Mental Health Commission of Canada

Commission de la santé mentale du Canada

Opening Minds in a Post-Secondary Environment: Results of an Online Contact-based Anti-stigma Intervention for College Staff – Starting the Conversation

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www.mentalhealthcommission.ca

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1 OPENING MINDS: CHANGING HOW WE SEE MENTAL ILLNESS

As part of its 10-year mandate, The Mental Health Commission of Canada has embarked on an anti-stigma initiative called *Opening Minds* to change the attitudes and behaviours of Canadians towards people with a mental illness. *Opening Minds* is the largest systematic effort undertaken in Canadian history to reduce the stigma and discrimination associated with mental illness. *Opening Minds* is taking a targeted approach, initially reaching out to healthcare providers, youth, the workforce and media. *Opening Mind's* philosophy is to build on the strengths of existing programs from across the county, and to scientifically evaluate their effectiveness. A key component of programs being evaluated is contact-based educational sessions, where target audiences hear personal stories from and interact with individuals who have experience with a mental illness and have recovered or are managing their illness. *Opening Mind's* goal is to replicate effective programs nationally, develop new interventions to address gaps in existing programs and add other target groups over time.

For more information, go to: www.mentalhealthcommission.ca/English/Pages/OpeningMinds.aspx

2 INTRODUCTION AND PURPOSE

Stigma and discrimination have gained the attention of the public health and policy communities as a hidden and costly burden caused by society's prejudicial reaction to people with a mental illness (World Health Organization, 2001). Stigma and discrimination pose major obstacles in virtually every life domain, carrying significant negative social and psychological impacts. Reducing stigma and discrimination have become important policy objectives at both international and national levels (Sartorius & Schulze, 2005). The 2009 launch of the Mental Health Commission's *Opening Minds* anti-stigma/anti-discrimination initiative marked the largest systematic effort to combat mental illness-related stigma in Canadian history.

The *Opening Minds* program has partnered with a number of programs that deliver contact-based education to educational institutions throughout Canada. Contact-based education involves people who have experienced a mental illness who educate others by telling their personal stories. Contact is often in person, but research is beginning to demonstrate that video-based contact can be as effective, particularly when embedded in an educational program that is designed to improve professional skills and competencies. This report provides findings from *Starting the Conversation: Raising Our Awareness of Student Mental Health*, a professional development intervention offered to staff at Algonquin College in Ottawa, Ontario, in 2013.

3 PROGRAM OVERVIEW

The intervention was a one-hour online training course entitled *Starting the Conversation: Raising Our Awareness of Student Mental Health*. Mental Health Works in consultation with Student Support Services at the college adapted their concepts, training principles, and practices to help faculty better understand their role in identifying and supporting students with mental health issues. More specifically, the online training course was designed to help faculty members:

- Become aware of their role in supporting students with mental health problems
- Develop skills to help them start a conversation with a struggling student to assess their needs, develop solutions, and prevent future problems
- Improve faculty attitudes toward students with mental health problems

The training session is composed of three 20-minute online modules that take approximately one hour in total to complete. The first module, entitled *Why are we talking about this?,* assesses the importance of mental health issues, highlighting that students between the ages of 15 and 25 years are a high-risk group. It also talks about expectations of stigma (defined as prejudice and discrimination) as a potential barrier for seeking help. It emphasizes that teaching faculty are in a unique position to identify students who are having mental health problems and help them overcome some of these barriers. The second module, entitled *What do we notice*, reviews some of the telltale signs indicating that a student may be struggling with a mental health issue, such as alterations in class behaviour, personal appearance, quality of work, or heightened responses to changes in schedules or assignments. Finally, the third module reviews *How can we help*. It stresses the importance of starting a conversation about the student's changed behaviour, the importance of listening in a non-judgmental way, and how to support the student by offering accommodations and referrals, as appropriate. Video clips of students who have experienced a mental

illness are interspersed throughout the modules to highlight the important points and to raise awareness about how untreated mental illnesses can disrupt educational trajectories and undermine the mission of the college. The modules follow a young woman with bipolar illness and borderline personality disorder and a young man with schizophrenia. The course was made available to all faculty members on a voluntary basis, some 450 full-time faculty and 1200 part-time faculty.

