

**TALKING ABOUT MENTAL ILLNESS**

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

**Marvin Ross on behalf of The TAMI Steering Committee  
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## EXECUTIVE SUMMARY

A before-and-after evaluation of presentations on mental illness to secondary school students and to students in an adult education centre in Hamilton Ontario suggests that although the participants had a generally positive attitude about mental illness and its causes to begin with, there was a further positive shift in those attitudes as a result of participating in the program. 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 for secondary school students in 1998 through the joint collaboration of the Centre for Addiction and Mental Health (CAMH), Canadian Mental Health Association (Ontario Division) and the Mood Disorders Association of Ontario. The TAMI project development can be attributed to the original anti-stigma program, Beyond the Cuckoo's Nest, established by the former Clarke Institute of Psychiatry (now CAMH) in 1988. This program was designed for youth aged 15 and older to address the issue of stigma surrounding mental illness. After the delivery of this first program, TAMI was created based upon an increased community demand for accurate information on mental illness.

The TAMI program's main purpose is to increase awareness about mental illness and the stigma surrounding those with mental illness. The program is delivered in secondary school classes and complements Ministry of Education guidelines.

Early Pilot projects for the TAMI program were hosted in three Ontario communities of which Hamilton was one. Since then, TAMI has grown and is found in over 27 communities province wide.

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 of the 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 eight schools in the Hamilton area. Questionnaires from three secondary schools (two public and one separate) and an adult education school have been analyzed. The complete data are 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 eight areas of mental illness on a scale from 1 to 4 on which 1 represented no knowledge and 4 a lot of knowledge. Students did report a higher level of knowledge than was anticipated in 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 answers showed an increase in knowledge after the presentations but the smallest increase was in two critical areas: the causes of mental illness (+12.9%) and how to recognize the signs (+9.4%)

The second set of questions was rated on a scale of “strongly disagree” (1) to “strongly agree” (4) and they looked for indications of 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 (from agree to strongly agree) after the presentations.

### B. ADULT EDUCATION STUDENTS

The adult education students' responses using the same questionnaire 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 its 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 (adult education) and 2.0 and 1.7 (high school) -- but the high school group remained less stigmatizing than the adult education group.

This is a bit surprising in view of the fact that the adult students have gone back to school to be personal support workers. We would have expected them to have a somewhat better attitude towards those with mental illnesses than the questionnaires suggest. 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, and 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 aged 15 and older about their experience with people with a mental illness or schizophrenia, their 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 were 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 are 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 young people's knowledge about mental illness. The program should be continued, expanded and further evaluations should be done with a larger sample 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%

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