

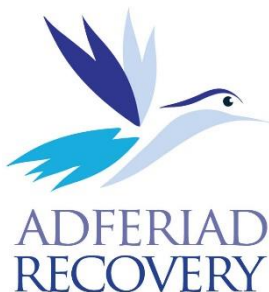
Time to Change Wales Evaluation Report

Anti-Stigma Training Module
for Healthcare Professionals
in Wales

May 2022



Llywodraeth Cymru
Welsh Government



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Introduction

Time to Change Wales (TtCW) is delivered by a partnership of leading mental health charities, Adferiad Recovery and Mind Cymru. TtCW is the first national campaign to end the stigma and discrimination faced by people with mental health problems. With one in four of us affected by mental health problems in any one year, Time to Change Wales aims to tackle stigma and discrimination through a social contact model, by getting people across Wales to talk openly about their mental health.

By talking about our mental health, we can:

- strengthen relationships with friends, family, and colleagues
- take the taboo out of something that affects everyone
- break down stereotypes and challenge stigma
- support people in their recovery

Purpose of Report

In 2021, the phase three funding extension year of the Time to Change Wales programme involved working closely with Cwm Taf Morgannwg UHB and Swansea Bay UHB to develop and roll out a pilot module aimed at tackling mental health stigma within healthcare settings. Mind's Evaluation and Performance team conducted an evaluation of the training module. This report shares the findings from that evaluation.

Definitions and key terminology

Stigma

Stigma is a form of prejudice (or pre-judgement) which can set a person apart from everyone else and is always negative.

Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices¹.

Black, Asian, and minority ethnic

Within this report, the phrase 'Black, Asian and minority ethnic' has been used for consistency. Time to Change Wales recognise the limitations of using phrases such as 'Black, Asian and minority ethnic' when referring to people from many ethnic and cultural backgrounds and where possible, we will seek to add additional detail.

Headline evaluation findings

99% thought the training clarified the role of healthcare professionals in reducing patient stigma.

94% found the content of the training relevant to their job role/workplace.

96% rated the information they received prior to the training as having accurately described the purpose of the training.

100% of attendees rated the trainer's knowledge on the topic as very good/ good.

Trainees rated the training 9.3 out of 10!

"Time to Change, the stuff they taught me, or I learnt from them was really important" – Local health board representative

"Those statements, those examples that were given, they were really poignant, and it drove home how deep stigmatisation is within a service which I didn't expect it to be to that degree" – Healthcare Professional

"It definitely opened my eyes so I can't thank you guys enough, really. It was really good" – Healthcare Professional

"The powerful experiences of lived experience, and listening to people who've walked those shoes, we can understand them in ours. Then obviously, the experiences start to balance that up, it was very fair in its execution in terms of, 'This is our experience,' but also 'Let's look at our staff as well.' I absolutely loved it, both me and [redacted] came out buzzing. I want more" – Local health board representative

Training module

Development and implementation of training module

In 2021, Time to Change Wales (TtCW) worked with Cwm Taf Morgannwg University health board (UHB) and Swansea Bay University health board (UHB), to develop a new training package for healthcare professionals, to:

- Identify how and where experiences of mental health stigma can happen
- Identify examples of best practice
- Explore instances where things have fallen short, based on the real-life experiences of patients

By opening-up a discussion around stigma, it was felt healthcare professionals would engage in self-reflection and be more prepared to act around tackling stigma.

About the module

The module explored restorative practices. This involves placing the focus on repair and relationship building. As well as a focus on collaboration and dialogue between healthcare staff and people accessing services, with a view of improving overall quality of experiences. The focus of the module was to empower healthcare professionals to reflect on current practices and enable them to identify ways of improving experiences of patients experiencing mental health problems in a non-judgemental way.

About the training

The first training session using the module was held on 6th September 2021. The training was primarily delivered remotely (e.g. using video conferencing software) by the Community Engagement Officers. The training was delivered as a half-a-day session, open to all staff (e.g., medical, and non-medical staff) and promoted internally by the local health boards.

The training module consisted of the following:

- Welcome and introductions
- Programme overview
- Learning outcomes
- Exploring stigma and discrimination
- Understanding the impact of stigma

- Self-reflection: what part can I play?
- Managing difficult conversations
- Looking after yourself: my wellbeing plan
- Resources and further support
- Reflection, evaluation and close

The topics covered in the training included:

- What is stigma? What does stigma look like?
- Stigma statistics (done through interactive quiz using Kahoot)
- Experiences of stigma (filmed video of TtCW champions, filmed video of health board staff and conversations between health board staff and TtCW champions)

- Self-assessment tools for future individual or team-based action planning.
- Men's mental health
- BAME mental health
- Self-stigma
- Challenging stigma (including how to approach these conversations)
- Looking after yourself and your wellbeing

The techniques used to relay information included:

- PowerPoint
- Videos
- Quizzes
- Group discussions / reflections

Trainee Insights: Survey with Healthcare Professionals

Overview

What were our Aims?

A mixed-methods evaluation was conducted by Mind's Evaluation and Performance team, to explore:

- Perceptions of the training by trainees, local health board and TtCW stakeholders (including what they liked, what they didn't like and how they thought it could be improved)
- The impact of the training for trainees (including reflections on their practice and new skills/knowledge gained)
- Process learning from TtCW and the local health boards, including the need for the training, the process of implementing the training, and reflections on collaboration during the project (which would help inform future roll-out of the training)

Evaluation methods and findings are outlined in the following few sections.

What did we do?

Mind's Evaluation and Performance team developed an online survey that was administered to trainees after attending the training module.

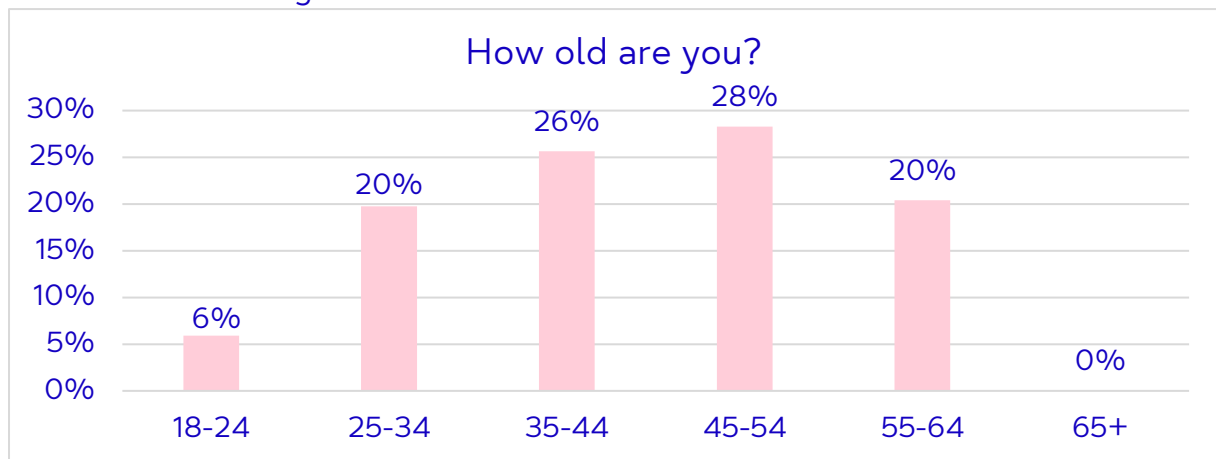
The purpose of the survey was to collect:

- Demographic information (e.g. age, ethnic background)
- Feedback on the content and impact of the training, including how trainees' knowledge of stigma had changed since attending

Survey data was analysed in Excel with the findings presented within this report. At least 171 participants provided some survey data. Please note, the evaluation was not mandatory, and data presented represents those who chose to take part in the evaluation and does not represent all those who took part in the training.

