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

Heather Stuart, Professor and Bell Canada Mental Health & Anti-Stigma Research Chair, Queen's University

Senior Consultant, Mental Health Commission of Canada

2017

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
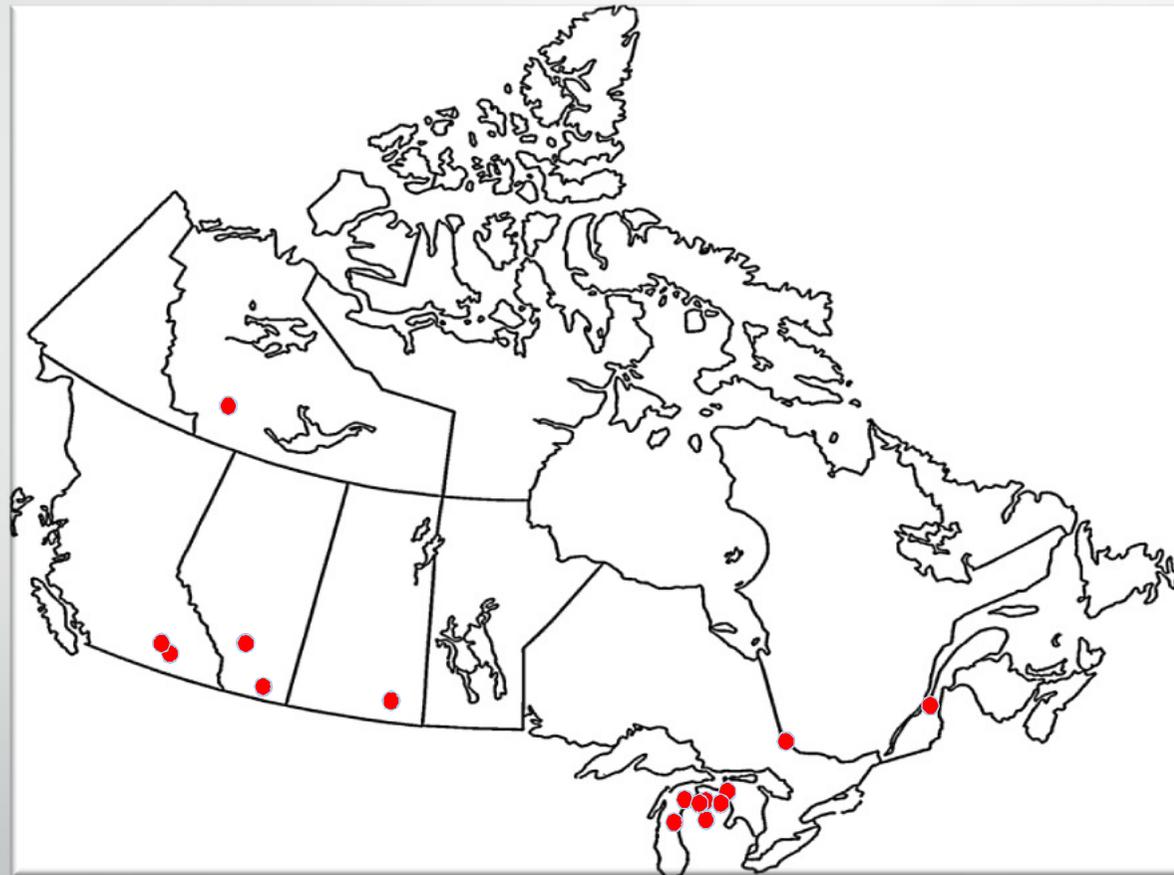
Methods

