

# VOLUME III

## Description of Programme Implementation at Different Sites

Version 3.1 — Work in Progress

### Organisation of Volume III

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## A. EXECUTIVE SUMMARY

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## I. Overview and Time Scale

The members of the different mental health and psychiatric programs in the City of Calgary and Health Region 5 rallied behind the idea of a special Anti-Stigma Campaign on Schizophrenia as soon as they were presented with the intent and extent of the project. Only a few persons declined to participate on account of major and unavoidable commitments, but they offered their support from their different academic, bureaucratic, or clinical positions in the City.

Several decisions were made before the agencies were called to participate:

- For practical and political reasons, that a wide spectrum of agencies should have representation in the committee. These included clinical, academic, and government agencies, as well as the media, consumer representatives and lobby groups.
- The committee should be constructed in such a way so that it would not be too large, but have enough members to allow for the development of sub-committees and task forces.
- Members and agencies should not be only from Calgary, but also include representatives from Edmonton, the Provincial capital, and from Drumheller, the rural community adjacent to Calgary.
- Members should be committed to the goals of the committee regarding time, participation, and activism.
- Members were also expected to be the representatives of their agencies with sufficient authority to speak on behalf of their agencies, and if necessary, to commit the support of their agencies to the goals of the committee.
- It was expected that members were in the committee to participate actively with their ideas and projects, as opposed to being told what to do, or just to come to the meetings and follow directions.
- The basic premise for action was that the committee would undertake the development of plans and their implementation on the expectation that things would work out and that positive results would be obtained. However, being a pilot site, mistakes could be expected and negative results, if any, would be considered as important as positive ones.
- Members were also advised that if at all possible, the Chairman of the Local Action Group would take a secondary role as Director, but that most of the action was to come from the Chairmen of the subgroups and task forces.

Timelines were outlined at the very beginning (June 1999) but it was expected that they had to be flexible, keeping in mind that the final deadline of the Hamburg World Congress (August 1999) was definite.

## II. Geographic Profile

Calgary is a bustling new city of 900,000 people in Western Canada, directly to the east of the Rocky Mountains. It is only a hundred years old, and most of its inhabitants have been born anywhere else in the world. In Canada, Calgaryans have a reputation for being rather abrasive go-getters, who tend to disregard obstacles and concentrate on the final deliverable product. The population of Calgary is mostly white descendants of several European groups, and the City may have the largest concentration of Americans outside of the United States. Calgary is the Canadian Centre for energy industries and the financial Centre of the country in the West.

As part of the general guidelines of the committee, it was decided that Health Region 5 would act as the rural outlet for the activities of the committee and as a way to countercheck and control for the impact of the Campaign on an urban vs. a rural area. Drumheller is a small community of about 5,000 people within Health Region 5 and is 150 kilometers from Calgary. It was thought that the demographic characteristics of the population would be older than the Calgary population and much more stable.

Equally, for very strong political reasons inherent in the Province of Alberta, it was decided to include agencies from Edmonton, the Capital of the Province of Alberta. Edmonton's population and its composition are roughly the same as Calgary's, but the socioeconomic characteristics are different, as it is more blue-collar compared to Calgary's white-collar type of jobs.

## III. Composition of Local Action Group

As indicated, a broad spectrum of agencies was called to participate in the Group. These included the two Faculties of Medicine in the Province, the University of Calgary, and the University of Alberta in Edmonton in the persons of their respective Chairpersons, and other members of their academic groups according to programs aligned to schizophrenia, such as the Day Hospital. Among the other agencies included were the Department of Health of the Government of Alberta, the Alberta Provincial Mental Health Board, Eli Lilly Canada, The Calgary Herald, the Schizophrenia Society of Alberta, patients' organizations, and the clergy.

For the names of specific group members and their affiliations, see pages 14 and 15.

## IV. Target Groups

The Local Action Group, after discussing the needs of the local community, selected four campaign target groups: Health Professionals (including Emergency Room Staff, Medical Students and Policy Makers); Teens; Community Change Agents, such as Clergymen, Journalists, and Business Leaders; and the General Public. For each target group a subgroup was created to develop and refine a campaign strategy.

Messages were selected for each target group and appropriate media determined for each message. For example, in the case of the teenage target group, the messages were:

- No one is to blame for schizophrenia (a message about causes)
- People recover from schizophrenia (a message of hope)
- People with schizophrenia are *people* with schizophrenia (a message of humanity and caring)

The media used were:

- A speakers' bureau of consumers, family members, and professionals (the Partnership Program), organised by the Calgary chapter of the Schizophrenia Fellowship to address high school classes
- A well-researched teaching guide on schizophrenia for high school health teachers
- An internet web page ([www.openthedoors.com](http://www.openthedoors.com)) with information on schizophrenia, developed by the World Psychiatric Association for the global campaign, with access doors for teenagers, health professionals, and consumers and their family members
- A competition for high school students to produce anti-stigma materials, with public awards ceremonies for the winners
- Posters promoting the campaign and advertising the competition posted in high schools
- Radio advertising on teen and young adult-oriented stations

In the case of the campaign directed at the general public, the messages included:

- Schizophrenia is a treatable brain illness
- People with schizophrenia are *people* with schizophrenia
- People with schizophrenia have distressing symptoms such as auditory hallucinations

And the media used were:

- Three different 30-second radio spots broadcast over five local stations for a month
- Press conferences and award ceremonies, involving consumers and professionals
- Positive and educational newspaper articles
- An anti-stigma play with local TV coverage

## V. Objectives and Outcomes

### Emergency Room Staff

The objectives for this target group were to:

- Achieve one recommended change in services or procedure in each emergency room
- Make recommendations for national standards to the Canadian Council on Health Services Accreditation

At the time of writing, the pursuit of the first of these objectives is in process. Regular training on mental health issues has been instituted at all emergency rooms in Health Region 5, and plans have been made to hire a psychiatric nurse to work in the emergency rooms in Health Region 5. Plans have also been made to create a private space for interviewing psychiatric patients at an emergency room in Calgary.

The second objective has been achieved. The project recommendations have been incorporated in the new national accreditation standards. At the time of this writing, the standards are set for *national* adoption in the year 2000.

The recommendations submitted are included in Appendix 5.

### Medical Students

For this group, the objective was to achieve an improvement of 10% in knowledge and attitudes regarding schizophrenia among medical students in Edmonton. The measurement of this objective is in process.

### Health Policy Makers

With this target group, the objectives were to:

- Obtain a \$75,000 contribution from the Provincial Mental Health Advisory Board to the campaign
- Achieve one policy change in each of the following areas: housing, employment, income, and the availability of proper drug treatment for people with schizophrenia

The first objective was accomplished and the assessment of the second is in process. Better drug treatment coverage has been obtained for people with mental illness.

### Teens

The objective with this target group was to demonstrate an improvement of 10% in knowledge and attitudes towards schizophrenia among students in grades 9 and 11. The objective was achieved.

In Calgary, the proportion of high school students expressing no social distance between themselves and someone with schizophrenia increased from 16% to 22%, and the proportion expressing the highest degree of social distance fell from 13% to 8%. The proportion of students achieving a perfect knowledge score nearly doubled from 11% to 19%.

*Emergency Room Guidelines have been submitted for national accreditation and will be adopted throughout Canada in the year 2000*

*I thought the materials were the best I have ever seen for keeping a positive image about schizophrenia. The pictures of real people in the booklets help to put a face on the illness. Requests for the booklets have come to us from within the Schizophrenia Society across Canada. We have long wanted to reflect a more positive outlook for people and for family members. These booklets show that attitude.*

*— Fay Herrick, Director of the Calgary Chapter of the Schizophrenia Society*

In Health Region 5, the changes were even more dramatic. The proportion of students expressing no social distance increased two-and-a-half times—from 13% to 32%, and the proportion expressing the highest degree of social distance fell to a fifth of the previous level—from 19% to 4%. The proportion of students achieving a perfect knowledge score quadrupled—from 8% to 31%.

### Clergy and Congregation

The objective with this group was that:

- 10% of congregation and youth group members would report an improvement in their knowledge, attitudes and possible future behaviours towards people with schizophrenia
- Ministers would know the principle symptoms of schizophrenia
- Ministers would know where to refer someone with possible schizophrenia

The first objective was achieved. The assessment of the second and third objectives was not attempted as the interventions with the ministers were not satisfactorily accomplished.

### Business Leaders

The objective for this target group was to have 10% of business respondents report a significant change in their knowledge, attitudes, and possible future behaviours towards people with mental illness.

The intervention was not fully accomplished and no attempt was made to assess the goal achievement.

### Journalists

The objective was to increase the column inches of positive news coverage on schizophrenia by 10% between calendar years 1997 and 1998. The objective was surpassed. The number of positive news articles about schizophrenia increased by 35% in the period following the campaign, and the length of these stories also increased.

### General Public

The objective was to achieve 10% improvement in social distance scores on a pre/post-survey of the general public. Pre-campaign data was collected in the fall of 1997. Post-campaign data was collected in March 1999. The objective was achieved. The proportion of respondents expressing the greatest social distance decreased by 26% and those expressing the least social distance increased 14%.

## VI. Lessons Learned

*Keep focused on the difference you can make in the lives of people who are affected by the stigma of schizophrenia.*

— Dean Kernohan

***Establish realistic project goals based on the known budget limitations as early in the process as possible.*** The failure to achieve the anticipated level of local funding resulted in a cut-back in the most expensive element of the campaign—advertising on commercial media directed at the general public. Consequently, the investment in the assessment of changes in attitude and knowledge in the general public ended up costing as much as the intervention designed to achieve those changes—an unfortunate imbalance.

***Do not include a target group unless there is a representative of that group on the Local Action Group.*** The two target groups for which the project failed to achieve its objectives—businesspeople and the clergy—were the two which were not represented on an on-going basis in the Local Action Group. The most successful interventions—for example, high school students, journalists, and health professionals—had representatives who were regularly involved in the Local Action Group meetings.

***Recognise that much of the contribution to the project will be volunteer time.*** The formal budget for the campaign, under US \$150,000, does not come close to revealing the true costs of the project. Much of the project work was conducted by unpaid consumers or by professionals in their spare time, or as part of their regular work hours. There was no paid director of the project and no paid office staff.

***Involve representatives of consumer organizations.*** The involvement of consumers of mental health services was essential to the success of the project. Consumers were centrally involved in the press conferences and in the presentations to high school students, church groups, and businesspeople; in writing, directing and performing the anti-stigma play; in the decisions of the Local Action Group; and in recording the radio spots. The research suggests that direct contact with someone who suffers from schizophrenia is the most effective way to reduce stigma. A fundamental goal of the project was to make this happen in an organised and regular fashion.

***A monthly meeting of the Local Action Group is necessary.*** This meeting not only established the mission of the project, selected the target groups, messages, and media, and formulated the objectives and action steps; it also allowed for the regular monitoring of inputs or interventions and the coordination of outcome assessment. It was vital to the maintenance of morale, momentum, and focus. The regular assessment of progress towards the objectives allowed the participants to see how relatively small contributions advanced the success of the entire project.

