

Sustainability Review
2025

Sustaining the impact of the Time to Change Global Pilot Programme

2018 - 2020



Executive Summary

The Time to Change Global (TTCG) pilot programme, implemented between 2018 and 2020, was designed to combat stigma and discrimination against people with mental health conditions in five countries: Nigeria, Kenya, Uganda, Ghana, and India. Adapted from the successful Time to Change initiative in England, TTCG empowered individuals with lived mental health experience—known as Mental Health Champions (hereafter Champions)—to lead stigma-reducing efforts through storytelling, community events, and social media campaigns.

This sustainability review assesses the lasting impact of the TTCG pilot, focusing primarily on Kenya and Nigeria, and explores outcomes through the lens of Champions, implementing organisations, and the general public.

Key Findings

1. Champion Empowerment and Peer Support Sustained

- Champions continue to actively share their stories to reduce stigma, often via social media, personal conversations or organisations they have set up since the pilot.
- Peer support networks, such as WhatsApp groups, remain active, providing ongoing emotional and practical support.

2. Organisational Adoption of TTCG Methods

- Implementing partners in Nigeria and Kenya continue using TTCG methods in mental health work and broader work. In Nigeria, these approaches have extended to other contexts, such as Leprosy related stigma.
- TTCG raised the visibility of implementing organisations and influenced their continued advocacy and outreach.

3. Factors Supporting Sustainability

- Comprehensive training for Champions on safe storytelling and stigma reduction techniques.
- Strong peer mentorship and ongoing informal networks.
- Use of social media as a cost-effective tool for ongoing advocacy post project.

4. Challenges in Sustaining Programme Scale

- Large-scale social contact events are hard to sustain without further funding.
- Monitoring impact remains challenging without dedicated funding.

The TTCG programme made significant strides, with many positive outcomes sustained, particularly the personal growth of Champions, strong peer support networks, and continued use of TTCG methods by implementers. However, lack of further funding threatens the long-term scalability of these efforts.

Practical suggestions from interviewees highlighted the need for additional training on social media advocacy, establishing more formal Champion networks, and using 'training of trainers' models to grow a new generation of Champions.

The power of lived experience was central to TTCG's success and remains key to sustaining impact. While progress has extended beyond the pilot phase, the scale of the challenge remains vast. Tackling stigma and ensuring long-term sustainability requires continued investment, strategic collaboration with government stakeholders, and further elevation of lived experience leadership.

Introduction

In 2018, CBM UK were part of a partnership that launched the Time to Change Global (TTCG) pilot programme. Implemented with partners in Ghana India, Kenya, Nigeria, and Uganda from April 2018 to March 2020, the programme sought to strengthen the capacity of local organisations and people with lived experience of mental health conditions to tackle stigma and change public attitudes.

The TTCG pilot programme was grounded in evidence-based approaches and inspired by the successful 'Time to Change' initiative in England (2007 – 2021). Led by two UK mental health charities, Mind and Rethink, Time to Change aimed to end stigma and discrimination against people with mental health conditions and psychosocial disabilities. The project was highly successful and evidenced a national 'sea change' in public attitudes and significant discrimination reductions over 15 years. This model was later adapted to be used globally and became known as Time to Change Global (TTCG).

Mental health conditions affect 1-in-4 people, and in a recent global study, 70% said the stigma they face is worse than the condition itself highlighting the importance of this work.

Through the TTCG programme, CBM UK, along with UK technical partners and local implementing partners, supported a series of interventions aimed at: improving public perceptions towards people with mental health conditions; supporting people with mental health conditions to challenge stigma and discrimination in their communities; supporting local organisations and people with mental health conditions to run local anti-stigma campaigns; and facilitating opportunities for shared learning between countries. The programme resulted in significant learnings on how to reduce stigma and discrimination through championing lived experience leadership, increasing contact between the general population and people with direct experience of mental health conditions, and using localised social marketing campaigns to improve awareness.

Time to Change Global Locations



Figure 1. Map of TTCG project locations.

