problems (either direct or indirect e.g., as a carer, family member, friend), and about any stigma or discrimination they may have faced, or may face.

2. Context and Considerations

The survey was in field from 01/11/2021 and closed on 30/11/2021. It received 142 self-selected responses, however 10 of these were non-Surrey residents so were removed from the analysis below. A sample of size of over 130 provided a relatively strong result, but we must be aware when using a self-selecting sample that there is an innate bias. Those who have overt opinions around a topic will be more likely to partake in a survey. As a result, all results should still be treated as indicative rather than fact. To mitigate self-selection bias and attempt to reach as many residents as possible, certain questions were also shared with the citizen's panel which will be used to supplement the findings in this report. While the survey provides a basis for understanding people's opinions, further qualitative research would need to be undertaken to better discern their lived experiences.

The following report outlines the findings of the survey.

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3. Respondents Demographics

Respondents were more likely to be female, with 76% of respondents identifying as such compared to 21% male, while 3% were non-binary. Given this disparity it should be noted the results are more reflective of the views of females, which may be an issue when trying to breakdown stigma around male mental health.

The majority of respondents were 45 and older, which is similar to the demographics for Surrey as a whole. However, there is a slight overrepresentation of respondents aged 55 and over (40%) when compared to Surrey demographics (31%).
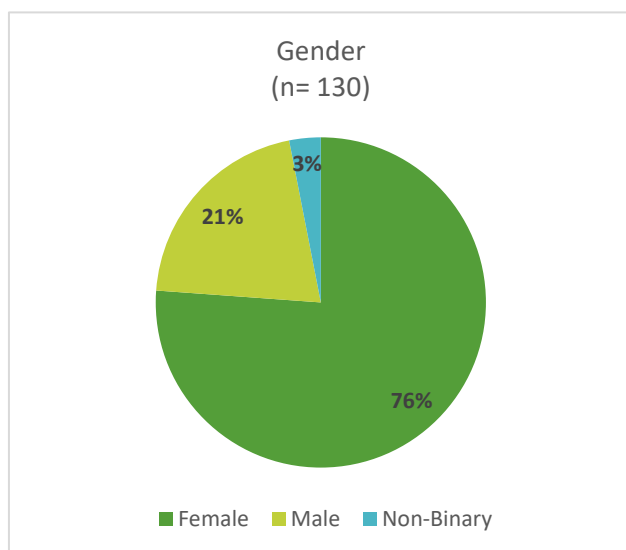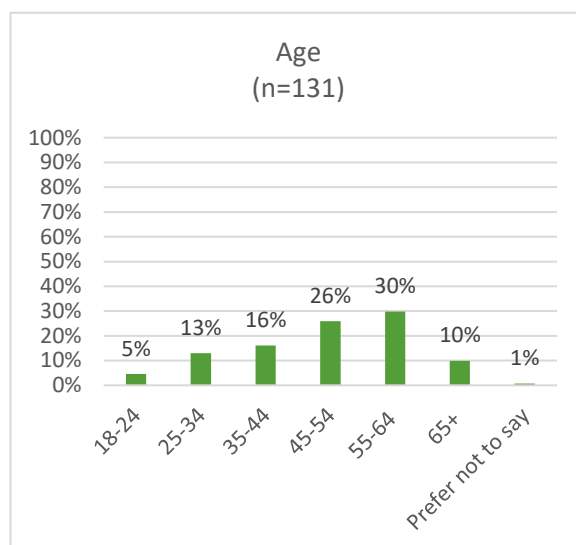

Figure 1 Gender (n=130)

Figure 2 Age (n=131)

Respondents were also most likely to come from a white background at 97%, especially white British (88%). In the 2011 census, white ethnic groups made up 90% of Surrey's population showing they are overly represented in this sample. Response rates from across the county were fairly well balanced, however Tandridge and Spelthorne both returned a low number of responses. This is a concern as these areas performed the worst on the Index of Multiple Deprivation 2019 out of all Surrey's district and boroughs.
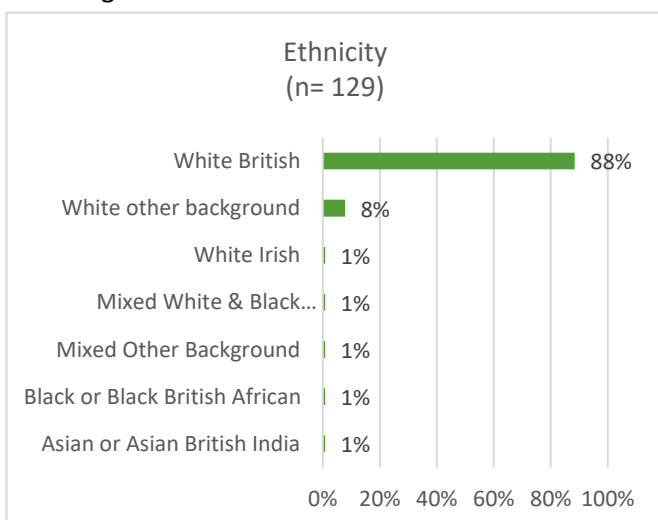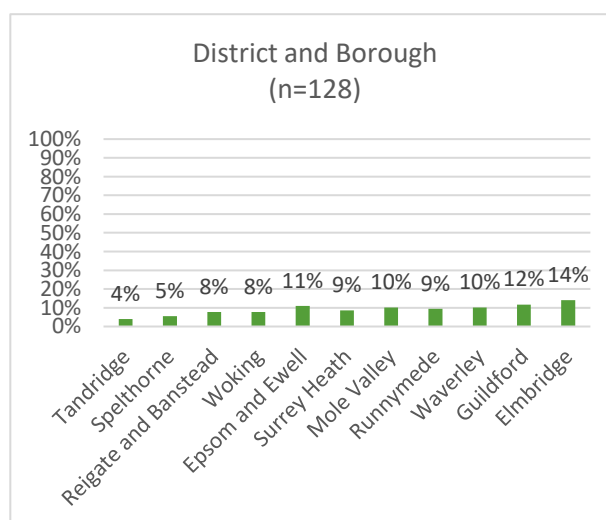

Figure 3 Ethnicity (n=129)

Figure 4 District and Borough (n=128)

