



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Progress Place

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www.mentalhealthcommission.ca

1 OPENING MINDS: CHANGING HOW WE SEE MENTAL ILLNESS

As part of its 10-year mandate, The Mental Health Commission of Canada (MHCC) embarked on an anti-stigma initiative called Opening Minds (OM) to change the attitudes and behaviours of Canadians towards people with a mental illness. OM is the largest systematic effort undertaken in Canadian history to reduce the stigma and discrimination associated with mental illness. OM is taking a targeted approach, initially reaching out to healthcare providers, youth, the workforce, and media. OM's philosophy is not to reinvent the wheel, but rather to build on the strengths of existing programs from across the country. As a result, OM has actively sought out such programs, few of which have been scientifically evaluated for their effectiveness. Now partnering with over 80 organizations, OM is conducting evaluations of the programs to determine their success at reducing stigma. OM's goal is to replicate effective programs nationally. A key component of programs being evaluated is contact-based educational sessions, where target audiences hear personal stories from and interact with individuals who have recovered or are successfully managing their mental illness. The success of contact-based anti-stigma interventions has been generally supported throughout international studies as a promising practice to reduce stigma. Over time, OM will add other target groups.



2 BACKGROUND

Progress Place, a recovery centre for people with backgrounds of mental illness such as bipolar disorder, schizophrenia, and severe depression, responded to a Request for Interest (RFI) issued by Opening Minds (OM) in the spring of 2009. OM was looking for existing programs aimed at reducing stigma among its initial target groups of healthcare providers or youth.

Progress Place developed the “Healthcare Professionals Champion an Anti-Stigma Approach” program to address the issue that insufficient or incorrect information about mental illness can influence the attitudes of healthcare providers toward mental illness and recovery, and may have an unintended negative influence on the healthcare received by individuals with mental illness in a hospital setting.

The half-day workshop was developed and provided by Progress Place staff who have expertise in stigma and the recovery model. It was delivered onsite at each of the hospitals that are part of the University Health Network (UHN) in Toronto. Topics included the definition of mental illness, stigma and discrimination, and strategies for change. Real life examples were also provided in testimonials from Progress Place Clubhouse members.

3 METHODOLOGY OF EVALUATION

Participants were asked to complete a short pre-survey before the workshop began, a post-survey immediately when the workshop was complete, and a follow-up survey approximately four to five months after the end of the workshop. The survey package contained the Attitudes about Mental Illness Questionnaire (AMIQ) and the Words That Come to Mind Questionnaire (WTCMQ).

3.1 AMIQ

The AMIQ is comprised of 18 questions pertaining to people’s attitudes towards people with a mental illness, and is measured with a 5-point Likert scale (strongly agree, agree, neutral, disagree and strongly disagree). One item (*Question 6: I would support spending more tax dollars to improve services for the mentally ill*) was missed on the post-workshop and follow-up administration of the questionnaire, therefore the analyses of the AMIQ was done with this item dropped.

To create scale scores for the AMIQ, items were summed across all surveys having complete data. Scores ranged from 17 to 85, with a low score for the attitude scale indicating less stigma.

The pre-test/post-test/follow-up Cronbach’s alphas for the AMIQ were good (0.77, 0.82, and .79 respectively), indicating a sound level of reliability in the psychometric test score for the sample of respondents that completed the survey.

Independent samples t-tests were used to analyze mean score differences at different time-points instead of paired samples t-tests in order to retain the entire sample of participants at pre- and post-workshop, rather than limit the analyses to only the 40 participants who completed the measure at follow-up.

3.1 WTCMQ

The WTCMQ asked respondents to list up to up to 10 words that come to mind to describe someone with a mental illness. The responses to the WTCMQ underwent a content analysis by a trained qualitative researcher. Various themes were identified and the frequency with which the themes appeared at the various time-points was determined.

4 RESULTS

4.1 Demographic

The workshop was delivered to a total of 77 healthcare providers, of which 100% (77) responded to the initial baseline survey, 95% (73) to the post-survey, and 52% (40) to the follow-up survey. The majority of respondents were female (91%) and ranged in age from 24 to 64 years old, with a mean age of 44 years old. Over half the respondents (58%) reported having had someone disclose about their mental illness to them and, of those, almost half (49%) had more than one person disclose to them.