4 APPROACH TO DATA COLLECTION

Participants completed an online survey before and after the educational video. A new 15-item survey was created for this evaluation to assess the impact of the course. It included self-report items assessing faculty members' perceived role in assisting students with mental health needs, their comfort and confidence in identifying and talking to students who may have mental health difficulties, and their attitudes toward students with mental health problems. Items were scored on a 5-point agreement scale. Several items were reverse coded to avoid response sets. Scores were coded for analysis so that higher scores reflected more negative responses. The intent was to aggregate scores across items to form a summary score; however, preliminary factor analysis revealed that the scale was not one-dimensional. Therefore, items have been used individually.

All participants who took the online course were informed that they were part of a pilot investigation and asked to agree to release their anonymous information to the Opening Minds evaluation team. Data were sent to Queen's University for analysis.

During the first sixth months (January to June 2013), 219 faculty members completed the course and provided pre-test surveys. Eighty-five individuals did not complete the post-test, giving 134 post-test surveys. Owing to these large losses, we did not complete a matched analysis but have treated the pre- and post-tests as two independent surveys. This means it will be more difficult to detect statistically significant differences. We have not provided statistical testing for each individual item but consider a difference of greater than 10% to be highly noteworthy, and a difference of between 5% and 10% to be of interest. Anything under 5% is small and may have occurred by chance. We have reserved statistical testing for the overall program effects.

5 RESULTS

5.1 Sample Characteristics

Table 1 shows the gender and age breakdown of the participants. The proportion of males and females was similar in the pre- and post-tests with females outnumbering males approximately 2 to 1. Age ranged from 10 to 70 with similar distributions in pre- and post-tests.

Table 1. Sample Characteristics

Characteristic	Pre-test % (N=219)	Post-test % (N=134)
Gender		
• Male	63.1% (137)	64.1% (84)
• Female	36.9% (80)	35.9% (47)
• Missing	(2)	(3)
Age		
• 20-29	4.7% (10)	3.1% (4)
• 30-39	18.3% (39)	19.1% (25)
• 40-49	35.7% (76)	35.9% (47)
• 50-59	32.9% (70)	36.6% (48)
• 60-70	8.5% (18)	5.3% (7)
• Missing	(6)	(3)

Table 2 shows the percent in agreement with each item on the pre-test and the post-test. It also shows the magnitude of the change that occurred. Large and important changes (over 10%) occurred in 10 of the 15 items. Smaller changes (approximately 5%) occurred for 4 of the items. Only one item (students with mental health problems should not be admitted to this college) did not change; however virtually all of the respondents (97%) disagreed with this item on the pre-test. Despite relatively large changes, three items showed low post-test levels. For example, only about half of the respondents indicated that they would ask a student about their mental health if the student got behind in their work; or that they would postpone a deadline without penalty if a student indicated they had a mental health problem.

Table 2 shows the results for the pre-test, post-test, and the percentage change.

Items	Pre-test % (n=219)	Post-test % (n=134)	% Change
(R) You have to be persistent when you think a student has a mental health problem, even when they say everything is OK.			
• Strongly agree/agree	39.4% (86)	80.3% (106)	40.9
• Unsure	34.4% (75)	9.8% (13)	-24.6
• Strongly disagree/disagree	26.1% (57)	9.8% (13)	-16.3
• Missing	(1)	(0)	
It's not my place to ask students about a mental health problem they may be experiencing.			
• Strongly disagree/disagree	48.4% (106)	78.4% (105)	30.0
• Unsure	27.4 % (60)	6.0% (8)	-21.4
• Strongly agree/agree	24.2% (53)	15.7% (21)	-8.5
• Missing	(0)	(0)	
(R) If one of my students got behind in their work or started to fail, I would ask them about their mental health.			
• Strongly disagree/disagree	24.3% (53)	52.2% (70)	27.9
• Unsure	21.6% (47)	20.1% (27)	-1.5
• Strongly agree/agree	54.1% (118)	27.6% (37)	-26.5
• Missing	(1)	(0)	

