

Cognitive Behavioural Interpersonal Skills (CBIS) Training can reduce mental illness related stigma among healthcare providers

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Faculty/Presenter Disclosure

- **Faculty:** Helen Campbell
- **Relationships with commercial interests:**
None

Learning Objectives

- To increase awareness of stigma as a barrier to timely and accessible mental health care.
- To increase understanding of stigma surrounding mental illness in health care professionals.
- To explore the idea that increasing healthcare providers' skills, confidence, and comfort in treating persons with mental illness and increasing their understanding of mental illness as something manageable, can reduce stigma.

Stigma

- Stigma is a significant concern for those living with mental illness and leads to discriminatory behaviours.

Major barrier to:

- Timely and accessible care
- Recovery
- Quality of life

Mental Health Commission

Opening Minds: Changing how we see mental illness

- Reducing stigma is a major goal of the MHCC
- Health care providers are a main target group
- MHCC evaluating existing programs across Canada for their success at reducing stigma

Idea is to replicate effective programs nationally.

Cognitive Behavioural Interpersonal Skills (CBIS)

- A core component of the Practice Support Program Adult Mental Health Module.
- Training provides physicians and other front line staff with skills and knowledge to assess and support people with mental health concerns within primary care settings.

The Study

- Four hour workshop
- Jan to March 2013
- Delivered to three sites: Comox, Campbell River, and Port Alberni on Vancouver Island, B.C.
- N= 204 physicians, nurses and other front line workers

Evaluation Methods

20 item Opening Minds Scale for Health Care Providers
(Patten)

Examines three main dimensions of stigma:

- Attitudes toward people with mental illness;
- Healthcare professionals' attitudes about disclosure of a mental illness,
- Social distance.

4 time periods: pre, immediately post, 3 mo., 6 mo.

Results

- 187 of the 204 participants completed one or more surveys
- 164 completed both pre and post surveys allowing for paired analysis
- 86 completed the three month follow up
- 72 completed the six month follow up