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4. General attitudes

When asked about why they perceived mental ill health is viewed negatively or stigmatised by some people 72% of respondents believed it was because of inaccurate beliefs and perceptions. However, it should be noted all options offered were selected by over half of respondents suggesting mental health stigma is caused by a multitude of factors. Of the 14% who expanded on why mental health is viewed negatively under 'other', 24% believed stigma was due to a lack of understanding about mental health, while 20% blamed NHS or government policies, or fear of those with mental health issues.
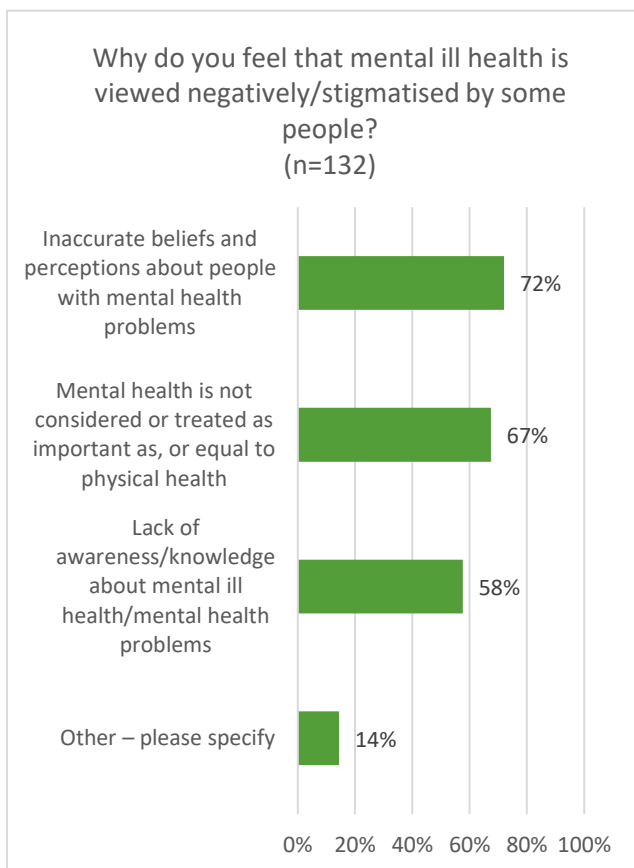
Figure 5 Why do you feel that mental ill health is viewed negatively/stigmatised by some people? (n=132)
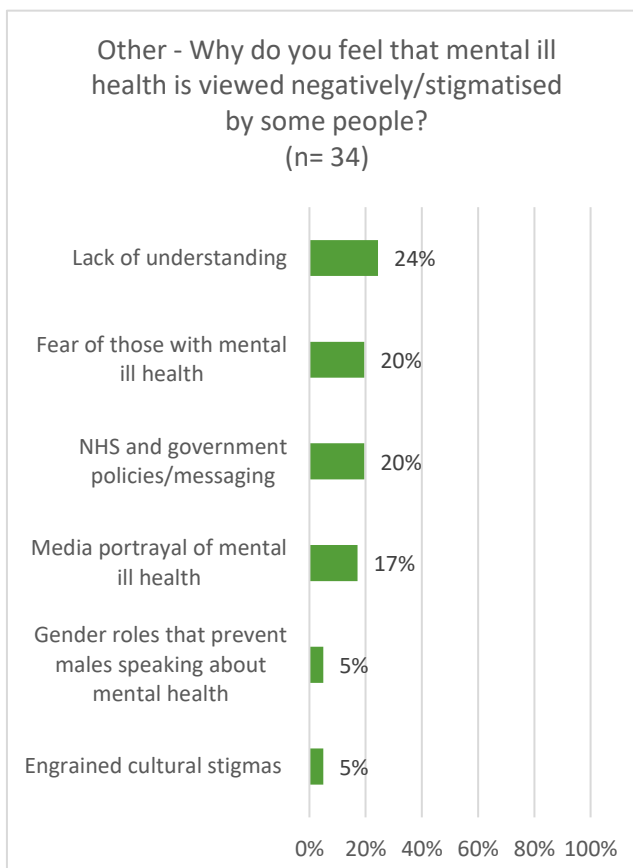
Figure 6 Other - Why do you feel that mental ill health is viewed negatively/stigmatised by some people? (n= 34)

A selection of views on current services can be viewed below. As it can be seen there has been experiences of discrimination accessing health services and complaints over the types of services available.

"Physical Health is incorporated into GP surgeries and hospital settings - Mental Health is more something you have to help yourself with."

"Medical staff do not care. Having experienced A&E during crisis with a family member I was appalled by attitude and behaviour of A&E medical staff to the point that I would be reluctant to seek help…"

"Unfortunately, the government are too greedy to accept this issue as major!"

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5. Personal Experiences

Experience of mental health issues and of stigma

Mental health issues were experienced by 98% of responses, with 68% reporting personal experiences or and 29% indirect experience. Almost three quarters (72%) had experienced stigma and/or discrimination due to this.
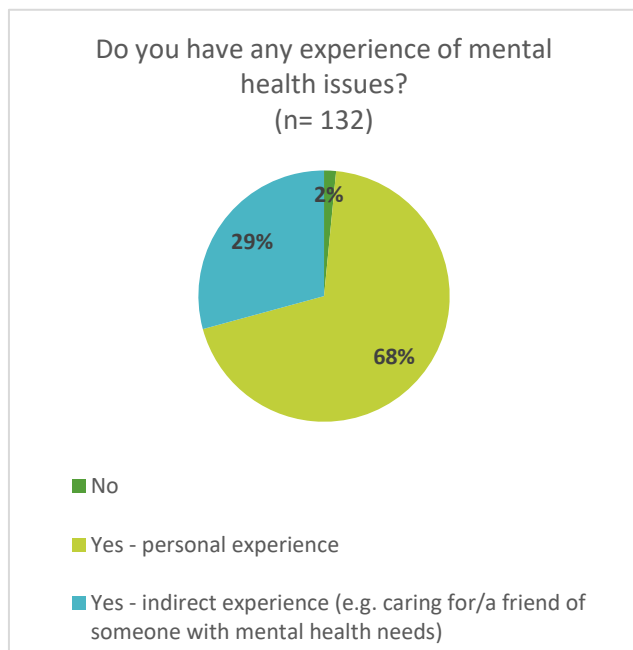
Figure 7 Do you have any experience of mental health issues? (n=132)
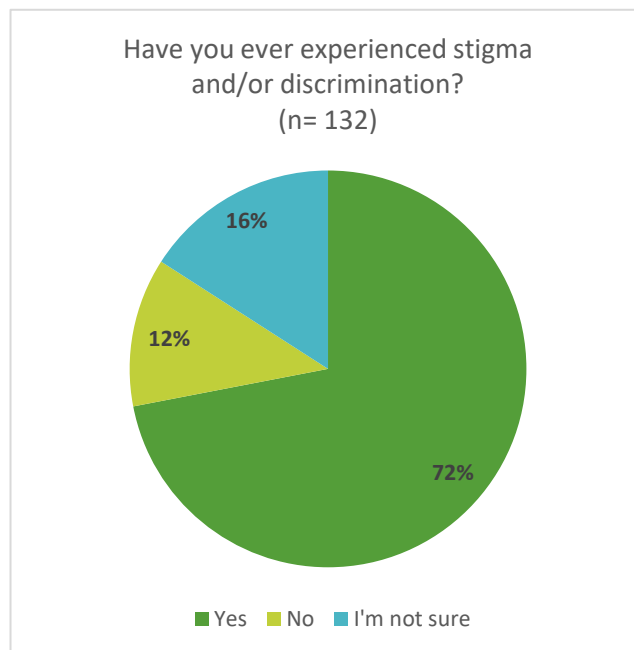
Figure 8 Have you ever experienced stigma and/or discrimination? (n=132)