*Eighteen months is a short period of time to change attitudes in society that have been ingrained over time. The effort must be sustained for a period of years, not months, before we can expect any real improvement. Having said that, I believe given the short time period, the Local Action Committee did a good job in reaching the number of people they did. To make the programme work it is essential that people who suffer from schizophrenia take part in the planning and also any action taken by the committee.*

— Fay Herrick, Director of the Calgary Chapter of the Schizophrenia Society

***Researchers should be closely involved from the earliest stages if outcomes are to be measured.*** If the outcome of the project is to be assessed, it is essential that researchers be involved from the outset in devising and conducting pre-intervention surveys of target groups, helping to formulate measurable objectives for each component of the project, constructing suitable measures, monitoring the collection of data, and in conducting the eventual analyses.

***Smaller, well defined target groups show greater positive changes than large, diffuse populations.*** High school students, for example, showed large, positive changes in knowledge and attitudes through carefully designed interventions, while mass media attempts to influence the general population were less successful.

***Low-cost interventions can be effective.*** Interventions with journalists and school children produced good results with low cost.

***If the population is already knowledgeable and low in perceived stigma, expected gains will not be great.*** An initial survey showed the Calgary population was surprisingly knowledgeable and accepting of people with schizophrenia, and had already been exposed to significant amounts of information and stigma-reducing advertising.

***Outcome measures should be designed to measure specific inputs.*** Measures of knowledge in the general public showed no change, since mass media messages were primarily designed to influence attitudes.

***Negative news events can overwhelm anti-stigma efforts.*** A number of prominent negative news stories relating to people with schizophrenia increased column inches of negative news coverage more than the project-related increase in positive newspaper coverage.

***A measure of perceived stigma among people with schizophrenia would have been useful.*** Anti-stigma interventions can only be effective if they produce changes in discrimination and stigma perceived by people with the illness and their families.

The committee created an atmosphere of excitement and acceptance, respect if you will, of each others ideas. I believe "partnership" is an integral part of the process.

— Elizabeth Anderson,  
consumer

## VII. Lasting Achievements

The project achieved a number of changes which can be considered permanent.

- The Partnership Program of the Schizophrenia Society, which runs the speakers' bureau of consumers and professionals who make presentations to high school classes and other community groups, has been expanded. The number of high schools involved in the program has increased from 31 to 51 in Calgary. The teen anti-stigma contest and awards are being continued. This continuing program can be expected to substantially change knowledge about and attitudes towards schizophrenia for an entire generation of people living in Calgary.
- There is now closer coordination of disparate elements interested in the same goals. For example, new links have been forged between the consumer-driven Partnership Program, the educational program of the local Mental Health Association, the press, and mental health professionals.
- Input adopted by the Canadian Council on Health Services Accreditation has improved national service standards pertaining to the management of mentally ill people in emergency rooms for *national* implementation in the year 2000.
- If the project is successful in achieving policy changes with respect to housing, employment, income, and the availability of proper drug treatment for people with schizophrenia, these will be permanent accomplishments.
- A province-wide anti-stigma campaign, using media materials from the Calgary project, is under way.
- The Partnership Program speakers' bureau approach is diffusing to other sites across Canada and the United States.
- Community education by consumers has expanded throughout the area to include clergy, church congregations, business groups, and health professionals in urban and rural districts.
- Anti-stigma groups have closer relationships and more import with the print media, TV, and radio.
- Tools have been developed to measure knowledge and attitudes towards schizophrenia in the general public, in smaller target groups, and to measure perceived stigma among people with mental illness.
- Large numbers of consumers were empowered through their involvement in stigma-fighting efforts.
- A new consumer-run advocacy and resource-linkage business was launched.

## B. TIMELINE

The Alberta programme followed the programme steps for implementation as outlined in Volume I. However, because this was the initial pilot site, certain steps overlapped or were completed in a slightly different order. This will be discussed in the Narrative. In general, here is how both the Timeline and Narrative are organised.

- I. Preliminary Steps
- II. Collection of Information about Programme Site
- III. Designing the Programme
- IV. Adaptation, Development, Pretesting, and Revision of Programme Tools
- V. Implementation and Monitoring of the Programme
- VI. Evaluation of the Programme
- VII. Planning Action after Programme End

Weeks	Step	Date Completed
<b>I. PRELIMINARY STEPS</b>		
0—6	1. Site Selection	April 1997
7—10	2. Identification of Local Project Coordinator	April 1997
11—12	3. Briefing of Local Project Coordinator	May 1997
13—20	4. Establishment of Initial Planning Group	May 1997
21	5. Planning Group Meets with WPA Representative	May 1997
22—24	6. Production of First Draft of Local Action Plan	June 1997
25—28	7. Nomination of Local Action Group Members	May 1997
29—32	8. Invitation to Local Action Group	May 1997
33—34	9. First Meetings of Local Action Group	June 1997
35—38	10. Review of Draft Action Plan	June 1997
<b>II. COLLECTION OF INFORMATION ABOUT PROGRAMME SITE</b>		
39—46	11. Development of Site Description	March 1997
	12. Assessment of National Health/Mental Health Policies and Services	June-July 1997
	13. Review of Institutional Capabilities (including currently available mental health services)	June-July 1997
	14. Analysis and Description of Communication Resources	June-Aug 1997
	15. Review of Prior and Existing Stigma-Reduction Programmes and Materials	June-Aug 1997

Weeks	Step	Date Completed
<b>III. DESIGNING THE PROGRAMME</b>		
47—48	16. Formulation of Long-Term Goals	September 1997
49—52	17. Formulation of Short-Term, Site-Specific Objectives	Sept-Oct 1997
	18. Obtain Communication Consultant	[WPA contact]
	19. Selection of Target Audiences	October 1997
53—56	20. Agreement on Potential Messages	October 1997
	21. Selection of Media	October 1997
57—60	22. Preparation of Work Schedule for Overall Programme and Group Members	October 1997
	23. Development of an Organisational Chart	October 1997
	24. Preparation of Budget	Jan-Mar 1997
	25. Contact World Psychiatric Association	[On-going]
<b>IV. ADAPTATION, DEVELOPMENT, PRE-TESTING, AND REVISION OF PROGRAMME TOOLS</b>		
	26. Baseline Survey	July-Aug 1997
	27. Selection of Available Media Materials	October 1997
	28. Agreement on Central Theme and Programme Concepts	October 1997
65—68	29. Development of Message Concepts	November 1997
	30. Decision on Production of New Materials	November 1997
69—70	31. Pretest of Message Concepts	December 1997
71—78	32. Development of Media Materials	Jan-Feb 1998
79—80	33. Pretest of Materials	Feb 1998
81—84	34. Finalisation of Communication Materials	Mar-Apr 1998
<b>V. IMPLEMENTATION AND MONITORING OF THE PROGRAMME</b>		
85—104	35. Consensus Building	Jan-May 1998
	36. Implementation of Programme by Local Action Group Members	May 1998
	37. Coordination of Implementation Schedules with All Group Members	June 1998
	38. Maintenance of Programme Diary	[On-going]
	39. Monitoring	[On-going]

Weeks	Step	Date Completed
<b>VI. EVALUATION OF THE PROGRAMME</b>		
105—120	40. Post-test of Knowledge, Attitudes, and Behaviour	Feb '99
	41. Evaluation of Programme	Mar-May '99
121—130	42. Review of Overall Outcomes	May '99
<b>VII. PLANNING ACTION AFTER PROGRAMME ENDS</b>		
130	43. Obtaining Additional Support and Funding	[On-going]
131—134	44. Documenting the Project	[June '99]
	45. Replanning for Future Development (Applying the Lessons)	[Sept '99]

## C. MEMBERS OF THE LOCAL ACTION GROUP

After meeting with Professor Norman Sartorius in Calgary in February 1997, Professor Arboleda-Flórez began inviting members of the local community to join the group. These involved consumers and representatives of consumer organizations, professionals working at local hospitals and community health organizations, as well as other influential people in the community, such as a journalist from the Calgary Herald.

In August 1998, Professor Arboleda-Flórez moved to another province in Canada and passed his responsibilities as chair of the Local Action Group to Dr. Ruth Dickson. Although several members have shifted responsibilities or have left the group, the central core of participants has remained fundamentally the same. (For example, although Dr. Heather Stuart has moved to Queen's University, she continues to act as consultant for post-test measurement.)

Dr. Julio Arboleda-Flórez Chair (2/97 to 8/98)	Queen's University*
Dr. Ruth Dickson Chair (8/98 to present)	University of Calgary
Dr. Don Addington	Foothills Hospital, CRHA, University of Calgary
Ms. Elizabeth Anderson	Schizophrenia Society of Alberta
Ms. Laurie Beverly	Peter Lougheed Centre, CRHA
Dr. Roger Bland	University of Alberta
Mr. Bob Bragg	Calgary Herald
Ms. Maureen Drake	Mental Health Educator, Health Region 5
Ms. Pia Elliot	Canadian Mental Health Association
Ms. Beth Evans	Provincial Mental Health Advisory Board
Ms. Marian Ewing	Drumheller Psychosocial Program, Health Region 5
Ms. Monica Flexhaug	Regional Mental Health Services Manager, Health Region 5
Ms. Sandra Gutsche	Marketing and Health Information, CRHA
Ms. Fay Herrick	Schizophrenia Society of Alberta
Mr. Jim Hunter	Schizophrenia Society of Alberta
Mr. Creighton Madill	Eli Lilly Canada, Inc.
Ms. Michelle Misurelli	Schizophrenia Society of Alberta

Mr. Dennis Ostercamp	Alberta Mental Health
Ms. Helen Roman-Smith	University of Calgary
Mr. Rob Schmid	Eli Lilly and Company
Mr. Hugh Schulze	Closer Look Creative, LLC
Dr. Heather Stuart	Queen's University**
Mr. Roy Stuart	Calgary Clubhouse Society
Dr. Gus Thompson	University of Alberta
Dr. Richard Warner	Mental Health Center of Boulder County
Mr. Thomas Williams	Provincial Mental Health Advisory Board
Ms. Martina Young	Eli Lilly Canada, Inc.

\* During the initial twelve months of the programme, Dr. Arboleda-Flórez was previously associated with the University of Calgary as Professor and Head, Forensic Division.

\*\*During the initial twelve months of the programme, Dr. Stuart was previously associated with the University of Calgary as Assistant Professor, Department of Community Health Sciences and Epidemiology.

## D. INPUTS, OBJECTIVES, OUTCOMES

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  - C. Community Change Agents
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    - 2. Journalists
    - 3. Business Leaders
  - D. General Public
- III. Measures
  - A. Health Professionals
    - 1. Emergency Room Staff
    - 2. Medical Students
  - B. High School Students
  - C. Community Change Agents
    - 1. Clergy and Congregation
  - D. General Public

## I. SUMMARY OF INPUTS, OBJECTIVES, AND OUTCOMES

The Local Action Group followed the WPA directives in the establishment of site-specific goals that addressed overall program goals outlined:

- Increase the awareness and knowledge of the nature of schizophrenia and treatment options
- Improve public attitudes towards those who have or have had schizophrenia and their families
- Generate action to prevent or eliminate discrimination and prejudice

For more information on how the target groups and their objectives were determined, see Appendix 2 of this document.

Overall the target groups identified were:

### Health Care Professionals

- Emergency Room Personnel
- Medical Students (Calgary and Edmonton)
- Senior Health Care Policy Makers
- General Health Professionals

### Teens

- Students in grades 9 and 11

### Community Change Agents

- Clergy and Congregation
- Business Leaders
- Journalists

### General Public

Once the target groups were identified, the committee broke into sub-groups which then developed goals and identified personnel on those committees to assist with implementation.