The TTCG programme was funded by the UK Foreign and Commonwealth Office/UK Department of Health and Social Care and Comic Relief, with partners of the programme including CBM UK, Mind and Rethink Mental Illness (UK mental health charities), the Mental Health Society of Ghana (MEHSOG), Grameena Abyudaya Seva Samsthe (GASS) in India, the Gede Foundation in Nigeria, Basic Needs Basic Rights Kenya (BNBR), and Mental Health Uganda (MHU). ¹

Global efforts to improve mental health care are often undermined by deep rooted prejudice, stigma and discrimination. To make meaningful improvements in mental health care, we must confront stigma.

This report looks at factors contributing to the sustainability of the TTCG programme in terms of its impact in reducing mental health stigma and discrimination. Specifically, **the report examines the contributions made during the two years of implementation, the outcomes and impacts that have been sustained since the programme ended, and the elements that facilitated sustainability. Additionally, it identifies areas where sustainability was not achieved and provides suggestions for improving sustainability in future initiatives.**

This report considers sustainability from the perspective of:

- Mental Health Champions
- Implementing partner staff
- The general public

Due to resource limitations, this research primarily focuses on Nigeria and Kenya, with one interview from Uganda. ²

1 CBM UK was responsible for the overall coordination and management of the programme, with country organisations leading on project implementation, with technical support from UK based partners.

2 The interview from Uganda was not initially planned but was included because the author met a former Champion from Uganda at a conference.

Time to Change Model

The TTCG Model was built around evidence-based interventions aimed at reducing mental health stigma and discrimination. Evidence has shown that increased meaningful contact with people with lived mental health conditions is an effective strategy for challenging stigma and discrimination. The key principles of the Time to Change Model, which informed the TTCG approach, are outlined below.



Lived Experience Leadership – People with lived experience of mental health conditions participating and leading in every aspect of delivering the programme.



Social Contact – People with lived experience of mental health conditions sharing their experiences with people without such experiences, aiming to challenging stigmatizing attitudes and behaviours.



Social Marketing – Using marketing techniques originally used in the commercial sector to change attitudes and behaviour for social good.

Pilot Programme Evaluations

Evaluations of the TTCG pilot projects in the five countries showed that the TTCG model, when adapted to each local context, can be highly effective. A further evaluation conducted by Kings College London in Kenya and Ghana found that following the social marketing campaigns, there was a significant positive change in a stigma related outcome in both countries.³ This was a very promising result considering the short time period of the pilot projects.

An important output from the TTCG programme included the [Time to Change Global Anti-Stigma Toolkit](#) which consolidates experiences and insights from the five countries, providing a valuable resource for future anti-stigma initiatives. This tool kit also captures qualitative data from Champions around what stigma looks like in their context.

³ The Kings College London evaluation used data collected before and after each campaign in Accra and Nairobi to investigate pre-post differences in stigma-related outcome measures: mental health-related knowledge (MAKS), mental health-related attitudes (CAMI), and desire for social distance (RIBS), with regression analyses. This evaluation focused on quantitative data from public surveys, while the end-of-project evaluations included qualitative data, and included evidence generated specifically for this report. These evaluations indicated that Champions felt significantly empowered by their involvement. See: Potts, L.C., Henderson, C. Evaluation of anti-stigma social marketing campaigns in Ghana and Kenya: Time to Change Global. BMC Public Health 21, 886 (2021). <https://doi.org/10.1186/s12889-021-10966-8>

Methodology

Nine in-depth interviews were conducted with stakeholders from the TTCG pilot programme, in June, October and December 2023. These included individuals connected to the Kenya and Nigeria projects, and one Champion from the Uganda project. Participants were purposively selected to capture the views of both Champions and key staff from implementing organisations. Interviews were conducted both face-to-face and online, lasting 25–60 minutes each. An interview guide was used that explored the sustainability of project outcomes and included questions on how to improve sustainability in future phases. Interviews were transcribed and analysed thematically to identify key themes.