Table 1. Demographic characteristics of respondents

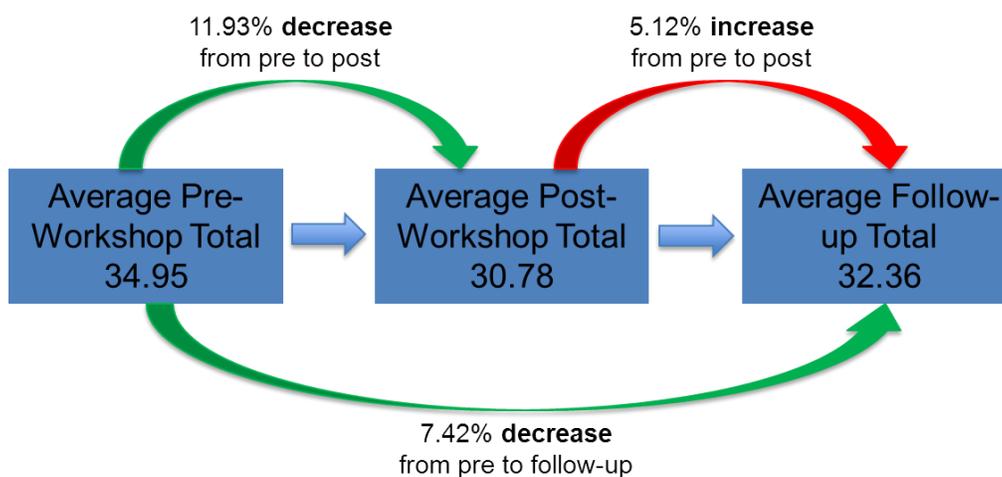
Demographic variables (pre-test)	% (number of respondents = 77)	
Sex	Female	91%
	Male	9%
Age	Mean	44 years old
	Min./max.	24-64 years old
Had someone disclose a mental illness to them	Yes	58%
	No	39%
	Did not report	3%
Relationship of the person who disclosed with the respondent	Parent	8%
	Sibling	4.5%
	Another family member	18.2%
	Friend	28.4%
	Co-worker	14.8%
	Other	26.1%

4.2 Evaluation Results: AMIQ

4.2.1 Overall Change

Results of the AMIQ showed a lower overall average post-workshop total and follow-up total compared to the pre-workshop total (see Figure 1). Between pre-workshop and post-workshop, the overall total decreased by 11.93%, while between pre-workshop and follow-up the overall total decreased by 7.42%. Despite a 5.12% increase from post-workshop total to follow-up total, the overall follow-up total was still lower than the pre-workshop total. These results suggest that the workshop had an immediate effect on reducing stigmatizing attitudes, and that although there was some regression back to the overall pre-workshop total, lasting effects were still seen four to five months after the workshop.

Figure 1. Average Total Scores of the AMIQ at Pre, Post, and Follow-up



Figures 2 and 3 show the number and percentage of participants who had a total score increase (i.e., became more stigmatizing), decrease (i.e., became less stigmatizing), or a score that had no change from pre-workshop to post-workshop and from pre-workshop to follow-up. In both cases, the majority of participants (71.2% and 60% respectively) had a decrease in total score, indicating their attitudes had become less stigmatizing.