For more information on results from pre- and post-testing, see Appendix 4 of this document.

## A. Health Care Professionals

### 1. Emergency Room Personnel

#### Inputs

a) Develop a survey of E.R. practice with mentally ill patients with respect to:

- Availability of appropriate interview space
- Humane methods of restraint/security/safety
- Rapidity of response
- Staff training and availability of psychiatric specialty staff

b) Involve participation of Provincial Mental Health Advisory Board and Alberta Health Authority in the survey.

c) Submit survey to CEOs of the three Calgary and one Health Region 5 hospitals with emergency rooms.

d) Send questionnaire and survey results to Canadian Council of Health Services Accreditation for possible inclusion in national accreditation standards.

e) Discuss results of survey with Advisory Board and Health Authority and make recommendations to hospital CEOs and/or E.R. directors.

f) Submit results and recommendations to Canadian Council on Health Services Accreditation for consideration in development of national hospital accreditation standards.

g) Follow up with CEOs and E.R. directors to assess response to recommendations.

#### Results

Inputs a through f accomplished. Input g in process.

#### Outcome Objective

1. Achieve one recommended change in each Emergency Room.
2. Make recommendations for national standards to the Canadian Council on Health Services Accreditation.

#### Results

Recommendations were submitted to hospital CEOs. The assessment of the adoption of the recommendations is in process. To date, regular training on mental health treatment issues has been instituted at all emergency rooms in Health Region 5, and plans have been made to hire a psychiatric nurse to work in all the emergency rooms in Health Region 5. Plans have also been made to create private interviewing space for psychiatric patients at an emergency room in Calgary. The second objective has been achieved. The project recommendations have been incorporated in the new national accreditation standards.

At the time of this writing, the standards are set for adoption *nationally* in the year 2000. See Appendix 5 for recommendations and subcommittee members involved.

#### *The Five Recommendations Are:*

- a) That the examination and interview process and space are adequate for the safety, security and privacy of patients and staff.*
- b) That there are enough interview rooms available to ensure privacy during interviews in most situations.*
- c) That those interview rooms are secure.*
- d) That security staff are available in a timely, as needed, basis.*
- e) That a policy is in place governing the use of restraints.*

### 2. Medical Students

#### Inputs

a) Develop and administer survey of knowledge and attitudes of medical students.

b) Show anti-stigma video and deliver lectures.

c) Administer post-questionnaires.

d) Assess pre- and post-data and make recommendations to faculty.

e) Distribute 150 brochures and show anti-stigma play to 10 medical students in Calgary.

#### Results

Inputs a, b, c and e accomplished. Input d is in process.

#### Outcome Objective

Achieve a change of 10% in knowledge and attitudes regarding schizophrenia among medical students in Edmonton.

#### Results

Outcome measurement in process.

### 3. Senior Health Care Policy Makers

#### Inputs

a) The Regional Health and Provincial Mental Health Advisory Boards are informed and offer support to the campaign.

b) Regional and Provincial Advisory Boards advocate for changes in policies on housing, employment, income, and availability of drug treatment.

#### Results

Input a accomplished. Input b in process.

#### Outcome Objective

1. The Provincial Mental Health Advisory Board will contribute \$75,000 to the campaign.

2. Achieve one policy change in each of the following areas:

- Housing
- Employment
- Income
- Availability of proper drug treatment

#### Results

Objective 1 was accomplished. Assessment of objective 2 is in process. To date, the availability of proper drug treatment for psychiatric patients has been obtained.

#### 4. General Health Professionals

##### Inputs

- Perform a stigma-reducing play, written, performed, and produced by consumers, 8 times in Calgary and 1 time in Health Region 5.
- Achieve a total audience of general health professionals and others of 500 in Calgary and 50 in Health Region 5.

##### Results

Inputs a and b accomplished. Estimated total audiences of 510 in Calgary and 50 in Health Region 5.

#### B. Teens: Students in Grades 9 and 11

##### Inputs

- Hold a competition for junior and senior high school students to develop media materials about schizophrenia in the Spring and Fall semesters of 1998 and hold public award ceremonies.
- Increase the number of speakers' bureau presentations in junior and senior high schools from 10 to 15 a month in Calgary.
- Increase the number of presentations in junior and senior high schools from 0 to 5 per month in Health Region 5.
- Increase the number of junior and senior high schools participating in the speakers' bureau program from 31 to 44 in Calgary.
- Increase the number of participating junior and senior high schools from 0 to 10 in Health Region 5.
- Establish a booth at the Alberta teachers' and teaching assistants' conventions.
- Introduce schizophrenia into the provincial K-9 health curriculum.
- Develop a pre/post-test of knowledge and attitudes and administer to about 300 students.
- Present anti-stigma play performed by consumers to high school student audience.

##### Results

- Inputs a, f, and h, and i accomplished.
- Input b accomplished; average number of presentations rose to 15.8 per month in Spring 1998.
- Input c accomplished; average number of presentations rose to 10 per month in Spring 1998.
- Input d accomplished; the number of participating high schools in

Calgary increased to 51 by January 1999, a 65% increase.

- Input e accomplished; the number of participating high schools in Health Region 5 rose to 12 by January 1999.
- Input g in process.

##### Outcome Objective

Demonstrate an improvement of 10 percent in knowledge and 10 percent in attitudes towards schizophrenia on pre- and post-measures among students in grades 9 and 11 in the Spring and Fall semesters of 1998.

##### Results

Outcome achieved.

In Calgary:

- The proportion of high school students expressing no social distance increased from 16% to 22%
- The proportion expressing the highest degree of social distance fell from 13% to 8%
- The median knowledge score increased from 7 to 8 on a 9-point scale
- The proportion of students achieving a perfect score increased from 11% to 19%

In Health Region 5:

- The proportion of high school students expressing no social distance increased from 13% to 32%
- The proportion expressing the highest degree of social distance fell from 19% to 4%
- The median knowledge score increased from 7 to 8 on a 9-point scale
- The proportion of students achieving a perfect score increased from 8% to 31%

See Appendix 4 for further details on pre- and post-test results from the Teens target group.

#### C. Community Change Agents

##### 1. Clergy and Congregation

##### Inputs

- Give Partnership program presentations to 20 church congregations and youth groups in Calgary and Health Region 5.
- Have 10 youth groups in Calgary and Health Region 5 present information on schizophrenia and stigma to their larger congregations.

*Campaign results within health care professionals include performing an anti-stigma play for over 550 general health professionals and students, receiving financial and non-monetary support from the Provincial Regional Health Authority, and submitting policy change recommendations to the Canadian Council of Health Services.*

*Overall, the cumulative proportion of 9th and 11th grade students in Calgary and Health Region 5 expressing no social distance in testing increased from 16% to 30%. The percentage of students receiving a perfect median knowledge score increased from 12% to 28%.*

- c) Achieve mention of phone numbers for assistance in 30 church bulletins along with a 250 word description of the stigma campaign in Calgary and Health Region 5.
- d) Make 5 ministers' group presentations in Calgary and 5 in Health Region 5.
- e) Provide ministers with an information package on mental health referral services.

### Results

- Input a in progress; by April, 1999, 11 groups had been addressed.
- Input b not done; instead brochures have been distributed to church congregations with a letter, advising of the availability of presentations on schizophrenia.
- Input c in progress; by April, 1999, 6 ministers' groups in Calgary and 1 large ministers' meeting in Health Region 5 had been addressed.
- Input d accomplished in Health Region 5, in process in Calgary.

### Outcome Objective

1. To have 10 percent of congregation members and youth group respondents report a significant improvement in their knowledge, attitudes, and possible future behaviours towards people with mental illness.
2. Ministers will know principle symptoms of schizophrenia.
3. Ministers will know where to refer someone with possible schizophrenia or other mental illness.

### Results

- Measurement of outcome 1 is in process.
- Measurement of outcomes 2 and 3 was not attempted.

## 2. Business Community Leaders

### Inputs

- a) Make mental health presentations tailored to interests and needs of business, to 10 business groups or companies in Calgary and 5 business groups or businesses in Health Region 5, with a focus on human resources personnel and socially progressive CEO's in Calgary.
- b) Provide a range of options for business groups to support the campaign; financial (\$5,000 donation), employment opportunities, employee information, speak to other business groups/leaders, public display space, newsletter space.
- c) Distribute brochures at time of presentations.

### Results

Input a in process; by January, 1998, 2 business groups had been addressed in Calgary and 2 large gatherings of businesspeople had been addressed in Health Region 5. The human resource departments and/or employee assistance programs of 15 corporations have been contacted. Input b and c in process.

### Outcome Objective

1. To have 10 percent of business respondents report a significant change in their knowledge, attitudes and possible future behaviours towards people with mental illness.

### Results

Outcome not measured.

## 3. Journalists

### Inputs

- a) Prepare and mail 40 press kits to targeted journalists in news organisations in Calgary and Health Region 5.
- b) Make personal contact with 30 journalists in Calgary and 7 in Health Region 5.
- c) Establish stigma-busters group to call journalists regarding negative news coverage.

### Results

- Input a accomplished.
- Input b in process; by January, 1999, 25 journalists had been contacted in Calgary and 7 in Health Region 5.
- Input c accomplished through current advocacy organizations.

### Outcome Objective

Increase column inches of positive news coverage on schizophrenia by 10 percent between calendar 1997 and 1998.

### Results

The outcome objective was achieved. There was an average increase of 35% in the number of positive news stories in *The Calgary Herald* in the two consecutive eight-month periods following the start of the campaign compared to the eight-month period before the start of the campaign. The average length of the positive news stories increased by 16%.

This increase in positive news coverage occurred in the face of a number of high profile North American headline stories with negative content about people with schizophrenia (e.g. the Unabomber trial). The

*Overall, the number of anti-stigma stories about schizophrenia appearing in The Calgary Herald during the campaign increased by 35%.*

increase in negative (through responsible) news coverage averaged 44% in the two relevant eight-month periods.

See Appendix 4 for more information on results from the Journalists target group.

#### 4. General Public

##### Inputs

Launch a media campaign using radio advertising in January/February 1999.

##### Results

Input accomplished.

##### Outcome Objective

Achieve 10 percent improvement in social distance scores on pre/post-survey of the general public.

##### Results

Pre-campaign data was collected in the fall of 1997 and post-campaign data was collected in February 1999. On each occasion a random sample of telephone users was contacted by a polling organisation and interviewed using an identical questionnaire. The sample size was over 400 in urban Calgary and over 400 in rural Health Region 5 both before and after the campaign. The random sample was stratified by region and the results were weighted to take into account the disproportionate sampling of rural residents. The pre- and post- samples were similar with respect to age, gender, and previous contact with people with mental illness.

In the post-campaign sample, there was a 10-fold increase in the number of people (28%) reporting that they had heard radio spots about schizophrenia. There was no significant improvement in knowledge about schizophrenia after the campaign, but there was a significant improvement in social attitudes towards people with the illness. The proportion of respondents who expressed the most social distance decreased by 26% (from 19% to 14%) and the proportion expressing the least social distance improved 14% (from 50% to 59%). The objective was therefore achieved.