Where Stigma was Experienced

The most common place to experience stigma or discrimination was with family (72%), followed closely by friends and colleagues (58%). However, it is also notable that GP practices and hospitals were also a common source of stigma and discrimination. Given that these are services where people go when they are experiencing a mental health crisis, this is a priority area to address.
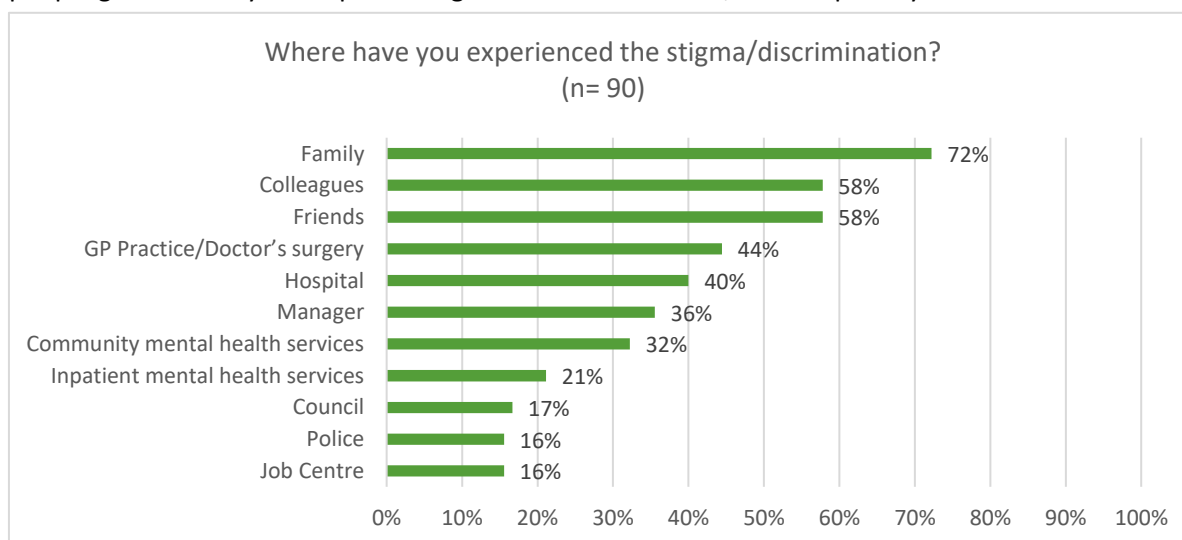
Figure 9 Where have you experienced the stigma/discrimination? (n= 90)

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Of the 25 respondents who expanded on where they experienced stigma under 'other', the most commonly mentioned theme was stigma within their communities (14%), such as negative attitudes of their neighbours or while out shopping. The second most common was the attitude of government agencies (12%). These often-addressed issues around accessing benefits or needing to regularly prove their mental health issues. Third most common was stigma within schools (8%.)
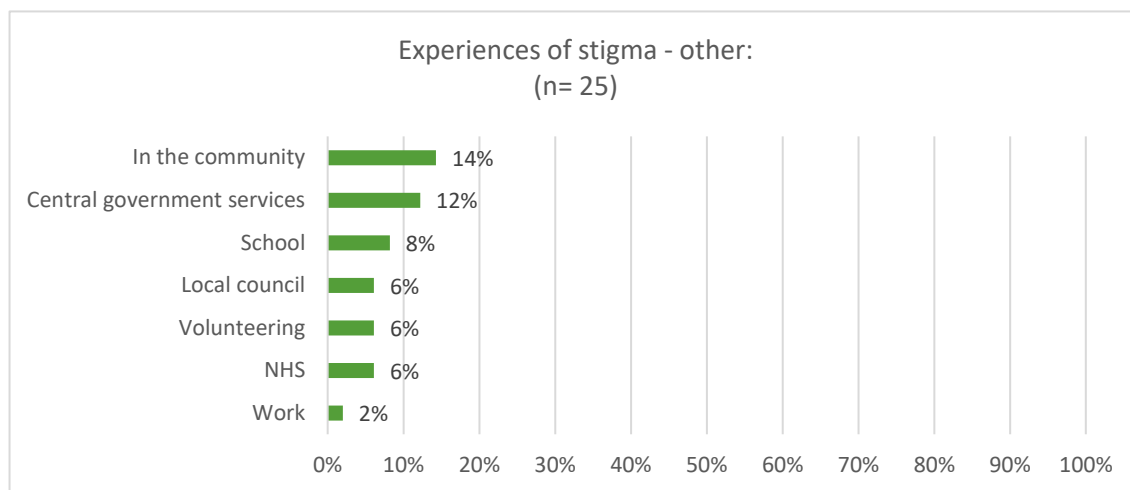
Figure 10 Other - Where have you experienced the stigma/discrimination? (n=25)

How stigma/discrimination was expressed

When asked how discrimination was expressed to them, it was most commonly through negative attitudes or comments from others (76%). There was also difficulty accessing services (47%) and physical health symptoms not being properly investigated (42%), echoing themes around medical treatment and receiving benefits that arose in response to previous questions.

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How was the stigma/ discrimination expressed to you?
(n= 115)

Category	Percentage
Negative attitudes or comments from others	76%
Difficulty accessing services	47%
Physical health symptoms not properly investigated because of a mental health condition	42%
Harassment or bullying (unwanted behaviour you find offensive, or which makes you feel intimidated or humiliated; verbal/physical abuse, threat or coercion – respectively)	39%
Less tolerance in the workplace about sickness absence	31%
Reduced opportunities for promotion/career advancement	27%
Unfair dismissal	18%
Other– please specify below	13%

Figure 11 How was the stigma/ discrimination expressed to you? (n=115)

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the 14% who specified 'other' the most common theme in how stigma/discrimination was expressed to them was around treatment by GPs or medical service providers - further elaborating on the responses outlined above. The second most common theme was a lack of understanding around mental health. These issues often overlapped, as seen in a selection of comments below.

"All of the above have very little compassion or understanding. I have witnessed… A&E and the community mental health services, ambulance staff dismiss concerns and use inappropriate language and behaviour towards people in crisis."

"Mental health conditions not properly investigated because of neurodivergent conditions (autism)."

"Misunderstanding and disbelief as to how the mental health condition presents and what barriers it creates for people. An attitude of, 'really' and questioning the validity of the condition."

Impact of stigma/discrimination

Almost all of those who had experienced stigma and discrimination found it had lowered their self worth and self esteem (94%). It also led them to be less likely to talk about their issues or trust others. The knock on effects from such stigma can have a significant effect (personally and in terms of seeking support) and even add to mental health issues. Of the 21 respondents who expanded on the impact of stigma/ discrimination under 'other', 29% said it had effected their access to treatment, 24% said isolation, and 14% said accessing council or government services or self harm. It is therefore important for services that work with those with mental health issues, receive training to understand these impacts/challenges and ways to reduce stigma.
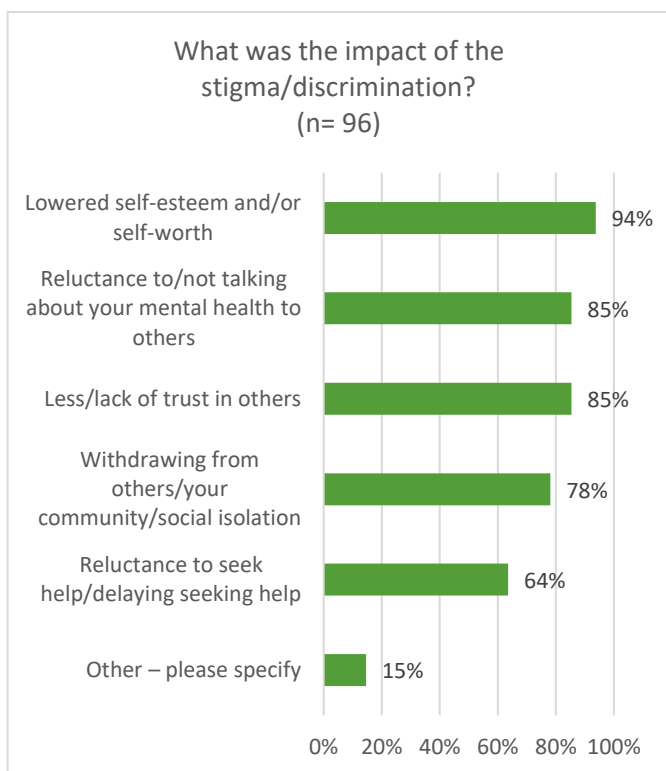