Figure 2. Participants' Total Score Change from Pre-Workshop to Post-Workshop

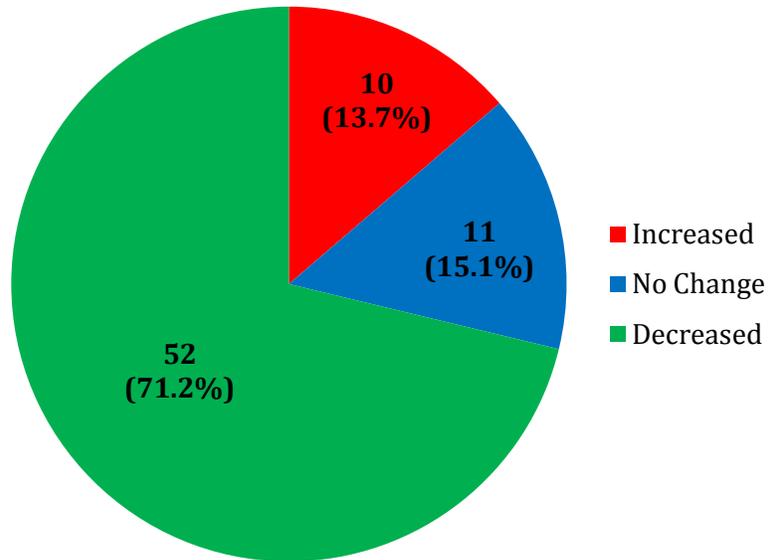
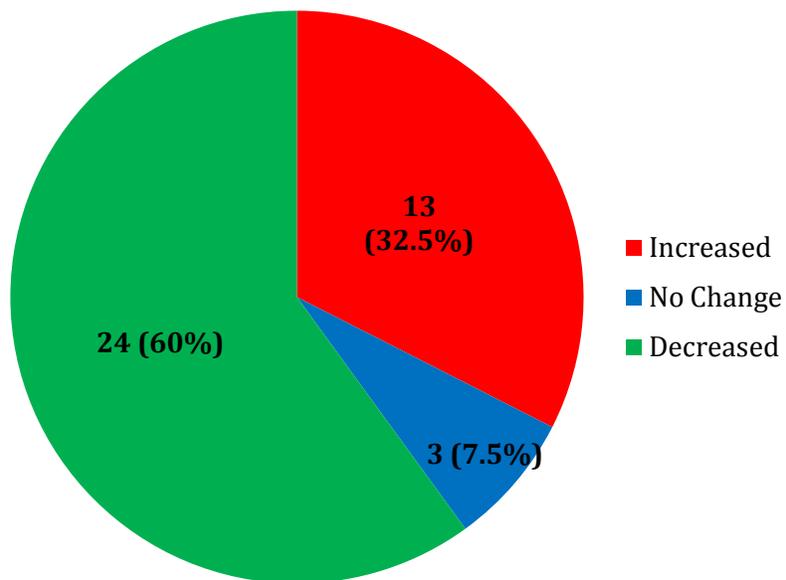
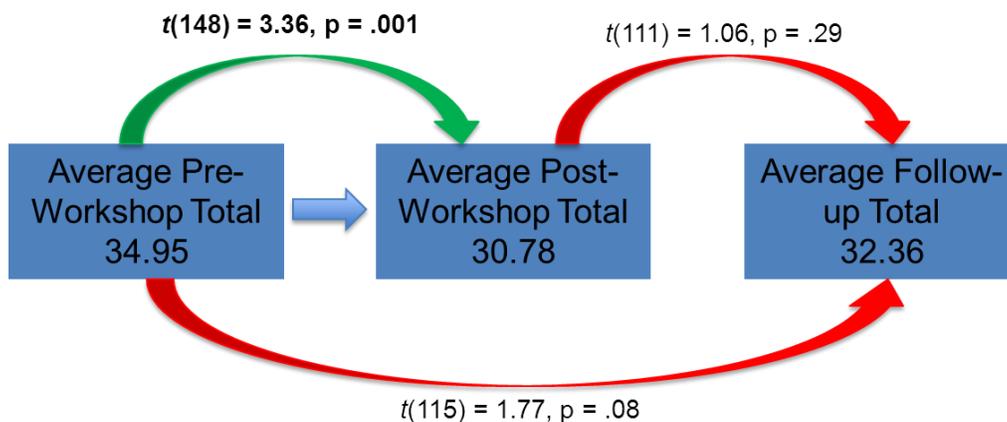