Demographics of Participants

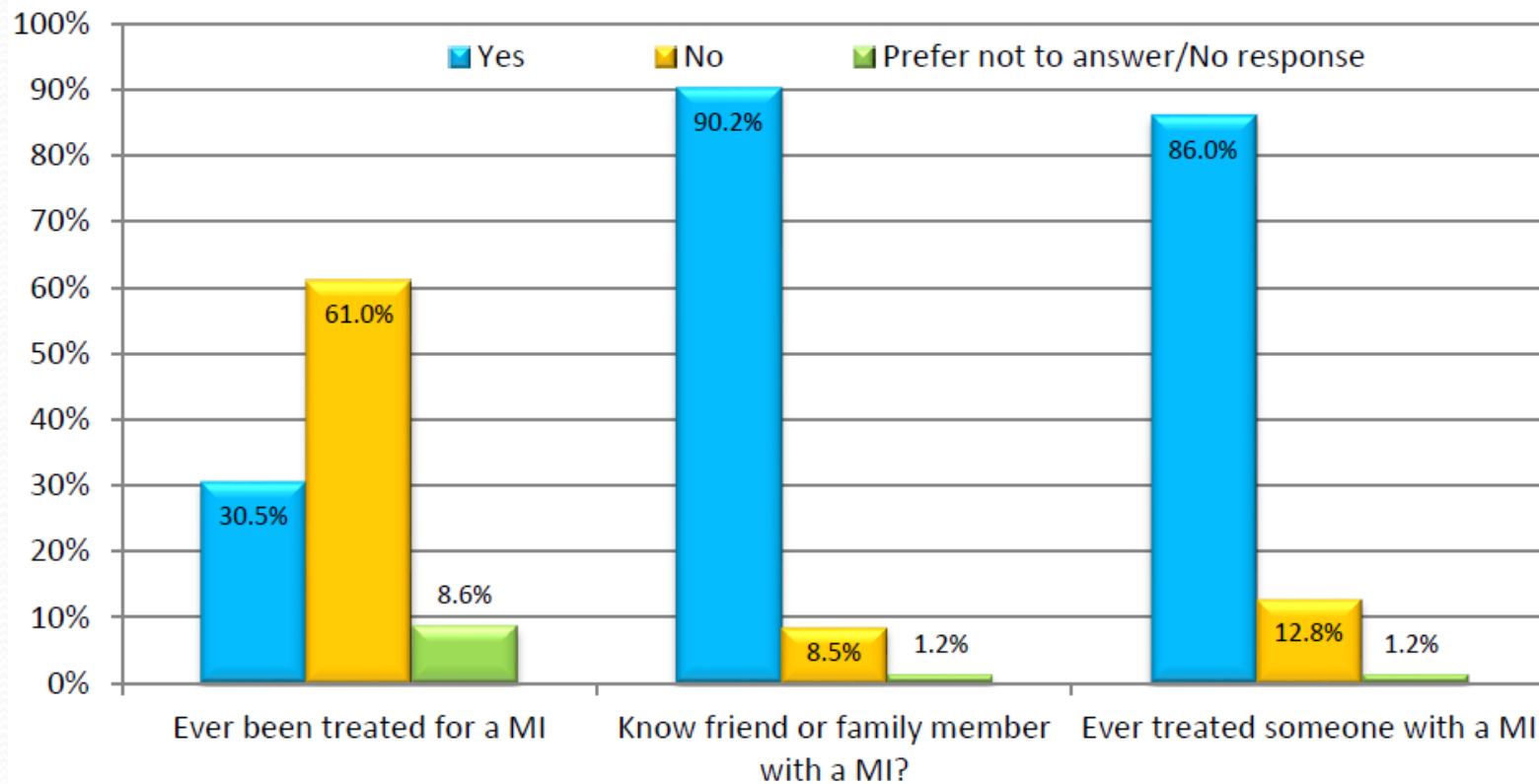
- Female 75%
- Mean age 46 years

- 12% Physicians
- 33% Nurses
- 18% Social worker/ OT
- 33% Allied mental health and addictions

- Mean years of work : 14 (25% had 20 + years)

Personal Experience with Mental Illness

Figure 1. Participant Experience with a Mental Illness (MI) (n=164)



OMS-HC Score Change Pre-Post

	Pre-test mean (95%CI)	Post-test mean (95%CI)	Mean Change (95%CI)	Paired t-test
OMS-HC	43.04 (41.86-44.22)	42.11 (40.90-43.33)	0.93 (0.16-1.70)	$t(163)=2.38$ $p=.018$

- Decrease of 2% but statistically significant

Dimensions of Stigma

Healthcare providers' inclinations toward disclosure of a mental illness.

- *Q4. If I were under treatment for a mental illness, I would not disclose this to any of my colleagues.*
- *Q6. I would see myself as weak if I had a mental illness and could not fix it myself.*
- *Q7 I would be reluctant to seek help if I had a mental illness.*
- *Q10. If I had a mental illness, I would tell my friends.*

Dimensions of Stigma

Attitudes towards people with mental illness:

- *Q1. I am more comfortable helping a person who had a physical illness than I am helping a person who has a mental illness.*
- *Q12. Despite my professional beliefs, I have negative reactions towards people with a mental illness.*
- *Q13. There is little I can do to help people with mental illness.*
- *Q14. More than half of people with mental illness don't try hard enough to get better.*
- *Q18. Healthcare providers do not need to be advocates for people with mental illness.*
- *Q20. I struggle to feel compassion for a person with a mental illness.*

Dimensions of Stigma

Social distance:

- *Q3. If a colleague with whom I work told me they had a managed mental illness, I would be as willing to work with him/her.*
- *Q8. Employers should hire a person with a managed mental illness if he/she is the best person for the job.*
- *Q9. I would still go to a physician if I knew that the physician had been treated for a mental illness.*
- *Q17. I would not want a person with a mental illness, even if it were appropriately managed, to work with children.*
- *Q19. I would not mind if a person with a mental illness lived next door to me.*

Mean Change in Stigma Content Area

Table 3. Stigma Content Areas: Changes in Respondent Mean Scores from Pre to Post-program (n=164)

Content Area	Pre-test mean (95%CI)	Post-test mean (95%CI)	Mean Change (95%CI)	Paired t-test
Attitude towards people with mental illness	1.83 (1.79-1.87)	1.78 (1.74-1.82)	0.55 (-.001-.112)	t(163)=-1.92 p=.056
Disclosure/help-seeking	2.43 (2.38-2.48)	2.38 (2.33-2.43)	0.47 (-0.22-.117)	t(163)=1.34 p=.182
Social distance	1.88 (1.84-1.92)	1.88 (1.84-1.92)	.000 (-.055-.064)	t(163)=0.15 p=.879