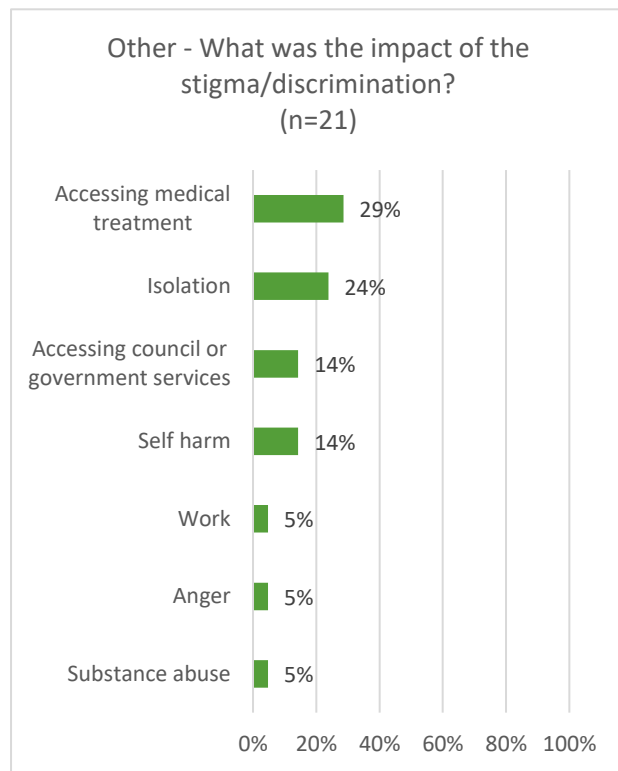Figure 12 What was the impact of the stigma/discrimination? (n=96)

Figure 13 Other - What was the impact of the stigma/discrimination? (n=21)

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6. Addressing Mental Health Stigma

How able do you feel to address any stigma/discrimination you may have faced?

Results for how able people felt to address stigma and discrimination were mixed, with 39% feeling unable and 32% feeling able. When asked what would make them feel more able to address it, most respondents felt education and better knowledge of mental health was key (25%) second most cited was additional support for those with mental health (14%). Over one in 10 respondents (13%) felt that changing institutions and processes would make them feel more able/make it easier to address stigma and discrimination, such as addressing reporting mechanisms. (11%).

On a scale of 1-5, how able do you feel to address any stigma and/or discrimination that you may have experienced, or may experience? (n= 129)

	Percentage
1 - Not at all able	16%
2	23%
3	29%
4	17%
5 - Very able	15%

Figure 14 On a scale of 1-5, how able do you feel to address any stigma and/or discrimination that you may have experienced, or may experience? (n=129)

What would help you feel more able to address stigma and/or discrimination? (n=100)

	Percentage
Educating the public on mental health	25%
Support from peers and agencies	14%
Changing insititutions so that mental health was more of a priority and accepted	13%
Having clear and strong reporting mechanisms	11%
Awareness campaigning	9%
Greater public debate around mental health	4%

Figure 15 What would help you feel more able to address stigma and/or discrimination? (n=100)

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While some comments referred to the integration of physical and mental health services within the NHS and both mental and physical health being treated on parity, others more directly highlighted issues around complaints, examples of which can be found below.

"If I were taken seriously within the complaints procedure in the NHS and Social Services, and that the complaint was dealt with properly and fully."

There needs to be a resolution department in all organisations. Someone that is trained in mental health; that go to person."

"If there was a framework for addressing it or guidance for how to address it; as someone with difficulties regulating emotions it would be difficult for me to communicate my distress whilst staying professional, so would be helpful if there was a script/ template to work from on how to communicate what was inappropriate."

How confident do you feel to address any stigma/discrimination you may have faced?

1Confidence levels in addressing stigma were lower than the ability to address stigma, with 43% of respondents feeling not confident, compared to 32% feeling confident. Similar themes arose for how to increase confidence as arose with increasing the ability to address stigma. Creating better awareness in society around the impacts of mental health issues was the most commonly cited at 16%, while better support for those currently dealing with mental health issues came second at 15%. Educating the public was also high at 12%.
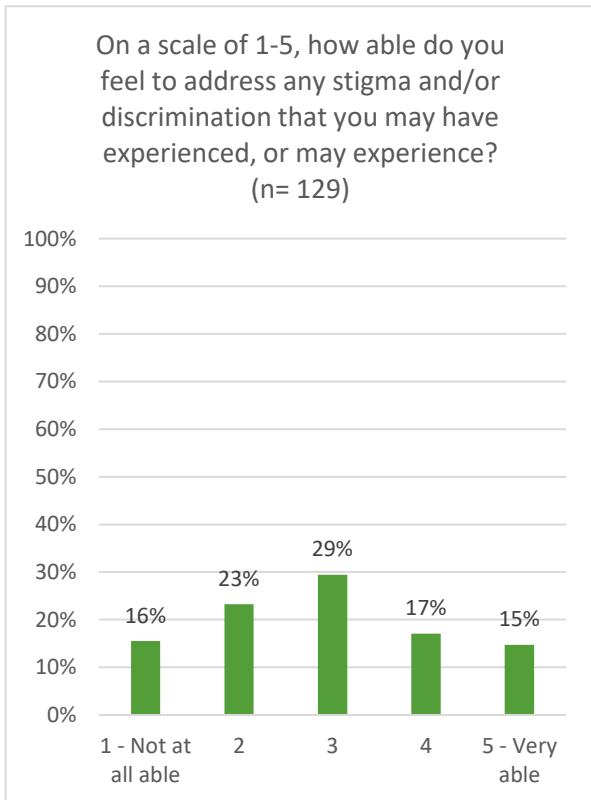