Additionally, a recent evaluation from the second phase of the Kenya project (2020–23) was reviewed. In Nigeria, there was no direct follow-up phase (although they continue to incorporate many of the TTCG methods in their other work), so no follow-up phase evaluation included. In Uganda, although there was a follow-up phase, evaluations were not reviewed as Uganda was not a key focus of this enquiry, except for including the views of one Champion that was interviewed.

Interviewees

CBM Nigeria Project Officer
Partner Project Coordinator, Nigeria
Partner Project Officer, Nigeria
Partner Project Coordinator, Kenya
Female Mental Health Champion, Nigeria
Male Mental Health Champion, Nigeria
Female Mental Health Champion, Kenya
Male Mental Health Champion, Kenya
Male Mental Health Champion, Uganda

Limitations

It is important to acknowledge several limitations. First, only a small number of Champions were interviewed, and these participants were chosen selectively, not randomly. It is likely that Champions known to be enthusiastic about the programme were recommended for interviewing since also easier to reach. This has the potential to introduce bias.

Second, data on public stigma levels across the TTCG countries are limited. Kenya is the only country where a more recent and comprehensive study has been conducted.

Finally, although all interviewees were informed that the purpose of the study was to gain an honest understanding of what has been sustained, there remains a possibility of positive response bias. Participants may have been inclined to present positive results, particularly if they believe it might lead to more funding opportunities.



Left: Erla from CBM UK (left), with two former Mental Health Champions - Godfrey former Champion from Uganda (middle) and Edwin (right) former Champion from Kenya.

Findings

Sustainability from Mental Health Champions

Perspective

What did the project achieve?

During the project, 111 people with mental health conditions across the five countries were supported to become Mental Health Champions to fight stigma. They received training on safely sharing their stories, planning and running social contact events, and engaging with social media – all while maintaining strong safeguarding practices. By the end of the project, the Champions reported feeling more empowered and confident in sharing their stories in ways that felt safe and authentic to them. The project also helped establish and strengthen bonds among Champions within countries and across countries, enhancing peer support networks and advocacy efforts. For many, this played a significant role in the recovery journeys. During this enquiry, we visited five of the Champions to see how they felt a few years after the original pilot programme.

What has been sustained?

The five Champions interviewed described how the programme has continued to have a very positive impact on them, and how they have remained active in fighting mental health stigma. They shared how they have continued to tell their stories, often leveraging social media, and how the bonds formed between Champions have remained strong. However, they also noted challenges in sustaining social contact events, reaching the same number of people as they did during the project, and in tracking impact.



Diagram 1: What was and was not sustained after the TTCC pilot programme ended from Champions perspective.

Mental Health Champions Empowered

The increased confidence of Mental Health Champions to fight stigma has endured beyond the project's conclusion. While the end of project evaluation noted challenges in assessing the full impact on Champions due to the project's short time frame, interviews conducted for this enquiry highlight their continued commitment. Champions remain actively engaged in challenging mental health stigma - sharing personal stories, setting up their own organisations, and pursuing careers in the mental health sector. **Many have emerged as influential leaders both locally and globally.** Evidence from similar anti-stigma initiatives underscores the importance of involving people with lived experience to ensure long-term impact, and we see clear evidence of that with this project.

Below, a Champion describes how they were initially hesitant to join the TTCG project but were encouraged by their therapist to try it out. Now working as a nurse overseas, they continue to provide mental health support to family and friends back in Nigeria.

"It was completely new. In fact, I did not want to do it because I thought it was too intrusive... My therapist said 'just go and see what happens, you just have to go for the first time and then if you don't want it, you come back out'... But then after the training I decided to give it a try... As I started talking to people, I realized that it's not just me and that some other people actually have the same experiences... And they start telling you their own problems and telling you how it has impacted on their own lifestyle. You realize that this thing you are doing is actually quite good and you want to keep it up. So that's what opened me up and that's what made me want to continue."

