

**time to change**

**Wales**

let's end mental health discrimination

**amser i newid**

**Cymru**

rhown ddiwedd ar wahaniaethu ar sail iechyd meddwl

# Time to Change Wales snapshot report

Anti-stigma training module for  
healthcare professionals

June 2024

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# What we found

- **100% of training attendees rated the trainer's knowledge on stigma as good or very good.**
- **A larger percentage of training attendees felt more confident in understanding the impact of stigma on the mental health of their patients.**
- **Most training attendees would recommend the service to a colleague.**
- **Trainees rated the training a 9.3/10 on average.**

# Background

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 aiming to end the stigma and discrimination faced by people with mental health problems. TtCW aims to tackle stigma and discrimination by encouraging people across Wales to talk openly about their mental health<sup>1</sup>.

By talking about our mental health, we can:

- strengthen relationships with friends, family, and colleagues.
- break down stereotypes and challenge stigma.
- support people in their recovery.

Stigma within healthcare settings can have a negative impact on a person's access to and experience of services, and so can impact on the support they receive, and have an adverse effect on future help-seeking. Addressing stigma in healthcare settings is fundamental to delivering and futureproofing quality healthcare services and for achieving optimal health outcomes for all. In 2021, Time to Change Wales (TtCW) worked closely with Cwm Taf Morgannwg University health board (UHB) and Swansea Bay UHB to develop and roll out a pilot module aimed at tackling mental health stigma within healthcare settings.

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<sup>1</sup> McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey.

# Programme overview

The primary focus of the training module is to empower and equip health board staff to reflect on current practices and be more prepared to take action to tackle stigma. The training module ran from April 2023 – March 2024 with 22 sessions delivered in three health boards during this period (Swansea bay UHB, Cwm Taf UHB and, Aneurin Bevan University Health Board).

The anti-stigma training module is a three-hour training session covering the following topics:

- What is stigma? What does stigma look like?
- Stigma statistics
- Experiences of stigma
- Self-assessment tools for future individual or team-based action planning
- Men's mental health
- BAME mental health
- Self-stigma
- Challenging stigma
- Looking after yourself and your wellbeing

The techniques used to relay this information include:

- PowerPoint presentations
- Videos
- Quizzes
- Group discussions/reflections

# How did we evaluate?

## Quantitative methods

Mind's Evaluation, Performance and Research Team conducted an evaluation of the anti-stigma training module. The evaluation aimed to explore the impact of the training module on staff and to better understand how and where experiences of mental health stigma can happen.

We designed an online survey (hosted on Qualtrics) to gather trainees feedback on the training module after attending the session. The survey was available in English and Welsh. The survey included:

- Demographic questions to understand who attended the anti-stigma training module.
- Likert scale questions to collect feedback on various aspects of the training module, to better understand trainees perceptions of the module, and its impact.

The survey data was analysed in Excel. The findings are presented in this report.

## Caveats

Although 315 people answered the survey, not every participant answered every question. Therefore, base sizes for individual questions differ. Base sizes are reported by each chart or referred to in the text. As the evaluation was not mandatory, the data presented represents those who chose to take part in the evaluation and does not represent all those who took part in the training.

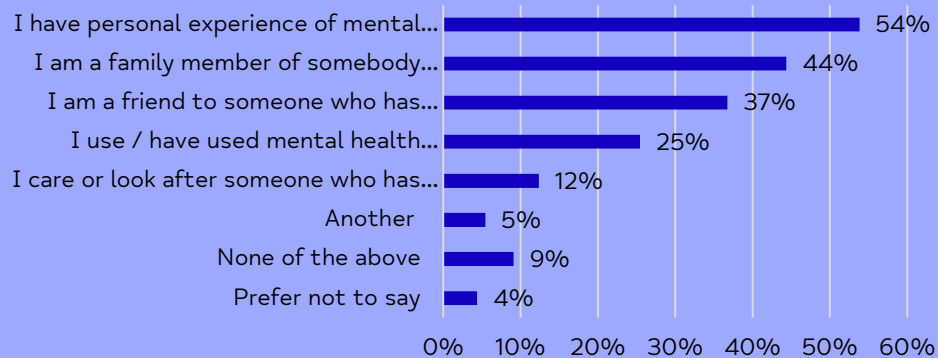
Where participants could select more than one response to a question, reported percentages refer to the % of respondents selecting each choice, so totals are likely to be more than 100%.