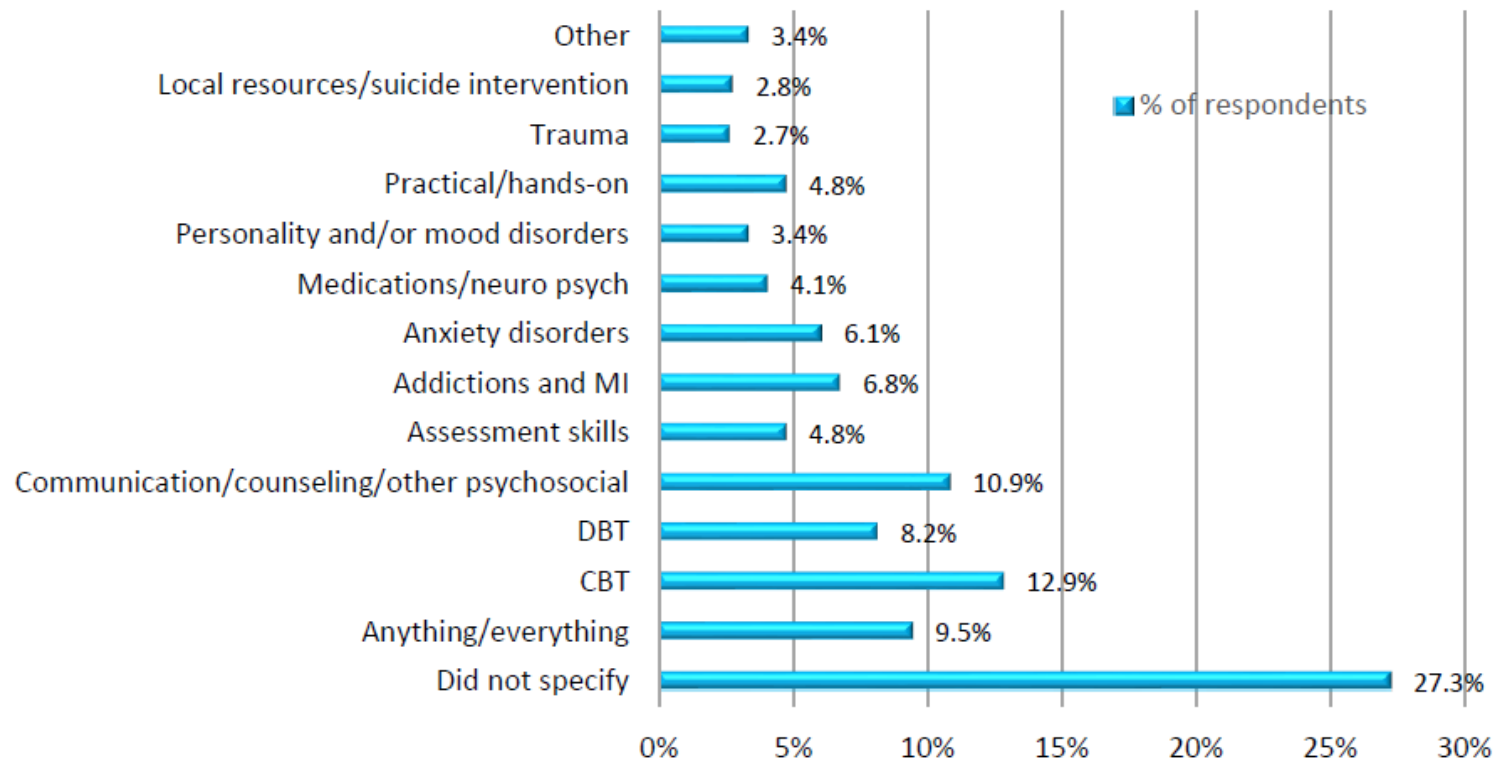
Individual Item Analysis

The following three statements showed a statistically significant improvement from baseline to post training:

- *Q12. Despite my professional beliefs, I have negative reactions towards people with mental illness.*
- *Q14. There is little I can do to help people with mental illness.*
- *Q16. The best treatment for mental illness is medication.*