Figure 3. Participants' Total Score Change from Pre-Workshop to Follow-up



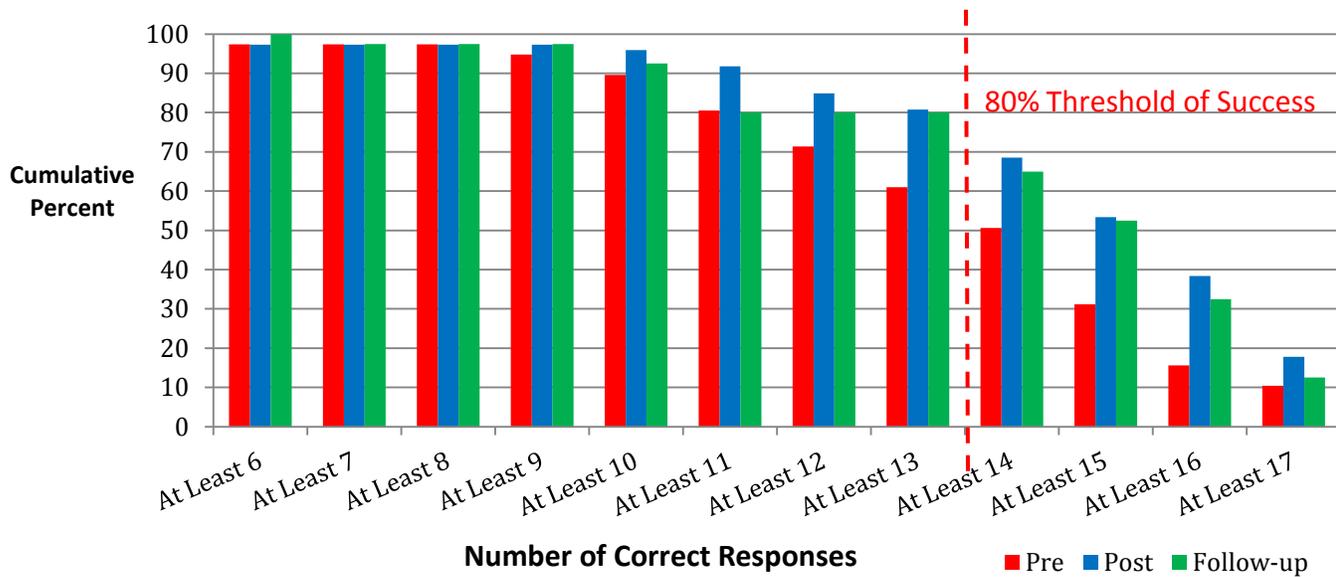
Comparison of the overall total pre-workshop, post-workshop, and follow-up scores using the independent samples t-test showed there was a statistically significant overall change in attitudes about mental illness. The overall positive changes reflected by the AMIQ showed that the level of stigma significantly differed between pre-workshop and post-workshop. No statistically significant differences were found between the pre-workshop and follow-up total or post-workshop and follow-up total; however, the difference between the former was approaching statistical significance (see Figure 4).

Figure 4. Mean Scale Score, Pre, Post and Follow-Up



Additionally, a threshold analysis showed that on the pre-test, 50% of respondents had non-stigmatizing (correct) responses to at least approximately 80% or 14 out of 17 survey items (see Figure 5). This increased to 68.5% and 65% at post-workshop and follow-up, respectively.

Figure 5. Cumulative Percent of Non-Stigmatizing Responses on Attitudes Questionnaire for Pre, Post, & Follow-up *



*To reduce the complexity of this figure, the cumulative percentage of “at least 1” to “at least 5” were left out as all three time-points showed 100% non-stigmatizing responses these five levels.

In general, there were a high percentage of participants achieving a large number of non-stigmatizing responses to the AMIQ. For example, there were at least 80% of participants with 13 non-stigmatizing responses (or just below the threshold of success) at post-workshop and follow-up, which was about 20% greater than pre-workshop levels (see Figure 5).

4.2.2 Changes by Stigma Content Area on the AMIQ

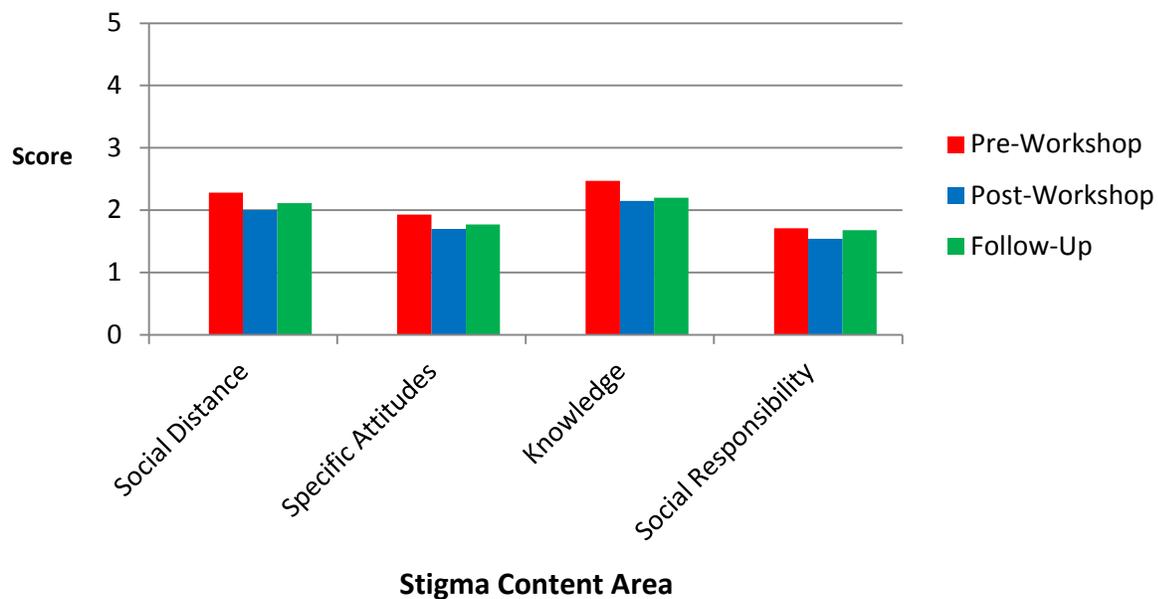
Table 2 shows items on the AMIQ grouped into four different stigma content areas. These four content areas are not strict subscales, but rather four areas in which the items can be grouped by similar content.

