Lessons Learned from the Evaluation of Three Anti-stigma Programs - Canada

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Background

• Mental Health Commission Opening Minds Program
  • Partner with community programs undertaking anti-stigma activities
  • Work with partner organizations to undertake systematic evaluations using the same methods and measures
  • In this study, examine variation across 21 interventions conducted in programs across Canada
  • Ultimate goal to understand sources of variation and how these might impact outcomes
School-based Youth Projects
Methods

• One group pretest/posttest design (most pragmatic)
  • Pretest gathered up to two weeks before
  • Post-test immediately after the intervention
  • Unique anonymous identifier to match surveys to individuals
    • 14,985 pretests received
    • 10,095 successfully matched
    • 5047 matched pairs (67.3%)
Measures

• Primary Measure
  • Social Tolerance (social distance)
  • Agreement scale (higher value = higher stigma)
  • Worded at grade 6 level
  • Alphas good (.75 to over .90, depending on the intervention)

• Other measures
  • Stereotype scale (11 item)
  • Demographic data (ae, grade, gender)
  • Prior contact
Analysis

- Chose a threshold for success (rather than difference of means)
  - Threshold chosen a priori with advice of educators, program staff, and Opening Minds scientists as being more intuitively meaningful to educational programs
  - Threshold corresponds to an A grade – 80% correct answers on each scale (meaning answers that were destigmatizing).

- Meta analysis using binary outcome (80% pass/no pass) – odds ratio
- Likelihood of receiving an A grade on post-test compared to the pretest
- Random effects model used (statistically significant heterogeneity across programs)
Forest Plot Results

- 63% variance explained by program
- Weighted pooled odds ratio of 2.57 (95% CI 2.18, 3.03)
Key Ingredients – Fidelity Model
From: Chen, Koller, Krupa, Stuart, 2013

Inputs
- Team Building
  - Securing funding
  - Building the team
- Partnership with schools
  - Building relationship
  - Maintaining relationship
- Preparation
  - Literacy preparation
  - Speaker preparation

Process
- WHO: The roles of speakers
- WHAT: Key message
- WHEN: The dose and timing
- WHERE: The location
- HOW: the pedagogy used
- Materials to be distributed

Coordination
- Building infrastructure
- Logistics
Other Findings

• Outcomes not consistent across all sub-groups
  • Males with no prior contact with someone with a mental illness more likely to do poorly
  • Small proportion of students did poorly (but some of this due to regression to the mean)
  • Suggests the need for gender transformative interventions
  • Also thinking about age/grade specific interventions - developmentally tailored to student’s learning needs
Summary & Conclusions

• Contact based education remains a promising practice for anti-stigma work, but refinements are needed.
• Results are heterogeneous depending on
  • Program delivery
  • Student characteristics
• Need to develop and deliver courses that are tailored to student learning needs (e.g. based on gender, age, prior contact)
For More Information


- Chen S-P, Koller M, Krupa T, Stuart H. Contact in the Classroom: Developing a Program Model for Youth Mental Health Contact-Based Anti-stigma Education. Community Mental Health Journal, 2016, 52(3), 281-293.