Items	Pre-test % (n=219)	Post-test % (n=134)	% Change
(R) I would be comfortable asking a student about their mental health.			
• Strongly agree/agree	52.8% (115)	79.1% (106)	26.3
• Unsure	24.3% (53)	10.4% (14)	-13.9
• Strongly disagree/disagree	22.9% (50)	10.4% (14)	-12.5
• Missing	(1)	(0)	
(R) I'm confident I would be able to identify a student who may be having a mental health problem.			
• Strongly agree/agree	37.2% (81)	63.4% (85)	26.2
• Unsure	32.1% (70)	25.4% (34)	-6.7
• Strongly disagree/disagree	30.7% (67)	11.2% (15)	-19.5
• Missing	(1)	(0)	
Students with mental health problems are difficult to teach.			
• Strongly disagree/disagree	62.8% (137)	83.6% (112)	20.8
• Unsure	27.1% (59)	11.2% (15)	-15.9
• Strongly agree/agree	10.1% (22)	5.2% (7)	-4.9
• Missing	(1)	(0)	
It is hard to interact with a student who has a mental health problem.			
• Strongly disagree/disagree	72.4% (157)	85.6% (113)	13.2
• Unsure	18.4% (40)	9.1% (12)	-9.3
• Strongly agree/agree	9.2 % (20)	5.3% (7)	-3.9
• Missing	(2)	(2)	
(R) I could direct a student with a mental health problem to the appropriate internal resources.			
• Strongly agree/agree	82.6% (180)	95.5% (128)	12.9
• Unsure	9.2% (20)	1.5% (2)	-7.7
• Strongly disagree/disagree	8.3% (18)	3.0% (4)	-5.3
• Missing	(1)	(0)	
There is little I can do to help a student with a mental health problem.			
• Strongly disagree/disagree	81.2% (177)	93.9% (124)	12.7
• Unsure	11.0% (24)	2.3% (3)	-8.7
• Strongly agree/agree	7.8% (17)	3.8% (5)	-4.0
• Missing	(1)	(2)	
(R) I would let a student postpone a deadline without penalty if they told me they had a mental health problem.			
• Strongly disagree/disagree	40.8% (89)	51.1% (68)	10.3
• Unsure	34.9% (76)	28.6% (38)	-6.3
• Strongly agree/agree	24.3% (53)	20.3% (27)	-4.0
• Missing	(1)	(1)	
Students with mental health problems tend to be less competent than their peers.			
• Strongly disagree/disagree	88.5% (227)	97.0% (129)	8.5
• Unsure	7.8% (96)	1.5% (2)	-6.3
• Strongly agree/agree	3.7% (19)	1.5% (2)	-2.2
• Missing	(8)	(1)	