Table 2: AMIQ Items Classified by Stigma Content Areas

Stigma Content Area	AMIQ Items
Social Distance	<ul style="list-style-type: none"> • I would not want someone with a mental illness to be a school teacher (Q13) • I would not mind if someone with a mental illness lived next door to me (Q14) • I would not go to a physician if I know they had been treated for a mental illness (Q15) • I would make close friends with someone who had a mental illness (Q16)
Specific Attitudes	<ul style="list-style-type: none"> • Mental illness is an illness like any other (Q1) • A person with a mental illness is generally treated like any other individual (Q7) • Those who are mentally ill can learn to manage their illness (Q9) • Most people with a mental illness could snap out of it if they wanted to (Q11) • People with mental illnesses tend to be dangerous unpredictable (Q12) • People who are mentally ill are too disabled to work (Q17)
Mental Health Knowledge	<ul style="list-style-type: none"> • Those with a mental illness can make a complete recovery (Q2) • There are few effective treatments available for the mentally ill (Q3) • The key to managing mental illness is to seek help from medical professionals (Q10)
Social Responsibility	<ul style="list-style-type: none"> • I don't think that Canada needs to allocate more resources towards supporting the mentally ill (Q4) • I would sign a petition to support better programs for the mentally ill (Q5) • Most Canadians need to adopt a more tolerant attitude towards people with mental illness (Q8) • People with mental illnesses are often treated unfairly (Q18)

Figure 6 shows the average scores of each stigma content area at pre-workshop, post-workshop, and follow-up (note: the average scores were created by summing all the items in that content area and dividing by the number of items in the content area for a possible score between 0-5).

Figure 6. Average Scores of Stigma Content Areas at Pre-workshop, Post-workshop, and Follow-up



Overall, there was a decrease in stigmatizing attitudes on all four content areas (12.42% on social distance, 11.82% for attitudes, 13.25% for knowledge, and 8.93% for social responsibility) from pre-workshop to follow-up. By follow-up, a decrease in stigmatizing attitudes was still seen in all four areas, albeit, less so for social responsibility where the difference in score was reduced to 2.01%. The difference in scores from pre-workshop to follow-up dropped to 7.65% and 8.20% for social distance and attitudes respectively, while knowledge, the area with the most stigmatizing attitudes at pre-workshop, was where participants maintained the most amount of change (10.90% difference from pre-workshop to follow-up).

4.2.3 Survey Items Showing the Most Amount of Percentage Change

The greatest reduction in stigma was observed in items with higher levels of stigma on the baseline survey. Items in this group related to all four stigma content areas of social distance, specific attitudes, knowledge, and social responsibility. The questions were:

Social Distance

I would not mind if someone with a mental illness lived next door to me.

Specific attitudes

A person with a mental illness is generally treated like any other individual.
Those who are mentally ill can learn to manage their illness.

Knowledge

There are few effective treatments available for the mentally ill.

Social responsibility

I would sign a petition to support better programs for the mentally ill.

There was an “uncategorized” category for miscellaneous words that did not fit into any of the above themes, but were not meaningful enough on their own to create a new category.

Other items showing a significantly (i.e., percentage change of more than 10%) lower levels of stigma immediately after the intervention were:

- Mental illness is an illness like any other
- People with mental illnesses are often treated unfairly
- I would not go to a physician if I know they had been treated for a mental illness
- I would make close friends with someone who had a mental illness

The items maintaining the greatest percentage change at three months follow-up were those dealing with specific attitudes, with “Those who are mentally ill can learn to manage their illness” maintaining the highest percentage change. Appendix A outlines the proportion of respondent responses of each survey item by test period, and reports the mean score of each item with the percentage change from pre-survey to post-survey, post-survey to three months post-survey, and pre-survey to three months post-survey. Negative percentage scores indicate that the responses for those items became less stigmatizing.

4.3 Evaluation Results: WTCMQ

Responses from the WTCMQ were categorized by similarity, and eight themes were derived from all responses:

1) Stigmatizing attitudes and negative characteristics

These were words deemed to be representative of stigmatizing attitudes, and included negative adjectives to describe people with mental illness.

