Understanding Stigma: Results of a Mixed Methods Evaluation of An Anti-Stigma Program for Healthcare Providers in Canada

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Opening Minds, MHCC

Together Against Stigma, Copenhagen, Denmark, September 20-22, 2017

#OpeningMinds
Mental Health Commission of Canada

2006: Senate Committee publishes *Out of the Shadows at Last* – first and largest national study on mental health, mental illness and addictions

2007: The MHCC is created by the Government of Canada

**Key Areas:** Housing and Homelessness, Stigma, Workplace, Mental Health Strategy for Canada, Recovery, Peer Support, Suicide Prevention

2009: Launch of Opening Minds: anti-stigma initiative

2017: Renewed mandate
Opening Minds

- Mental illness anti-stigma initiative of the Mental Health Commission of Canada
- Why reinvent the wheel? Identify successful anti-stigma programs through scientific evaluation
- Use existing evidence as a guide: contact-based education
- Promote successful programs and best practices across Canada
- Four target groups: health care providers, youth, the news media, and the workplace
  - + 25 hcp programs evaluated
Program Evaluation

Quantitative

– Pre-post-follow up design; OMS-HC
– 6 program replications; pooled analysis

Qualitative

– What elements of program impacted most
– Recommendations for improvement
– Behaviour change
# Program Details

## Setting, Target audience and Program Details of *Understanding Stigma* Implementations

<table>
<thead>
<tr>
<th>Study Number</th>
<th>Province</th>
<th>Healthcare setting</th>
<th>Audience</th>
<th>Program version</th>
<th>Booster session?</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>BC</td>
<td>Hospital</td>
<td>ED staff</td>
<td>Original</td>
<td>No</td>
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<td>Hospital</td>
<td>Clinical and non-clinical staff</td>
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<td>Hospital</td>
<td>Clinical and non-clinical staff</td>
<td>Condensed</td>
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<td>Hospital</td>
<td>ED staff</td>
<td>Condensed</td>
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<td>Hospital</td>
<td>ED and mental health staff</td>
<td>Original</td>
<td>Yes</td>
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<td>Ontario</td>
<td>Community Health Centre</td>
<td>Clinical and non-clinical staff</td>
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</table>
Understanding Stigma

Program Details:

• 2 hr and 1 hr versions available; booster modules also available
• Social contact (in-person testimony + video) and educational (stigma + myth busting) and reflective/action components

Workshop Goals:

• Increase awareness and knowledge about the impact of stigma
• Develop understanding that healthcare providers can make a difference
• Improve attitudes and behaviours (esp. patient-provider interactions)
What’s Your Gut Feeling?

1. What are some of the issues related to stigma in this scenario?
2. Could this create a barrier to getting or continuing with treatment? How?

You overhear two of your colleagues talking with one another. “Oh God, she’s tried to kill herself again. She always seems to take just enough to get sick, but not enough to really do the job. I really don’t have time for this, especially when there are lots of really sick people who want to get better.”
Understanding Stigma -- Video
### Participant Characteristics

<table>
<thead>
<tr>
<th>Study Number</th>
<th>n</th>
<th>%</th>
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<tbody>
<tr>
<td>1**</td>
<td>183</td>
<td>16.8%</td>
</tr>
<tr>
<td>2</td>
<td>478</td>
<td>43.9%</td>
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<tr>
<td>3</td>
<td>93</td>
<td>8.5%</td>
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<tr>
<td>4</td>
<td>23</td>
<td>2.1%</td>
</tr>
<tr>
<td>5</td>
<td>288</td>
<td>26.5%</td>
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<tr>
<td>6</td>
<td>24</td>
<td>2.2%</td>
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<td>Program version: Original</td>
<td>938</td>
<td>86.1%</td>
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<td>Booster session: Yes</td>
<td>327</td>
<td>30.0%</td>
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</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>n</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>528</td>
<td>49.6%</td>
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<tr>
<td>Physician</td>
<td>29</td>
<td>2.7%</td>
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<tr>
<td>Allied health</td>
<td>143</td>
<td>13.4%</td>
</tr>
<tr>
<td>Other (non-clinical)</td>
<td>365</td>
<td>34.3%</td>
</tr>
<tr>
<td>Gender: Female</td>
<td>931</td>
<td>86.4%</td>
</tr>
<tr>
<td>Age (M = 40.5)</td>
<td>1060</td>
<td>100%</td>
</tr>
<tr>
<td>Ever been treated for a mental illness?: Yes</td>
<td>266</td>
<td>25.1%</td>
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</table>

**No follow up measure**
Quantitative Analysis

Mixed model analysis

- Significant improvement for total scale and subscales ($p < .001$)
- No difference for hcp type; program version; gender; previous diagnosis of a MI
- Inverse association between increasing age and score improvement
- Outcomes maintained for participants who attended booster

Meta regression for program outcomes by site

- Overall combined effect size = .30 (Cohen’s d)
- Program effects ranged from .19 to .51

Publication: http://jmhan.org/index.php/JMHAN/article/view/19
What Element Impacted Most

- Personal testimony: 70.8%
- Video: 18.3%
- Myths & Facts: 11.8%
- Group discussions: 10.8%
- Earache/stigma exercise: 6.9%
- Other: 6.6%
- All: 2.4%

% of cases
Suggestions for Improvement

- No change / expand program: 44.3%
- More / longer: 48.3%
- Other: 7.4%

% of respondents (n=379)
More / longer

Add a section dedicated to strategies to use in the workplace

Could be longer.
More personal stories

Having other sessions that explain different types of diagnoses and stigmas within mental health and addictions

Go deeper into how stigma is experienced. Do role plays

Great program – maybe 30 minutes longer with another guest speaker. The personal stories really assisted my understanding of mental illness

Have another exercise that specifically looks at how to apply the knowledge/tools – really looking at how change can be made.
How will Behaviour Change?

- No response: 10.5%
- Other: 0.8%
- Will call others out / stop gossip: 4.7%
- Refresher of what already knew / general: 12.6%
- More advocacy: 5.9%
- More confidence to approach / less fear: 5.9%
- More self aware (of behaviours/reactions/attitudes): 11.7%
- More aware of stigma on pwle: 5.1%
- More understanding/compassion/patience/empathy: 18.8%
- Improve communication (better listening, etc): 9.1%
- Less judgmental: 7.3%
- Language /labelling: 7.7%

% of responses
What we’ve Learned

Program strengths:

– Effective at reducing stigma
– Good fit for nearly all healthcare provider groups
– Adaptable; helps with ease of implementation
– Program well-received

Considerations:

– Physicians less likely to participate
– Implement with boosters / not as a one-off
### Next Steps

- **Program Resources Available for Sharing**

- **Taking “Understanding Stigma” online – launching in November**
  - Multiple personal stories + scenario-based exercises
  - Adding section on trauma informed care
  - Adding more about recovery
  - Myths and Facts: updating

- **‘Understanding Stigma’ evaluation publication**
Questions? Comments?
Thank you

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