

**TALKING ABOUT MENTAL ILLNESS**

**AN EVALUATION OF AN ANTI-STIGMA  
AND EDUCATIONAL  
PROGRAM IN  
HAMILTON  
ONTARIO**

**DRAFT NOT FOR DISTRIBUTION**

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## EXECUTIVE SUMMARY

A before and after evaluation of presentations on mental illness to both students in secondary schools in Hamilton Ontario and in an adult education centre suggest that although the participants had a general positive attitude about mental illness and its causes, as a result of participating in the program there was a further positive shift in those attitudes. Participants became less stigmatizing and demonstrated an increased understanding about mental illness and those who suffer with it after receiving the program.

This preliminary evaluation suggests that the program is achieving its goals and should be continued.

## INTRODUCTION

Talking About Mental Illness (TAMI) is a program that was designed predominantly for secondary school students in 2001 by the Canadian Mental Health Association, the Centre for Addiction and Mental Health in Toronto and Mood Disorders. The developers of the program describe it as “an awareness program” which contains “ideas and tools that can help teachers increase awareness about mental illness and the stigma that surrounds it”.

With the Hamilton Chapter of the Schizophrenia Society of Ontario as the lead agency for administrative purposes, the program was launched in Hamilton in 2003 with the active participation of Mood Menders (who also donated funds), the Mental Health Rights Coalition, the Hamilton offices of the Centre for Addiction and Mental Health, the Canadian Mental Health Association and the Hamilton Chapter-Schizophrenia Society of Ontario.

Arrangements are made with teachers for a group of presenters to come into the classroom to put on the program. Prior to the actual visit, teachers hand out a pre-test questionnaire and talk about mental illness with their students. On the actual day of the visit, a volunteer facilitator chairs the session and presents an overview of mental illness, its causes, treatment and the stigma associated with the various illnesses that come under that broad category.

This is followed by a presentation by someone who has a psychiatric disorder and then by a family member who talks about the impact that psychiatric disorders have on the family. The session ends with a question and answer period and, often, students will talk to some of the presenters privately. A post-test questionnaire is handed out to the participants shortly after the session.

So far, presentations have been made to 8 schools in the Hamilton area. Questionnaires from 3 secondary schools (2 public and one separate) and an adult education school have been analyzed. The complete data is presented in Appendix A. The secondary students were in grades 10, 11 and 12 but, unfortunately, with far more females than males. There were 82 pre-test questionnaires in the study (only 16 were males) and 79 post test questionnaires (11 males).

The adult education students were analyzed separately as they tended to be older (average age 31). They too were almost all female. There were 49 in the pretest and 42 in the post test.

## RESULTS

### A. HIGH SCHOOL STUDENTS

In the first part of the questionnaire, participants were asked to rate their knowledge of 8 areas of mental illness on a scale from 1 to 4 with 1 none or no knowledge and 4 a lot of knowledge. Students did report a higher level of knowledge than was anticipated on most of the categories although this may have resulted from the in class introduction by their teachers prior to the actual presentation. Knowledge about mental illnesses rated the highest at 2.57 while what it is like to have a mental illness was lowest at 1.71.

However, what it is like to have a mental illness had the greatest increase in awareness with a 48% jump to 2.53. All of the questions did show an increase in knowledge after the presentations but the least increase were in two critical areas – the causes of mental illness (+12.9%) and how to recognize the signs (+9.4%)

The second set of questions were rated on a scale of strongly disagree (1) to strongly agree (4) for attitudes that indicate stigmatizing attitudes. Again, all the pre-test questions indicated less stigmatizing attitudes than we would have expected while the shift after the presentations was all in the direction that was intended. The statement that “most people can get well and return to productive lives” rated a 2.63 on the pretest (between disagree and agree) but jumped to 3.41 (between agree and strongly agree) after the presentations.

### B. ADULT EDUCATION STUDENTS

This group’s responses were similar to those of the high school students but they began with a higher level of knowledge on the pretest. For example, on knowledge about mental illness in general, they scored 2.90 compared to 2.57 for the younger high school students. However, this group also improved their knowledge anywhere from 17.2% to 34.4%.

Answers to questions probing stigmatizing attitudes were quite similar for this group compared to the younger high school students and the direction of change was in the same direction with similar degrees of change.

There were two interesting differences. The first was on the statement “group homes do not endanger local residents”. The older group had a score of 2.6 while the younger high school students had a score of 2.86. The second was on the statement “mentally ill are far more dangerous than the general population”. Again, the older group scored higher than the younger group 2.14 versus 1.86.

On these two questions, both groups changed to a less stigmatizing view (2.97 and 3.12 and 2.0 and 1.7) but the younger high school group (the second scores) still remained less stigmatizing than the older adult education group.

This is a bit surprising given that the older adult students have gone back to school to be

personal support workers. We would expect them to have a somewhat better attitude towards those with mental illnesses than they seem to. However, this is consistent with earlier research done in Alberta.

The research by Dr. Heather Stuart and Dr. Julio Arboleda-Florez, head of psychiatry at Queens University, was part of the World Psychiatric Association's global program to fight the stigma of schizophrenia. It was conducted with the co-operation of the Schizophrenia Society of Alberta. The researchers conducted a random telephone survey in Calgary and an adjacent rural health district. Information was collected from people ages 15 and older about their past experience with people with a mental illness or schizophrenia, knowledge of the causes, treatment and levels of social distancing. Almost 20% of those surveyed worked or had worked in agencies that provided service to those with mental illnesses.