2) Health, symptoms, and disorders

These were words associated with describing the symptoms of mental illness, including the symptoms of various mental illnesses and names of mental health disorders.

3) Emotional states

These were words describing the emotional states of those with mental illnesses.

4) Normality

This theme was comprised of words describing the normality of mental illness and how it can affect anyone.

5) Internal struggles and stigma faced

These were words describing the difficulties a person with a mental illness is faced with.

6) Positive characteristics

These were words representative of non-stigmatizing attitudes, and included positive adjectives to describe people with mental illness.

7) Understanding and hope

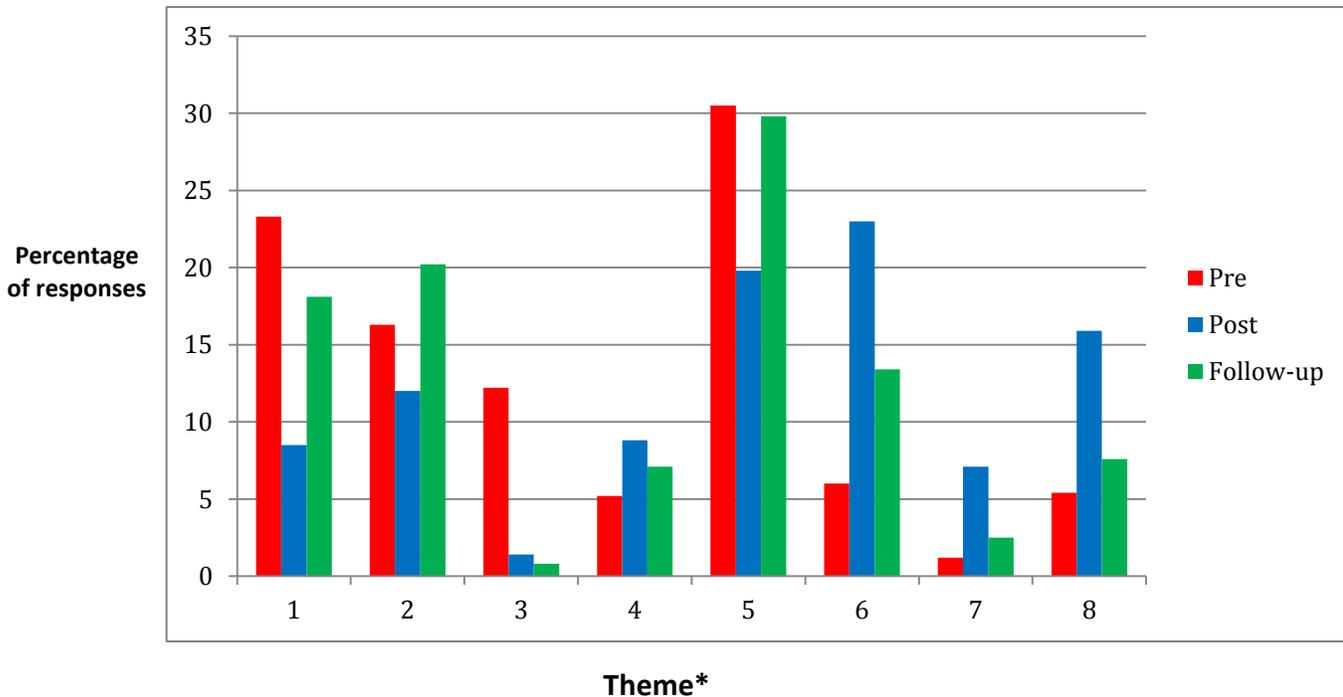
This theme was comprised of words that indicated respondents had empathy and understanding for those with mental illness, and included words describing a positive outlook for the future.

8) Management/treatment, causes, and recovery

This final theme was comprised of words describing the causes of mental illness, different management and treatment options, and words describing the process of recovery. A list of the types of words associated with the different categories can be found in Appendix B.

To examine the changes in participants' responses over time for the Words that Come to Mind Questionnaire, the number of responses for each of the eight themes were further separated by when the response was given (i.e., pre-survey, post-survey, or three months post-survey). There was a 15% decrease in stigmatizing attitudes and negative characteristics from pre- to post-workshop. For positive characteristics, there was a 17% increase in the percentage of responses from pre- to post-workshop. The rank of each theme category at each time-point appeared to remain fairly stable across the three time-points. Of note, however, is that the positive characteristics theme became the highest ranked theme after the workshop but dropped to a lower rank at the follow-up time-point. As well, stigmatizing attitudes and negative characteristics did drop in rank post-workshop but increased in rank at follow-up (see Figure 7).