## E. Narrative of Programme Steps

### February-March 1997

Professor Norman Sartorius met with Dr. Julio Arboleda-Flórez in Calgary, Alberta and at the APA conference in San Diego to discuss Alberta, Canada as a test site for the anti-stigma programme.

The site was chosen for several reasons:

- The city of Calgary has a population of roughly 900,000 people; the nearby rural towns known as Health Region 5 (of which Drumheller is one of the largest) have a collective population of 40,000. This combination of urban and rural areas in close proximity enabled us to compare messages and strategies.
- Canada has a very strong consumer-advocate population and representatives from consumer groups were interested in joining the effort.
- Dr. Arboleda-Flórez gave the group a solid base for access to professionals in the psychiatric community, as well as a regular location for meetings.
- A variety of media available to the general public — several local and national newspapers, more than 30 radio stations in Calgary and HR5, three broadcast television stations and several cable stations, and a number of other media outlets such as billboards.

### June 1997

The first meeting of the Local Action Group took place on June 12. Eighteen people — including participants from consumer groups, government agencies (the regional health authorities), psychiatrists, and representatives from the media were in attendance.

After an introduction from Dr. Arboleda-Flórez, the representative from the communication consultants, Closer Look Creative, narrated a slide presentation of the global program to date. Professor Richard Warner discussed the importance of involvement of the local group effort.

The pre-test of public attitudes was discussed with the following decisions made:

- The general public would be sampled: 600 from the Calgary area, 400 from Health Region 5

- 98% of the households in these areas have telephones, and the survey will be conducted via telephone. Majority of questions should be close-ended
- Estimated 15 days in the field; averaging seven phone calls to one hit and 10 to 12 call-backs
- Confidence interval is +5%

Closer Look Creative then presented a campaign planner whereby individuals could discuss:

- Target audience
- Goals for target audience
- Possible objectives for the target audience
- Key messages for the target audience
- Potential media for the target audience

At the next meeting, these results would be presented and groups formed to direct efforts to each target audience.

For a copy of the worksheet, see Appendix 2.

### August 1997

The bulk of this meeting dealt with the preliminary results of the research that had been completed in early August. The remainder of the meeting was spent planning for the September press event and the combined meeting of the Local Action Group with the Steering Committee.

### September 1997

The meeting of the Local Action Group coincided with a meeting of the WPA Steering Committee of the anti-stigma programme, also timed for a meeting in Calgary of the Canadian Psychiatric Association. In so doing, Closer Look Creative was able to coordinate with a local PR firm to set up a press event. At this event, Professor Sartorius announced the start of the local effort. Also, Michelle Miserelli, a representative of the consumers' group, presented the press with first person accounts of stigma and discrimination.

Planning for this press event followed many of the guidelines set out in Volume I. A press release was prepared and presented to the media. This press release contained the names of the Steering Committee members present, as well as key baseline measurements from the research. Among these: 80% of those surveyed said that "schizophrenia did not touch their lives."

Members of the Steering Committee were also on hand to answer questions to the media. Journalists from all three local television stations and four print journalists were in attendance.

At the local group meeting held that same week, the group reviewed the research results and began discussing target groups. Research results were also useful in determining what messages needed to be communicated. The group was then asked to determine which of the various target groups discussed they would want to work on at the October meeting.

Members were asked to submit their requests and recommendations so that the October meeting could be a working, planning meeting among subgroups.

### October 1997

At this meeting, the group split into three task groups. These groups were then asked to begin to develop goals and objectives, as well as key messages to be communicated. (Note: each group was also charged with providing very particular data about their target audience for the next meeting.)

See the section of Inputs, Objectives, and Outcomes to see the goals and objectives identified.

### November 1997

A key focus of this meeting was the discussion of the Zero Budget Exercise outlined in Volume I. Subgroup members were asked to discuss various "free" channels of communication. That is, planning as if no money were available for media placement.

- Can we send press releases to journalists for greater media coverage?
- For teachers of high school students, are there symposia or conferences of high school teachers we might attend to present our information for inclusion in their classroom curricula?
- For Emergency Room staff, Jim Hunter has mentioned a current ongoing educational program; with modifications, could we utilize materials from this effort for our program?
- Who are the key figures in government, business, the media, and the medical community whom we can approach to advance our communication effort?

### December 1997

At this meeting, the individual subgroups began to develop messages in an effort to create five targeted brochures with a single anti-stigma message for the target groups. The groups were asked to provide more than facts, but connections to the lives of those in the target audience. As reported in the monthly contact report: "facts alone will not persuade, we need to place facts in a familiar context for people to understand and visualize." The statement was made that "More people with schizophrenia will attempt suicide than will die in auto accidents in Alberta." Is this true? Are there other facts about schizophrenia and the number of people in jail, on the street, or elsewhere that will help people understand that their lives are touched by schizophrenia?"

A summary of goals and objectives was prepared and a target for release of materials was set for February/March of 1998.

The group discussed the need for potential outside funding. A list of local fundraising sources was presented, including Assinboine Consulting, Bouza & Associates, and Quantum Marketing. The group discussed the need for potential outside funding.

Five concepts were presented to be tested with small focus groups.

Closer Look Creative provided a worksheet of recommended questions to ask, along with an abbreviated script for conducting the test of materials.

### January 1998

For this meeting, Closer Look Creative developed a series of worksheets in which individuals within the groups could be tasked to carry out particular activities. Marian Ewing provided data on treatment of mental disorders from Drumheller hospital, as part of an effort to further benchmark activities. The groups were asked to develop target numbers for their efforts — such as reaching 80% of 11th graders and 25% of 9th graders with at least one of our messages.

A report from these worksheets are also in Appendix 2. After a review of messages to all three groups, the concept: “Change your thinking and we can change their world” was chosen.

### February 1998

Sheridan McVean, a local consultant on public relations and media buying, presented to the group to discuss the cost of various media. The goal of this presentation was to provide an overall view of what it would take financially to launch a media campaign to the general public. A campaign that included radio advertising and transit cards would need funding of a minimum of \$100,000 (for placement costs) to be truly effective. As he described, the use of television spots for our efforts would not be a cost-effective use of our time.

Dr. Arboleda-Flórez announced a request for funding made to Provincial Mental Health Advisory Board.

Creighton Madill announced a meeting planned with Eli Lilly Canada for funding of the local media campaign.

Closer Look Creative brought a number of materials for review:

- Ad concepts featuring individuals from the Schizophrenia Society
- A central brochure to be used as a response to inquiries and as a core information document for our efforts
- A series of brochures — using our theme design — targeted to the individual subgroups. That is:
  - A student information brochure (based in part on work already done by Pia and Fay)
  - A brochure for journalists, on stigmatizing language
  - A brochure for the clergy
  - A brochure for E.R. workers and letter to administrators
- A fund raising packet with letter and program information
- A series of other media materials, including form letters which would be sent out in bulk, including a fund raising letter

### March 1998

Dr. Arboleda-Flórez announced that Beth Evans had been successful in securing \$75,000 from the Provincial Mental Health Advisory Board. Creighton Madill reported on his request to Eli Lilly Canada for \$100,000 to cover media costs.

Closer Look Creative also presented the first samples of the five brochures, targeted to:

- General Public
- Journalists
- Business Leaders
- Healthcare Professionals
- Clergy

Groups were asked to assign each member of the subgroup a task. The worksheets were a request for each group to develop a comprehensive list with the following information:

- Target Group
- Contact Person
- Action Item
- Deadline

The request to the group:

*Most important however will be the assigning of tasks in your group to most effectively distribute these materials and ensure that our message reaches the intended targets. For example, how do we ensure that the materials reach the clergy and that the clergy is encouraged to act?*

*The worst case scenario would be to simply drop off pamphlets at a church.*

*Best case, these messages are delivered in a manner which involves — and commits — the recipient to act. For example, with the clergy: do we approach planners of an ecumenical conference to allow a representative from a speaker's bureau to speak and distribute the information? Is there a member of the group who will approach churches individually with our message? Or should this be a direct mail campaign with a follow-up telephone call (e.g. “Did you receive the materials? Do you think your church's youth group might get involved in educating your congregation or the community?”)*

One suggestion: For the journalism award suggested, should we: a) expand the “award” to include representatives from all groups, (i.e. acknowledging the member of the clergy or businessperson or even the teens who won the school competition?); b) work to have this award made a special ancillary award presented at another journalistic event?

Questions for the group:

- Has the group agreed upon an effective channel for communication and distribution of materials?
- Has each individual been given at least one task (related to your target audience) — with deadlines?

### April 1998

The group also discussed current funding constraints and several decisions were made:

- Hugh Schulze would speak with local fundraisers and ask a candidate to join us for the May meeting
- However, the group will continue to look for alternate corporate sponsors as the program moves forward
- Fay Herrick will speak to the board of the Schizophrenia Society to make this program a tax-exempt arm of the Society itself
- Professor Arboleda-Flórez will forward records of expenditures to Martina Young so that she can present these to Eli Lilly Canada during a formal presentation of cost requirements
- Dr. Arboleda-Flórez will also speak with members of the Calgary Regional Mental Health Board regarding their recommendations and suggestions for carrying out fund-raising activities
- Maureen Drake reiterated that the work is not just in Drumheller, but is involving all of Health Region 5 — Didsbury, Strathmore, Three Hills, Hannah, and Drumheller

Groups then requested the following brochure quantities to buttress their efforts:

#### Health Care Providers

- General brochure — 1,000
- Health Professionals — 1,400 to 2,000
- Posters — 125
- Newsletters — 1,000
- Buttons — 2,000

It was also noted that the Health Care Providers group has already accomplished a good number of its tasks, including development of questionnaires for E.R. workers. Dr. Roger Bland also described the on-going efforts in Edmonton where Phase II medical students have been shown an anti-stigma video from Johns Hopkins. Among the preliminary results seen: medical students — before they have done any medical work — have a sense that those with psychiatric illnesses are not treated in the same way as those with physical illness.

#### Teens Group

- General Public Brochures — 1,000
- Health Professionals — 250
- New competition posters — Nov. 31st — 520 posters
- Posters for the APA for sale — 1,000

This group has also accomplished a number of their tasks. Pretests have been administered to high school students.

It was also suggested that the competition be repeated in the Fall, to allow more time for student involvement. The group also requested that the Teacher's Guide be placed on the Programme's Web Page.

### Change Agents

- General Public — 1,000
- Clergy — 400
- Business — 350
- Journalists — 100
- Newsletter — 200
- Posters — 200 generic
- Folder for press release — 50

Creighton Madill made a request for Change Agents and all other groups to submit reports so that all members can know the extent of work being done in the community.

The entire group was also asked to individually monitor the media. Each committee representative could then write a letter describing how the media may be stigmatizing or discriminating.

### May 1998

Fay Herrick, Maureen Drake, and Pia Elliott gave reports on on-going presentations to schools, as well as police and fire stations. Maureen Drake announced that after the Strathmore Community Forum, educators agreed to integrate the educational materials into the curriculum. Efforts are on-going to expand this to church groups, especially youth groups in the church community. Fay also presented two entries to the high school competition which now has an extended deadline to June 15. In May, the Calgary chapter of the Schizophrenia Society expected to complete 43 presentations to: 898 junior high school students; 309 high school students; and 79 adults.