Within this report, the phrase 'Black, Asian and minority ethnic' has been used for consistency. TtCW 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.

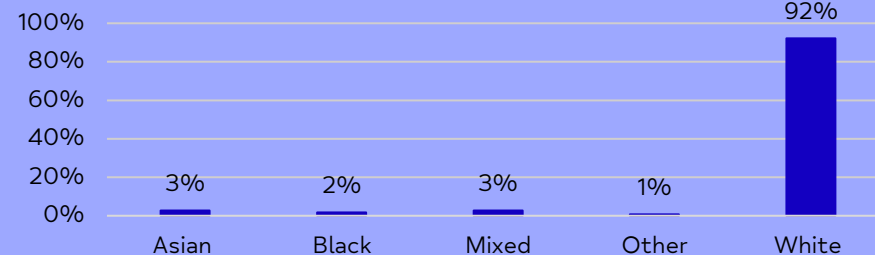
# Demographics

- Most trainees were between the age range 25-34.
- The majority of trainees (92%) were White or White British. 9% of trainees were from BAME (Asian, Black, Mixed and Other) communities.
- 54% of trainees had personal experience of mental health problems. 44% were a family member, and 37% a friend to someone with experience of mental health problems.

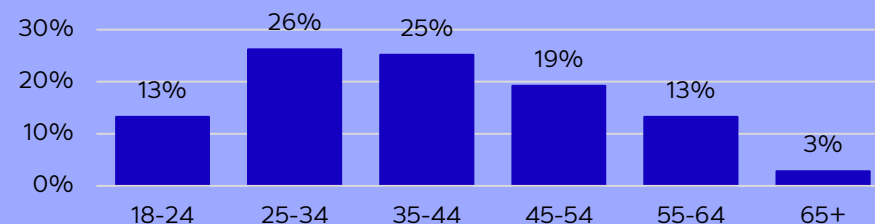
**Mental health experiences (Base= 275)**



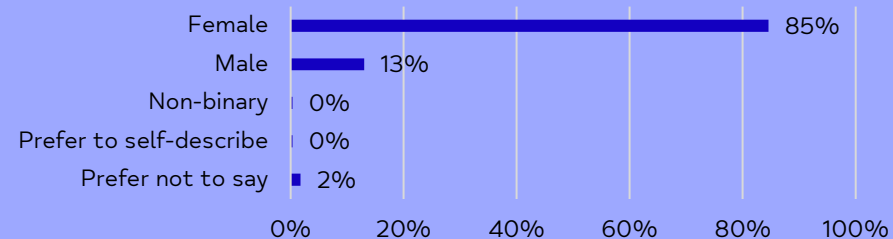
**Ethnicity (Base= 291)**



**Age (Base= 286)**



**Gender (Base= 292)**



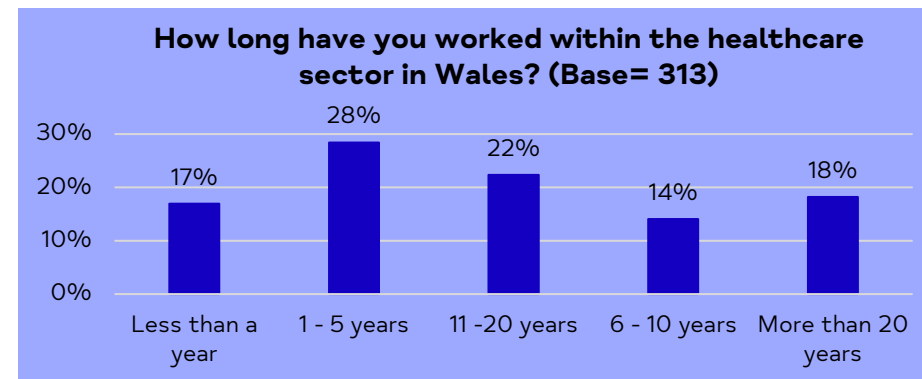
# Findings:

## Training reach

- **Just under a third of trainees (28%)** had been working in the NHS for 1-5 years.
- **17%** of trainees had been working within NHS Wales for **less than a year**, and **18%** for more than **20 years**
- The majority of trainees (**96%**) had an NHS pay grade Band 7 or below; **4%** were band 8a and above (base= 306).
- The percentage breakdown of trainees from each health board is represented in the table on the right (base= 281).
- Most (**67%**) trainees were medical professionals. Non-medical (**33%**) professionals included those working in **HR, administration, and domestic** (base= 278).