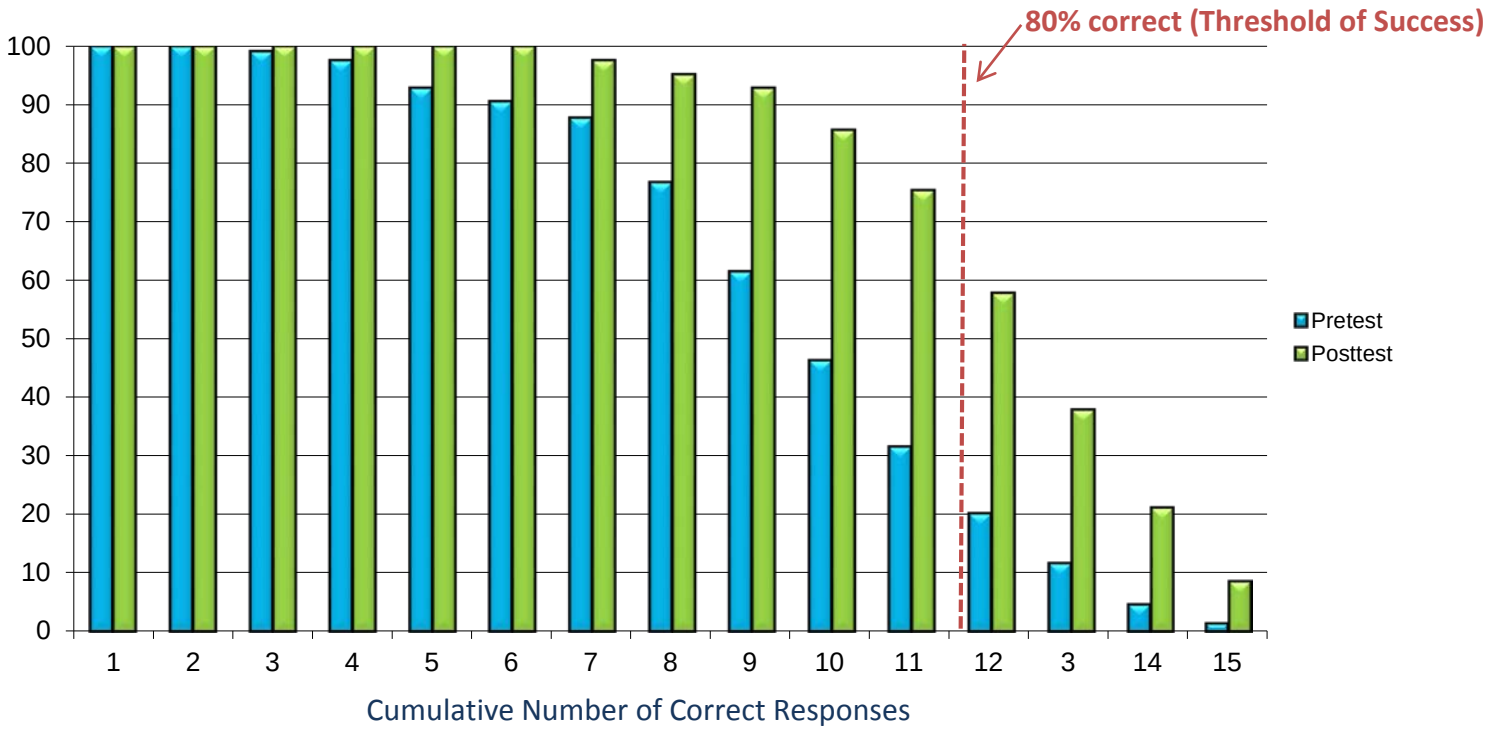
Items	Pre-test % (n=219)	Post-test % (n=134)	% Change
I would prefer an official note from disability services before making special accommodations for a student with a mental health problem.			
• Strongly disagree/disagree	20.7% (45)	28.4% (38)	7.7
• Unsure	10.1% (22)	14.2% (19)	4.1
• Strongly agree/agree	69.1 % (150)	57.5% (77)	-11.6
• Missing	(2)	(0)	
(R) I want students to tell me if they have mental health problems that may affect the quality of their work.			
• Strongly agree/agree	85.8% (188)	92.5% (124)	6.7
• Unsure	7.8% (17)	1.5% (2)	-6.3
• Strongly disagree/disagree	6.4% (14)	6.0% (8)	-0.4
• Missing	(0)	(0)	
It is unlikely that a student with a mental health problem could meet the academic requirements for this college.			
• Strongly disagree/disagree	91.7% (199)	97.0% (130)	5.3
• Unsure	5.1% (11)	1.5% (2)	-3.6
• Strongly agree/agree	3.2% (7)	1.5% (2)	-1.7
• Missing	(3)	(7)	
Students with mental health problems should not be admitted to the college.			
• Strongly disagree/disagree	96.8% (209)	96.2% (128)	-0.6
• Unsure	0.9 % (2)	0.8% (1)	-0.1
• Strongly agree/agree	2.3% (5)	3.0% (4)	0.7
• Missing	(3)	(1)	
Note: (R) signifies the item was reverse coded			