Dr. Arboleda-Flórez also announced that the money from the Provincial Mental Health Advisory Board has been received. Gus Thompson and Roger Bland announced that a pre-test of medical students in Edmonton has been completed.

Bob Bragg was unable to attend, given a pressing deadline on a series of articles on homelessness. His article on schizophrenia was shown to the group. Creighton Madill also shared verbatims from students who have sat through the presentations by the Schizophrenia Society.

Hugh Schulze presented information on the three different fundraisers contacted. The Development Group appears to be the best fit and will present a proposal which will be reviewed at the July meeting.

Although there was some discussion of postponing meetings until the fall, the group decided that if a press conference is to be planned, along with a second wave kick-off of materials for schools, a meeting in July is important. A press conference/fundraising event was discussed for Wednesday, October 7 just prior to Mental Health Awareness Week.

Dr. Warner also sat in with the Change Agents group to revise their Objectives and Action Steps.

### July 1998

The meeting opened with a number of announcements:

- Dr. Arboleda-Flórez and Dr. Stuart will be leaving Calgary. Although they will still be involved with the program (Dr. Stuart will help with the post-test still to be conducted), they will be involved on an as-needed basis.
- Dr. Ruth Dickson has agreed to take over the chair position for the Local Action Group.
- It was also announced that Eli Lilly Canada will not be able to supply local funding for the program. As a result, the plan for a fundraiser for the Fall was put on hold. A separate press conference with the mayor of Calgary is currently being planned for October, pending confirmation from the mayor's office. The professional fundraiser from the Development Group recommended Bev McCloud as a local contact who might help, and that the support of a community leader like her would be essential.
- Although limited funding directly impacts his involvement, Creighton Madill has kindly agreed to carry on as a volunteer with the Clergy Action Group, and hopefully will be attending meetings of the Local Action Group in the future.
- Bob Bragg is also spearheading a PR mailing to journalists. Closer Look Creative will forward 50 of the remaining PR binders for this effort.
- The winners of the "Teens Talking 2 Teens" contest were announced. Closer Look Creative will incorporate the winning entries in the teen portion of the website.
- Gus Thompson also presented preliminary data from the testing of Emergency Room personnel. This data will be further analysed and presented to the group at the next meeting.
- Closer Look Creative will also investigate ways to cost-effectively update posters for the high school students for the Fall contest.
- It was also decided the October meeting would be: Wednesday, October 7 — one day prior to the planned press conference to commemorate World Mental Health Day on October 8.

### September 1998

After considerable discussion, the group decided upon the following action plan from now until February 1999: the group will investigate a PR effort of approximately \$20K by which we can continue to generate press coverage to the general public. At the same time, we will further investigate possibilities for a fundraiser in January to support a sustained media campaign to increase awareness among the general public.

Upcoming events: Prizes will be presented to the teen contestants at the Fun Walk on Sunday, October 4th. We will try to coordinate with the mayor's office and the media for this event. Closer Look Creative provided the prize money and ordered the plaques.

In Health Region 5, Maureen Drake has successfully contacted 54

teachers regarding involvement in the school contest.

At the next meeting, the group will set aside one half-hour to discuss strategies for approaching Calgary businesses. Currently the group has contact names at the Chamber of Commerce and other places, but no sustained strategy for disseminating information — or a consistent call to action. It was also discussed that members might invite Gordon Young.

Gus Thompson distributed a survey and asked members of the group to respond directly to him.

The group continues to look for someone to establish a baseline measurement of media coverage (number of column inches) of positive press per month in the month prior to the start of the program.

### October 1998

A key topic for the October meeting was a resolution of several budgetary issues:

- Dr. Dickson and Dr. Arboleda-Flórez both presented their accounting of costs to date. It was agreed that Dr. Arboleda-Flórez would transfer funds to Queen's University to provide funding for travel and various expenses related to the program.
- Dr. Heather Stuart has applied to the Federal Government for a grant from the Population Health Fund and will keep us posted on the progress of that effort, as well as the work with the Calgary Regional Health Authority described below.
- Funding for the phone lines and effort by the Schizophrenia Society were resolved. The Local Action Group will pay the costs through September, while the Schizophrenia Society will cover on-going costs using funds from a recent grant.
- The overall funding from Eli Lilly Global was acknowledged and the group discussed the funds used to pay for travel of the consultants (Dr. Warner and Hugh Schulze), as well as the costs for production of materials.
- Dr. Arboleda-Flórez also wanted to acknowledge the donations in-kind of individuals involved in the program, who have attended meetings month after month and given time in preparation of reports and materials.

It was noted that the Calgary Regional Health Authority has not provided any funding for the program and that, in fact, the pre-test conducted in 1997 was actually money paid to the CRHA. Dr. Arboleda-Flórez and Bob Bragg agreed to meet with Brent Friesin of the CRHA to discuss a contribution for the post-test OR matching funds or inclusion in on-going media work. Another contribution that will be explored with the CRHA is for the reprinting and distribution of the brochures for Health Care workers in Calgary.

Ann Davis discussed the funding sources she is investigating, including drug companies who may have local discretionary funds: Merck/Frost, Medis Health, Wyeth-Ayerst, as well as other non-drug companies.

Dr. Ruth Dickson also has meetings set up to discuss funding from: Novartis, Zeneca, Janssen, and Pfizer.

These companies will be approached to provide funding for media placement, with the understanding that we would acknowledge the contribution as Eli Lilly and Company has been acknowledged in other printed materials.

Other potential funding requests included sponsorship of the theater production currently developed by the All Nations Theater, called "Starry, Starry Night." The committee would like to receive sponsorship for four productions in January and February, including one in Health Region 5. We will need to find theaters to stage the production.

Beth Evans announced that a Mental Health Promotion Strategy was presented to the Executive Management Committee of the Board. There may be some synergies we can achieve with this program, which is targeted to the community-at-large, to the media, and to healthcare professionals. (Message development has already been completed.) Beth agreed to speak to the board regarding connections to our program, but noted that at the last meeting, the board continued to express negative feelings regarding how their funds were used in the local anti-stigma effort.

The discussion then turned to work by the subgroups:

### Clergy

Creighton Madill has developed a list of churches and clergy groups and is currently working with Melanie Marsh phoning the churches to set up presentations to youth groups. The committee asked for clarification as to whether denominations other than Christian churches were being contacted.

Maureen Drake has been preparing information kits for ministers, which contain options for treatment. The packets will go out in December. Heather Stuart mentioned that Corporate Data Resources has census data which would provide data on concentrations of particular denominations by zip code.

At the next meeting, the group will discuss the split between denomination and the on-going work.

### Business Leaders

Bob Bragg is preparing a column for corporate newsletters. Creighton Madill has been in touch with the Chamber of Commerce and the committee will discuss the status of requests for presentations. Fay Herrick and Beth Evans will discuss with Patricia Wharton Smith the CVS services and ways to coordinate with employment services. Closer Look Creative will also explore opportunities of awards to businesses to recognize employment opportunities.

Fay Herrick reported on recent media coverage which has included:

- CBC Eye Opener, including an interview with Dr. Dickson, Simon Adamson, and Michele Misurelli
- CFCN TV — Elizabeth MacDonnell and Fay Herrick were on the evening news in September
- CBC interview in October with Dr. Ruth Dickson and Fay Herrick
- QR radio interview on the weekend morning show
- NOW TV — Dean Kernohan and Fay Herrick on September 28
- CBC interview September 24, with further interview with Simon Adamson October 8
- CFCN Noon show on October 5

### Teens

Fay Herrick and Maureen Drake discussed the pre- and post-test methodologies. Fay has been sending pre-tests to teachers to be administered prior to the presentation. Maureen has been bringing the pre-tests to the presentations. Both agreed to discuss the process and write up the report for inclusion in Volume III.

Materials have been sent to schoolboards to be distributed in Calgary. The group also received copies of the new printing of the teacher's guides which should be in the hands of both Monica Flexhaug and Fay Herrick by the end of the week. Teacher's guides will be sent out to follow-up on the earlier mailings for the teen contest.

### December 1998

Attention in this meeting focused on achieving the objectives for individual sub-committees so that work is complete in time for the post-test at the beginning of March.

### Clergy

Overall, this group is the farthest behind in achieving its goal. December 1998 was identified as the month when Partnership programs would be given to 20 church youth groups in Calgary and Health Region 5. Following this, 10 of those groups were to present information to a larger congregation.

Fay Herrick agreed to make follow-up phone calls in January and February 1999 to the churches.

Maureen Drake will make follow-up phone calls to minister's groups to book presentations in January 1999.

Dr. Warner will review survey from Dr. Heather Stuart for developing outcome measurements with youth and ministers.

### Business Leaders

Dr. Dickson continues to pursue leads in this area. Her report contained a listing of corporations who are targeted for support: Amoco Canada Petroleum Co., Cana Construction Co., Canadian Western Natural Gas Co., Penn West Petroleum, POCO Petroleum Ltd., Talisman Energy Inc.,

Wilan Inc., Skaha Petroleums Ltd.

Dr. Dickson has also secured funding for presentations to be held at local hospitals from: Lundbeck, Pfizer, Eli Lilly Canada, and Zeneca.

### Journalists

Bob Bragg agreed to work with Fay Herrick to make personal contact with 30 journalists in Calgary and seven in Health Region 5 in the January/February 1999 time period.

For the measurement of column inches of positive coverage of issues surrounding schizophrenia, the Change Agent group has mentioned that a research assistant hired with funds for Dr. Arboleda-Flórez and Dr. Stuart at Queen's University will be used. However, follow-up is needed to ensure this is the understanding.

### Medical Community

Gus Thompson has the results from several surveys and will forward those to Dr. Warner. However, the intervention for medical students was only conducted in Edmonton, not Calgary.

The E.R. survey is finished. A draft of the report has been polished. The next step is to send to RHA CEOs and PMHAB.

Gus should forward a copy of the report for accreditation to Dr. Warner for inclusion in Volume III. This has been already sent to the Canadian Council of Accreditation.

### Mayor's Initiative

A National Initiative of Mayors is looking into the cost to corporations for lost time and benefits. Beth Evans reports that mayors in both Calgary and Edmonton are involved. Bev Whitney is looking for ways to structure a targeted message for a presentation in October 1999.

### Teens

Maureen Drake passed along copies of the pre-test (done the day of the presentation) and post-test (done a week later) to be passed along to Dr. Heather Stuart.

Fay Herrick reported that plans for "Starry, Starry Night" are moving forward. The presentations are set for January 8 and 22 and February 3rd.

Bob Bragg will look into getting editorial coverage on the play.

Currently, the Schizophrenia Society has 20 to 25 presentations a month — and a few presenters are having problems distributing the pre-test the day of the presentation. It was suggested the surveys be sent out a week prior to the presentation.

For the poster competition, Calgary schools currently have 30 to 35 entries which are being cataloged. Entries range from web pages to videos and posters. Helen Roman-Smith will work with Fay Herrick on the judging and Fay will forward Hugh Schulze any web site URLs or floppy disk interactives for possible inclusion on the website.

In Health Region 5, Maureen Drake and Marian Ewing report as many

as 25 entries have been submitted. Hugh Schulze recommended that the proposed media plan presented by Sheridan McVean be modified to concentrate on radio advertising, given the limitation in time and budget. We will attempt to supplement this media effort with a targeted PR effort to local newspapers.