Figure 16 On a scale of 1-5, how confident do you feel to address any stigma and/or discrimination that you may have experienced, or may experience? (n=119)
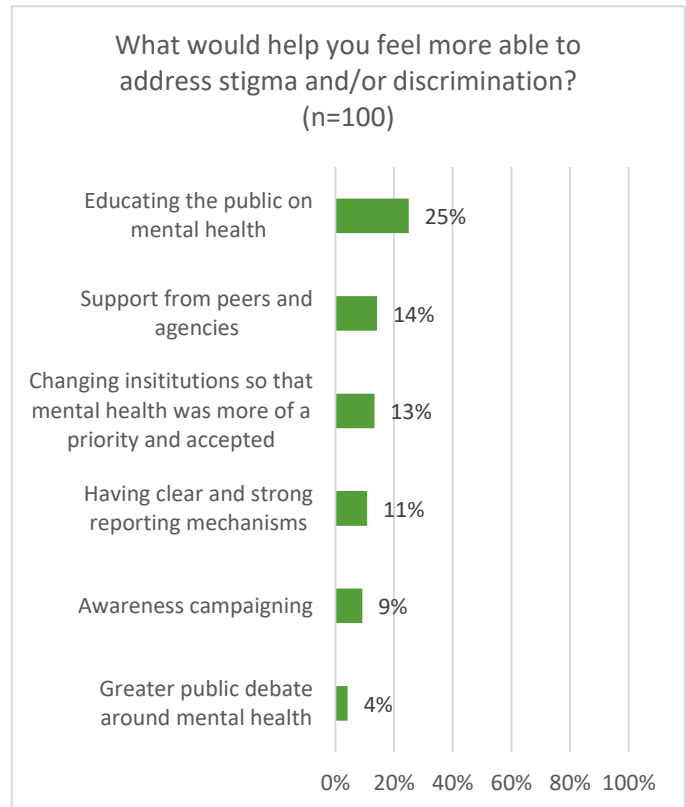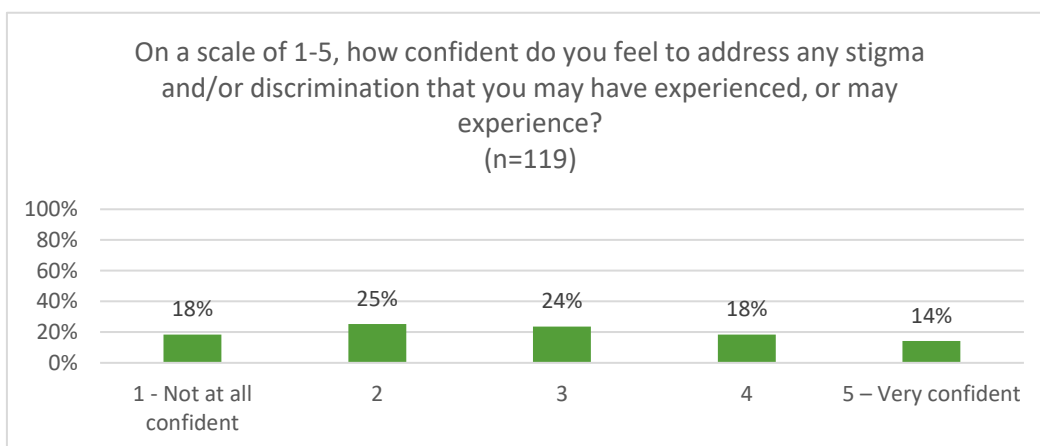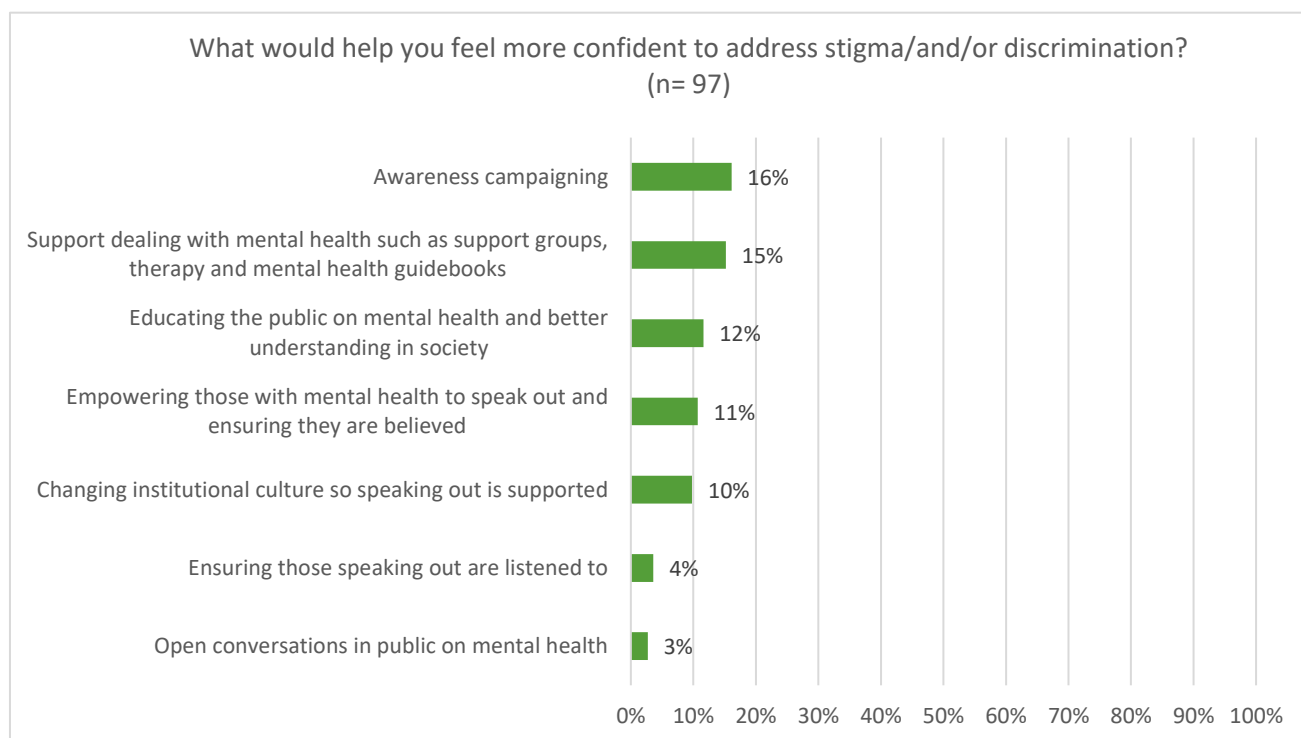
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What would help you feel more confident to address stigma/and/or discrimination? (n= 97)

Category	Percentage
Awareness campaigning	16%
Support dealing with mental health such as support groups, therapy and mental health guidebooks	15%
Educating the public on mental health and better understanding in society	12%
Empowering those with mental health to speak out and ensuring they are believed	11%
Changing institutional culture so speaking out is supported	10%
Ensuring those speaking out are listened to	4%
Open conversations in public on mental health	3%

Figure 17 What would help you feel more confident to address stigma/and/or discrimination? (n=97)

What would be best at reducing mental health stigma?

When asked to consider what would be best at reducing mental health stigma, the highest number of respondents said training on mental health awareness at 74%. Therapies/resources to support mental health those came second at 63%, promoting awareness of Time to Change – Surrey came third at 58% and then conversations between people with experience of mental health problems and the public at 57%.
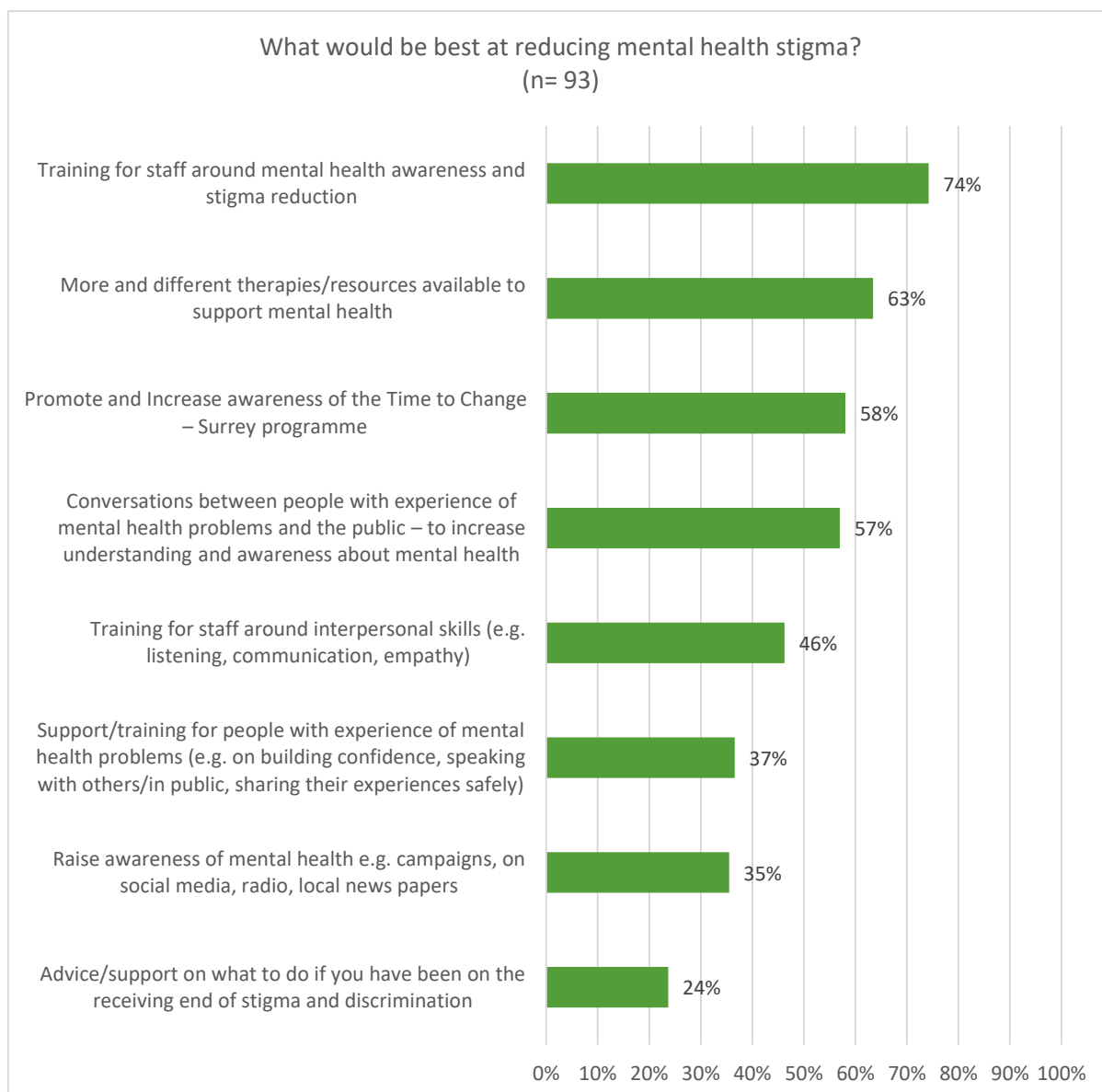
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What would be best at reducing mental health stigma?
(n= 93)