Figure 7. Percentage of Responses for each Theme at each Time-point



* 1 Stigmatizing attitudes and negative characteristics; 2 Health, symptoms, and disorders; 3 Emotional states; 4 Normality; 5 Internal struggles and stigma faced; 6 Positive characteristics; 7 Understanding and hope; 8 Management/treatment, causes, and recovery; uncategorized theme not shown.

5 SUMMARY

The anti-stigma training program delivered by Progress Place to healthcare providers at the University Health Network hospitals in Toronto, Ontario, showed it was effective at reducing mental illness-related stigma. Overall, participant post-test and three months post-test responses showed that 71.2% and 60% of respondents had less stigmatizing attitudes as compared to the pre-test. The biggest changes from pre-test to post-test pertained to items around knowledge. Not surprisingly, the biggest changes maintained at three months follow-up also pertained to items around knowledge. In terms of words used to describe people with mental illness, there was a decrease of words in the stigmatizing attitudes and negative characteristics theme post-workshop, while words dealing with positive characteristics of people with mental illness increased. This evaluation of the Progress Place anti-stigma program delivered to healthcare providers at UHN shows credible results and so provides a resource for delivery and/or development of future programs.

Appendix A

Table 3. Percentage of Respondents' Answers by Time-point

Number	Item	Pre-workshop					Post-workshop					Follow-up				
		Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1	Mental illness is an illness like any other.	27	48	7	14	4	47	38	3	8	4	40	43	0	13	5
2	Those with a mental illness can make a complete recovery.	8	52	20	18	3	29	51	7	12	1	25	40	20	15	0
3	There are few effective treatments available for the mentally ill.	5	33	14	36	12	0	18	11	43	29	0	20	8	45	28
4	I don't think that Canada needs to allocate more resources towards supporting the mentally ill.	5	3	3	30	60	3	0	6	26	66	5	5	3	33	55
5	I would sign a petition to support better programs for the mentally ill.	57	29	10	1	3	62	27	6	3	3	58	30	5	0	8
7	A person with a mental illness is generally treated like any other individual.	0	7	4	48	42	1	6	6	51	37	0	8	0	43	50
8	Most Canadians need to adopt a more tolerant attitude towards people with mental illness.	43	46	5	5	1	53	38	6	1	1	43	53	3	0	3
9	Those who are mentally ill can learn to manage their illness.	20	62	9	8	1	38	59	3	0	0	23	68	8	0	3
10	The key to managing mental illness is to seek help from medical professionals.	22	1	55	18	4	19	49	25	7	0	23	48	20	10	0
11	Most people with a mental illness could snap out of it if they wanted to.	1	1	8	31	58	3	6	7	22	63	3	3	5	18	73
12	People with mental illnesses tend to be dangerous unpredictable.	1	12	21	49	17	0	3	11	45	41	0	5	15	60	20
13	I would not want someone with a mental illness to be a school teacher.	4	12	20	44	21	3	12	15	36	34	3	13	18	38	30
14	I would not mind if someone with a mental illness lived next door to me.	18	46	20	10	7	34	38	18	8	1	28	50	20	3	0
15	I would not go to a physician if I know they had been treated for a mental illness.	4	8	19	40	29	1	7	19	39	33	3	13	18	40	28
16	I would make close friends with someone who had a mental illness.	23	51	16	4	7	45	37	12	6	0	35	40	15	8	3
17	People who are mentally ill are too disabled to work.	3	0	5	46	47	0	0	6	38	56	0	0	3	50	48
18	People with mental illnesses are often treated unfairly.	44	38	14	1	3	53	43	4	0	0	50	40	10	0	0