Of those that attended the training (base= 307):

- **61%** attended **remotely**.
- **39%** attended **in person**.



Health Board (base= 281)	Percentage
Swansea Bay University Health Board (n= 278)	99%
Cwm Taf Morgannwg University Health Board (n= 2)	1%
Aneurin Bevan University Health Board (n=1)	0%

# Findings:

## Training reach

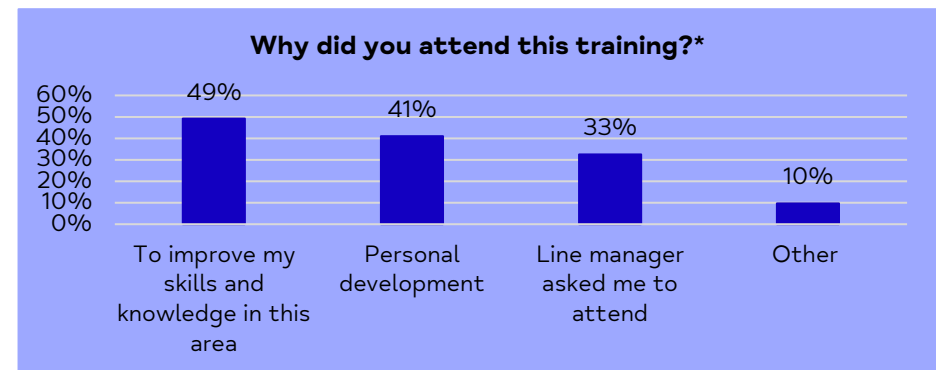
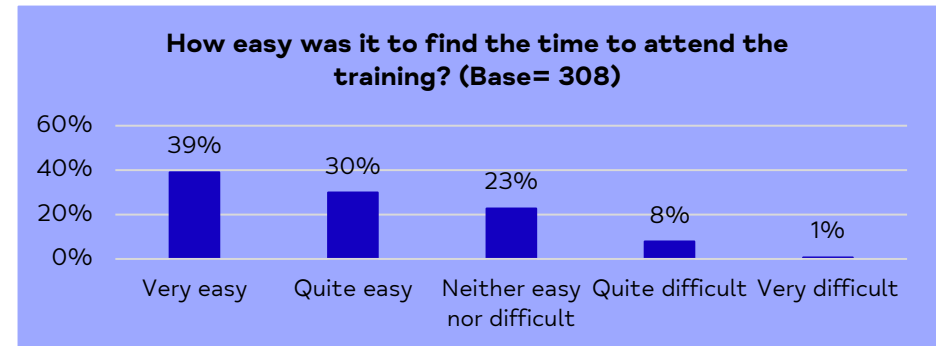
- Trainees were asked how they heard about the training. Findings can be seen in the table to the right.
- For those who selected the option 'Other' the most common answer specified was hearing about the training through their workplace **induction**.

How did you hear about the training? (base= 306)	Percentage
Manager (base= 88)	29%
Intranet (base= 56)	18%
Learning & Development (base= 40)	13%
Colleague (base= 28)	9%
Staff Wellbeing Service (base= 17)	6%
Other (base= 45)	13%
Occupational Health Department (base= 10)	3%
HR Department (base= 8)	3%
Staff Briefing (base= 13)	4%
Trade Union Representative (base= 1)	<0%

# Findings:

## Training feedback

- Trainees were asked to rate how easy it was to find the time to attend the training. They gave their answers on a scale of very easy to very difficult. Most trainees found the session **quite easy or very easy to attend (69% combined)**.
- The most popular reasons for attending training were to improve skills and knowledge in this area **(49%)** and because of their personal development needs **(41%)**.
- Trainees were asked how much they agreed or disagreed with a series of statements about information about the training session received prior to training. Findings are highlighted below:
  - 88% of trainees agreed or strongly agreed the information received prior to the training **accurately described the purpose of the training** and allowed them to join on the day (base= 306).
  - 80% strongly agreed or agreed they received ample information prior to the training to enable them to join/attend on the day (base= 301).



\*Percentages may add up to more than 100% as training attendees were able to select all that applied



# Findings:

## Training feedback

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

- 100% of trainees rated the **trainer's knowledge** on the topic as **good or very good**.
- 99% rated the **trainer's presentation and delivery skills** as **very good or good**.