Figure 13 What would be best at reducing mental health stigma? (n=93)

When asked if they had any other methods or anything else to add, 31 respondents added comments. The two most common answers were to use those with personal experience of mental health issues to shape programmes (22%) and expand mental health services to support those in need (16%). Respondents also wanted to see cultural change so mental health was more openly discussed (9%), as well as course and workshops to educate people of mental health (9%).
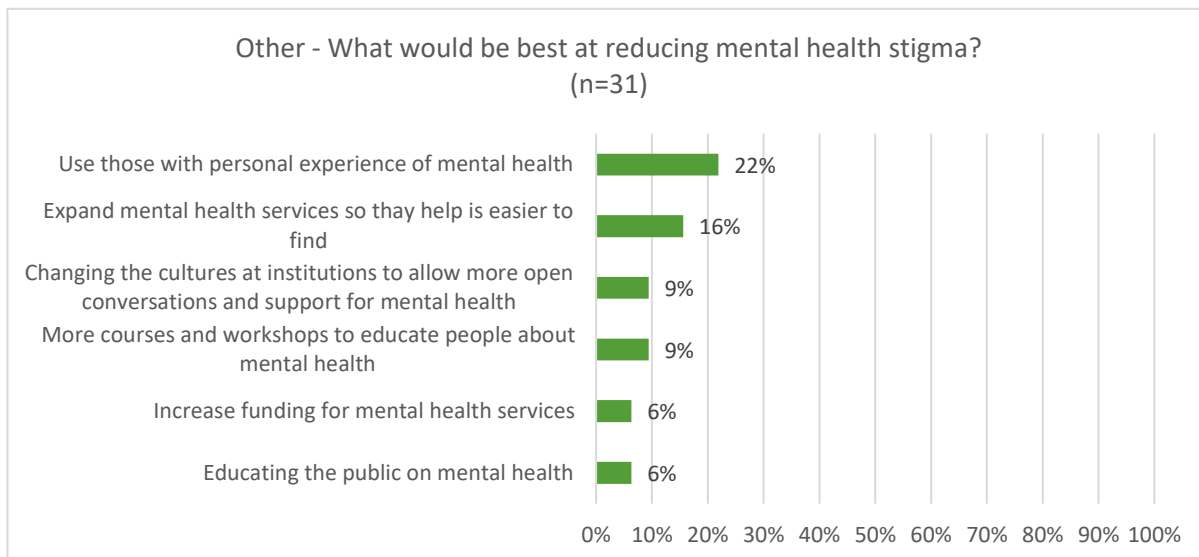
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Other - What would be best at reducing mental health stigma?
(n=31)

Category	Percentage
Use those with personal experience of mental health	22%
Expand mental health services so thay help is easier to find	16%
Changing the cultures at institutions to allow more open conversations and support for mental health	9%
More courses and workshops to educate people about mental health	9%
Increase funding for mental health services	6%
Educating the public on mental health	6%

Figure 14 Other - What would be best at reducing mental health stigma? (n=31)

7.Awareness of Time to Change Surrey

Of those who took part in the survey just one quarter (25%) were aware of Time to Change Surrey's anti-stigma programme, while 68% had not heard of it. Of those who were aware of it most people had heard about it through Surrey's mental health services (29%).
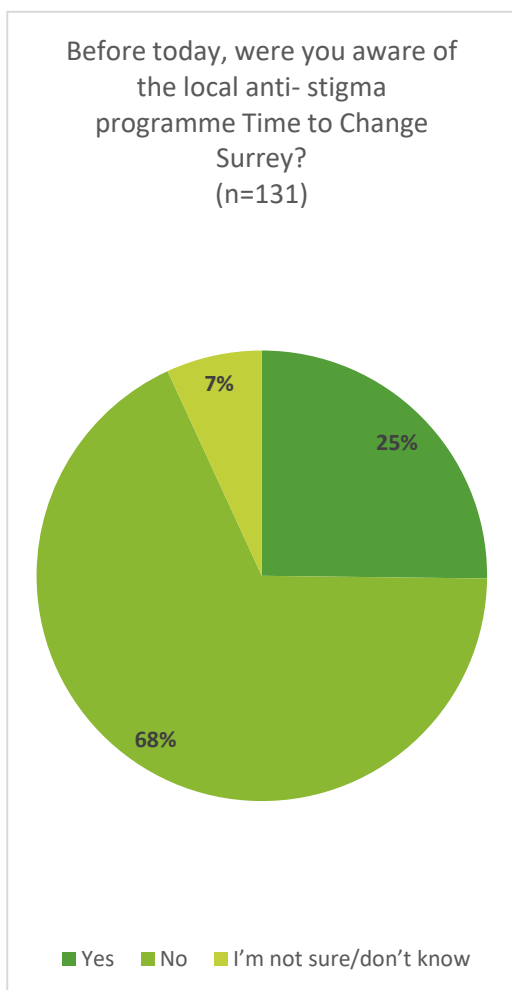
**Before today, were you aware of the local anti- stigma programme Time to Change Surrey?**
(n=131)

- Yes 25%
- No 68%
- I'm not sure/don't know 7%

How did you first hear about Time to Change Surrey?
(n= 48)

Source	Percentage
Surrey mental health services (NHS or voluntary sector e.g. Community Connections, IAPT,…	29%
Other - please specify	25%
Time to Change Surrey social media	21%
Surrey County Council website or social media	10%
In person: e.g. at a drama or training session or conversation with a Mental Health Champion(s)	8%
Time to Change Surrey display stand at an event in Surrey	4%
G.P/doctor, health or social care staff	2%
Saw their newsletter called "Headliner"	0%