- 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 prior 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)
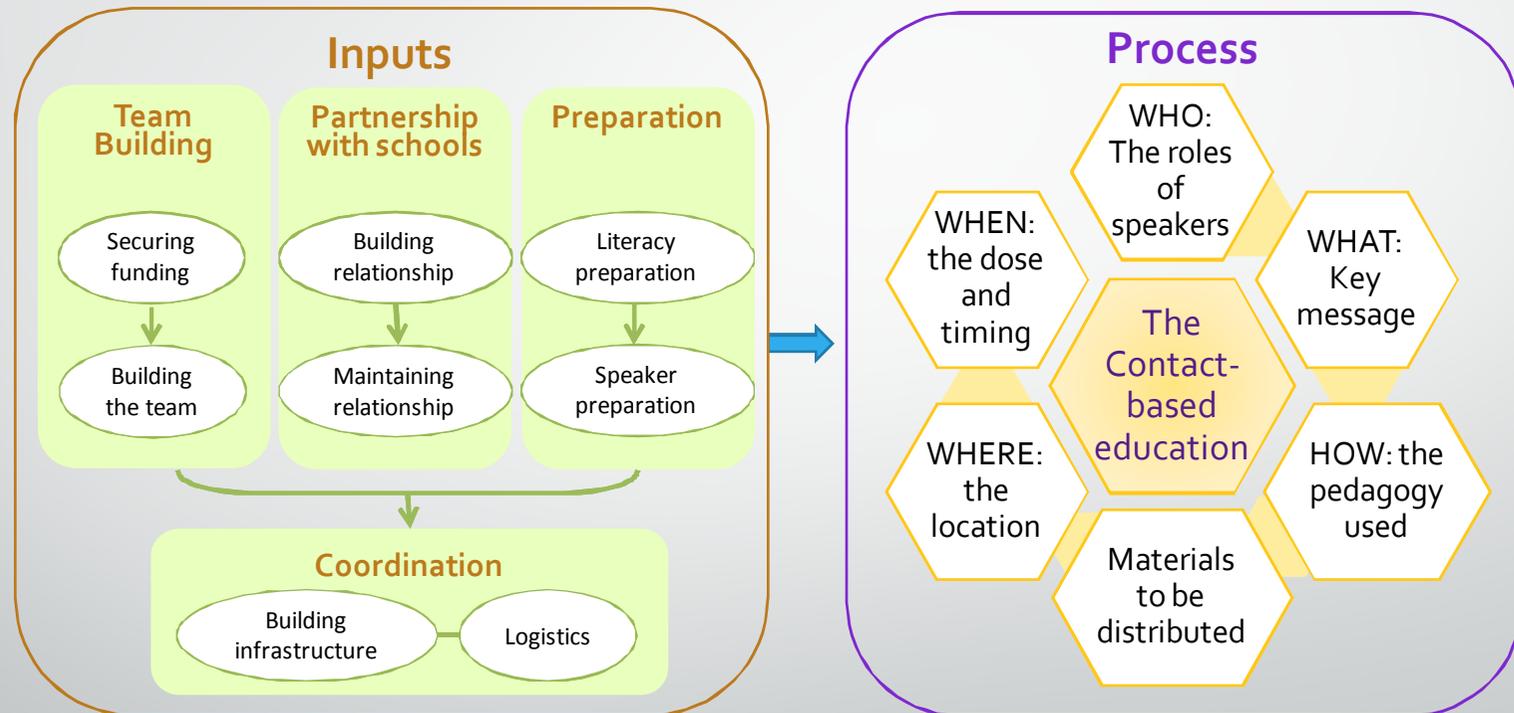
Forest Plot Results

- 63% variance explained by program
- Weighted pooled odds ratio of 2.57 (95% CI 2.18, 3.03)
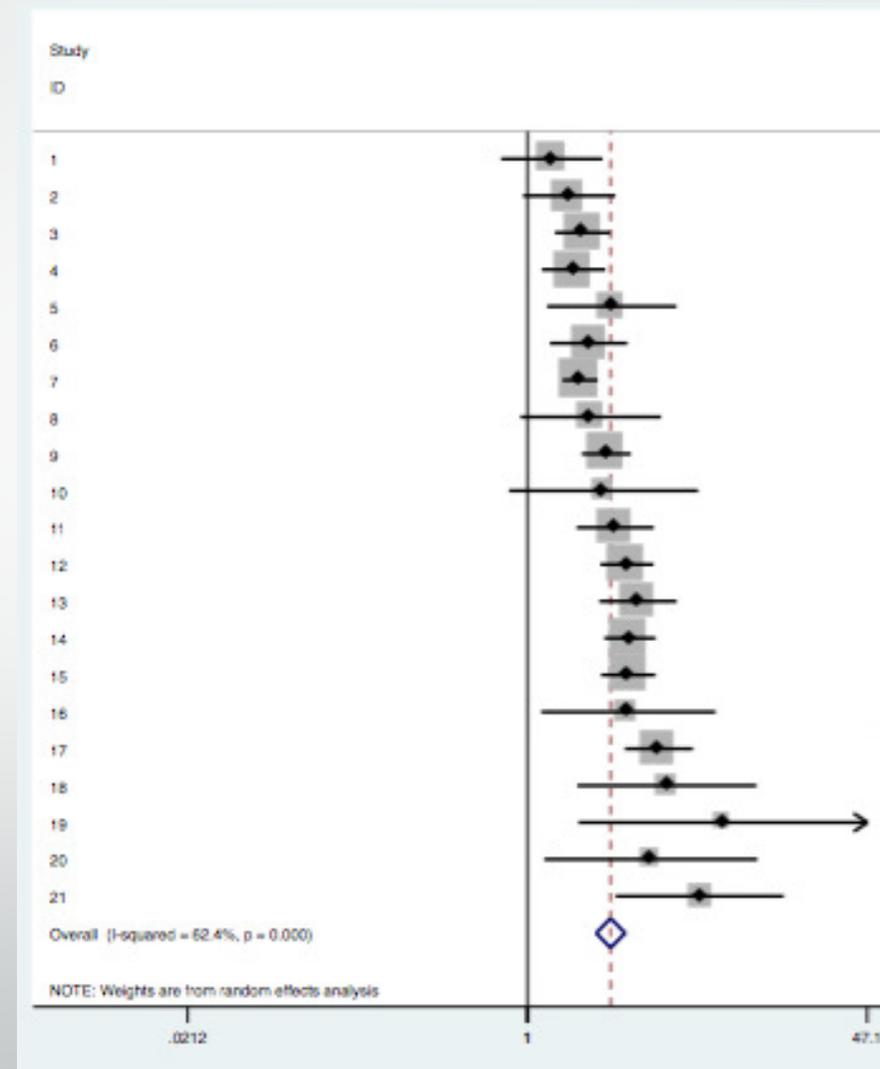
Key Ingredients – Fidelity Model

From: Chen, Koller, Krupa, Stuart, 2013

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

- Koller M, Stuart H. Reducing Stigma in High School Youth, Acta Psychiatric Scandinavica, 134 (Suppl 446), 63-70, 2016.

- 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.