- Mental Health Champion from Nigeria

Champions credit the project for not only increasing their confidence, but for **teaching them how to use their story and voice more effectively**, in ways that feel safe and true to them.

"When I joined, I did not give my consent to give my pictures. I was shy and had a problem with my voice being recorded... That was respected. But as the project went on, I become more and more confident in sharing my story."

- Mental Health Champion from Nigeria

"During the project I had more knowledge of what I was going through. I felt I was in a community of people who understood me. I also felt I was important in the journey of making a change and that it was important for me to share my story because my story can influence other people."

- Mental Health Champion from Nigeria

Using the knowledge gained from the TTCG project, **Champions have continued to challenge mental health stigma by establishing their own organisations, podcasts and mental health community initiatives.** For example, a Champion in Kenya set up an organisation called [Mentally Unsilenced](#), a Champion in Uganda set up [The Alive Again Foundation](#), and a Champion in Nigeria launched a podcast called the [Messy Girl Hour](#), which focuses on Attention-deficit/hyperactivity disorder (ADHD).

Champions remain enthusiastic about engaging in mental health work when opportunities arise. A Program Manager from CBM Nigeria describes how he often invites former Champions to participate in government round table meetings and World Mental Health Day events, to share their stories and help drive change.

“That confidence they built around TTCG to be able to share their experiences and tell their stories, they’ve been able to build and sustain over time, of course when they have the opportunity to do that.”

– Program Manager CBM Nigeria

Ongoing Peer Support

Another key indicator of sustainability is the **lasting peer support network formed among the Champions.** These enduring connections continue to provide a strong sense of community and play a vital role in their recovery journey. With people based in various locations, online communication remains important. Both Champions and project coordinators noted that the WhatsApp groups created during the project are still very active, serving as a space for encouragement, resource sharing, and mutual support.

“Even if over time everyone is trying to get settled in different environments, even if we have moved away from this immediate environment, we still have links and communication, we are still like an informal support group.”

- Mental Health Champion from Nigeria

“In the process of recovery, you don’t have such a very strong system. So, with Time to Change it tried to bring us together - the Champions who are having different experiences. So, coming together and sharing and also being able to share with others without these experiences, I think for me was the highlight of this program.”

- Mental Health Champion from Uganda

“And to be very honest, being in the project has actually helped my mental health in a positive way because the engagements that we had both with Champions and with people out there in the public, they made most of us realize that we are not alone.”

- Mental Health Champion from Kenya

Story Telling Continues

Champions continue to actively share their stories to combat stigma. While many choose to use social media, **there are many other creative ways in which Champions have found to keep these lifesaving conversations going.** For example, a Champion in Kenya has initiated conversations about mental health at his local gym.

“I still use my social media platform, which is WhatsApp, as it’s my most comfortable platform. I still have conversation around mental health as well and when people around me are talking about mental health or when I see something about mental health, I still have the confidence to speak or to bring my own input.”

- Mental Health Champion Nigeria

What has not been sustained?

Scale

While there is good evidence to show how Champions are continuing to have important conversations around mental health, we also heard how **difficult it can be for them to continue having conversations at the same scale as they did during the project.**

Social contact events

The social contact events were a key focus of the project, with the local partner organisations receiving funding to facilitate them. These community events were often held in locations like shopping centres and parks and were often very hard to access without the backing of a formal civil society organisation. For instance, Champions would often need permits, information leaflets and safety measures in place to conduct these contact events. As a result, these events were beyond the time and financial resources of the Champions to organise as individuals and required logistical support from the CBM Country Team and project partner. Consequently, **once the project finished and funding was no longer available, social contact events became more difficult to continue.**

“if you’re going to a community, we would need, BNBR as an institution to formally talk to the authorities.”

- Mental Health Champion Kenya

“As an individual, I have not been able to do so much after the project has ended because the project supported the logistics. Right now, if I’m going to speak with someone it has to be someone from my environment because I did not have the logistics to move to some far place to do that. Equally, I now have the confidence to do it but no longer have the logistics because the funding has ended.”