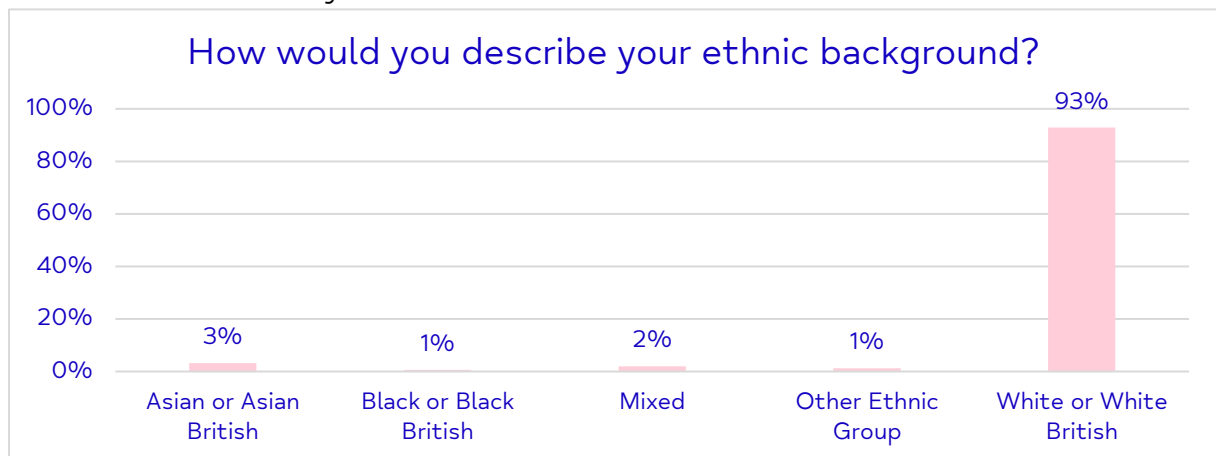
Findings

Who did the training reach?



(Base = 152)

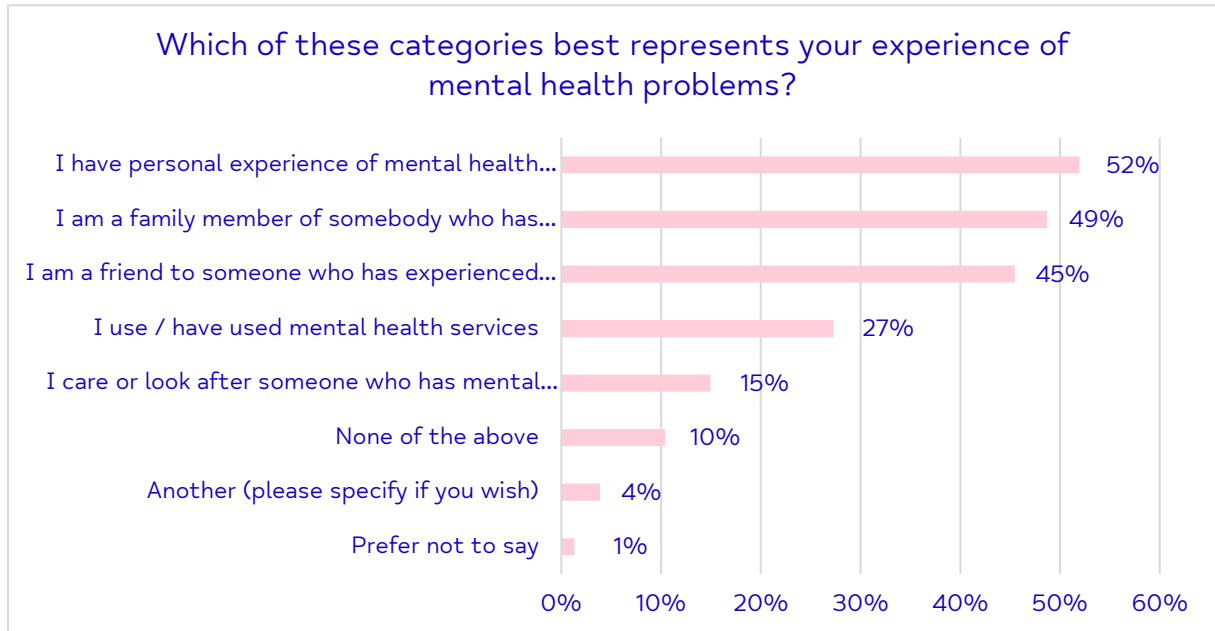
- 6% of trainees were under the age of 24
- There were no trainees over the age of 65+
- Percentage attendance for the other age ranges (35-34, 35-44, 55-64) was split somewhat evenly



(Base = 154)

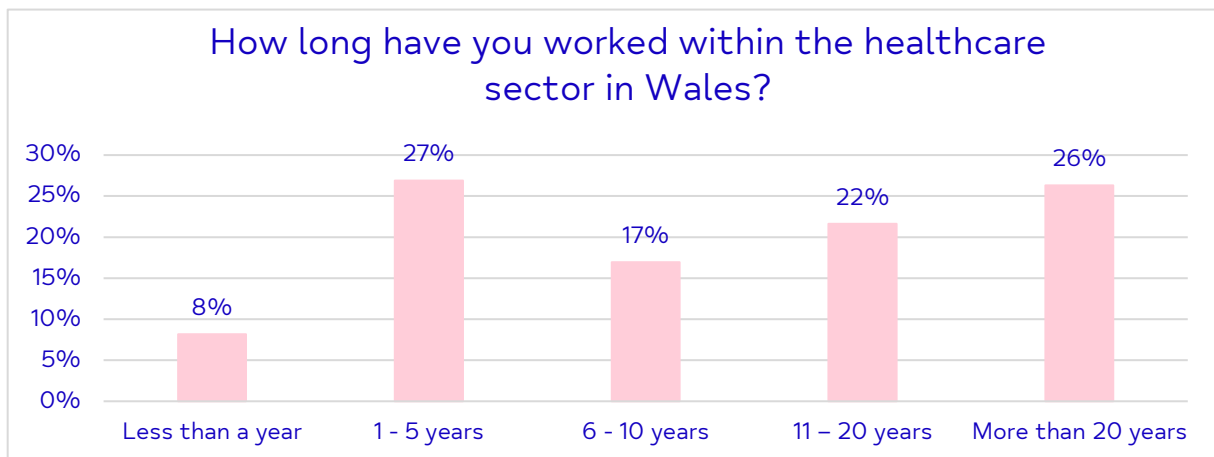
- 7% of trainees were from Black, Asian and minority ethnic communities
- 93% of attendants were white or white British

- In Wales the percentage of healthcare workers who are white is 89%, and Black, Asian and ethnic minority workers make up 11% of healthcare workers¹¹



(Base= 154)

- 52% of trainees had personal experience of mental health problems
- 28% had used or currently use mental health services



(Base= 171)

- 8% of trainees had been working within NHS Wales for less than a year
- Over one quarter (26%) had been working in NHS Wales for more than 20 years

¹¹ Labour market statistics (Annual Population Survey): October 2020 to September 2021 | GOV.WALES. (2022). Retrieved 8 May 2022, from <https://gov.wales/labour-market-statistics-annual-population-survey-october-2020-september-2021.html>

- 84% of trainees had an NHS pay grade of band 7 or below and just 17% were band 8a and above, showing the majority attending the training were of a lower band grade