Figure 20 Before today, were you aware of the local anti-stigma programme Time to Change Surrey? (n=131)
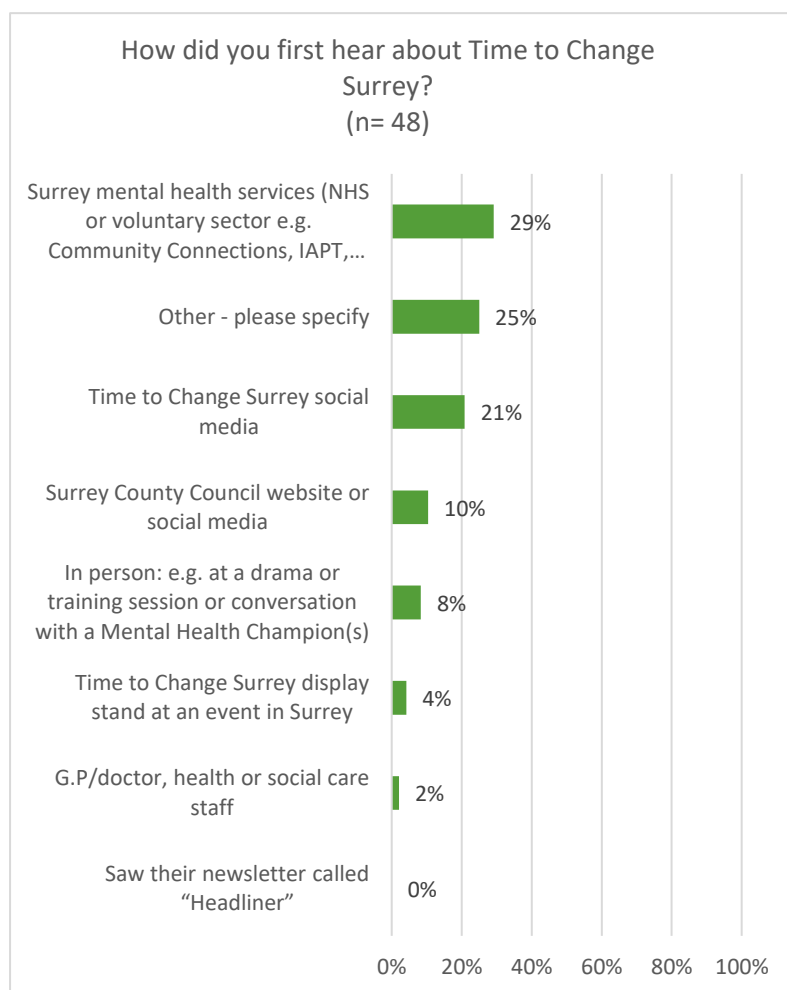
Figure 21 How did you first hear about Time to Change Surrey? (n=48)

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Of the entire sample only 9% of respondents had received support or been involved with the service. If they had used the service, they were most likely to have attended a Time to Change Surrey drama scene/play or training session (63%). This equates to 7% of the entire sample.
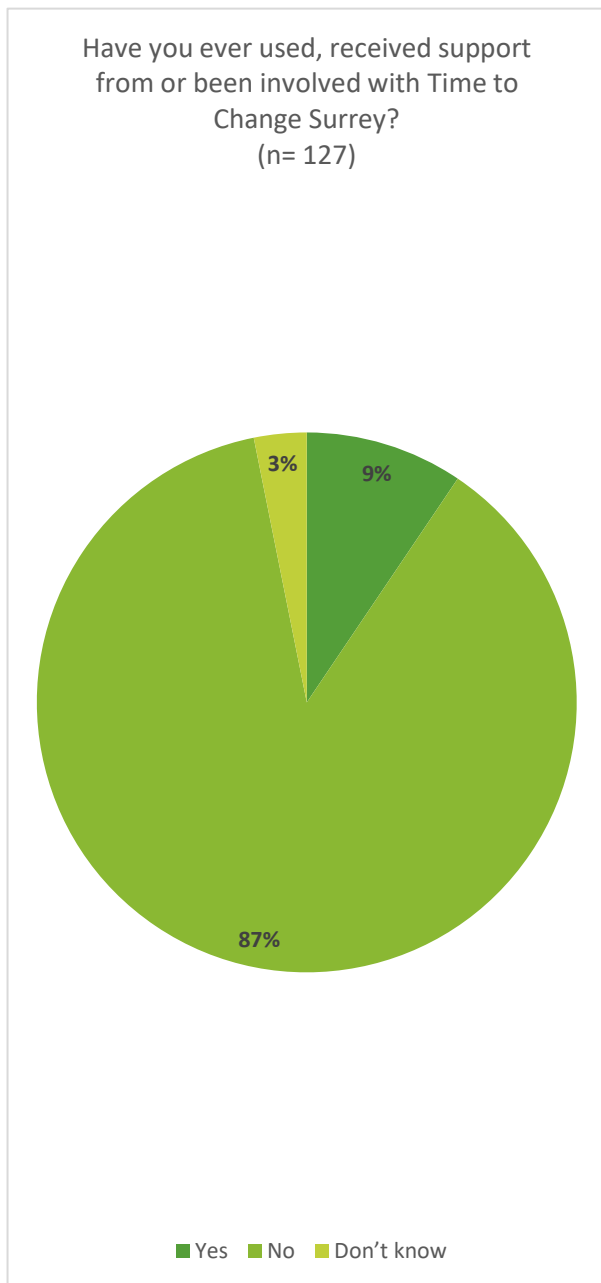

Figure 22 Have you ever used, received support from or been involved with Time to Change Surrey? (n=127)
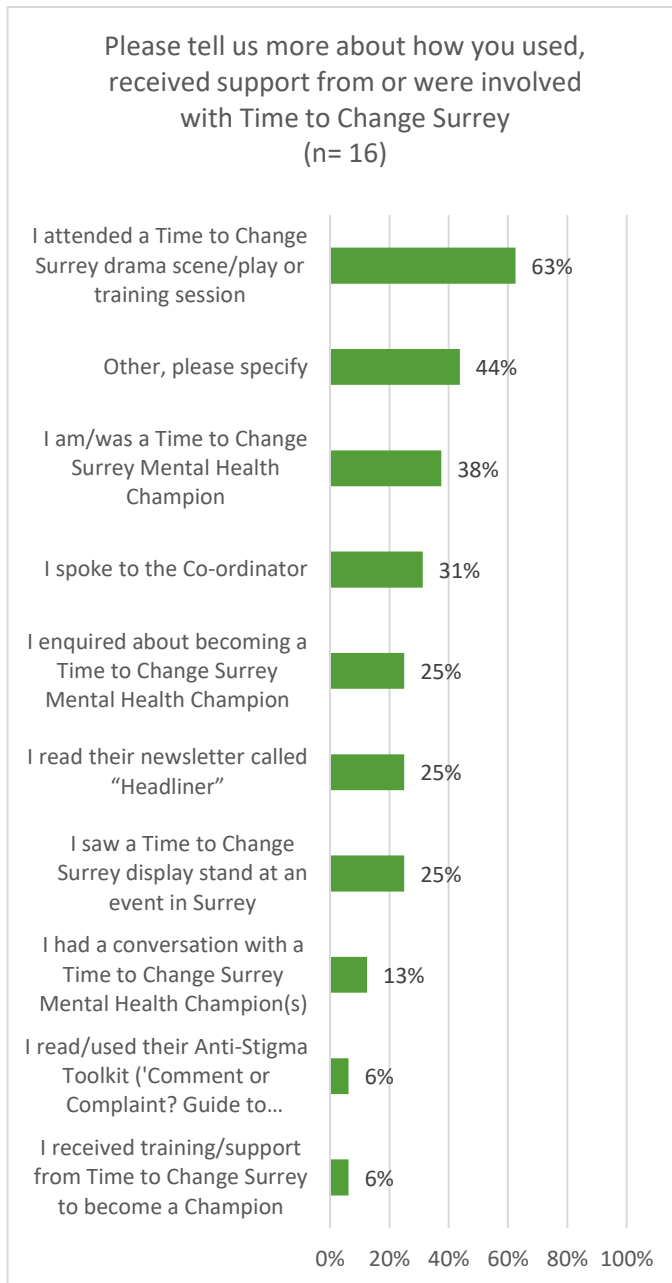