- Mental Health Champion Nigeria

Tracking impact

Once the project funding finished, TTCG project coordinators and other local partner staff were reassigned to other projects/roles. This meant that **the resource needed to continue tracking the impact were no longer available and as a result it was discontinued.**

Sustainability from an Organisational Perspective

What did the project achieve?

The training and support provided on TTCG methods was an important achievement of the programme. It equipped implementing partners with the knowledge and skills needed to implement a new approach to addressing mental health stigma. Additionally, **the social marketing campaigns used in this approach significantly raised the profiles of the implementation partners.** These important achievements were highlighted in the end of project evaluation.

The five TTCG pilot implementing partners have each had different journeys in terms of sustaining their work, making generalisations difficult. The following section draws on the information gathered from interviews with project coordinators from partners in Nigeria and Kenya only.

What has been Sustained?

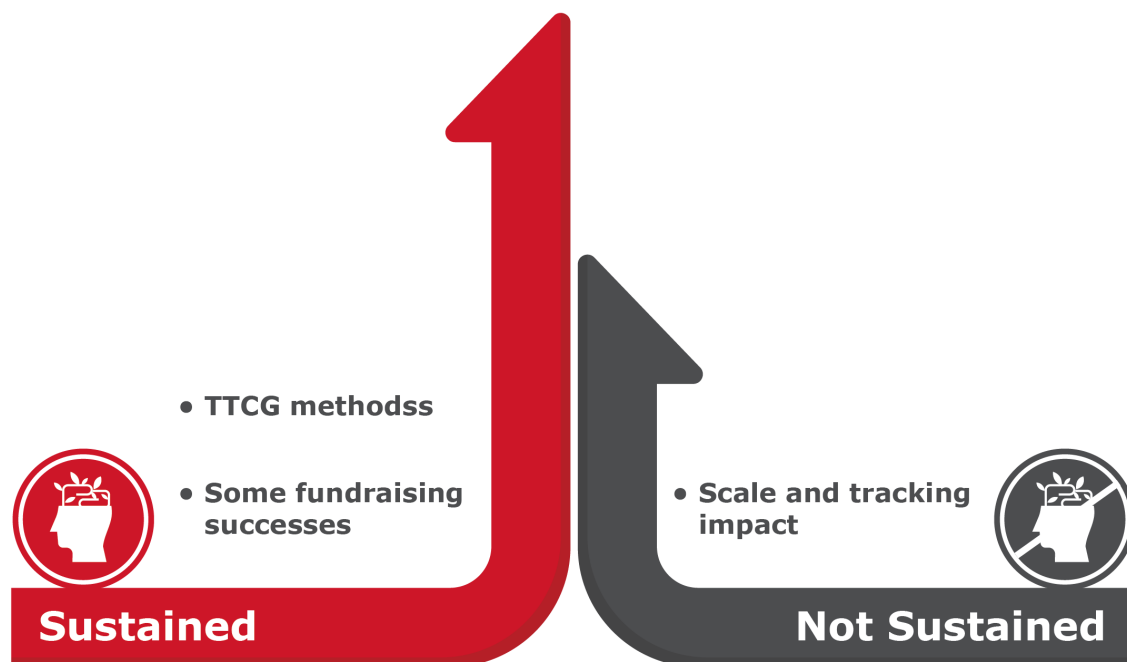


Diagram 2. What was and was not sustained after the TTCG pilot programme ended from an organisational perspective.

The TTCG methods are still being used by partners in Nigeria and Kenya, with country coordinators continuing anti-stigma work. Reflecting fondly of their involvement in the project, one coordinator shared, "there was a lot of amazing support. Honestly, it's actually one of my favourite projects ever." For this coordinator, the mentoring and support received during the project not only strengthened their own capacity but also helped them to confront some of their own mental health stigma. Additionally, demonstrating that the approach is still very much alive, the CEO of the Gede Foundation in Nigeria interrupted when the project was mentioned as having ended, stating, "It has not ended. Social contact is front and centre, this [the project] has really helped and we are still using it."