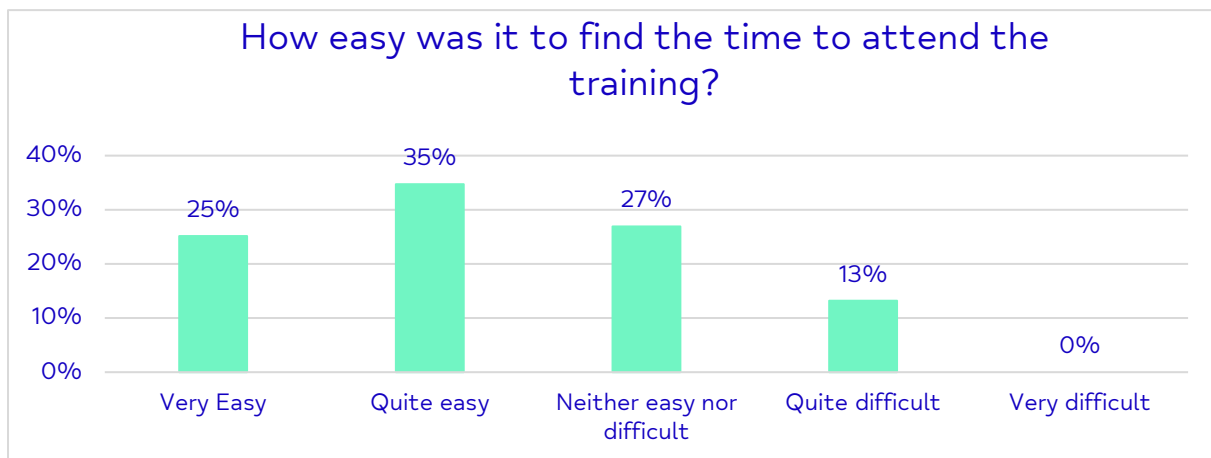
Of those providing data ($n = 154$) the distribution of health board trainees was as follows:

- 17% worked for Cwm Taf Morgannwg (CTMUHB) Health Board
- 83% for Swansea Bay University Health Board (SBUHB)
- And less than 1% for Aneurin Bevan Health Board

Most trainees were medical professionals, with non-medical professionals including those working in HR, assessors/trainers, and inspectors.

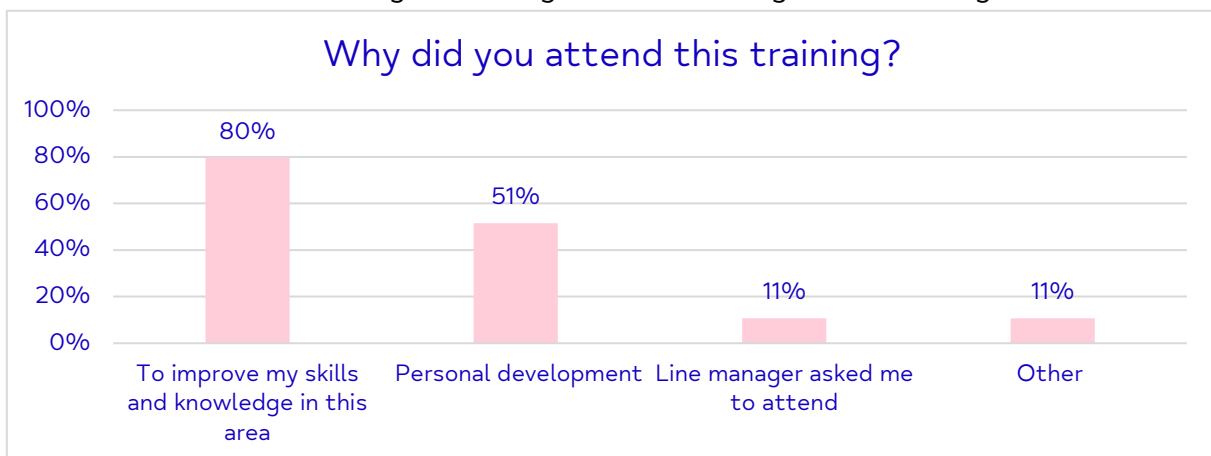
Training feedback

Training accessibility and motivations for attending



(Base = 167)

- Most participants found the session **very easy or quite easy to attend** (60%)
- 13% found it quite difficult to attend
- The most cited reasons as to why the training was difficult to attend included **heavy workload; reduced staffing** and **difficulty committing to three hours**. However, most thought the length of the training was “about right”



(Base = 167)

- Most (80%) attended the training to improve their skills and knowledge in the area
- 11% attended because their line manager had asked them to
- Please note attendees could select more than one answer to the question and therefore, percentages will not add up to 100%

Pre-attendance Information

Trainees were asked how much they agreed or disagreed with a series of statements about information received prior to training. Findings are outlined below.

	Strongly Agree / agree	Neither agree nor disagree	Strongly Disagree / Disagree	Don't Know / Can't Say	Base
The information I received prior to the training accurately described the purpose of the training	96%	2%	1%	1%	166
I received ample information prior to the training to enable me to join/attend on the day	96%	4%	1%	0%	161

- 96% had strongly agreed the information received prior to the training **accurately described the purpose of the training** and allowed them to join on the day

Training Rating

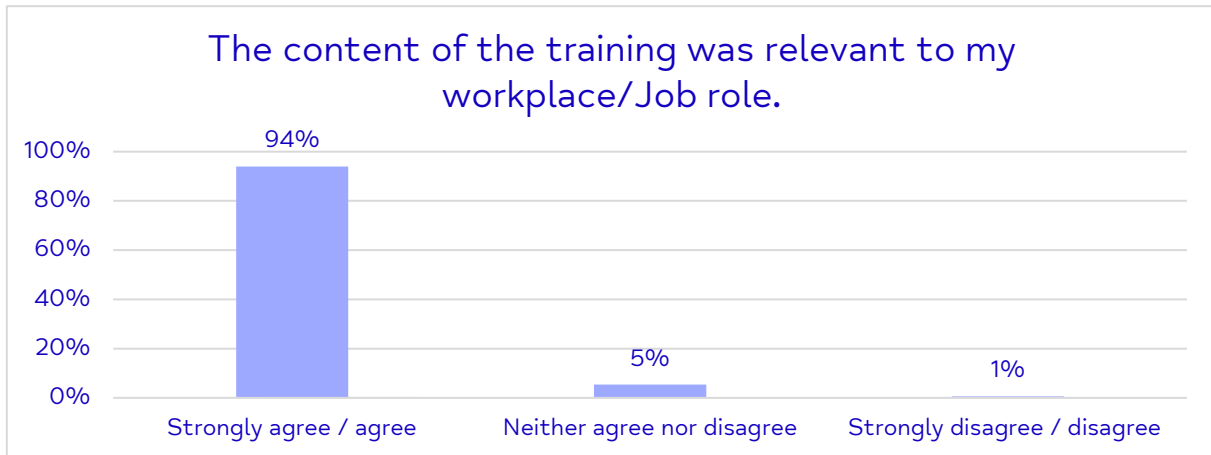
Trainees were asked to rate different aspects of the training including the training materials and trainers' knowledge of the topic. Findings are outlined below:

	Very good / good	Average	Poor / very poor	Don't know / Can't say	Base
The training materials used during the training (e.g. slide shows)	97%	3%	0%	0%	167
The functionality of the training platform (e.g. Zoom, Microsoft Teams) used (e.g., audio quality/ connection/ video)	99%	1%	0%	0%	162
The trainer's knowledge on the topic	100%	0%	0%	0%	164
The trainer's presentation and delivery skills	100%	0%	0%	0%	163

- 100% of trainees rated the **trainer’s knowledge on the topic as very good/ good**
- 100% rated the **trainer’s presentation and delivery skills as very good/ good**
- Overall, the Community Engagement officers stood out as a highlight of the training

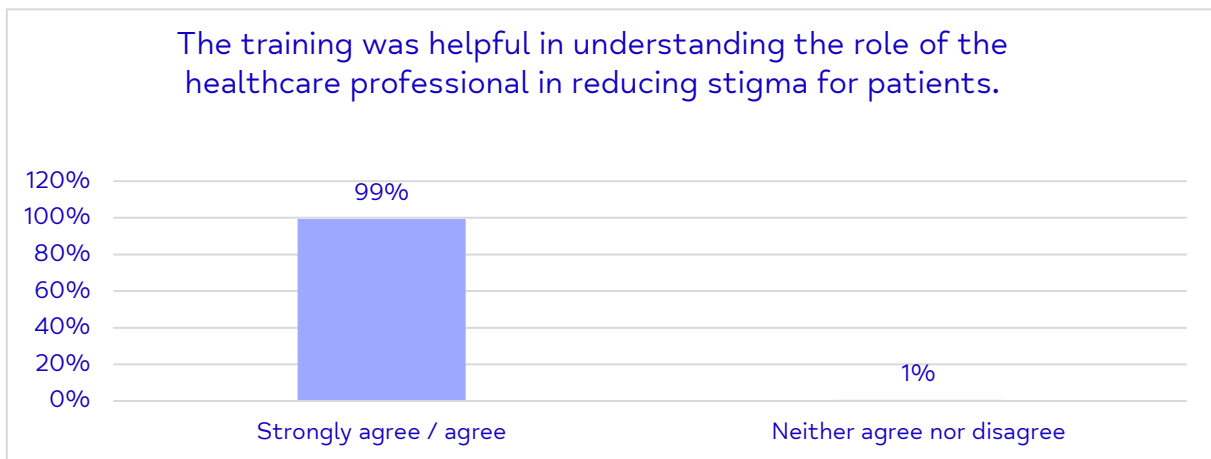
Training Content

Trainees were asked questions relating to the content of the training including how relevant it was for their job roles. Findings are outlined below.



