An Evaluation of an Educational Program on Stigma in Mental Illness presented by a Mental Health Consumer and Advocate

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PURPOSE

The recovery model refers to collaborative treatment approaches, finding productive roles for consumers, reducing stigma, and subjective experiences of optimism, empowerment, and interpersonal support. It is widely recognized that continuing education for mental health professionals should incorporate emerging knowledge about recovery as an attainable outcome for individuals with severe mental illness. Preliminary evidence suggests that mental health consumers can be used as trainers for mental health professionals. This evaluation assessed the effectiveness of a brief educational program presented by a mental health consumer to decrease stigma and improve attitudes of mental health professionals toward recovery.

METHODS

A mental health consumer and advocate presented a 60-minute program on Stigma in Mental Illness at the Department of Psychiatry Grand Rounds at a large community academic hospital. The speaker was a mental health consumer, advocate, and nurse. The presentation consisted of the speaker relaying her experiences as a mental health consumer with focus on the stigma of mental illness and recovery based principles. Attendees completed the 8-item recovery subscale of the Recovery Attitudinal Pre-Post Survey, before and after the presentation. The self-rated survey is designed to assess attitudes related to recovery based principles and practices. Participants are asked to rate their level of agreement on a scale of 1 to 6, with a higher score indicating a more positive attitude toward Recovery.

RESULTS

One hundred and two attendees completed surveys before and after the presentation: 43 therapists/caseworkers, 34 nurses, 11 providers, 7 students, and 7 participants in non-clinical roles. Nurses experienced the most improvement with mean improvement of 2.47 (p=.000) overall on the recovery subscale and statistically significant improvement on four of the eight items. Statistically significant improvement on the recovery subscale was also experienced by therapists/caseworkers (M=1.9, p=.000) and non-clinical staff (M=3.3, p=.009). Students had the lowest subscale total score both before and after the training (p=.002) and did not have statistically significant improvement in the overall subscale score.

CONCLUSIONS

A brief educational program presented by a mental health consumer can be effective in improving attitudes of mental health professionals toward recovery. A more in-depth training may be required for students. Attempts to reduce the stigma of mental illness should enhance the acceptance of the recovery principles.

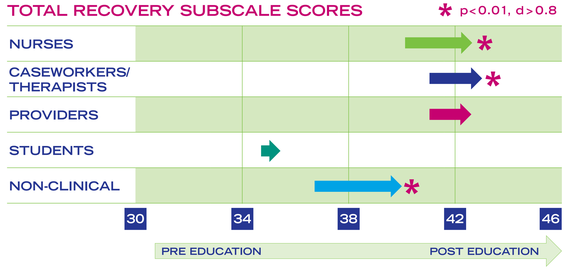
8-ITEM RECOVERY SUBSCALE

1. Most people with serious mental illness can, with treatment, get well and return to productive lives.
2. The mentally ill are far less of a danger than most people believe.
3. Willpower alone will not cure mental disorders.
4. It is easy to recognize someone who once had a serious mental illness.
5. Helping the mentally ill person with his financial and social problems often improves his condition.
6. Understanding mental illness from the consumer perspective makes one a better professional.
7. Many of the people who go to mental hospitals are able to return to work in society again.
8. In most cases, keeping up a normal life in the community will help a person with mental illness get better.

▲ The 8-item recovery subscale of the Recovery Attitudinal Survey. The self-rated survey is designed to assess attitudes related to recovery based principles and practices. Participants are asked to rate their level of agreement on a scale of 1 to 6, with a higher score indicating a more positive attitude toward Recovery.

Used with permission of Judith A. Cook, from "A Randomized Evaluation of Consumer Versus Nonconsumer Training of State Mental Health Service Providers." Cook, J.A., Jonikas, J.A., Razzano, L.A. (1995). Community Mental Health Journal, 31 (3) 229-238.

TOTAL RECOVERY SUBSCALE SCORES

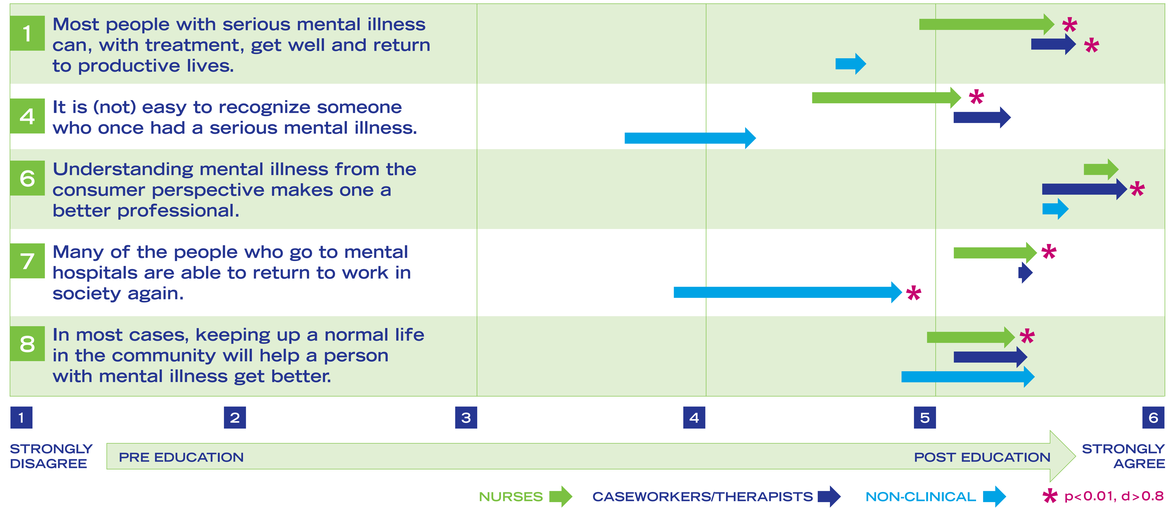


◀ *Note.* The base of the arrow indicates the measure before training and the point of the arrow indicates the measure after training. The direction of the arrow indicates the direction of change; with a higher score indicating a more positive attitude toward Recovery. The length of the arrow indicates the amount of change. The Nurse, Caseworker/Therapist, and Non-Clinical groups demonstrated a clinically significant improvement

DEMOGRAPHICS

	NURSES	THERAPIST/ CASEWORKERS	PROVIDERS	STUDENTS	NON-CLINICAL
NUMBER	34	43	11	7	7
FEMALE	91%	81%	73%	29%	86%
MALE	9%	19%	27%	71%	14%
MEAN AGE	49	42	40	22	51
MEAN YRS EXPERIENCE	18	13	13	<1	N/A

SIGNIFICANT EFFECTS OF EDUCATION PROGRAM



◀ *Note.* The base of the arrow indicates the score before the education and the point of the arrow indicates the score after education. The statements are scored on a six-point Likert scale with 1 indicating "strongly disagree" and 6 indicating "strongly agree" The direction of the arrow indicates the direction of change; a higher score indicates a more positive attitude toward Recovery. The length of the arrow indicates the amount of change. All arrows are moving in the direction of improvement, statistically significant improvements are noted.