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<0.001) 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<0.001) and non-clinical staff (M=3.3, p<0.001). Students had statistically significant improvement on two of the eight subscales.

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.

Significant Effects of Education Program
Most people with serious mental illness can, with treatment, get well and return to productive lives.
It is not easy to recognize someone who once had a serious mental illness.
Understanding mental illness from the consumer perspective makes one a better professional.
Many of the people who go to mental hospitals are able to return to work in society again.

8-ITEM RECOVERY SUBSCALE

1. Most people with serious mental illnesses have a life, with treatment, get well and return to productive lives.
2. The mentally ill are far less of a danger than most people think.
3. With proper treatment, a mentally ill person can live normal lives.
4. It is easy to recognize someone who once had a serious mental illness.
5. Helping the mentally ill person with his/her financial and social problems often improves one's attitude toward mental illness.
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.

TOTAL RECOVERY SUBSCALE SCORES

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<tr>
<th>NURSES</th>
<th>CASWORKERS/CASEWORKERS</th>
<th>THERAPISTS/THERAPISTS</th>
<th>PROVIDERS</th>
<th>STUDENTS</th>
<th>NON-CLINICAL</th>
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</thead>
<tbody>
<tr>
<td><strong>PRE EDUCATION</strong></td>
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<tr>
<td><strong>POST EDUCATION</strong></td>
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Demographics

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<th>NUMBER</th>
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<th>PROVIDERS</th>
<th>STUDENTS</th>
<th>NON-CLINICAL</th>
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Mean Age

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<tr>
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<th>MEAN YEARS EXPERIENCE</th>
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<td>51</td>
<td>-1</td>
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Note.

- The mean of the recovery subscale indicates the score and the level of improvement from the pre to post scale.
- The base of the arrow indicates the score before training and the point of the arrow indicates the score after training.
- The length of the arrow indicates the amount of change; a higher score indicates the direction of improvement, and a lower score indicates the direction of deterioration.
- The width of the arrow indicates the level of significance (***p<0.001, **p<0.01, *p<0.05, n.s. = not significant).

- 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.

- 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.