Table 4. Item Scores and Percentage Change, by Time-point

Number	Item	Average Score			Percentage Change		
		Pre	Post	FU	Pre-Post	Post- FU	Pre- FU
1*	Mental illness is an illness like any other.	2.2	1.8	2.0	-15.8	8.1	-9.0
2*	Those with a mental illness can make a complete recovery.	1.8	1.6	1.7	-9.7	5.4	-4.8
3	There are few effective treatments available for the mentally ill.	2.1	1.6	1.9	-21.4	17.1	-7.9
4	I don't think that Canada needs to allocate more resources towards supporting the mentally ill.	1.6	1.6	1.5	4.6	-11.1	-7.0
5*	I would sign a petition to support better programs for the mentally ill.	2.3	1.8	2.1	-24.1	16.9	-11.3
7	A person with a mental illness is generally treated like any other individual.	2.6	2.1	2.3	-19.2	8.8	-12.1
8*	Most Canadians need to adopt a more tolerant attitude towards people with mental illness.	2.3	2.1	2.2	-8.6	2.9	-5.9
9*	Those who are mentally ill can learn to manage their illness.	2.8	2.2	2.2	-23.1	1.0	-22.3
10*	The key to managing mental illness is to seek help from medical professionals.	2.0	2.2	2.2	7.9	-1.3	6.4
11	Most people with a mental illness could snap out of it if they wanted to.	1.6	1.5	1.7	-9.6	16.6	5.4
12	People with mental illnesses tend to be dangerous unpredictable.	1.6	1.6	1.7	-3.7	7.9	3.9
13	I would not want someone with a mental illness to be a school teacher.	2.2	2.0	2.2	-6.6	9.6	2.4
14*	I would not mind if someone with a mental illness lived next door to me.	2.2	1.8	2.0	-18.9	13.6	-7.8
15	I would not go to a physician if I know they had been treated for a mental illness.	1.7	1.5	1.6	-10.2	3.8	-6.8
16*	I would make close friends with someone who had a mental illness.	1.8	1.5	1.6	-16.5	6.2	-11.4
17	People who are mentally ill are too disabled to work.	1.8	1.8	1.7	4.7	-10.1	-5.9
18*	People with mental illnesses are often treated unfairly.	2.4	2.0	2.0	-15.5	-3.2	-18.2

Note: FU = Follow-up; * = Reversed scored item

Appendix B

Table 5: Themes derived from Responses to the WTCMQ, with Examples

Category	Examples of Words Listed
Stigmatizing attitudes & negative characteristics	<p>Crazy, kookoo, lunnie, insane, weird, bizarre, nuts, different, going postal, strange, wack job, fried eggs on the forehead, unpredictable, erratic, abnormal, unstable, volatile, angry, violent, aggressive, dangerous, scary, agitated</p> <p>Does not want help, not taking care of self, helpless, hopeless</p> <p>Needy, like a baby</p> <p>Poor, homeless, unemployed</p> <p>Frustrating, thoughtless, lazy, selfish, uses it as an excuse, weak, unkept</p>
Health, symptoms & disorders	<p>Disabled, not well, sick, illness, disorder, unwell, fragile</p> <p>Hallucinations, delusions, paranoid, stress, pressure</p> <p>sleep disorder, tired, apathetic, agitated, split personality, inappropriate, attention deficit, suicidal, feelings of grandeurs, panic attacks, hyper, loud, confused, impaired judgement, narrow thinking, unable to control thoughts, poor memory, poor insight, unfocused, lost, disorganized, conflicted, eat a lot, disenfranchised</p> <p>Schizophrenia, bipolar, post traumatic stress, post-partum, eating disorder, psychopath, mad, manic, addictions</p>
Emotional state	Upset, depressed, sad, disenfranchised, emotional, moody, in pain, sensitive
Normality	Normal part of society, anybody, a regular person, anyone, everyday people, family, friend, parent, student, child, misunderstood
Internal struggle & stigma faced	<p>Hidden, unrecognized, unknown</p> <p>Struggle, troubled, challenged, vulnerable, difficult life, suffer</p> <p>System challenges, living with ODSP, ineligible, difficulty with current education system</p> <p>Feel unsafe with new people, concerned, worried, fear, afraid, scared, anxious, nervous, fearful</p> <p>Lonely, isolated, disconnected, alone, alienated, withdrawn, limited support, don't want to socialize, avoiding contact/conversation, introspective, anti-social, don't talk much</p> <p>Embarrassed, blocked, shunned, stigmatized, discriminated, judged, labelled, mistreated, bullying, victims, ostracized, marginalized, missed opportunities, unaccepted, neglected, lack of options</p>
Positive characteristics	Brave, caring, loving, talented, creative, intelligent, ambitious, funny, hardworking, valuable, energetic, strong, survivor, resilient, gentle, happy, present, motivated sometimes
Understanding & hope	Poor thing, feel sorry for them, patience, compassion, can't help themselves, potential, understanding, hopeful, possibilities, capable
Management/treatment, causes & recovery	<p>Treatment, needs help, therapy, professional, medication, need support, treatable, healing, psych, management/control, finding balance</p> <p>Neurobiochemical imbalance, genetic, environment, psychosocial factor</p> <p>Trying, persistent</p> <p>Community resources</p>