Desire for More Training

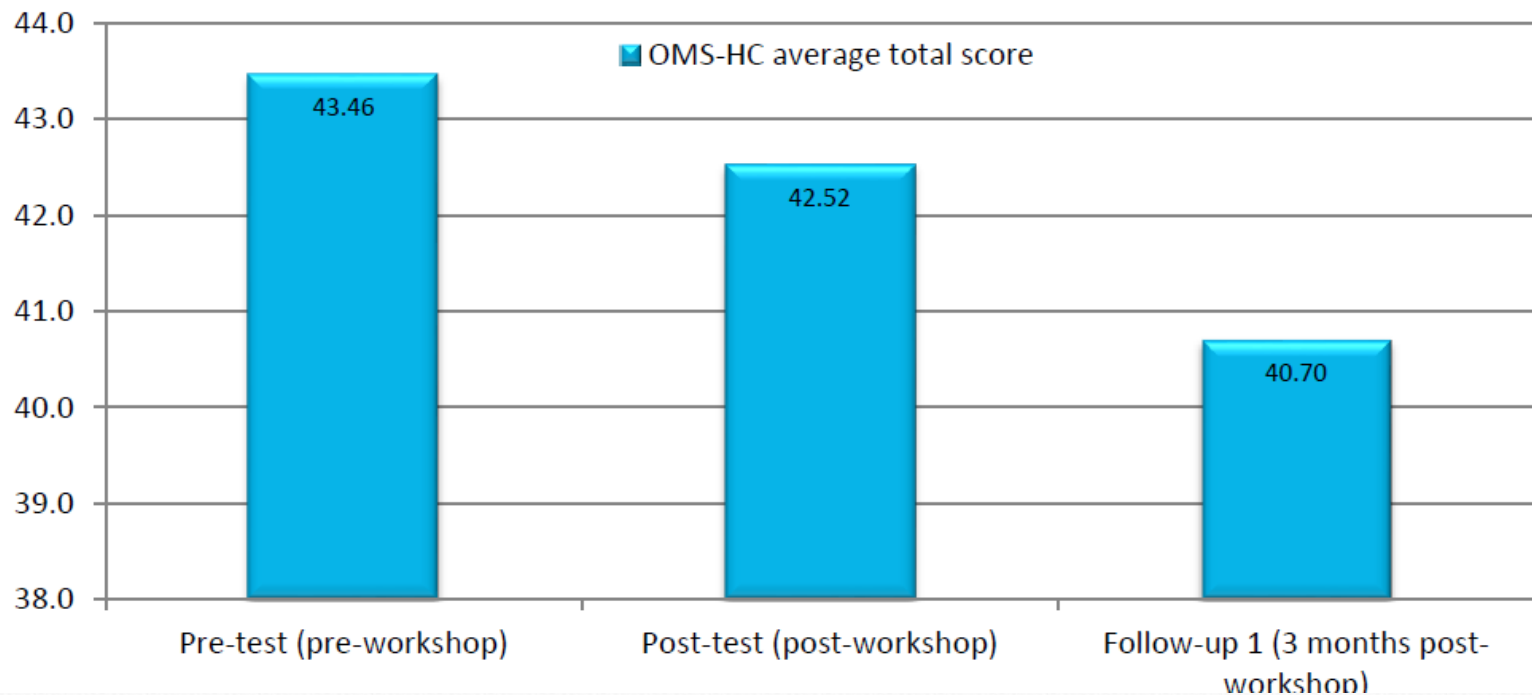
Figure 5. Additional Areas of Desired Training as Specified by Program Participants



n=147. Multiple response questions; totals will exceed 100%

Three Month Follow Up

Figure 6. OMS-HC Score for CBIS Participants at Three Time Points: Pre-workshop, Post-workshop and Three Month Follow-up (n=75)