Securing funding to support partners in continuing the TTCG approach is crucial for its sustainability. After the project ended in Kenya, the implementing partner was able to secure further funding which it used to train new cohorts of Champions, enabling the work to continue. In terms of sustainability, this is very encouraging, as one of the aims of the project was to equip implementing partners to be able to engage in ongoing anti-stigma work through training and mentoring provided by the global TTCG team.

What has not been sustained?

Although it was clear from interviews with staff from both Nigeria and Kenya that the TTCG methods would continue to influence all their future work, **sustaining the scale of work and measuring impact robustly will be challenging without additional resources.**

Sustainability from a Public Perspective

What did the project achieve?

A key objective of the TTCG project was to reduce public levels of stigma. Changing public views and behaviours is challenging, takes time and requires great reach. But impressively, **the TTCG social marketing campaigns were able to reach a total of 2.96 million people across Ghana, Nigeria, Kenya and Uganda in only two years.** A research study conducted from Kings College London looked at stigma level outcomes in Ghana and Kenya and was able to find an improvement at each site. ⁴

What has been sustained/not sustained?

To understand if the improvements in public stigma levels have been sustained since the end of the pilot programme, we first need to examine the available data. In Nigeria, there is limited data on public stigma levels, making it difficult to draw any conclusions. However, in Kenya, there is strong data available, including the original evaluation conducted by King College London, as well as a more recent evaluation (based on phase two of the Kenya project, 2020–2023) which we used to assess sustainability.

In phase two of the project in Kenya,⁵ the evaluation revealed an **increase in campaign awareness.**⁶ **However, there was not a statistical difference in public stigma levels,** although it seemed to move in the right direction. While this may seem disappointing, the reality is that **lasting shifts in behaviours and attitudes takes time.** For instance, in England, it took over ten years until consistent changes were being observed that could be attributed to the Time to Change campaign.

Having data on stigma in low and middle-income countries is important as it contributes to global stigma evidence, which predominately comes from high-income countries.

4 Potts, L.C., Henderson, C. Evaluation of anti-stigma social marketing campaigns in Ghana and Kenya: Time to Change Global. BMC Public Health 21, 886 (2021). <https://doi.org/10.1186/s12889-021-10966-8>

5 During the second phase in Kenya, CBM was not a direct partner, but had a small consultant role.

6 Campaign aware means respondent has had exposure to mental health messaging.

Factors promoting Sustainability

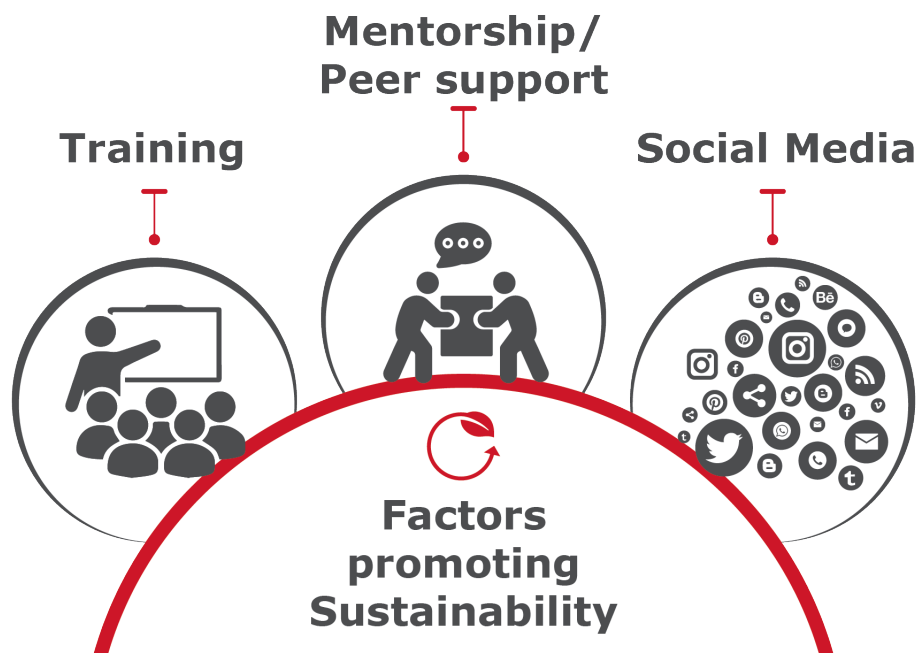


Diagram 3. Key factors that facilitated sustainability according to interviewees.