(Base= 167)

- Most trainees (94%) found the content of the training **relevant** to their job role/workplace



(Base= 159)

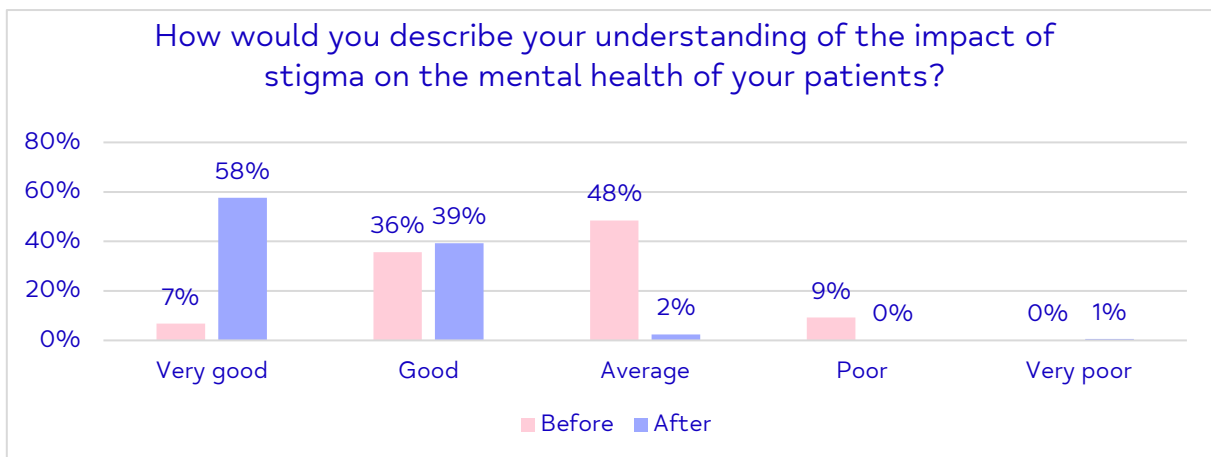
- Most (99%) also thought the **training clarified the role of healthcare professionals** in reducing patient stigma

When trainees were asked which aspects of the training, they found most helpful, the top three most cited answers were: 1) **Group discussions**, 2) **Videos**, and 3) **The quiz**. (Base = 116).

When asked which aspects of the training they found least* helpful, the top three most cited answers were: 1) **Role specific issues** (i.e. focusing on limited roles in the videos), 2) **Length of discussions**, and 3) **Being put on the spot** (Please note, sample size for this question was a lot smaller, *Base=94*).

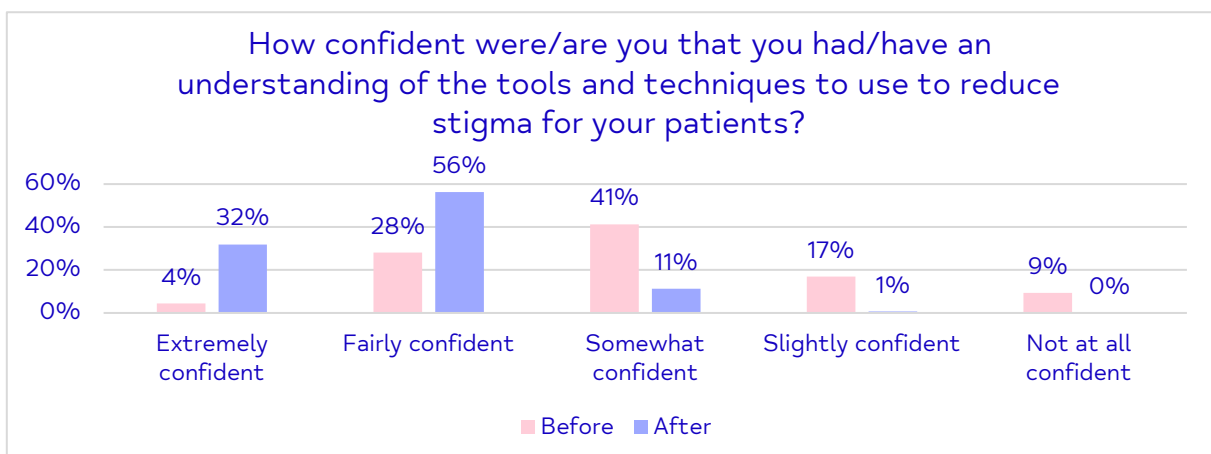
Knowledge Before and After the Training

The survey was completed by trainees after they attended the training. Trainees were asked four retrospective questions, asking them to rate their knowledge/understanding before and after attending, to see whether they learnt anything through the training. Findings are outlined below. Please note, only matched pairs data is included in this analysis (e.g., where the same respondent answered both the before and after question).



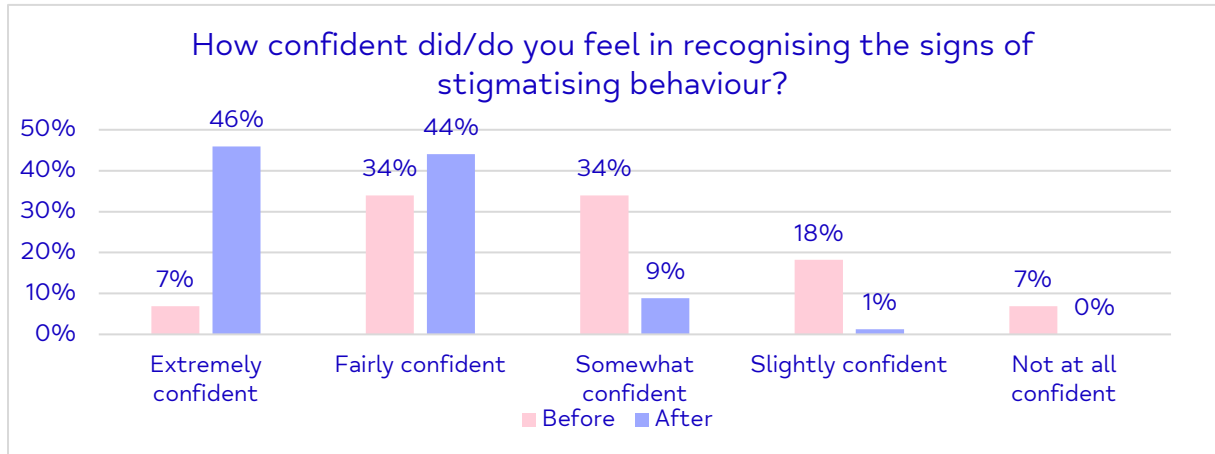
(Base= 163)

- Trainees' **knowledge** of the impact of **stigma** on the mental health of their patients **improved** after attending the training
- The biggest difference noted was that only 7% of trainees rated their understanding as very good before training and after training this increased to 58%



