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BRIEF REPORT

# Evaluating the Effectiveness of a Consumer Delivered Anti-Stigma Program: Replication with Graduate-Level Helping Professionals

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*Objective:* This study evaluated a consumer delivered anti-stigma presentation, In Our Own Voice (IOOV), with Masters of Social Work (MSW) students, replicating a previous study with undergraduates. *Methods:* Thirty MSW students completed pre and post surveys to measure changes in attitude, knowledge and social distance after the presentation. *Results:* Paired samples *t*-tests showed increases in attitude ($p < .001$), knowledge ($p < .05$), and social distance ($p < .001$). Compared with previous research on undergraduate students, MSW students scored higher on all three pre-test measures (all $p < .001$). *Conclusions:* The results further support the effectiveness of IOOV and indicate that graduate level helping professionals can benefit from anti-stigma programs. Future research should go beyond self-report knowledge and attitude evaluation, test the efficacy of the components of the IOOV program (video, contact with presenters), and test the lasting effects of the program.

**Keywords: stigma, anti-stigma groups, community mental health, mental health education programs**

Nearly half of the United States population experiences a mental illness in their lifetime (Kessler, Berglund, Demler, Jin, & Walters, 2005). The challenges individuals affected by mental illness face are compounded by social stigma, both in daily interpersonal intolerance and systemic limitations of opportunities and benefits (Rüsch, Angermeyer, & Corrigan, 2005). Research on anti-stigma programming demonstrates that involvement of consumers of mental health services is a key component in designing and implementing a successful campaign to decrease stigma (Pinfold, Thornicroft, Huxley, & Farmer, 2005; Altindag, Yanik, Ucok, Alptekin, & Ozkan, 2006). Initial research on one such program, the National Alliance for the Mentally Ill's (NAMI) In Our Own Voice (IOOV) program (www.nami.org), showed large changes in reducing stigma and increasing knowledge in an experimental design with undergraduate college students (Wood, 2004; Wood & Wahl, 2006). Stigma researchers call for additional empirical support to establish the IOOV program as an effective evidence-based practice (Corrigan & Gelb, 2006). In addition, it is important to test the effects of IOOV in those who provide mental health and social services. A partial replication of Wood's (2004) study was conducted by using the same pre and post measures with Masters of Social Work (MSW) students

who received the IOOV program. We hypothesized that the IOOV program would increase knowledge and improve attitudes toward people with a mental illness, and that the social work students would have higher baseline scores than the undergraduate students in the Wood study.

## Methods

The one group pre and post test design of this evaluation is enhanced by using the same measures as Wood (2004), allowing comparison with the results from her experimental and control groups. Thirty MSW students enrolled in an elective psychopathology course received the IOOV program and completed pretest and posttest surveys. Of the 30 participants, 86.2 percent were women ($n = 24$) and the mean age was 31 years ($SD = 5.65$). Data was collected as part of routine educational activities and written informed consent was elicited for possible presentation or publication. Secondary analysis of the data was approved by the Portland State University Human Subjects committee.

Good reliability ($\alpha = .78$) was achieved with Wood's (2004) 15-item IOOV specific measure of anti-stigmatizing attitudes (for example, "I believe we should do more to help people with mental illnesses get better"). Wood's (2004) IOOV specific knowledge measure had good reliability of ($\alpha = .70$) with 15 Likert scale items including "Taking medication for a mental illness helps correct biochemical brain dysfunction." The knowledge and attitude measures were developed through a process of reviewing previous measures, the content of the IOOV program, and review with NAMI IOOV presenters (Wood, 2004).

The Social Distance Scale (SDS) (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999) measures participants' willingness to engage in different types of interactions with a person with a mental illness, for example, "How would you feel about renting a room in your home to someone with a mental illness?" Higher scores reflect less social distance. Good reliability of ($\alpha = .75$) was observed with the SDS in this sample.

Pre to post test change on IOOV Knowledge, IOOV Attitude, and Social Distance were tested by paired samples *t*-test. For comparing the mean scores of total scores of the three measures of the social work students with those of the undergraduates in Wood's (2004) study, a one-sample *t*-test was used. The standardized mean difference effect-size Glass' delta was calculated for all mean comparisons.

## Results

Table 1 displays the mean scores at pre and post test observed in this study, and the comparison of pretest means of the MSW students in this study with the undergraduates in the Wood (2004) study. The MSW students showed statistically significant changes in *knowledge, attitudes,* and *social distance,* with medium to large effect sizes. For the largest effect, *attitudes,* the average student after the presentation scored higher than 90% of the students before the presentation. For the change in *knowledge*, the smallest effect, the average post-presentation student scored higher than 65% of the students before the presentation.

The MSW students in this study scored higher at pretest on *knowledge*, *attitudes*, and *social distance* than the undergraduates in Wood's (2004) study. The difference averaged approximately three-quarters of a standard deviation, meaning the average MSW student scored higher than approximately 75% of the undergraduates. In fact, the undergraduates in Wood's (2004) study had comparable scores on the three outcome measures after the IOOV training as the MSW students did before the IOOV presentation.