	Very good / good	Average	Poor / very poor	Don't know / Can't say
The training materials used during the training (e.g., slide shows) <i>(Base = 308)</i>	97%	3%	0%	0%
The functionality of the training platform (e.g., Zoom, Microsoft Teams) used (e.g., audio quality/ connection/ video) <i>(Base = 182)</i>	93%	5%	2%	0%
The trainer's knowledge on the topic <i>(Base = 301)</i>	100%	0%	0%	0%
The trainer's presentation and delivery skills <i>(Base = 296)</i>	99%	1%	0%	0%

# Findings:

## Training Content

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

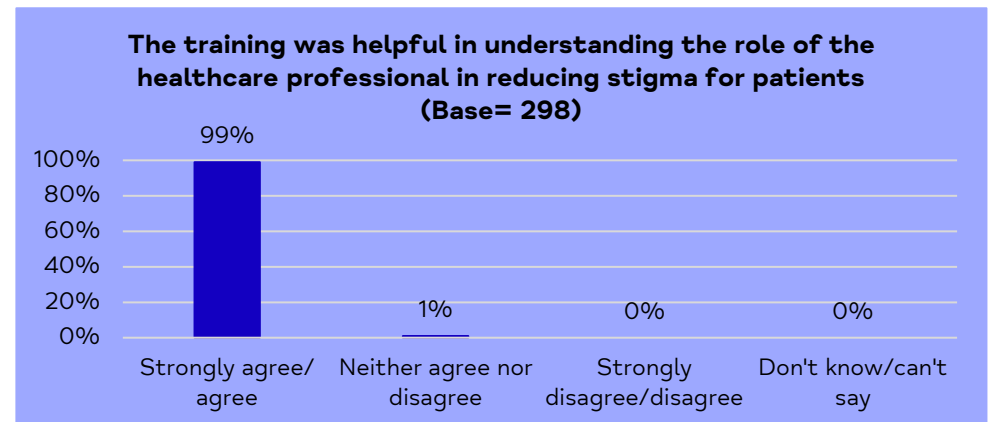
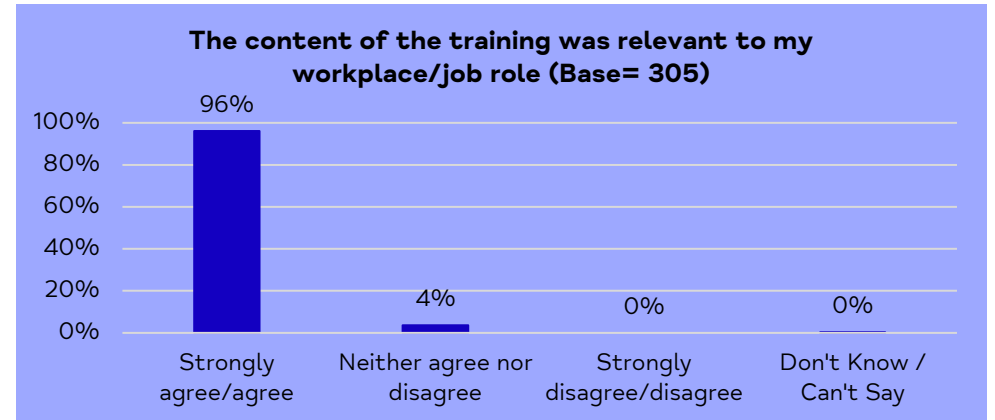
- Most trainees (96%) found the content of the training **relevant** to their workplace/job role.
- Most trainees (99%) thought the **training clarified the role of healthcare professionals** in reducing patient stigma

The most helpful aspects of the training as cited by trainees (base= 227) were:

- 1) Lived experience examples from patients
- 2) Interactive discussions on supporting those experiencing stigma
- 3) The trainer's knowledge and enthusiasm

The least helpful aspects of the training as cited by trainees (base= 38) were:

- 1) Length of training
- 2) Technical difficulties
- 3) Lots of paper handouts provided