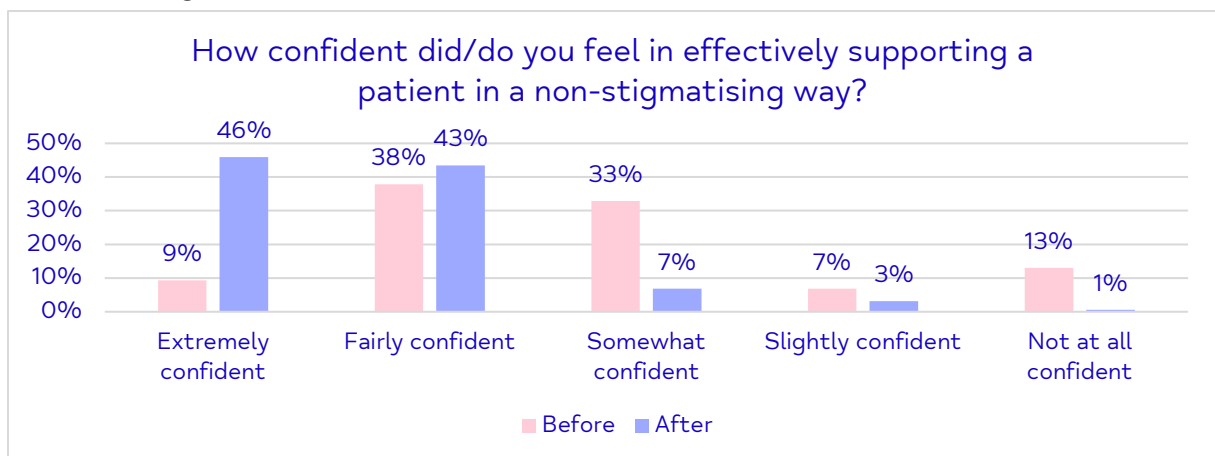
(Base= 160)

- **Trainees' confidence** that they have the **tools/techniques to reduce patient stigma improved** after attending the training with trainees becoming overall more confident



(Base = 159)

- Before attending the training, only 7% of people felt extremely confident in recognising the signs of stigmatising behaviour. After the training a **greater percentage** of people (46%) felt **extremely confident** in **recognising** the signs of **stigma**

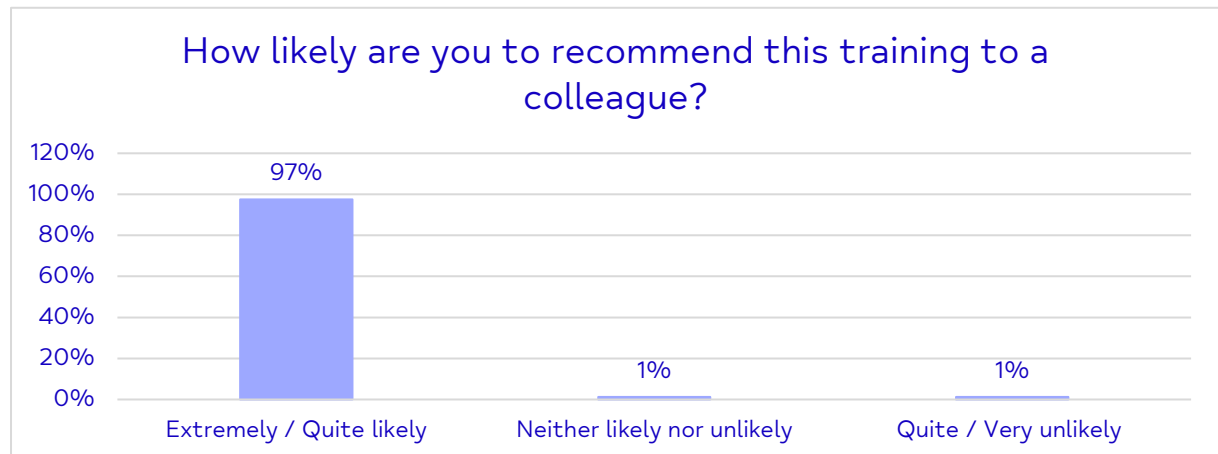


(Base = 161)

- Also, a greater percentage of trainees felt **more confident in effectively supporting patients in a non-stigmatising way**, after attending the training

Recommending the training

Trainees were asked how likely they would be to recommend the training, and to rate the training out of 10. Findings are outlined below.



(Base = 158)

- 97% percent of trainees being extremely/ quite likely to recommend the training to a colleague
- **Trainees rated the training a 9.3 / 10 on average** ($n= 155$)

Trainee insights: Interviews with Healthcare Professionals

Overview

What were our aims?

Interviews were conducted to explore the impact the training had for healthcare professionals (HCPs) and their practices. It was important to capture a broad range of feedback to identify learning to inform future development of the training.

What did we do?

Mind's evaluation and performance team conducted six short, 1-2-1 remote interviews with HCPs who attended the training module. Four HCPs attended the CTMUHB training sessions, and two the SBUHB sessions. Interviews took place at least 6 weeks after they attended the training. Interviewees worked in a range of patient and non-patient facing roles including auditing, cognitive therapies, the hospital library, emergency response, mental health nursing and speech and language therapy. Interviews were no longer than 40 minutes, and were recorded, professionally transcribed, and analysed thematically using a framework approach. Transcripts were read and re-read, and common themes identified from the data and presented in this report.

Findings

Motivations for attending the training

- Interviewees had several motivations for attending the training including **lived experience of mental health problems** (and associated stigma), **wanting to see a change in attitudes towards mental health**, and for **self-reflection**
- The most common reasons for attending included a **general curiosity**/want to gain more knowledge about mental health stigma and for **professional development**

Professional development / Self-reflection

"I was generally interested to see what the training was about and what it would be to adapt my practice if I found something that was relevant" - HCP

General curiosity / more knowledge

"I think it's really important to try to understand what other people are going through. Just to further my knowledge, I've got no background in mental health. Just further my knowledge of stigma in the workplace, really" - HCP

Training feedback: What worked well

- Components of the training which worked well included:
 - **The quiz** - interviewees found learning the statistics helpful
 - **The facilitators** – Interviewees felt their delivery style was very good
 - **The holistic nature** of the training programme (e.g., covering the topic from a range of angles)
- Most interviews discussed the **lived experience videos**, how effective these were, and how **good it was to hear real voices**

Real voices

"Real people with real circumstances just like me and it made me feel so much better that people were being able to be open about it, as well, because that's very important. I'm not ashamed of who I am and what I am, so the fact that other people are being able to speak about it too is actually really refreshing" - HCP

Real voices

"Those statements, those examples that were given, they were really poignant, and it drove home how deep stigmatisation is within a service which I didn't expect it to be to that degree" - HCP

- Interviewees spoke about the group discussion elements of the training
- One interviewee valued the opportunity to use these discussions to share their own experiences of stigma with others, and another enjoyed listening to such first-hand experiences. They also felt the discussions were well facilitated
- One interviewee discussed that while they were comfortable with the group discussions, they can appreciate that others might not feel as comfortable and could find the experience quite emotional

Well facilitated

"It was the small sections I liked. You had the champions talking, then perhaps there was a chance for everybody to talk and that was really well facilitated I thought by the trainer"- HCP

Being able to share

"I was able to give a really good positive experience ... and then I had a really bad one ... So, I was able to share with him my first-hand experience and say, 'No, this does happen" - HCP

Training feedback

- Interviewees provided feedback on how the training could be improved.
- Common suggestions included:
- Wanting **follow-up sessions** to build upon foundations laid in the current training
- A desire for the training to be **made 'mandatory'**, as is the case with several other trainings provided through local health boards

More sessions needed

"I said, 'Okay, so we've done this now. I'm chomping at the bit.' So, I feel like there needs to be something else now. You can't just attend one training session and that's it, everybody's changed because not everybody has gone. So, what else can we do to improve things? So, I'm very keen to keep going. It's great that it was there but I want to keep going with it, really" - HCP