Training

Training emerged as a key factor in driving sustainability, according to reports from both Champions and project coordinators. During the project, Champions received training on how to safely share their personal stories, which continues to influence how they share their experiences today. One Champion described how he used to over-share when telling his story. He explained that, looking back at some of his old media post, he now feels uncomfortable and recognizes how much he has grown since then.

“It was a very interesting experience, being trained on how to speak or how to use your own story to challenge stigma in the society. I can say for example, for my suicide attempt, I used to give graphic details. I thought that is or that was the best thing to do. Now, with Time to Change Global, we realise that you don’t have to share the gory details. Nobody has to pressure you into sharing details that you don’t want because you own the story, and you control the story.”

- Champion from Kenya

Similarly, other Champions describe how the training helped them to become more comfortable, value their own stories, and understand how to set important boundaries.

“I know the basics when it comes to the key parameters. So, when it comes to interacting with vulnerable populations, I know how to protect myself. That’s a long-term impact. That’s one of the trainings that’s really impacted me.”

- Mental Health Champion from Nigeria

Mentorship/Peer Support



Diagram 4: How TTCG/CBM staff, global Champions, local Champions and country project coordinators have maintained contact with each other.

Multi-level mentoring between global staff, country coordinators and local and global Champions has continued⁷. Opportunities for peer-to-peer learning included a conference in Nairobi, Kenya where representatives from the five pilot countries and global staff came together in person.

“The success of the project was based on how we started which really helped - we are working together and supporting each other. What really also helped was the learning event in Kenya – seeing people in other countries going through the same thing – showed the Champions and us that we are from different backgrounds and cultures, but when it comes to mental health conditions, we experiencing similar things. We may respond differently, but there many similarities, so the solution can be similar as well.”

- Project Coordinator, Nigeria

Some Champions also presented at the World Psychiatry Association Conference in Singapore. **These were rich experiences which allowed the project stakeholders to develop strong relationships with one another and assert themselves as leaders in the field of mental health stigma, something that long outlives the initial pilot project.** This highlights the benefit of cross-country learning and support.

“There are moments when I have brought Champions to speak with me at conferences - I’m meant to be supporting the Champions but actually I just stand back and look with pride because I’m so proud of the Champions... So, they have taken over and owned project, so you just take step back and let them go forward.”

- Project Coordinator, Nigeria

⁷ Global Champions are Champions that support Champions in other countries. Local Champions are Champions that support Champions within their own country.

As discussed above, many interviewees referred to the WhatsApp groups between Champions that continue to this day. The peer support element was clearly crucial to the project's success.

"Moving forward, it is still like a family – we still keep in touch, we still support each other."

- Mental Health Champion, Nigeria

Social Media

Social media platforms continue to be an effective way for Champions to combat mental health stigma. This is in contrast to conventional media, which a Champion described as hard to sustain without adequate budget. However, fully leveraging social media often requires specific training, and some Champions interviewed expressed a desire for additional training in this area. This underscores the importance in investing in social media training as an effective intervention for longer-term sustainability, enabling Champions to continue engaging with social media long after the project ends.

"There could have been more training on social media because the focus was a bit on traditional media – using TV, stations and radio stations which comes with a huge budget. But, if we can have, for example, some training around social media usage in terms of amplifying voices, I think it can help as it is very cost effective."

- Mental Health Champion, Uganda



Above: Examples from the TTCG Media Campaign shown on the [TTCG Instagram page](#).