- 6.3% reduction from baseline - highly significant $p < .001$

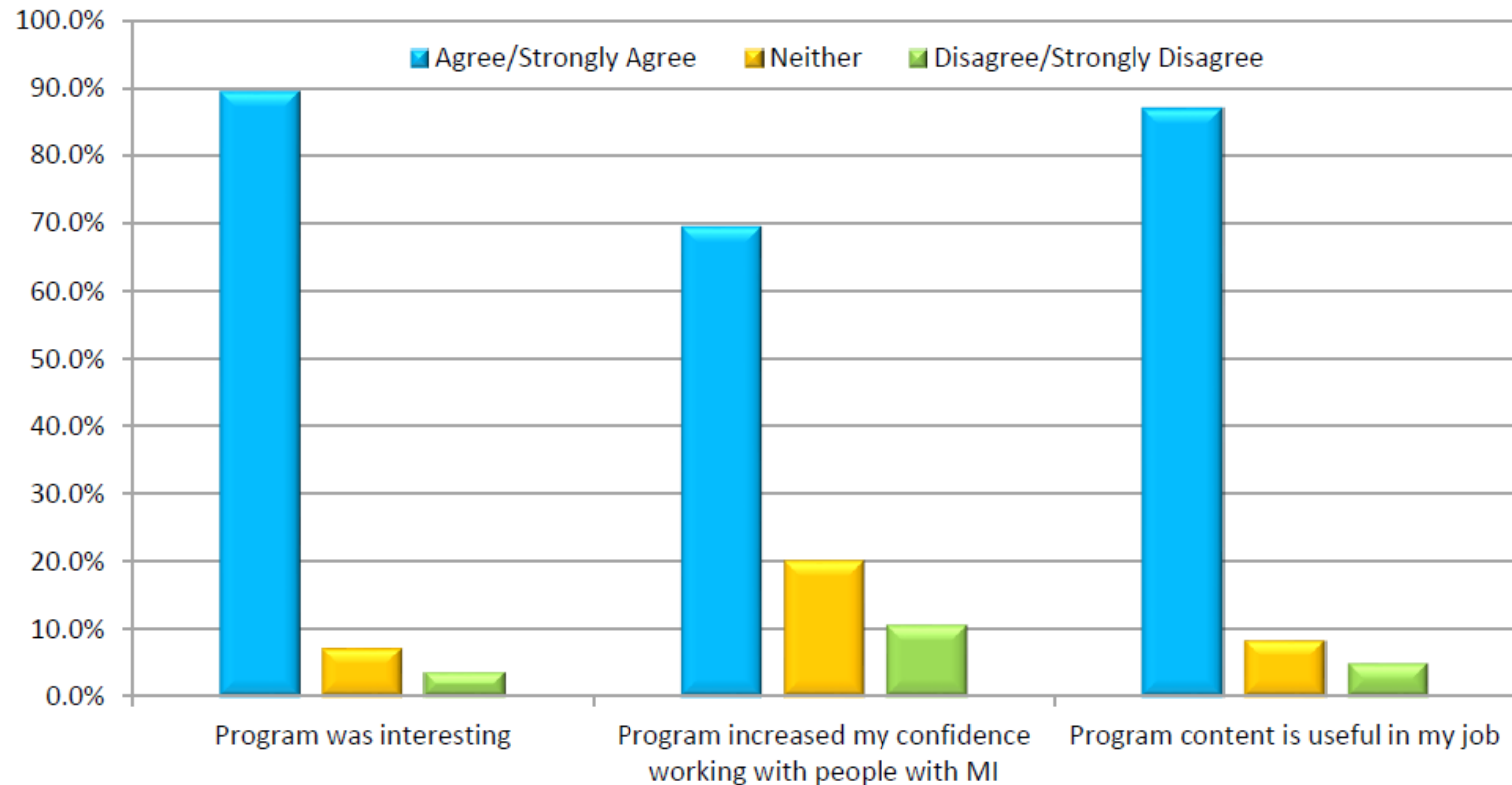
Change in Stigma Content Area at 3 Month Mark

Table 4. Stigma Content Areas: Changes in Respondent Score from Pre-test to Post-test to Three Month Follow-up (n=75)

Content Area	Pre-test mean	Post-test mean	Follow-up mean	Mean Change from pre-test to follow-up (95%CI)	Paired t-test (pre-test to follow-up)
Attitude towards people with mental illness	1.85	1.82	1.70	0.15 (0.04-0.26)	t(74)=-2.85 p=.006
Disclosure/help-seeking	2.46	2.42	2.29	0.16 (0.02-0.31)	t(74)=2.22 p=.029
Social distance	1.89	1.89	1.79	.010 (0.06-0.21)	t(74)=1.76 p=.082

Participant Perception of CBIS

Figure 8. Participant Perception of Program at Follow-up (n=86)