Mandatory training

"I think should be a compulsory part of-, even if it's a person's induction programme when they first go in the wards ... I think when we have an induction programme, something like this could be part of it. Going into the universities, speaking to the students. I know it's all about funding and money, but I think this is where we need to start. We need to get in at the earliest opportunity" - HCP

- Some felt the training could be improved by the introduction of **more 'takeaway' information** (e.g. training summary sheets or links to further online videos)

More take away content

"Perhaps a list of videos or websites or things could be added, so that people, if they've got the will to do it, can go and look for themselves. Because when you're on Teams like this, and you've got a group of 20 people or so, it's not always easy. Not everybody likes to talk on Teams. ... It gives the people the opportunity afterwards to think, 'well, I didn't like to ask that, but now I've got this information, I can go look it up for myself' ... I prepare before any training session, and then if there are things I don't really understand or weren't covered, or weren't covered sufficiently, I go and look after so I get a broader knowledge" - HCP

Impact of the training

- Interviewees discussed several points from the training and highlighted how the training has impacted on their practice, their ways of working, and/or their interactions with colleagues
- Key learning/takeaways included:
 - **Not feeling alone anymore** (as a person with lived experience)
 - **Recognising/realising the prevalence of stigma** within healthcare settings
 - **How to use language correctly**, and the impact language can have on people with lived experience of mental health problems

Language

"I try and now practice what I preach, if you know what I mean, to make sure that I'm using the right language that's fitting, really, for those circumstances" - HCP

- Interviewees reflected walking away from the training with **improved awareness** of mental health and stigma

- For others, while they did not feel they learnt ‘anything new’ from attending the training, they described the training as a **useful refresher**, bringing issues such as stigma to the forefront of their thinking and prompted them to look for more information
- For some, the impact of the training included **reflecting on their own practices**, recognising internal biases and reflecting on their own behaviour, including validating good practice

Reflecting

“I’m very aware of when we do screening or when I sit down with a client, whether we like it or not we’re going to make judgements ... it’s very interesting now when I find myself working with a client. I might have a bit of paperwork that’s in front of me and I might think, ‘Wow, this person has been through a hell of a lot and they sound really lovely’. That is labelling someone. So I might think, ‘Okay, well where has this come from. Why am I calling this person lovely? ... I’m already going into the world of labels, which might be regarded as some form of stigma. That’s accounted for more self-reflection on my behalf which has been like, ‘Why is that feeling there?’” - HCP

- Other reflections centred around communication, including **feeling confident to challenge others** when witnessing stigma, **improved communication skills** (e.g. being mindful when communicating) and improving interactions with colleagues

Mindful communication

“I do approach things a little bit different. I think about things a bit more” - HCP

Mindful communication

“I think it’s about listening and I think that’s one of the biggest things I’m trying to improve, is listening skills” - HCP

Training need

- Interviewees explored the need for anti-stigma training
- Interviewees highlighted issues including:
 - The prevalence of stigma within healthcare settings
 - The need for training to challenge stigmatising language
 - The **need for training** to better educate HCPs on how they should communicate with/about people with mental health problems

Prevalence of stigma

“There is so much stigma. It’s an awful thing and I think they’ve got no idea. Some mornings you can barely get up out of bed and I’m coming into work, so it would be good to have better language to use” - HCP

- Interviewees discussed the need for anti-stigma training to raise awareness of mental health stigma within the healthcare workplace, suggesting **some colleagues lack awareness** of these issues, or that **awareness is general/surface level**, and **more is needed to improve behaviours**

Targeted awareness of stigma

“I think there's a need for it just in general because the whole 'it's good to talk about mental health' is absolutely true, but it's quite trite ... we can all say, 'Oh yes, good to talk,' ... and, 'There's a stigma about it,' ... But saying it isn't doing anything ... it's not as far as it should have gone ... I think it's good to break it up. This was a slightly more targeted way of approaching that, which I think is really good” - HCP

- Interviewees also discussed how, to their knowledge, there is no stigma specific mental health training available through their local health boards, with the TtCW training being the first

No other training available

“The first one that I've seen, yes. The first one that I've seen and it did wake me up”- HCP

Recommending and discussing the training

- Several interviewees discussed recommending the training to colleagues, line managers and other management, wanting others to benefit from the training also
- Others discussed speaking about the training with others for reasons including using their attendance as evidence towards professional validation

Recommending to management

“I have. More than that. I've sent it out to our heads of and advised them to send their senior managers on it, and I'm happy to support and be spoken to by any senior managers. Yes, so I've advocated it up the chain, so to speak.”- HCP

Contributing to professional development

“I had to revalidate as a nurse this year, one of the reflections was based around the training ... there was quite an extensive reflection in there on this training. Why I did it, why I enjoyed it, why I thought other people should do it, including management and why I thought, when she goes to her management meetings, she [their manager] should bring it up in the management meetings, trying to drive forward the need for other people to make this part of what they do”- HCP

Insights from interviews with stakeholders

Overview

What were our aims?

Interviews were conducted to understand and explore and/or identify:

- The level of need for stigma training
- Stakeholder experiences of developing the training module
- Successes, challenges, best practices, and ways of working and general learning for future training roll out

It was important to capture a broad range of feedback to identify learning to inform future development of the training.

What did we do?

Mind's evaluation and performance team conducted 1-2-1 remote interviews or small focus groups with:

- A representative from TtCW ($n= 1$)
- Representatives from the local health boards (LHBs) Cwm Taf Morgannwg ($n= 1$) and Swansea Bay ($n=2$; paired interview) who were involved with developing and or implementing the training in some way
- TtCW Community Engagement Officers ($n= 2$) responsible for delivering the training (*please note, the purpose of interviews with the Community Engagement officers was slightly broader than interviews with the TtCW and the local health board (LHB) representatives and so, some findings from these interviews are presented later*)

Interviews were no longer than 50 minutes, and were recorded, professionally transcribed, and analysed thematically using a framework approach. Transcripts were read and re-read, and common themes identified from the data and presented in this report.

Findings

The need for anti-stigma training in Wales

- The TtCW representative spoke about the driving factors for anti-stigma training within healthcare settings in Wales, including **observational and anecdotal evidence** that stigma is prevalent in healthcare settings, and **data driven evidence** that it is present and increasing

Data driven need

“There were 2 main data sets ... the public attitude survey ... there was the initial information that we gleaned in 2019 and then we did identify an increase actually, there was an increase in the number of people saying that they experience stigma in healthcare settings in the 2021 survey” – TtCW representative

- TtCW and LHB representatives noted that while stigma is present in healthcare settings, that this is **rarely due to malice**, and more likely **due to inexperience/lack of awareness** but also, due to **burnout**

Burnout

“The research is on the up about the trauma from the last 2 years of Covid, people are suffering ... there's been a massive increase across the board ... All of which is due to anxiety, stress and burnout, that has a massive effect on our ability to give good and effective care if we are not well ourselves ... I'm very heavily involved now in that part of de-stigmatising and normalizing the fact that firstly we are human beings and secondly we do a very unique job” – LHB representative

- The above outlines a **need for anti-stigma training** in healthcare settings in Wales, something which both the TtCW and LHB representatives suggested is **not currently or readily available**

Other training not available

*“I hadn't heard of anything, no ... I'm trying to think of the mandatory training models we have to do online ... I don't think there are any mandatory modules or anything” –
LHB representative*

Lack of stigma training

*“As part of the bid we had to make to Welsh government, we had to do that research to find out whether the stigma module existed, so no, it didn't exist in Wales” – **TtCW representative***

Developing the training module

- The training module was developed over 3-4 months and was a **collaborative effort**, with input from TtCW stakeholders (including Community Engagement officers) as well LHB stakeholders
- Training materials were pulled together by the TtCW programme manager and Community Engagement officers, finalised (e.g. designed) by the TtCW representative. LHB representatives fed into the process, through workshops, and reviewed written training materials in their draft stage