What came as a surprise were the attitudes of mental health professionals, Dr. Stuart said. Mental health and health-care workers who were in the sample were no more enlightened about schizophrenia than the average lay person. She said it was assumed that because of their exposure to mental health they would have more enlightened and liberal attitudes toward patients, but that was not the case. (Published in the *Can J Psychiatry* 2001;46:245-252).

### C. MALE FEMALE COMPARISON

Differences by sex are difficult to make given the small number of males but we did look at the differences for trends that we can explore later when we have more data. The complete data is in the appendix but there were some interesting differences. On the questions of knowledge on how to help people with mental illness and what it is like to have a family member with mental illness, males showed a much greater increase in knowledge than females did (+45.9% and +50.9%).

However, males knowledge about the causes of mental illness and how to recognize the signs declined slightly after the presentations. This may just be an anomaly because of the small number of males who participated but it is an area that should be evaluated when we have more data.

### CONCLUSIONS

From the small preliminary analysis completed, it does appear that this program is being successful and is achieving its goals of improving the knowledge that young people have about mental illness. The program should be continued, expanded and further evaluations should be done with a larger sample size in order to replicate the findings.

**APPENDIX A**

*How much you know about: 1 = none to 4 = a lot*

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**HS pre-test, post-test % change.                      Adult Education pre-test, post-test, % change**

Mental illness in general  
**2.57**    3.08    +19.8%                      **2.90**    3.40    +17.2%

How people cope with mental illness  
**2.44**    3.04    +24.6%                      **2.67**    3.29    +23.2%

Different approaches to help people with mental illness  
**2.18**    2.77    +27.1%                      **2.55**    3.14    +23.1%

What it is like to have mental illness  
**1.71**    2.53    +48.0%                      **2.51**    3.36    +33.9%

What it is like to have a family member with mental illness  
**2.00**    2.64    +32.0%                      **2.53**    3.40    +34.4%

The causes of mental illness  
**2.24**    2.53    +12.9%                      **2.49**    3.22    +29.3%

How to recognize the signs  
**2.34**    2.56    +9.4%                      **2.75**    3.29    +19.6%

Different training and career paths mental health workers have  
**1.83**    2.33    +26.8%                      **2.22**    3.10    +39.6%

*How much you agree or disagree with the following with 1 strongly disagree to 4 strongly agree*

Most people can get well and return to productive lives  
**2.63**    3.41    +29.7%                      **2.8**    3.55    +26.8%

Keeping up a normal life in the community helps a person get better  
**2.76**    3.06    +10.9%                      **2.94**    3.34    +13.6%

People with mental illness are far less of a danger than most believe  
**2.71**    3.22    +18.8%                      **2.70**    3.21    +18.9%

Group homes do not endanger local residents  
**2.86**    3.12    +9.1%                      **2.6**    2.97    +14.2%

Group homes will not lower property values

2.79 3.08 +10.4% 2.94 3.34 +13.6%

Mentally ill are far more dangerous than the general population

**1.86** 1.70 -8.6% **2.14** 2.0 -6.5%

Mental health facilities should be kept out of residential areas

2.1 1.80 -14.3% 2.22 1.92 -13.5%

Mentally ill always have a potential to be violent

2.48 2.12 -14.5% 2.53 2.26 -10.7%

It is easy to recognize someone who is mentally ill

2.11 1.76 -16.6% 2.07 1.58 -23.7%

It is best to keep mentally ill behind locked doors

1.51 1.28 -15.3% 1.56 1.41 -9.6%

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**Females**      **versus**      **males**

Mental illness in general

2.55 3.06 +20% 2.69 3.09 +14.9%

How people cope with mental illness

2.44 3.06 **+25.4%** 2.44 2.82 **+15.6%**

Different approaches to help people with mental illness

2.23 2.70 **+21.1%** 2.18 3.18 **+45.9%**

What it is like to have mental illness

1.61 2.48 +54.0% 1.71 2.64 +54.4%

What it is like to have a family member with mental illness

2.06 2.63 **+27.7%** 1.75 2.64 **+50.9%**

The causes of mental illness

2.17 2.56 **+18.0%** 2.56 2.55 **-0.4%**

How to recognize the signs

2.26 2.59 **+14.6%** 2.69 2.5 **-7.1%**

Different training and career paths mental health workers have

1.77 2.31 +30.5% 2.06 2.5 +21.4%

*How much you agree or disagree with the following with 1 strongly disagree to 4 strongly agree*

Most people can get well and return to productive lives

2.58 3.41 +32.2% 2.89 3.45 +19.4%

Keeping up a normal life in the community helps a person get better

2.71 3.05 +12.5% 2.94 3.18 +8.2%

People with mental illness are far less of a danger than most believe

2.72 3.27 +20.2% 2.69 3.18 +18.2%

Group homes do not endanger local residents

2.87 3.17 +10.5% 2.81 3.0 +6.8%

Group homes will not lower property values

2.82 3.13 +11.0% 2.69 2.91 +8.2%

Mentally ill are far more dangerous than the general population

**1.77** 1.63 -7.9% **2.19** 2.09 -4.6%

Mental health facilities should be kept out of residential areas

2.06 1.80 -12.7% 2.27 1.91 -15.9%

Mentally ill always have a potential to be violent

2.41 2.11 -12.4% 2.47 2.18 -11.7%

It is easy to recognize someone who is mentally ill

2.08 1.73 -16.8% 2.25 1.73 -23.1%

It is best to keep mentally ill behind locked doors

1.45 1.23 -15.2% 1.75 1.55 -11.4%