Figure 23 Please tell us more about how you used, received support from or were involved with Time to Change Surrey (n=16)
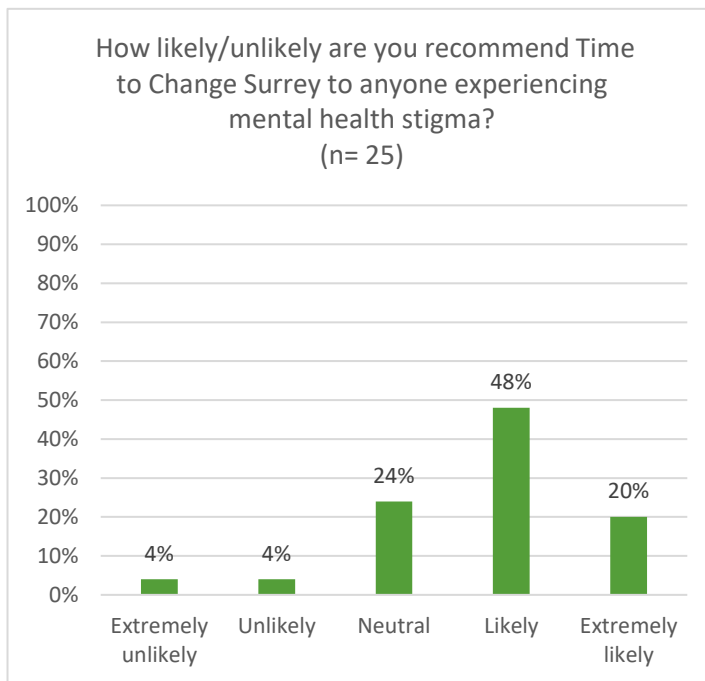
Figure 24 How likely/unlikely are you recommend Time to Change Surrey to anyone experiencing mental health stigma? (n=25)

Of the 9% of respondents who had used the service 68% were likely to recommend the services of Time to Change Surrey.

The commonest way by far that respondents thought the Time to Change programme could be improves was better promotion of the service (72%).

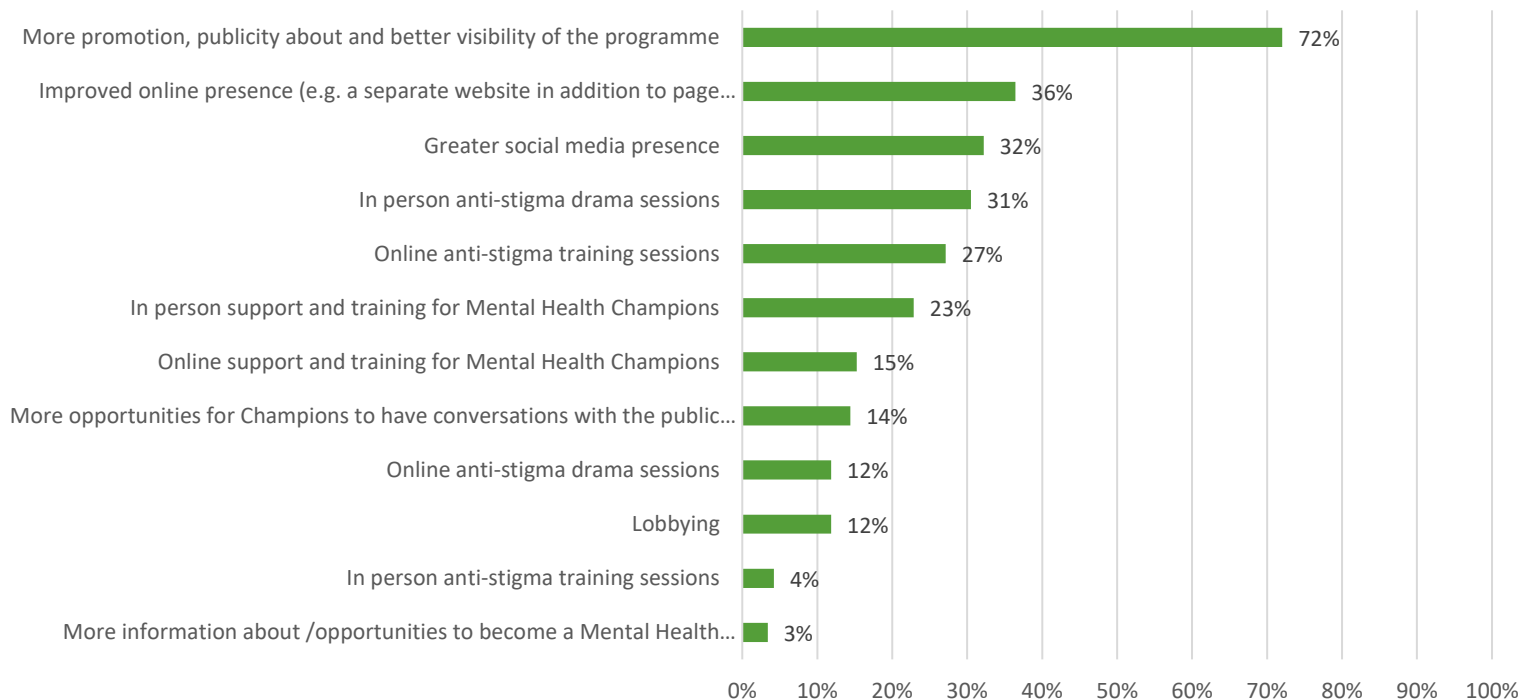*Figure 25 How do you think the Surrey Time to Change programme could be improved? (n=118)*

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8. Summary and Conclusions

Levels of stigma/discrimination experienced by survey respondents were high and most commonly come in the form of negative attitudes or comments. These have a big effect on those with experience of mental health problems.

A high percentage (72%) of respondents had experienced stigma or discrimination relating to mental health. It is worth noting this was most commonly expressed through negative attitudes or comments (76%); although almost half experienced difficulty accessing services (47%) or did not have their physical symptoms investigated fully due to a mental health condition (42%). Almost all of those who had experienced it in a personal capacity found it had lowered their self-esteem and self-worth (94%).

Stigma/discrimination were most commonly experienced in these areas:

- Peoples' social circle (family and friends)
- Medical/health services (GP surgeries, hospitals and mental health services)
- In the workplace (colleagues, managers)
- Council services
- Police
- Job centres

Some people with experience of mental health issues reported difficulties with NHS Health care providers (for example in accessing services and their physical health symptoms not being properly investigated)**.**

Some people with experience of mental health issues reported stigma and discrimination in the employment setting, (for example a lack of understanding, negative attitudes around sickness absence, a lack of support, reduced opportunities for promotion and negative comments from managers and employees)**.**

There was a general acceptance among respondents that more needed to be done to remove stigma around mental health issues with some key themes emerging:

Training for staff: around mental health awareness, stigma reduction, interpersonal skills, empathy and communication.

More and different resources and therapies to support mental health.

Education and raising awareness (of mental health, the impact of stigma, how to reduce it and of relevant services including Time to Change Surrey). Through conversations between people with experience of mental health problems and the public to increase understanding, awareness campaigns.

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