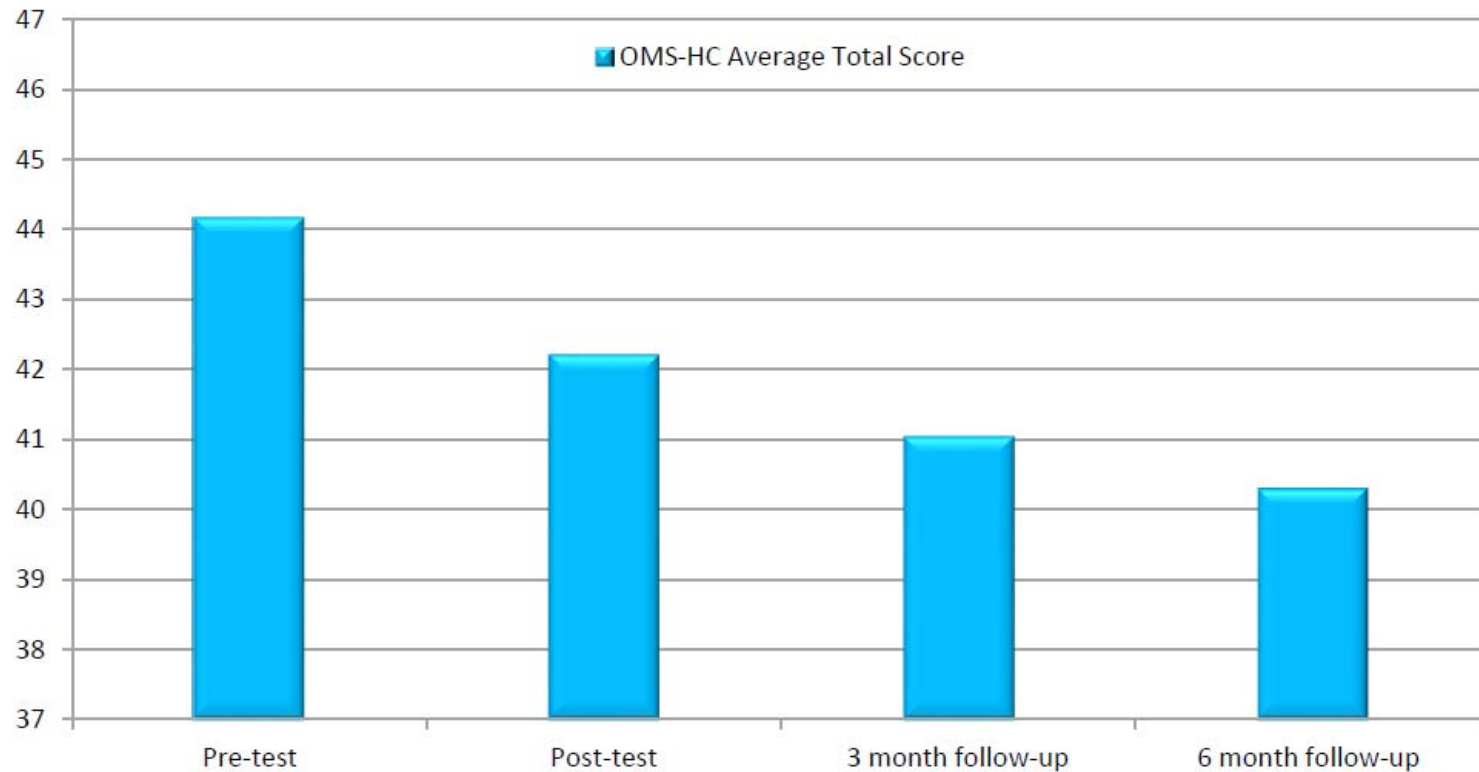
Perception of Effect on Behaviour

- 35/58 respondents felt that their behaviour would not be different as they already had good understanding and felt comfortable.
- 23/58 respondents felt that the program improved their confidence and ease in working with and providing support to persons with mental illness.

“This program helped me by raising my confidence that I can provide relevant, timely assistance. This is important to me as our workload is high and having a confident response to clients’ mental health needs is very important.”