For the radio advertising, in order to have the spots placed in early January, script review will be done by Dr. Dickson, Marian Ewing, Dr. Warner, and representatives from Fay's office (Michelle Miserelli, Elizabeth Anderson and Dean Kernohan). This will be done for placement of spots in January 1999.

### February 1999

The meeting opened with a discussion of the production of "Starry, Starry Night" which has been filmed by the CBC and has been performed at all three Calgary hospitals, to audiences that have ranged from 100 to 150 in number including doctors and nurses. "Starry, Starry Night" is a play written and performed by those living with schizophrenia. The All Nations Theater Group provided consultation on the writing and staging of the production. The play will also be featured at Dinner Theater on February 16 in Health Region 5.

By March, the play will have been put on 8 times in Calgary and once in Health Region 5. 210 Nurses attended the three performances and received copies of the health care brochure.

Radio spots have been played on CKIK, CJAY and CKRY for two weeks and received an overwhelming positive response. Fay Herrick mentioned one potential negative and that was the impression some received when they heard the word "recovered." Several calls requested information on a "cure" for schizophrenia.

### Clergy

Creighton reported on his work with this group. He recently followed up with Rev. Chapman who has arranged for a table at a meeting February 18. He has also sent information which might be used in church newsletters. The United Church Group Presbyterian has agreed to a 15 minute consumer presentation.

### Business Leaders

Bob Bragg contacted 11 corporations — but these contacts said that their internal newsletters were designed for internal company content. Bob will also pursue corporate publications which have a wider distribution.

Pia Elliott described an effort to send letters to the Occupational Health and Safety Board regarding issues of mental health. She sent along brochures. Maureen Drake explained that the Regional Health Authority has shown an interest in the newsletter.

### Journalists

Bob Bragg has contacted five journalists at *The Calgary Herald*. Mention was made for the goals and objectives report that 40 packages went out to journalists with the brochures.

**NOTE:** Dr. Dickson mentioned that it would be instructive for future Local Action Groups to have log books for individuals to report contacts throughout the program.

### Medical Community

It was confirmed that the report for accreditation has been sent to the Canadian Council of Accreditation, and that some effect has already been seen in the language used for accreditation. Dr. Warner is still awaiting information on Senior Health Care Policy Makers working to achieve policy change.

A health care summit will be held February 25 – 27, and provides an opportunity to present a position paper.

Lyle Oberg, Minister of Social Services, has been using the slogan “Open the Doors” for an effort that will effectively limit housing access for those living with schizophrenia. Hugh Schulze will draft a letter to the Minister, pointing out the prior use of that slogan for this program and the potential danger of misconceptions and confusion.

### Teens

Maureen Drake described the presentation to winners of the junior and senior high school competition in Health Region 5. The mayor and a representative from the Calgary Regional Health Authority were on hand for the presentation of the award and checks.

Monica Flexhaug alerted the committee to several issues regarding the use of teen materials. In the future, the contest should include language that states that the artwork “becomes property of the Local Action Group” and that each entrant must have a permission form signed by a parent for release to the public.

Dr. Warner requested that final numbers for total junior and senior high schools be submitted for the Volume III report.

Pia Elliot is currently working to get Calgary Mental Health Authority education resources to use the campaign brochures.

Closer Look Creative will forward a CD-ROM containing the teacher’s guide to Maureen Drake, as was forwarded to Dr. Warner.

### General Public

Remaining funds will be used for the radio campaign which will run through the end of February. Post-testing will begin the first week of March.

### Research:

Dr. Arboleda-Flórez then described the upcoming plans for the post-test research, and stated that the post-test must be started in early March.

### Funding:

Although \$4,000 was earmarked for addition to the \$12,000 research fund at Queen’s University, Dr. Arboleda-Flórez stated that an additional \$4,000 was necessary to conduct the Edmonton post-test. After some discussion of the limited funding, the group agreed to send the additional \$4,000 for more complete research results.

## **F. RESULTS AND RECOMMENDATIONS: A REPORT FROM LOCAL ACTION COORDINATORS**

Preliminary observations and lessons learned (as submitted by Closer Look Creative):

- a) The presence of the representative from the global programme, along with the local representative, gave the participants an added inspirational boost. That is, Local Action Group members had continual reminders of the global nature of the campaign and could ask questions regarding how their efforts fit in with the worldwide programme. One or two individuals will be solely charged with development of local funding.
- b) The Local Action Group should plan on a process that takes longer than a year, as setting goals and objectives (in the Canadian example) took longer than anticipated.
- c) The Local Action Group should be briefed early on the relative cost of media. Because many of the participants are unfamiliar with the cost of placing media, many began with assumptions that did not match budget realities.
- d) The Zero-Budget Exercise outlined in Volume I should take place early and members should commit to work in these areas.
- e) In a similar way, the Local Action Group should begin discussions early as to fund-raising options (such as a coordinated fund-raising event, or petition to a local funding organization). The Local Action Group, for a variety of reasons, waited six months before beginning a concerted effort to raise funds. The additional lead time necessary to complete such an effort is at least nine months.

Monica Flexhaug of Health Region 5 provided the following summary:

*A recommendation I would make for future committees is to identify for them that it takes approximately a year to gain consensus on the approach and the materials (particularly if they must be developed from scratch) and that members ought to expect that kind of time frame. Though I recall times of frustration when the process seemed to be moving too slowly, I'm not particularly sure it could have moved any quicker and still received the same results we have today in the quality of the materials being developed.*

## **G. Appendices**

1. Questionnaire, Baseline Survey
2. Process Forms used by the Local Action Group for planning
3. Anti-stigma materials developed at the site
4. Results from target groups
5. ER recommendations and survey

## **VOLUME III APPENDICES**

### **1. Questionnaire, Baseline Survey**

Schizophrenia “Open the Doors” Alberta Pilot Site Questionnaire Tool Kit

Includes evaluations given to schools participating in the Teens target group measurement (“Myths & Facts about Schizophrenia”), surveys given to audience members after anti-stigma presentations, and the survey conducted with the Alberta community via phone as pre- and post-programme attitude and knowledge measurements.

# Schizophrenia Open the Doors

## Alberta Pilot Site Questionnaire Tool Kit

**World Psychiatric Association  
Global Campaign, 1999**

### Presentation Evaluation

We would appreciate your time in answering the following few questions about the presentation. Your responses will help us evaluate whether we are meeting our goals and will help us to improve our performance.

1. Has your knowledge about schizophrenia improved as a result of this presentation?  
 Not at all                       Somewhat                       Considerably
2. Has this presentation changed your attitude toward people with schizophrenia?  
 My attitude has become more positive.  
 My attitude hasn't changed.  
 My attitude has become more negative.
3. Has your knowledge about other mental illnesses improved as a result of this presentation?  
 Not at all                       Somewhat                       Considerably
4. Has this presentation changed your attitude toward people with a mental illness?  
 My attitude has become more positive.  
 My attitude hasn't changed.  
 My attitude has become more negative.
5. What part of this presentation had the most benefit for you?  


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6. What part of this presentation would you improve?  


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7. Do you think that you will now act differently toward people with a mental illness as a result of this presentation ? Please explain.  


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8. To further help us with our analysis, will you tell us how old you are?  
 \_\_\_\_ years
9. Are you?  
 male, or     female
10. What are the first three digits of your postal code?

## Community Pre/Post Survey

Hello, this is (name) calling for the Calgary Regional Health Authority. We're doing a short 10 minute survey about mental health. Could I speak to someone in the household 15 years of age or older?

In which of the following categories does your age fall? Read list

Age:

- 15 to 29 years old
- 30 to 59 years old
- 60 years of age or older

Gender:

- male, or  female

Region

- Calgary area
- Drumheller area

1. In the past six months, have you seen, read, or heard any advertising or promotions about schizophrenia?
- Yes  No

1a) if yes, where did you see, read or hear the advertisement or promotions?

DO NOT READ. RECORD ALL RESPONSES. PROBE WITH ANYWHERE ELSE? (List up to three responses)

- T.V
- Radio
- Calgary Herald (newspaper)
- Calgary Sun (newspaper)
- Calgary Mirror (newspaper)
- Calgary Rural times (newspaper)
- Drumheller Mail (newspaper)
- Other newspaper
- Newsletters from community leagues, non-profit organizations etc.
- Magazine
- Brochure/pamphlet
- Poster
- Outdoor billboards
- Busboard/adverting on the bus
- Other media
- Don't remember/don't know

2. In the past six months, have you seen, read, or heard anything in the anything in the news about people with schizophrenia?
- Yes  No

2a) if yes, could you tell me how the person with schizophrenia was described?

DO NOT READ. PROBE WITH ANYTHING ELSE?

(list up to three responses)

- Violent or dangerous to others
- Committing a crime
- Homeless
- A public nuisance
- Disheveled in appearance or dirty
- Suffering from symptoms such as hearing voices or speaking to self
- Suicidal or depressed
- A victim of crime
- The victim of serious illness (e.g. requiring medical treatment)
- In need of better treatment or support systems
- Involved in research
- Other positive description
- Other negative description
- Don't remember/Don't know

3. Do you or have you ever worked as an employee in an agency that provides services to people with emotional problems or mental illnesses?
- Yes  No

4. Have you or someone you know ever been treated for an emotional problem or a mental illness?
- Yes  No  Not sure

4a) if yes, was that ... READ LIST.

- Yourself
- Spouse/child
- Other relation
- Friend
- Acquaintance
- Co-worker

5. Have you or someone you know ever been treated for schizophrenia?
- Yes  No  Not sure

5a) If yes, was that ... READ LIST

- Yourself
- Spouse/child
- Other relation
- Friend
- Acquaintance
- Co-worker

6. Schizophrenia can touch the lives of many people, often through close friends or relatives, but also through work, volunteerism or life in general. To what extent does schizophrenia affect your life? READ LIST
- Not at all
  - Somewhat
  - Quite a bit
  - All the time, that is, you deal with it almost daily
7. To the best of your knowledge, what causes schizophrenia? DO NOT READ. PROBE WITH ANYTHING ELSE? RECORD ALL REPOSSES (List up to three responses)
- Physical abnormalities in the brain
  - Chemical imbalance in the brain
  - Brain disease
  - Virus during pregnancy
  - Genetic inheritance
  - Other biological factor
  - Poor upbringing by parents
  - Physical abuse
  - Drug or alcohol abuse
  - Stress (such as losing a job, social stress)
  - Traumatic event or shock, e.g assault, death, accident
  - Poverty
  - General breakdown in social values
  - Possession by evil spirits. God's punishment
  - Other factors
  - The exact causes are unknown
  - Don't know
8. All things considered, do you believe people with schizophrenia ... READ STATEMENT ...
- (1) frequently (2) often (3) rarely or (4) never
- Can be successfully treated outside of the hospital in the community
  - Tend to be mentally retarded or of lower intelligence
  - Hear voices telling them what to do
  - Need prescription drugs to control their symptoms
  - Can be successfully treated without drugs using psychotherapy or social interventions
  - Are a public nuisance due to panhandling, poor hygiene or odd behaviour
  - Suffer from split or multiple personalities
  - Can be seen talking to themselves or shouting in city streets
  - Can work in regular jobs
  - Are dangerous to the public because of violent behaviour

9. To the best of your knowledge, what percent of the population suffers from schizophrenia? ROUND OFF PERCENTAGE
- \_\_\_ PERCENT
  - DON'T KNOW
10. Please tell me how you would feel in each of the following situations using the scale....
- (1) Definitely (2) probably (3) probably not (4) definitely not  
READ EACH STATEMENT. RECORD ONE ANSWER PER STATEMENT.
- Would you feel afraid to have a conversation with someone who has schizophrenia?
  - Would you be upset or disturbed about working on the same job with someone who has schizophrenia?
  - Would you be able to maintain a friendship with someone who has schizophrenia?
  - Would you feel upset or disturbed about rooming with someone who has schizophrenia?
  - Would you feel ashamed if people knew someone in your family has been diagnosed with schizophrenia?
  - Would you marry someone with schizophrenia?
11. How would you feel about having a group home for six to eight people with schizophrenia in your neighborhood? Would you be...READ LIST
- In favor
  - Opposed
  - Indifferent, that is, it doesn't matter

Finally just a few questions to help us classify and better understand all of the survey results.