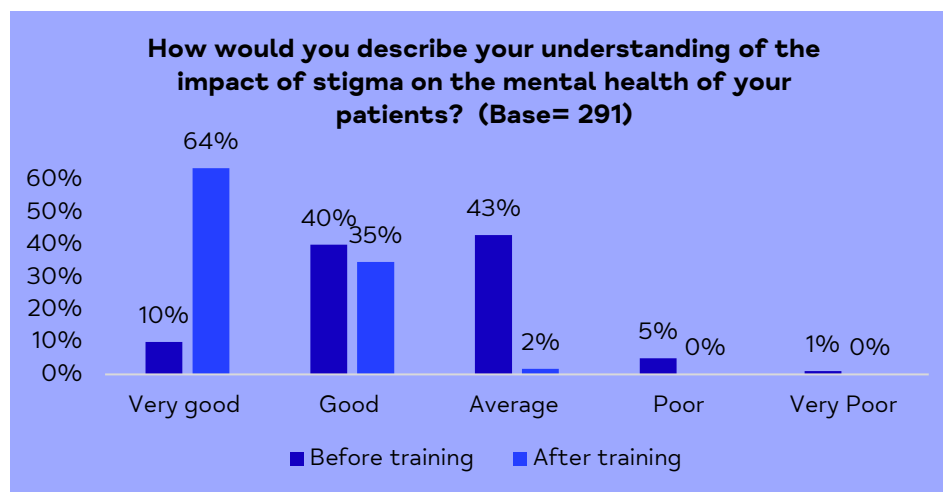
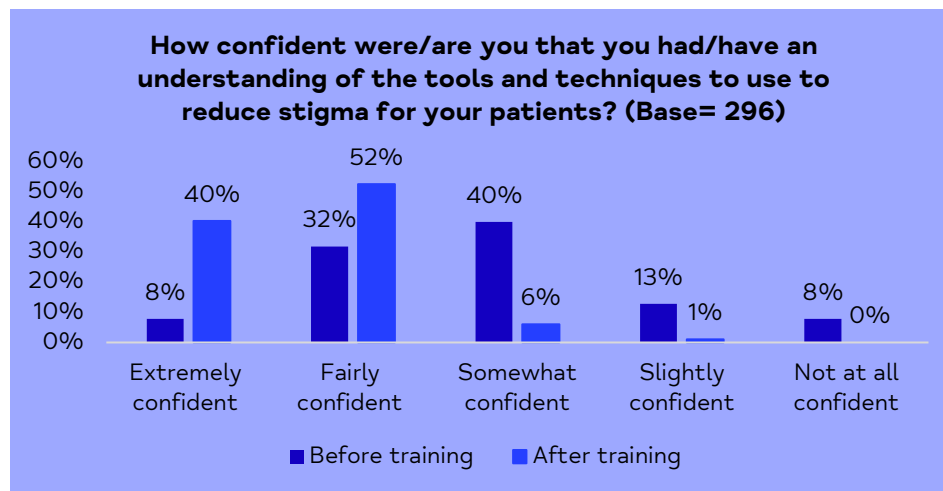
# Findings:

## Knowledge before and after the training

Trainees were asked 4 retrospective questions, asking them to rate their knowledge/understanding before and after\* attending the training. Findings are outlined below:

- A greater percentage felt more confident in understanding the impact of stigma on the mental health of their patients.
- For example, **63%** of trainees reporting their understanding of this as very good after attending the training, whereas prior to the training only **10%** rated their understanding as very good.
- Prior to attending the training, 40% of trainees felt /fairly confident/extremely that they have the tools/techniques to reduce stigma for their patients. After the training, the percentage increased to 92% of trainees.