6 PROGRAM SUCCESS

In order to provide a measure of the overall success of the intervention, we chose (*a priori*) a cut-off score of 80% correct. Though somewhat arbitrary, we have used this cut-off in previous work to count the proportion of participants who achieve an "A" grade or higher following an educational session. More specifically, success was measured by comparing the proportion of respondents who obtained 80% or more correct (non-stigmatizing) answers on the post-test compared to the pre-test. This corresponds to 12 or more correct responses out of 15.

Figure 1 shows the cumulative percent of items reflecting non-stigmatizing responses. More detailed tabular data is included in Appendix A. Prior to the intervention, 20.4% of respondents gave a non-stigmatizing response to at least 12 of the 15 stereotype items reflecting 80% correct (corresponding to the red-dotted line on the graphs below). At post-test, this had increased to 57.9% (reflecting a 37.5% improvement overall). A two-sample test of proportions showed that this difference was statistically significant ($z=7.01$, $p < .001$).

Figure 1. Cumulative Percent of Non-stigmatizing Responses (n=211 Pre-tests; 126 Post-tests)



Percent with a Positive (Non Stigmatizing) Endorsement

	Pre-test % (n)	Post-test % (n)
At least 1	100% (211)	100% (126)
At least 2 items	100% (211)	100% (126)
At least 3 items	99.1% (209)	100% (126)
At least 4 items	97.6% (206)	100% (126)
At least 5 items	92.9% (196)	100% (126)
At least 6 items	90.5% (191)	100% (126)
At least 7 items	87.8% (185)	97.6% (123)
At least 8 items	76.8% (162)	95.2% (120)
At least 9 items	61.6% (130)	92.9% (117)
At least 10 items	46.5% (98)	85.7% (108)
At least 11 items	31.8% (67)	75.4% (95)
At least 12 items	20.4% (43)	57.9% (73)
At least 13 items	11.8% (25)	38.1% (48)
At least 14 items	4.7% (10)	21.4% (27)
All 15 items	1.4% (3)	8.7% (11)

7 DISCUSSION

This report describes the results of a three-module online educational program for faculty at Algonquin College that incorporated contact-based education in the form of video clips of students who had experienced a mental illness. The program was designed to assist faculty become aware of their role in supporting students with a mental health problem, develop skills to help start a conversation with a struggling student, assess their needs and develop solutions, and improve faculty attitudes toward students with mental health problems. The results show that this program was highly successful in improving the proportion faculty members who received an "A" grade or higher on the post-test compared to the pre-test. Prior to the intervention, 20.4% of the faculty registered an "A" grade or higher. Following the intervention, this increased to 57.9%, reflecting a statistically significant increase.

The course was offered on a voluntary basis. A total of 219 faculty members—some 15% of the total—accessed the training module during the months that it was provided. This response rate is consistent with other faculty surveys offered by Algonquin College. If wider coverage is considered important, then it may be necessary to introduce an incentive system. Alternatively, it could be made a requirement of all faculty, including part of the orientation of all new faculty.

Contributing Factors:

Algonquin College Student Support Services provided funds for the project, as they felt it was important to provide support for the faculty in addressing the mental health of all students. The project was well supported from the President of the College, VP Academics, faculty representatives, Student Support Services, and the Student Association.

The module was made faculty friendly to reduce barriers and encourage professors to access the voluntary professional development site. The online format ensured that it was available 24/7 to all three campuses. It is in an accessible format (open caption and describe video). It consists of three 20-minute modules that can be done over any length of time. "Starting the Conversation" was chosen as the title as it suggests a gentle introduction to the subject. A Resource Guide was attached with local resources, specific information on mental illness, and case studies for faculty discussions. In addition to using a research-based program called CMHA Mental Health Works, the online program included faculty representatives in the script, the pilot, and the launch. Two Algonquin College students with a mental illness, as well as a faculty member, proved to be very effective on the videos. A certificate of completion was available on the site for participants to print off.