- 
- 
12. On average, how many hours of television a week do you watch?  
\_\_\_ ## Hours watched
13. And what age did you turn on your last birthday?  
\_\_\_ ##

14. What is the highest level of education you have completed?

Would it be... READ LIST

- Elementary or up to and including grade 6
- Junior high or grades 7 to 9
- High school or grades 10 to 13
- College or technical school
- University

15. In which country were you born?

\_\_\_\_\_

What is your postal code?   

*Well, that's the last of my questions. Thanks so much for answering this survey. We really appreciate the time you took.*

## Additional & Alternate Community Survey Questions

**(Taken From Control Community Survey)**

Note: These questions were not used as part of the community evaluation in the pilot sites but may be of interest.

1. Which of the following do you think is the best treatment for schizophrenia? READ LIST. ONE REPLY ONLY.

- Prescription drugs
- Psychotherapy
- A combination of prescription drugs and psychotherapy

DON'T READ:

- Nothing, schizophrenia cannot be treated
- Other method mentioned
- Don't know

2. Out of 100 people, how many do you estimate will suffer from schizophrenia at some time in their lives?

\_\_\_ number

3. Out of 100 people who have schizophrenia, how many do you think will get back to normal functioning?

\_\_\_ number

4. Out of 100 people who have schizophrenia, how many do you think could work at regular jobs?

\_\_\_ number

5. Which of the following do you feel would be most disabling?

READ LIST.

- Loss of arms or legs
- Loss of vision or hearing
- Being permanently bedridden due to a serious illness
- Loss of mind

6. In your opinion is the average mentally ill person more or less dangerous than an individual not suffering from mental illness?

- Much less dangerous
- Less dangerous
- 3 About the same
- More dangerous
- Much more dangerous

7. Among people who have schizophrenia, do you think treatment reduces the threat of violence... READ LIST.

- A lot
- Somewhat, or
- Not at all
- Don't know

8. I'm going to read a list of options for dealing with mental illness. Please tell me whether or not you think these should be done. (Yes/No)
- Build more institutions
  - Provide more community services so people can live in their homes
  - Conduct more research on the causes and treatment of mental illness
  - Build more small treatment group homes
  - Emphasize more treatment using medication
  - Provide more public education about mental illness
  - Increase opportunities for work and recreation activities for the mentally ill
  - Provide opportunities for greater involvement of families and friends
  - Provide more self-help groups.
9. How would you feel if each of the following projects took place in your neighborhood? Use a scale from 1 to 5 where 1 is very negative up to 5, very positive.
- A group home for the mentally retarded
  - A half-way house for people recently released from jail
  - A home for the physically disabled
  - A home for those with schizophrenia
  - A home for alcoholics
  - A home for drug abusers
  - A home for AIDS patients
10. Using the same scale, please tell me how you feel about these?
- A project placing people with schizophrenia in jobs at your place of work
  - A project causing more tax money to be spent on services for schizophrenia
  - A project having people with schizophrenia cared for at home by their families

Finally, just a few questions to help us classify our data.

11. Do you...? READ LIST:

- Rent
- Own your home, or
- Live in someone else's residence rent-free?

12. What is your current marital status?

- Married
- Living common-law
- Separated
- Divorced
- Widowed, or
- Single, that is, never married

13. What is your employment status? Are you...READ LIST.

- Employed full-time
- Employed part-time
- Self-employed
- Unemployed
- Retired
- A student
- A homemaker

14. What is your religious affiliation? READ LIST.

- Protestant
- Catholic
- Jewish
- Muslim
- Hindu
- None
- Other religion

15. What was your total household income in 1996 before taxes?

- READ LIST.
- Less than \$30,000
  - \$30,000 to \$69,999
  - \$70,000 or more

## MYTHS & FACTS ABOUT SCHIZOPHRENIA SCHOOL EVALUATION

People have different experiences and feelings about people with schizophrenia. How do you feel about people who have schizophrenia?

1. Would you be afraid to talk to someone who had schizophrenia?  
 Probably       Unsure       Probably Not
2. Would you be upset or disturbed to be in the same class with someone with schizophrenia?  
 Probably       Unsure       Probably Not
3. Would you make friends with someone who had schizophrenia?  
 Probably       Unsure       Probably Not
4. Would you feel embarrassed or ashamed if your friends knew that someone in your family had schizophrenia?  
 Probably       Unsure       Probably Not

The following statements are common beliefs about schizophrenia. Can you tell which are myths and which are facts?

1. People with schizophrenia have a split personality.  Myth  Fact
2. Schizophrenia is a brain disease.  Myth  Fact
3. People with schizophrenia are likely to be violent.  Myth  Fact
4. Schizophrenia is caused by stress.  Myth  Fact
5. One in one hundred people will develop schizophrenia over the course of their lifetime.  Myth  Fact
6. People with schizophrenia cannot work.  Myth  Fact
7. People with schizophrenia usually need medication.  Myth  Fact
8. People with schizophrenia are often mentally retarded or of lower intelligence.  Myth  Fact
9. Schizophrenia is caused by poor parenting.  Myth  Fact

How old are you? \_\_\_\_

Are you?

male, or  female

What is your postal code?   

*Thank you for your assistance.*

## VOLUME III APPENDICES

### 2. Proposed Program Planner

Includes observations, recommendations, and examples on creating and implementing communication objectives and goals for target audiences.

## Proposed Program Planner

**Target Audience:** [Age, Sex, Education, Profession, Income...]

### Communication

**Objective:** [Awareness, Attitude, Action]

**Communication Goal:** [Measurable results, such as % change; based upon benchmark]

**Key Messages:** [Given our core materials:

- Treatment options
- Reintegration strategies
- Stigma issues—myths vs. realities]

**Media:** [Choice of primary and secondary]

**Budget:**

## Proposed Program Planner

### Observations/Recommendations

**Target Audience:**

- The more finely defined the audience the easier to measure objectives and goals;
- A more finely defined audience also helps to define media strategy.
- For this program, we recommend no more than three well-defined target audiences, which may correspond to the three areas developed by the committees (see Key Messages).

### Communication

**Objective and Goals:**

- Awareness is easier to measure (and affect) than Attitude.
- Measurements can be further refined, e.g. Awareness of a particular message distinguished between “Noted” and “Recalled”.

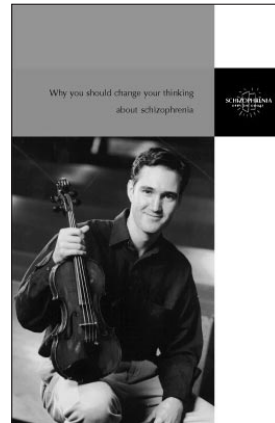
**Key Messages:** [Given our core materials:

- Treatment options
- Reintegration strategies
- Stigma issues—myths vs. realities]

**Media and Budget:**

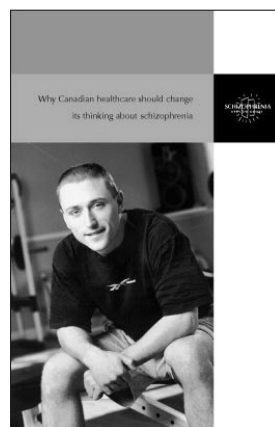
- The broader the target audience, the lower the cost per thousand (cpm), but the more limited our message;
- Strategy should be determined prior to budget analysis, then revised, as in the process outlined by the Rogers’.





**Why you should change your thinking about schizophrenia**

Created to target the Calgary general public, this 8-page brochure works to erase the myths and stereotypes that surround schizophrenia by listing the facts of the illness. Photos of consumers and anti-stigma messages are used to raise awareness and inform the public that schizophrenia affects everyone in the community.



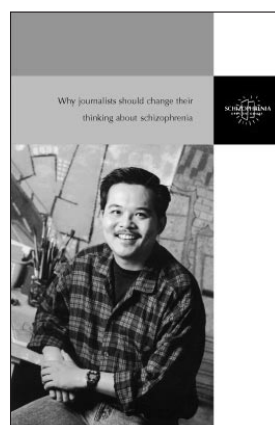
**Why Canadian healthcare should change its thinking about schizophrenia**

Created to target Canadian healthcare workers and managers, this 8-page brochure works to erase the myths and stereotypes that surround schizophrenia by listing the facts of the illness. Information on available treatment options and data on the annual health costs that schizophrenia generates are used to inform the healthcare field that schizophrenia affects everyone.



**Why Canadian business should change its thinking about schizophrenia**

Created to target Canadian business owners and managers, this 8-page brochure works to erase the myths and stereotypes that surround schizophrenia by listing the facts of the illness. Messages focus on how employment assists those living with schizophrenia, and what businesses can do to improve work opportunities for those with mental illness.



**Why journalists should change their thinking about schizophrenia**

Created to target journalists and members of the media, this 8-page brochure works to erase the myths and stereotypes that surround schizophrenia by listing the facts of the illness. Messages focus on the true definition of schizophrenia (“schizophrenia is not multiple-personality disorder”) and how its misuse and irresponsible journalism contributes to the stigma attached to the illness.



**Why your congregation should change its thinking about schizophrenia**

Created to target clergies, this 8-page brochure works to erase the myths and stereotypes that surround schizophrenia by listing the facts of the illness. Recognizing the role of clergies and congregations as support systems, information is provided with ways churches and synagogues can assist in ending the silent neglect of schizophrenia.



**Translation Poster**

This poster, created for the WPA global programme against stigma and discrimination because of schizophrenia, presents the slogan “Open the Doors” in 9 different languages. Information on how to contact the WPA to get involved in the programme is provided.



**Teen Poster**

This “Change your thinking and we can change their world” poster was created to target teens and educators of schools that participated in the Calgary speakers’ bureau programme. The design also appears on the cover of the teacher’s guide, which outlines the myths and facts of schizophrenia.



#### **www.openthedoors.com**

The official website for the WPA anti-stigma programme, Openthedoors.com has information on the global campaign for health care professionals, as well as general information on the illness and treatment options, stigma related issues, and messages for care-givers, consumers, and teens. In the future, additional programme materials on the world-wide fight against stigma will be available for downloading from the site.

## **VOLUME III APPENDICES**

### **4. Results from target groups**

Includes surveys and results from measurements performed on the teens and journalist target groups.