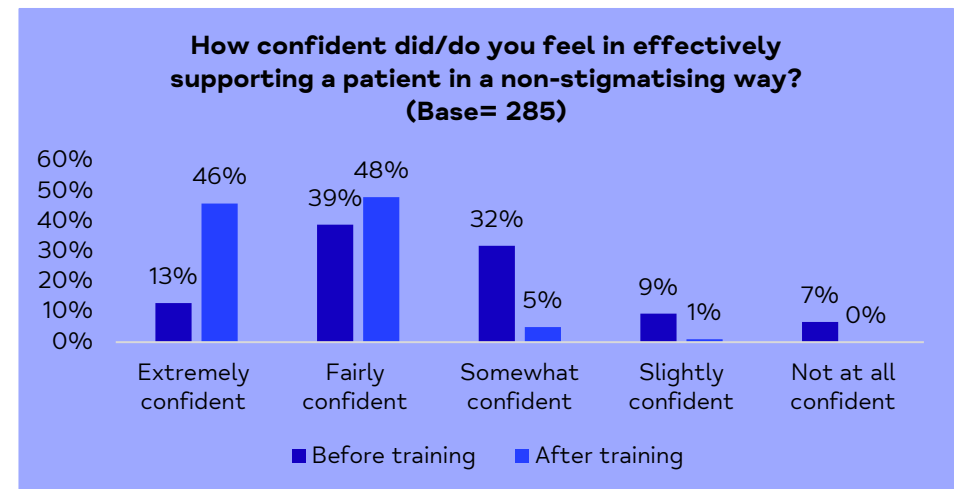
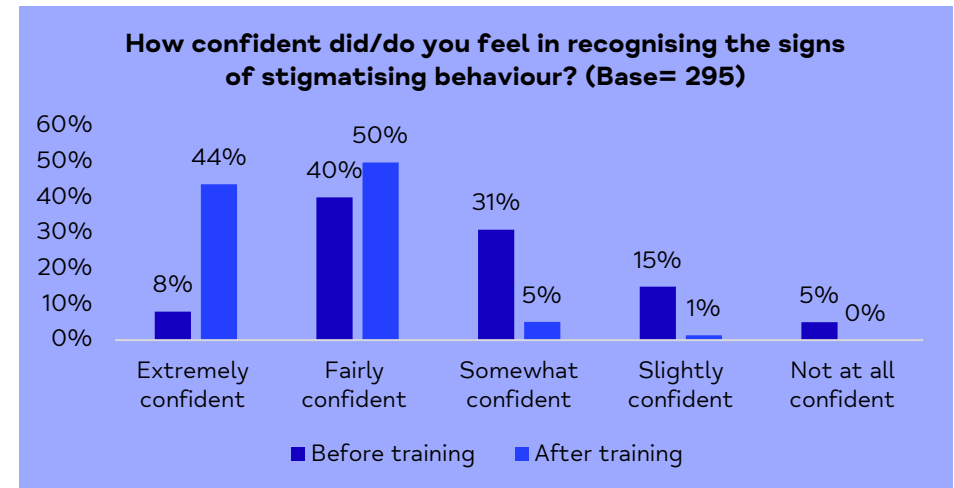
\* Please note, only responses where the same respondent answered both the before and after question were included in this analysis.



# Findings:

## Knowledge before and after the training

- Before attending the training, only **8%** of people felt extremely confident in recognising the signs of stigmatising behaviour. After the training **almost half** of trainees (44%) felt **extremely confident** in recognising the signs of **stigmatising behaviour**.
- A greater percentage of trainees (94%) felt **fairly / extremely confident in effectively supporting patients in a non-stigmatising way** after attending the training, than before (53%).

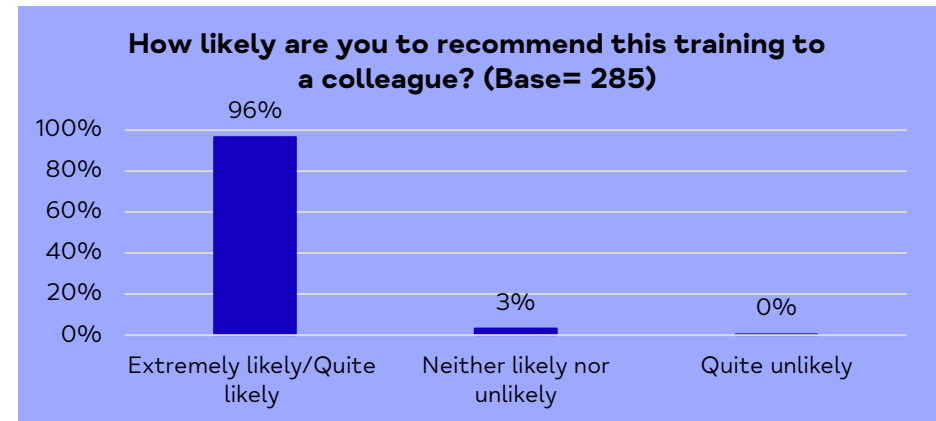


# Learning:

## Training rating and recommendation

- Trainees were asked how likely they would be to recommend the TtCW anti-stigma training module to colleagues. **96%** of trainees were quite or **extremely likely** to recommend the training to a colleague.

Trainees were asked to give the training a score out of 10. Trainees rated the training a **9.3/10** on average (base= 282).



Thank you for reading this report! If you have any further questions, please email [research@mind.org.uk](mailto:research@mind.org.uk)

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