Collaborative process

*“The project manager at the time, she sent us materials beforehand so we could have a look through everything, so that was really helpful, so we knew what to expect. Once we'd done that workshop, we met everybody, we'd have another one in a couple of weeks' time just to fine-tune things again. Then, there was another one ... I think across the timeline, we kept in touch quite a lot” –
LHB representative*

Collaborative process

*“My role within that, along with my colleague ... and project manager ... the 3 of us created the content for the project” – **Community Engagement Officer***

- Videos exploring first-hand stigma in healthcare settings were included in the training. The development and content of these videos was influenced by Community Engagement officers and champions, and LHB representatives

Lived experience videos

*“Champions were interviewed for their actual stories and how they'd experienced stigma in healthcare settings ... we asked them for their experiences of both negative and positive stories of engaging with healthcare professionals, so their personal experiences then fed into the video script ... the Champions were actually interviewed around that particular script for sharing their story” –
TtCW representative*

Lived experience videos

*“We were prompted to think about what kinds of things we wanted to have a conversation about ... we had some guidance from Time To Change ... they'd give us ... prompts, and then we'd go away and have a think about them ... we perhaps fine-tuned them a little bit more, made the answers a little bit more concise ... [TtCW] kept in contact with us and made sure we felt comfortable and supported ready for the day of filming, so that was lovely. Yes, it just felt quite smooth really” – **LHB representative***

Implementing the training

- The training was **promoted within local health boards largely via internal communications** (e.g. email)
- The TtCW representative discussed how this seemed to work well, with **local health boards having greater pull within their own organisations** than an external candidate would

Training promotion through familiar channels

“The health board ... that's a known name to their staff ... they can speak I suppose a little bit more authority as well and each time they can tweak their communications, include feedback from the participants themselves ... We haven't really experimented with Time to Change Wales leading on those messages to the health board. I get the impression staff receive a lot of messages internally so if we had led on promoting the training, I just think we would've got lost in the noise really, we wouldn't have stood out in the same way” – TtCW representative

- A range of healthcare professionals with a variety of roles attended the training, supporting survey findings
- While there appears to be a **demand for the training**, stakeholders discussed **challenges with engagement**, ultimately leading to **low attendance and high dropout rates**. Challenges with engagement included **busy workloads** making it hard to find the time to engage, and the **impact of the pandemic** on the availability of staff to attend

High dropout rates

“What we've noticed is there's quite a high dropout rate ... We've had about ... 12 to 15 booked on that last 4 sessions ... but maybe only 5 or 6 coming along. Most people will send their apologies ... I think the NHS, as we all know, it's under an awful amount of pressure at the moment so I think other things take priority last minute” – Community Engagement Officer

Impact of the pandemic on availability

“I think healthcare workers do want to attend training. It has been difficult with acuity of the wards, people having Covid and being off and that has a big impact on who attends the training. I think people do want to attend the Time to Change training and I think those who have attended have done their utmost to attend, but I think we could be looking at bigger numbers personally” – LHB representative

- Interviewees explored how attendance challenges might be overcome for future delivery, including **delivering more sessions, at more accessible times**
- A Community Engagement Officer outlined that they **had already taken steps to offer more flexible training approach**, allowing **healthcare professionals from across health boards to join the same session** from March 2022 onwards (interviews were conducted by the February 2022)

Remote delivery

“We're learning as we're going ... I know we've got lots of sessions booked in now ... with both health boards. I think because of we understand that it's hard for people to make dates sometimes and have to rebook or something will come up I think the health boards are hoping to join forces so that each of their sessions will be open to each other as well. All the dates will be available to both health boards. I think we're still waiting to confirm that but that's our hope going forward that might be another way to help boost numbers and ensure everyone gets a chance to attend” – Community Engagement Officer

Delivering the training

- Community Engagement Officers discussed that **delivery had been smooth**
- They discussed the benefits of delivering the training **as ‘a duo’**, including **keeping the session fresh**, and being able to **deal with the practical issues** of delivering services remotely
- Challenges discussed included delivering information on **sensitive topics** and being mindful of how this information was being delivered

Sensitive topics

“We’ve been running it as a team really, 2 of us, because it’s quite a lengthy session, we deliver it over the 3 hours so it’s quite nice for us to do 1 half and then swap and just 1 of us might say something and then the other will add something to it”–

Community Engagement Officer

Training content

- Interviewees discussed components of the training that they felt were **important and worked well**, including the **workbooks, quiz and trainers themselves**
- For example, the Community Engagement Officers discussed **benefits of the interactive components** of the training (e.g., the quiz and videos) and how these were **good conversation starters** with the trainees

Conversation starters

“We’ve got a few key statistics on a couple of slides and then actually have an interactive quiz using Kahoot! People play along on their phones or on a piece of paper and we just say that those statistics are a good way to bring these, we all know the stigma’s out there but it brings it alive by putting a number to it. Also explain that that’s a good conversation starter as well as to use statistics because we share a copy of the quiz with them after the training session then”– **Community Engagement Officer**

- The **lived experience videos** were spoken about the most as a **particularly powerful and important aspect of the training**, specifically in relation to lived experience stories/voices
- Interviewees discussed how having real life examples felt more powerful, and how the videos acted as a conversation starter

Lived experience stories

“If we couldn’t demonstrate examples of any lived experiences then we wouldn’t have had the evidence really for the need for the training, so the lived experience was a pre-requisite ... we anticipated video content would be more powerful really in showing what the conversations look like when they’re taking place in situ, as opposed to reading about that in a training manual, for instance”–

TtCW representative

Lived experience stories

“The powerful experiences of lived experience, and listening to people who’ve walked those shoes, we can understand them in ours. Then obviously, the experiences start to balance that up, it was very fair in its execution in terms of, ‘This is our experience,’ but also ‘Let’s look at our staff as well.’ I absolutely loved it, both me and [redacted] came out buzzing. I want more”– **LHB representative**

- Interviewees did discuss some challenges with how the videos were perceived by trainees including:
 - How one person did not believe the videos were real, resulting in less buy in from this individual as they were not convinced the stories were true
 - There **not being enough representation of different departments/roles/teams** within the videos, which could make people feel like the ‘finger was being pointed’ in some directions more than others

Questioning authenticity

“One of the other participants in that training, could relate a lot to them, so they found it quite valuable ... somebody else in that training worked in a similar area of the teams they were talking about, so was quite unhappy about that ... it's two sides of the coin. Some people could really relate, and thought 'Yes, I know exactly what they're on about.' And then other people were just obviously a bit upset”– LHB representative

Questioning authenticity

“What I've heard from colleagues really, I think the training has been very well received by those who attend but I think there have been 1 or 2 attendees which have been surprised and really challenged by the training, and maybe not wanting to accept that those kind of negative comments are made to the public, people with lived experiences, and almost like being in denial really that there are those negative behaviours”– TtCW representative

- Both local health board representatives said they would like to see greater representation of healthcare professionals and their roles within the training videos in future rollout; something which was mirrored by the Community Engagement Officers

Wider representation

“I think one thing we need to do is perhaps have more videos or make them a bit more diverse ... there was such a quick turnaround to bring this together ... Meant that a couple of the stories are quite similar and we found also 2 of our champions talked specifically about their experiences within mental health teams. Whereas of course we want this to be for all the health boards” – Community Engagement Officer

Wider representation

“It would be nice to have a GP's perspective on things ... I understand that GPs are overwhelmed, obviously because they cover the whole population. I think it would be nice to listen to a GP as well, perhaps with what they experience, with people that come to see them”– LHB representative

- Other additions discussed for future roll out included the **addition of more cultural competence information**, thinking about how to **measure change in attitudes** following the training, and ways to **strengthen collaboration processes**

Programme reception: Trainee engagement and feedback

Trainees engagement

- Community Engagement Officers felt **trainees were engaged with the training**, with content like the lived experience videos and interactive stats quiz particularly well received

- While some groups were more shy than others, **most seemed willing to engage and open up** during group discussions following activities such as the videos and interactive quiz
- Community Engagement Officers discussed the ‘**challenging scenario**’ exercises, and how these **allowed trainees to appreciate/see things from other points of view**
- They also mentioned benefits of the ‘**managing difficult conversations**’ section, allowing trainees to **feel more confident** in this
- They also touched upon the importance of **focusing on wellbeing** and how this can impact patient interactions

Managing challenging conversations

“We talk about then the importance of challenging stigma when we see it and hear it. And then we talk about how to deal with difficult conversations if you see and hear it” – Community Engagement Officer

Wellbeing

“We talk about personal well-being with the understanding that you can't pour from an empty cup” – Community Engagement Officer

Trainee feedback

Community Engagement Officers had received lots of verbal and written feedback from trainees which was generally positive. Examples of feedback including **believing that the training should be mandatory** (i.e. that others would benefit from attending), **seeing the value of the training outside of the workplace**, and being interested to learn more about other TtCW interviews. Feedback also included appreciating being able to hear other points of view and explore scenarios from differing perspectives.