**Teens**

Overview of Methods

- Grades 9 and 11 targeted for presentations
- Students completed 1 page pre- and post-test surveys to test changes in attitudes and knowledge
- Both presentations and data collection varied by school and by region (uncontrolled)
- Response rate unknown (as denominator unknown)
- Three types of questions
  - Social distance questions (adapted for classroom use)
  - Knowledge-based questions (“Myths and Facts”)
  - Socio-demographic (age, sex, location)
- Half as many post-tests as pre-tests were returned (so potential for response bias if non-randomly distributed)
  - Calgary: 1538 pre-tests and 607 post-tests
  - Drumheller: 251 pre-tests and 318 post-test
  - Total: 1856 pre-tests and 858 post-tests

**Social distance questions:**

- Would you be afraid to talk to someone who had schizophrenia?
- Would you be upset or disturbed to be in the same class with someone with schizophrenia?
- Would you make friends with someone who had schizophrenia?
- Would you feel embarrassed or ashamed if your friends knew that someone in your family had schizophrenia?

**Social distance results; percent of responses expressing no social distance:**

	Talk	Class	Friends	Family
Pre	55.5	68.1	31.8	66.0
Post	76.2	80.4	43.8	71.0

**Social distance cumulative score; percent of responses expressing no social distance per question:**

	4	3	2	1	0
Pre	16.1	29.7	26.2	15.2	12.8
Post	30.4	33.8	18.8	10.7	6.2

**Social distance score by gender; percent with 4 positive answers:**

	Female	Male
Pre	20.3	11.5
Post	38.3	20.5

**Social distance score by age; percent with 4 positive answers:**

	14	15	16	17
Pre	14.4	15.4	16.4	22.3
Post	26.4	31.7	36.6	35.3

**Social distance score by location; percent with 4 positive answers:**

	Rural	Urban
Pre	12	17
Post	30.8	30.2

**“Myths or Facts” Questions**

- People with schizophrenia have a split personality.
- One in one hundred people will develop schizophrenia over the course of their lifetime.
- People with schizophrenia are likely to be violent.
- People with schizophrenia usually need medication.
- Schizophrenia is a brain disease.
- People with schizophrenia are often mentally retarded or of lower intelligence.
- Schizophrenia is caused by poor parenting.
- People with schizophrenia cannot work.
- Schizophrenia is caused by stress.

“Myths & Facts” Results

**Percent of students answering correctly, per question:**

	Sp. Pers	1% prev	violent	Need meds	Brain dis.	Low IQ	parenting	work	Stress
Pre	48	72	74	83	84	84	93	89	67
Post	82	88	86	92	91	91	95	87	58

**Number of questions students answered correctly, in percents:**

	< 5	5	6	7	8	9
Pre	6	9.3	19.9	25.1	27.7	12.1
Post	2.4	2.2	7.6	22.1	37.8	27.9

**Score by gender; with 8 or 9 correct answers:**

	Female	Male
Pre	42	38
Post	69.4	62.6

**Score by age; with 8 or 9 correct answers:**

	14	15	16	17
Pre	35.2	34.9	45.8	53.3
Post	66.2	59.5	77.4	66.7

**Score by location; with 8 or 9 correct answers:**

	Rural	Urban
Pre	31.3	41.5
Post	71.1	63.3

**Journalists**

- Search Criteria for *The Calgary Herald*
- 1997 and 1998 Calendar Years
- Any story containing the following in the title or text:
  - Mental illness
  - Mentally ill
  - Schizophrenia
  - Schizophrenic
- Electronic search using specialized retrieval software

**Story Foci (N=362), in percents:**

Mental Health	Schizophrenia	Incidental	Related	Slur
41	28	12	11	8

**Story Foci Pre and Post Campaign; by number of stories:**

	Schizophrenia	Mental Health	Related	Incidental	Slur
Baseline	31	46	13	12	8
Phase I	29	52	10	17	9
Phase II	43	49	17	14	12

Anti-stigma Messages

- Description of Diagnosis and Treatment
- Profiles of the illness
- Profiles of people with the illness
- Funding or program needs
- Human interest stories
- Mentally ill portrayed as victims of violence, prejudice, or discrimination
- Research advances in diagnosis or treatment

**Total stories with anti-stigma messages:**

	Baseline	Phase I	Phase II
Schizophrenia	12	12	20
Other Mental Health	24	39	26
Combined	36	51	46

**Length of stories with anti-stigma messages; by number of words:**

	Baseline	Phase I	Phase II
Schizophrenia	8313	7450	7573
Other Mental Health	13440	20871	16204
Combined	21753	28321	23777

Stigma Messages

- Violence linked to mental illness
- Profiles of violent crimes or criminals using mental illness as a main explanation for the crime
- Portraying mental illness as a means of avoiding criminal prosecution
- Other negative portrayals of the mentally ill

**Total stories with stigma message:**

	Baseline	Phase I	Phase II
Schizophrenia	9	13	13
Other Mental Health	10	9	13
Combined	19	22	26

**Length of stories with stigma messages; by number of words:**

	Baseline	Phase I	Phase II
Schizophrenia	2329	8851	5598
Other Mental Health	3768	4137	5837
Combined	6097	12988	11435

Summary:

- Average increase of 35% in number of anti-stigma stories about schizophrenia appearing in *The Calgary Herald* during the campaign compared to baseline
- Average increase of 35% in number of anti-stigma stories about other mental illnesses during the campaign compared to baseline
- Average increase of 44% in number of stigma stories about schizophrenia appearing in *The Calgary Herald* during the campaign compared to baseline
- Average increase of 10% in stigma stories about other mental illnesses during the campaign compared to baseline

Potentially confounding historical events:

- Unabomber trial in USA
- Capital Hill shootings of 2 police officers
- Upgrade in security of Canada's Prime Minister's residence following break-in
- Several grizzly homicides in Canada and US
- Subway pushings in Toronto & public outrage

## VOLUME III APPENDICES

### 5. ER recommendations and survey

Includes surveys done with Alberta, Canada hospitals to evaluate emergency room treatment on those with schizophrenia, and recommendations submitted.

## Emergency Room Policies and Procedures Affecting Those with Schizophrenia

For the Local Advisory Committee of the World Psychiatric Association  
Global Project on Stigma and Schizophrenia

**November 23, 1998**

### Sub-Committee on Health Care Professionals Target Group

Gus Thompson, PhD	University of Alberta & Calgary, Chair
Roger Bland, MB	University of Alberta
Marian Ewing, RPN	Health Authority #5
Michelle Misurelli	Schizophrenia Society of Alberta
Beth Evans, BA	Provincial Mental Health Advisory Board
Julio Arboleda Flórez, MD, PhD	Queen's University
Laurie Beverly, MN	Calgary Regional Health Authority
Ruth Dickson, MD	Peter Lougheed Centre

### Prepared by:

Gus Thompson  
Roger Bland  
Marian Ewing

Comments on this discussion paper can be directed to  
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Edmonton, Alberta T6G 2G3.  
Phone (403) 492-8753. E-mail to: Gus.Thompson@ualberta.ca

### The Questionnaire

The questionnaire was designed to elicit information on matters thought by the Sub-Committee to be highly relevant to the treatment of people with schizophrenia. These included privacy, security (for patients & staff), policies on patient rights and the use of restraints, staff training in mental health and crisis management, waiting times and patient/family satisfaction with services. Questionnaires were completed by the respondents at their leisure and mailed or faxed to the research team.

### Privacy/Security

The responses suggest that the ERs at the Peter Lougheed Centre and the Rocky View General Hospital have adequate rooms for the provision of secure and private services for the mentally ill patients but the Drumheller General Hospital and the Foothills Medical Centre do not. Upcoming planning and development activities may improve the situation at the Foothills Medical Centre.

All the Calgary Hospitals report having good access to security staff but the Drumheller General Hospital appears to have such staff only available during restricted hours and without ready access in any case.

### Patient Rights

Policies governing patient rights are formalized for all the Calgary hospitals, but apparently not at the Drumheller General Hospital. In no case is a statement of rights presented to patients with schizophrenia (or their families) as a matter of course. The Peter Lougheed Centre will provide this upon patient request.

The Calgary hospitals have a policy on the use of restraints, but the opinion is mixed among the respondents for the Drumheller General Hospital.

## Training

All the ERs in the Calgary hospitals reportedly provide onsite psychiatric staff who had received specific training in the handling of mental health emergencies. However, these individuals are not available at all times. For the Peter Lougheed Centre, such staff are onsite for 60 hours per week (one week + 168 hours). The figure is 112 hours for both the Rocky View General Hospital and the Foothills Medical Centre. In all cases, specialists are on call at all times. Continuing Medical Education in this topic area is not required, although some is offered in Calgary.

ER staff, although not always formally trained in psychiatry/mental health will have received some expertise in the handling of mental health crises as part of their formal education. They may be selected for this attribute by the Calgary hospitals who also require inservice in this area. However, the respondents for the Drumheller General Hospital provided the opinion that their staff are not well prepared. Notably, inservice is not required at the Drumheller General Hospital.

## Satisfaction

According to the respondents, none of the hospitals have data that would deal with the question of whether psychiatric patients have to wait longer for services than others, although a study is about to be conducted in Calgary. Several respondents noted that all patients are treated equally, and there should thus be no differences.

Similarly, no data were presented that reflected client satisfaction with services. The consensus appeared to be that no such data exists, although one respondent noted that a number of “local” studies might have been conducted in the past.

## Planned Improvements

The aforementioned Foothills Medical Centre planning review notwithstanding, none of the respondents noted the existence of any firm plans to address any of the ER issues noted above.

## Additional Respondent Comments

Among the Calgary respondents, there was a stated belief that ER Psychiatry is neglected to some degree by “mainstream” psychiatry/mental health and marginalized by the ER departments. The resource issue that was identified pertained to “backing up” in ERs due to non-ER beds being full. One respondent pointed out that members of her Psychiatric ER team are “excellent.” The Drumheller General Hospital respondents almost unanimously identified a need for more staff and more training.

## Discussion and Recommendations

While the differences across the hospitals are important and interesting, in many aspects, they are not the most important issue in the long run. Rather, what is important is whether or not psychiatric patients in emergency departments are treated appropriately. A key to this is the adoption of acceptable standards and practices by each hospital with an emergency room. Perhaps the best way to achieve this is to have suitable questions added to the accreditation process that each hospital in Alberta is engaged in on a regular basis. To this end, preliminary discussions have been held with the Canadian Council on Health Services Accreditation, which is the accrediting body that surveys all Canadian hospitals. Furthermore, appropriate staff from both the Drumheller and Calgary Regional Health Authorities have requested copies of this report as an aid to their approach to future accreditation reviews. In support of this, the items from our ER survey have been recast in the CCHSA questionnaire format in order to facilitate this kind of use.

It should be noted that we received very good support and cooperation from the emergency room staff at all the hospitals that we approached. They would be very interested in feedback from us on this activity.

Thus, our recommendations are:

1. That the ER guidelines as formulated in be sent to the CCHSA for consideration for adoption by that body and for inclusion in their survey instrument.
2. That we provide copies of our findings and recommendation to the participating ER directors in Drumheller and Calgary, the Managers of Patient Care for the Calgary Regional Health Authority and Health Authority #5, and the Provincial Mental Health Advisory Board.