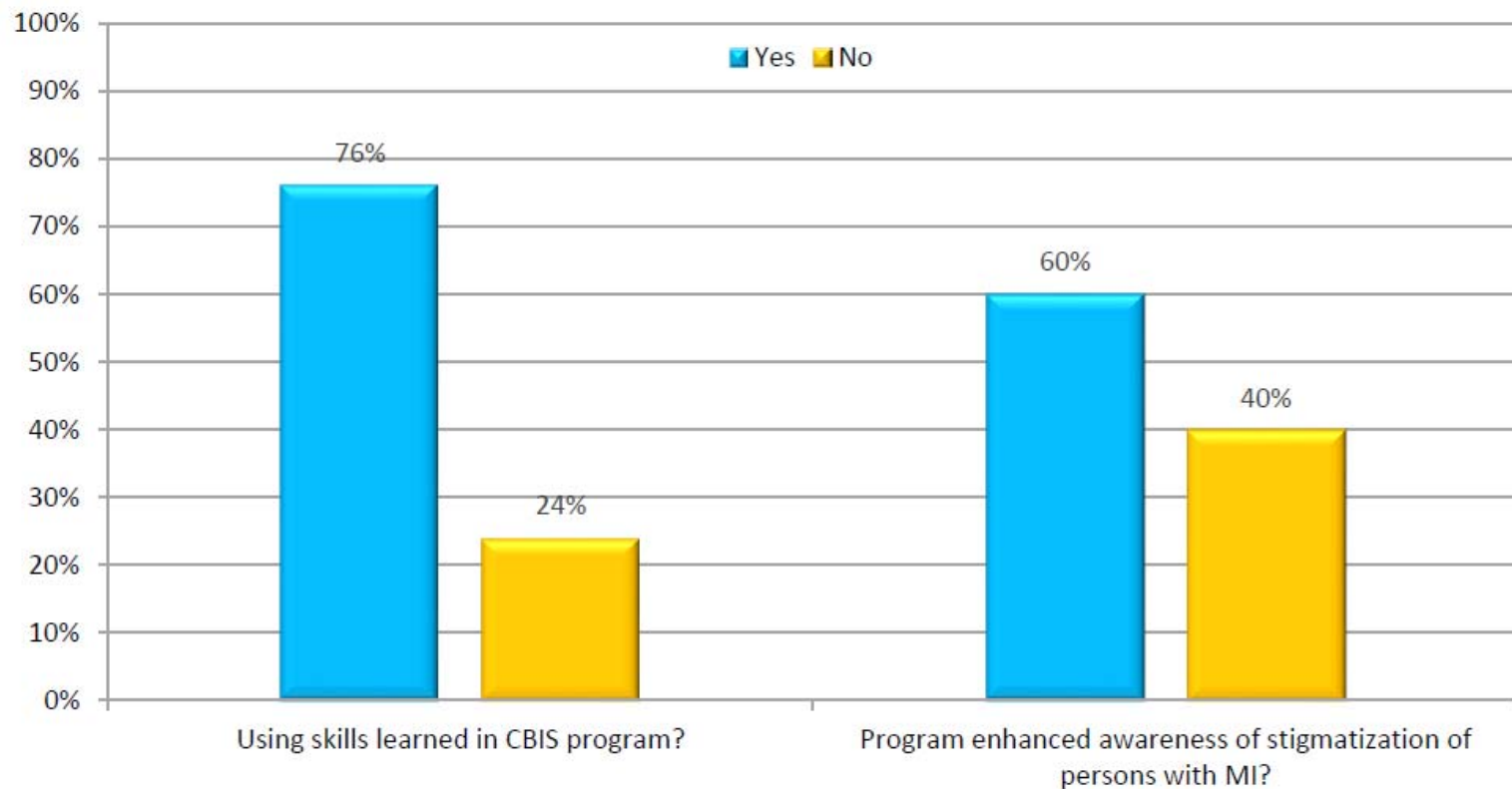
6 Month Follow Up

Figure 9. OMS-HC Score for Participants at Four Time Points: Pre-program, Post-program, 3 Month Follow-up and 6 Month Follow-up (n=30)



Use of CBIS at 6 Months Post

Figure 10. Respondent Feedback at Six Months Post CBIS Training (n=72)



Mental Health Commission's Conclusions

“The evaluation of the Cognitive Behavioural Interpersonal Skills (CBIS) training showed positive, favourable results in terms of its effectiveness for reducing mental illness related stigma among healthcare providers.”

- And the effect improved over time.

CBIS Training

- 2/3 felt it increased their confidence working with persons with a mental illness.
- More than 80% reported that the skills they learned were useful for their job.
- At 6 months post training, 75% indicated that they were using the skills they learned in the workshop.
- 60% said that the CBIS training had enhanced their awareness of stigmatization of persons with mental illness.

New Hypothesis

- Most anti-stigma initiatives have focused on changing attitudes hoping those would change behaviour.

Novel Hypothesis :

Decreasing anxiety by providing tools leads to behaviour change which leads to changed attitudes.

Next Steps

- Exploring modification of CBIS material and training to make it more culturally relevant for First Nations communities in partnership with colleagues in Thunder Bay and on Vancouver Island.