Different point of view

“They knew stigma existed but it's interesting to see it from that patient's point of view and it's about that learned experience thing, just to see it in a different light. On the whole people have been very positive, they've said that they've learnt from it but it's been interesting to see it in a different light” – Community Engagement Officer

General positive feedback

“You get people just verbalising ... 'Well, this was really interesting.' We have had people say ... a senior manager in training and development ... 'Oh, I didn't know what to expect coming here today ... And she said, 'I've come away learning things that I didn't know.' She was really positive” – Community Engagement Officer

Process learning

Collaboration

- Overall, reflections on the working relationship between TtCW and the LHBs were **positive from both sides**
- Stakeholder discussed how levels of engagement on the programme were high, **communication was good**, and the **standard of the training delivery was excellent**

- The TtCW representative discussed challenges around engaging other health boards who were not a part of the pilot, and wondered whether capacity to engage might have been impacted by external factors such as delivering healthcare during a pandemic

Collaborative working between TtCW and the LHBs

“Time to Change ... they're quite consistent, really consistent and really open, really organised, so making sure that things in the diary were all lined up ready, like the next meeting was sorted by the time we'd finished the first meeting. They were just really approachable, any issues, come and speak to us”
“Time to Change, the stuff they taught me, or I learnt from them was really important” – LHB representative

Collaborative working between TtCW and the LHBs

“Time to Change Wales have been amazing, communication has been excellent and from my perspective, because [we] attended for the 1 day training ... I found it absolutely fantastic. [redacted] is a wonderful trainer, she comes across very compassionate and she cares and she wants to make a change. That is really evident, right throughout the training”– LHB representative

- It is important to note that the two health boards became involved with the project at different times, and have different roles (e.g., one was more involved in training development, the others with overseeing the implementation of the programme) within the project. This was noted by the Cwm Taf Morgannwg representative as a reason for having little cross-health board interaction from their experience
- For the Swansea Bay University Health Board, they outlined a more collaborative picture with an overall positive experience of sharing insights and ongoing support. The experience had put them out of their comfort zone but overall, the benefits of collaboration outweighed the challenge of feeling out of control

Collaborative working between TtCW and the LHBs

“[a LHB] they've been excellent, very much a willing partner ... collaboration has been key. We wouldn't have been able to get this module off the ground without having a health board as a key partner and being such a keen partner, being very proactive in their approach. It's just essential to have their input”– TtCW representative

Collaboration challenges

“I'm used to being in control of what I'm offering, as in training ... From my perspective, it is difficult when you haven't got control of it all. Because you are reliant on other people in [redacted] to make sure it's there. I worry about things like that. But it's brilliant that we're working together with another health board, sharing ideas, sharing learning. To me, that is absolutely amazing”– LHB representative

Community Engagement Officer Lived experience

- TtCW Community Engagement Officers have lived experience of mental health problems and reflected on the impact this had delivering the training, given its focus
- Community Engagement Officers felt they were able to **empathise with trainees** discussing their own experiences but also, felt **able to validate others**

by bringing their own experiences in to the training where appropriate, giving **authenticity** to the training

Validate

*“There's been occasions where someone might say something and I can use some of my own personal experience. Especially if someone shares something I can relate to it and validate what they've said. They're saying, 'I know where you're coming from, this has happened to me’” – **Community Engagement Officer***

Empathy

“because most people can sympathise, but I suppose the difference, if you've got lived experience you can empathise and that's the difference” – **Community Engagement Officer**

Conclusions

Overall, TtCW phase four has been very successful in achieving its aim of tackling stigma in the healthcare setting by providing a bespoke training module on stigma. This evaluation set out to explore the aims outlined in page 8.

Success of training:

Healthcare professionals feel better supported through the bespoke training programme

- 94% of those who attended the training strongly agreed/ agreed the content of the training was relevant to their role relevant to their job role/workplace

Healthcare professionals feel better about talking about stigma

- The sections of the training in which trainees had the opportunity to listen to the Champions sharing their experiences and thoughts were noted as particularly helpful and encouraging to trainees who had experienced or witnessed stigma in the healthcare setting, validating their experiences

Healthcare professionals feel more confident to navigate effectively supporting a patient in a non-stigmatising way and recognising stigma in the workplace

- Before the training, 7% of trainees felt extremely confident in recognising the signs of stigmatising behaviour and 9% felt extremely confident in effectively supporting patients in a non-stigmatising way
- After the training, 46% of trainees reported feeling extremely confident in these areas

The stakeholder interviews set out to explore the aims outlined in page 19, findings suggest that:

The programme has identified a clear need from Healthcare Professionals

- Training attendees reported a need for stigma related training in order to target the issue at hand in a more formal way
- Many were not aware of any other trainings available on the topic of tackling stigma within the healthcare setting
- The lived experiences of those justify a need for a training on stigma

The Time to Change Wales programme can do more to engage and support those attending the training.

- Whilst efforts were made to capture different experiences of stigma in the training videos future content would benefit from increasing diversity and representation
- Including a range of videos from different healthcare professionals from a range of backgrounds will ensure the videos 'speak to' as many people as possible
- The length of the video meant it was difficult for people to attend and block out three hours of their day to do so, training could be made shorter or more sessions of shorter length could be introduced
- Due to the strain on the wellbeing of healthcare staff burnout is not uncommon so the training could be sensitive to this by providing resources for wellbeing and support
- Efforts were made to make sure the content of the training was relevant and equipped trainees with the skills to spot and tackle stigma in the workplace but to improve further the addition of a resource booklet with content for the trainees to refer back to would be useful as trainees are enthusiastic to keep up learning

Recommendations for organisations rolling out training in the future:

- Carefully co-ordinate with departments to ensure training is as accessible as possible to attend whilst being mindful of the heavy workloads of healthcare professionals
- Work with staff to promote the importance of the training to encourage as many people as possible to attend
- The training on stigma fills a gap and fulfils unmet needs from the current training provided, so it is suggested stigma training could be implemented alongside other core trainings as part of the health boards core training

Recommendations for Mind

Mind was able to reach and support healthcare professionals with the TtCW programme. To improve further Mind should focus on:

- How to keep the learning going after attending the sessions? For example, providing resources for attendees after completing the training to refer to will achieve continued use of the learning into the workplace
- How to better represent the experiences of stigma from a range of individuals from a range of different healthcare professionals? Connecting with a range of staff to share their stories by allowing for sufficient time and planning this would successfully increase the diversity of scenarios of stigma experienced in the workplace
- Working with health boards to ensure a successful rollout of the training and gathering reflections from trainees to inform the success of any future roll out

Thank you for reading this report, we hope the contributions from this evaluation will inform and shape future work with stigma in healthcare settings. If you have any further questions, please email research@mind.org.uk

References

1. Labour market statistics (Annual Population Survey): October 2020 to September 2021 | GOV.WALES. (2022). Retrieved 8 May 2022, from <https://gov.wales/labour-market-statistics-annual-population-survey-october-2020-september-2021-html>

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