Sustainability Recommendations

Sustaining the impact on public stigma levels will be the greatest challenge, as evidenced by experiences in Kenya. Addressing this likely requires extended campaigns with broader reach and collaboration with research partners to accurately measure progress, which necessitates adequate resources.

Communication platforms: Focus on leveraging low-cost, easily accessible social media platforms over traditional media, which incurs higher costs and requires more logistical support.

High-Quality and Scalable Training: A key lesson from this inquiry was the importance of high-quality training for Champions. It was the most frequently mentioned factor in helping them sustain their anti-stigma work after the project ended. The training enabled them to share their stories safely, stay motivated, and avoid burnout. One Champion also noted it supported their wider professional development. Another suggested scaling up training through a “Training of Trainers” model, this is already being done in places like Kenya but could be replicated in other contexts.

Social Media Training: Social media remained a powerful tool for Champions to continue their work. However, interviews indicated a need for more comprehensive training on effective social media use to sustain these efforts. Therefore, it is recommended to provide specific and adequate training on social media utilization.

Social Contact Events: These events proved challenging to sustain after the project came to an end. Champions suggested embedding these events within existing community structures or forums to enhance sustainability. Additionally, integrating social contact events into workplaces or local community hubs, such as gyms, could provide further opportunities for engagement.

Strengthening Networks: While WhatsApp groups have been useful, Champions recommended establishing a more formal network to enhance connectivity and support.

Government Collaboration: It is crucial to work more closely with government entities to ensure these projects are adopted and owned by the government. This approach leverages the government’s capacity and positions it as a key stakeholder, fostering a sense of ownership and integration of these programs into broader governmental initiatives.

“How can we get these projects to be owned by the government because we believe the government is a huge stakeholder, but government often views stakeholders coming into these spaces as working independently. We want the government to take ownership of these programmes because the government has capacity to do that.”

- *Mental Health Champion, Uganda.*

Conclusion

To combat mental health stigma and discrimination, CBM applied evidence-based methodologies inspired by Time to Change England to TTCG. In the five countries where the original TTCG pilot was implemented, the journeys have been different, making it difficult to draw uniform conclusions. This report primarily focused on Nigeria and Kenya, which present distinct case studies.

In Kenya, our partner BNBR secured independent funding to continue the project for a second phase, resulting in five-years consecutive implementation. This project recently came to an end. In contrast, the project in Nigeria did not obtain further funding for direct project continuation. Nevertheless, some of the TTCG methodologies have been integrated into other ongoing projects.

“From the partner side, the model of social contact events and engaging the media for media advocacy were kind of sustained through new projects or projects that followed after the Time to Change Global program ended.”

-Program Manager CBM Nigeria

As the first section on Champions clearly shows, the most sustainable aspects of Champions were their sense of empowerment and their ongoing commitment to combating mental health stigma. However, maintaining the scale of their reach and effectively tracking their impact has been challenging. While partner organisations have managed to sustain much of the anti-stigma work, albeit in different forms, the sustained impact on public stigma levels remains difficult to ascertain. Limited data from Nigeria, coupled with the fact that changing public attitudes and behaviours takes time and is not necessarily a linear process, makes assessing progress challenging. For instance, in Kenya, despite the project running for five consecutive years, significant changes in public stigma levels were not observed, although there seemed to be a trend in the right direction.

This report serves as a valuable resource for understanding what has and has not been sustained in the project, providing insights that can inform future decision-making and strategies for combating mental health stigma and discrimination.

Acknowledgements

Interviews were conducted and written up by Erla Magnúsdóttir (CBM UK), with thanks to the Gede Foundation, Basic Needs Basic Rights Kenya and CBM teams in Nigeria and Kenya for supporting coordinating the interviews with former Champions and staff members who worked on the TTCG pilot project. Additional thanks to Jaynelle Lording (CBM Australia) and Ursula Grant (CBM UK) for their editorial review. Our collective gratitude goes to all the informants from the pilot project who generously shared their time and insights on the sustained success of the TTCG project.