Algonquin College was approached by the MHCC to measure the effects of the modules. The research is seen as a valuable contribution to MHCC, Opening Minds. Opening Minds' goals is to replicate effective programs nationally, develop new interventions to address gaps in existing programs, and add other target groups over time. The results demonstrate that a one-hour module on mental health can be very effective and is a great addition to the tool box.

ANECDOTAL COMMENTS

The information that I received from the "Starting the Conversation" modules allowed me to address the problems our students deal with on a regular basis in a more productive way. I am by no means a trained mental health professional, but the modules were so easy to follow it gave me some tools to better assess where a student needed to go for help and who they should speak with. With all the different types of students we have at Algonquin this information will help us ensure that any student has the tools to be successful.
Shaun | Coordinator/Professor, HRAC Technician Program, Refrigeration Apprenticeship Program

Before the "Starting the Conversation" modules, I wasn't comfortable questioning a student too deeply about personal issues when there was a problem. The modules gave me the confidence to ask a lot of questions in order to get the details I needed from a student to help him/her. This guidance was quite timely as soon after completing the modules, a student came to me looking for help; he wasn't doing well in class because of anger issues which he was trying to control but didn't know how to talk to his teachers about or where to go for help. He was very pleased with the support and direction I was able to give him. "Starting the Conversation" allowed me to do just that!
Lise Gilhooly | Student Support Specialist

The feedback that I received was that faculty was grateful to have the opportunity to participate in the program and increase their awareness on Mental Health. The modules were well-designed and the students did a great job presenting their perspective which took strength and courage on their part. Faculty felt that their efforts and those of everyone involved in the development of this initiative will help many students, faculty, and staff at Algonquin College.
Claude Brule | VP Academics

I was diagnosed with bipolar disorder in 2005. I was 19, and such was the stigma of mental illness that I considered my life to be over. In the past two years, I have participated in this project, seen minds be changed, spoken at a mental health conference, and come to my final semester of post-secondary education. Clearly, I didn't have the whole picture nine years ago. I hope that my participation in this project encourages people to question whether they have the whole picture, and to look a little deeper.
Rénee Guilmain | Student (featured in the modules, Starting the Conversation)

The following is a letter from Colleges Ontario supporting the Algonquin College initiative.

COLLEGES ONTARIO | COLLÈGES ONTARIO

January 30, 2014

Ms. Alison West Armstrong,
Centre for Students with Disabilities
Algonquin College
1385 Woodroffe Avenue, Room E310
Ottawa ON K2G 1V8

Dear Alison:

On behalf of Colleges Ontario, I would like to offer this letter of support for the Algonquin College initiative, *Starting the Conversation*, which raises awareness of the college faculty and staff about student mental health.

Your presentation of the project at our annual Higher Education Summit highlighted the importance of working with faculty and staff to help them better understand student mental health issues. In particular, the video clip of a student giving a candid account of the stigma associated with a mental illness diagnosis and her need for support was a powerful example of the challenges some students face. It was both exciting and encouraging to hear that the preliminary measures of an attitude shift in faculty and staff after the *Starting the Conversation* initiative were quite positive.

Our goal in including in our conference program projects on mental health was to showcase initiatives that demonstrated evidence of a positive impact on student mental health. We were pleased to include Algonquin's project as an example of an initiative that other institutions could implement. Colleges Ontario supports you in this work and we offer our congratulations to you for developing and implementing a project that has demonstrated its potential to reduce the stigma associated with mental illness.

Sincerely,

Bill Summers
Vice-President, Research and Policy

Copy: Toni Connolly, Manager,
Centre for Students with Disabilities, Algonquin College