**Table 1—Comparison of Time 1 (Baseline), Time 2 (Post-Intervention), and Wood (2004) Time 1 of Survey of Stigma toward Individuals with Mental Illnesses**

| Variable | Time 1 | | Time 2 | | Paired *t* Test | Wood Time 1 | | One Sample *t* Test |
|---|---|---|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | *T1 vs. T2* | *M* | *SD* | *T1 vs. Wood T1* |
| IOOV Knowledge | 68.22 | 4.52 | 70.40 | 4.40 | -2.65 (.48) | 64.3 | 5.7 | 4.74 (.69) |
| IOOV Attitudes | 70.92 | 4.82 | 77.24 | 5.30 | -10.99 (1.31) | 66.0 | 7.3 | 5.59 (.67) |
| Social Distance | 15.76 | 2.34 | 17.34 | 2.35 | -4.64 (.68) | 12.9 | 3.5 | 6.88 (.82) |

Note: Glass' delta statistic is reported in parentheses in the *t*-test column. Higher Social Distance scores reflect less social distance.

$N = 36$

$^{*}p < .05$, $^{**}p < .01$, $^{***}p < .001$.

## Discussion

In our sample of MSW students, the IOOV program was effective in improving knowledge and attitudes about mental illness, and social distance toward people with mental illnesses. The medium to large effect-sizes were comparable with the changes Wood (2004) found with undergraduate students. Wood also included a control group that showed trivial changes (Cohen's *d* ranged from .03 to .09), so it is unlikely that more than a trivial amount of the observed change was due to maturation or testing effects.

At pre-test, the MSW students scored substantially higher than undergraduates on positive attitudes and knowledge, and showed a greater preference for social closeness with a person with a mental illness. Despite these large effects, the MSW students showed medium to large improvements on all these variables after the training. These results suggest that graduate level helping professionals are less stigmatizing in attitudes toward people with a mental illness than the general population, but still can benefit from an anti-stigma presentation like IOOV.

The existing research cannot isolate the effect of the educational content of IOOV from the experience of interacting with the two presenters. However, it is hypothesized that interacting with the two presenters is the more powerful anti-stigma experience. For healthcare professionals, interacting with two people with a mental illness under different circumstances than their usual professional role may have a humanizing effect and challenge residual stigmatizing cognitive schemas. Even though the majority of the participants had regular contact with people with mental illness, they benefited from the experience of the IOOV program.

A future study could dismantle the IOOV program, with one group receiving just the educational component without the live interaction with the two presenters to assess the independent contributions of the program components. Research on education and training support that the active, interactive components with mental health consumers are crucial to better outcomes (Pinfold et al., 2005). Wood and Wahl (2006) hypothesize that an additional benefit of the IOOV program is the empowering experience for the consumer presenters. This effect may even be stronger when presenting to mental health professionals, and may provide a reparative experience of past negative contacts with the mental health system. These observations deserve qualitative and quantitative exploration.

Though the current study adds to the growing evidence base demonstrating the effectiveness of stigma reducing programs involving mental health consumers, limitations of the current study include a one-group design, self-report measurement, and the lack of a longitudinal component to measure the enduring effects of the intervention.

This study provides further evidence to add to Wood's (2004) experimental design study, demonstrating that the IOOV program works with graduate level students as well as undergraduates. The IOOV program is widely available throughout the US through NAMI. It is provided for a small suggested donation, or for free if no resources are available. The effectiveness of the program with MSWs suggests that the program should be offered to health professionals. While health professionals may hold lower levels of stigmatizing attitudes than the general population, they are in frequent contact with people with mental illness, and they are in positions of power and influence.

## References

Altindag, A., Yanik, M., Ucok, A., Alptekin, K., & Ozkan, M. (2006). Effects of an antistigma program on medical students' attitudes toward people with schizophrenia. *Psychiatry and Clinical Neurosciences, 60*, 283–288.

Corrigan, P., & Gelb, B. (2006). Three programs that use mass approaches to challenge the stigma of mental illness. *Psychiatric Services, 57*, 393–398.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593–602.

Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A., & Pescosolido, B. A. (1999). Public conceptions of mental illness: Labels, causes, dangerousness, and social distance. *American Journal of Public Health, 89*, 1328–1333.

Pinfold, V., Thornicroft, G., Huxley, P., & Farmer, P. (2005). Active ingredients in anti-stigma programmes in mental health. *International Review of Psychiatry, 17*(2), 123–131.

Rüsch, N., Angermeyer, M. C., & Corrigan, P. W. (2005). Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. *European Psychiatry,20*, 529–539.

Wood, A. L. (2004). Evaluating the effectiveness of a consumer-provided mental health recovery education presentation. *Dissertation Abstracts International*: UMI No. 3126593.

Wood, A. L., & Wahl, O. F. (2006). Evaluating the effectiveness of a consumer-provided mental health recovery education presentation. *Psychiatric Rehabilitation Journal, 30*, 46–52.

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