

**Evaluation of Changing Minds Workshops
Delivered to Home Support Workers**

**Summary Report
August 29, 2005**

1. INTRODUCTION

The Home Support Workers *Changing Minds* workshops were delivered in Labrador, Grand Falls, Bonavista and Corner Brook (May- June 2005). Generally the workshops were delivered by Moyra Buchan as a sole facilitator. Geoff Chaulk , Executive Director of CMHA, NL Division co- facilitated the Labrador workshop.

The *Changing Minds* Workshop was delivered in a five day format to a total of 60 participants in four different sites. For the most part participants were being trained to provide home support in communities. Approximately 10 percent of participants identified other occupational categories such as RCMP, Case Managers, Mental health Nurse.

The Pre and Post –test format¹ is based on an evaluation designed by the Center for Addiction and Mental Health (CAMH) for evaluation of TAMI (Talking about Mental Illness). This design is used with the permission of the Hamilton Schizophrenia Association and has been edited to more closely fit the needs of this project.

The Pre-test comprised of three sections:

Introduction: The information gathered included demographics such as gender, profession/position, length of time working in this area, whether or not training was received and how much.

Section A: An eight question section which asks participants to subjectively indicate their level of knowledge on a four point scale with 1 (none), 2 (a little), 3(Some) and 4(a lot). Questions targeted mental illness in general, how people cope, the impact of a mental illness, what it is like to have a mental illness, what it is like to have a family member with a mental illness, the causes of major mental illness and how to recognize major mental illnesses.

Section B: This eight statement section targeted attitudes. Using a 4 point scale with 1(Strongly Disagree), 2 (disagree), 3 (Agree) and 4 (Strongly Agree), participants attitudes were surveyed with regards to whether or not individuals with mental illness can get well, lead a normal life, are more or less a danger than the general population, can make their own decisions, are easily recognized and whether they need to be institutionalized.

The Post–test, completed at the end of training, asked participants to once again score themselves on the above items. There were two additional sections in the Post Test.

¹ See attached

Section C: Using a 4 point scale with 1(Strongly Disagree), 2 (disagree) , 3(Agree) and 4 (Strongly Agree), participants were asked to comment on the workshop , content, value, what was learned and whether or not it had increased their knowledge base and helped to change attitudes.

Section D: This section asked for narrative answers to questions about the workshop effectiveness, what could be strengthened, whether or not participants would recommend the workshop and how they planned to apply what was learned.

The Pre-test was completed by 60 participants and the Post -test was completed by 58 participants. Not all test items were completed therefore the number of respondents on an item varied.

2. OVERALL ASSESSMENT

Overall the evaluations of the workshop were extremely positive with the videos and the trainers/facilitators receiving the most commentary. Participants generally related they had increased their understanding of mental illness and were better able to understand mental illness from the other's perspective and that the workshop was both informative and practical.

"The whole course in general was eye opening and truly changed my life".

"The program gave me a turning point in my life."

"The communication skills component of each module was fabulous."

"Exceptional, could not have been more worthwhile".

"I will apply what I have learned in my home care work, my everyday life and in my own mental health."

"I was very impressed with how this program was put together and the wide range of material."

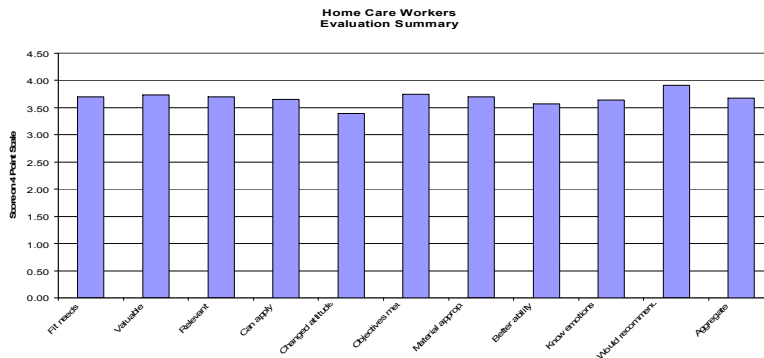
There were other strong statements regarding the general value of the workshop to other populations and several participants suggested the workshop should be available to students in schools. A number of participants noted the workshop could have been longer with more opportunities to practice skills and learn to communicate in difficult situations.

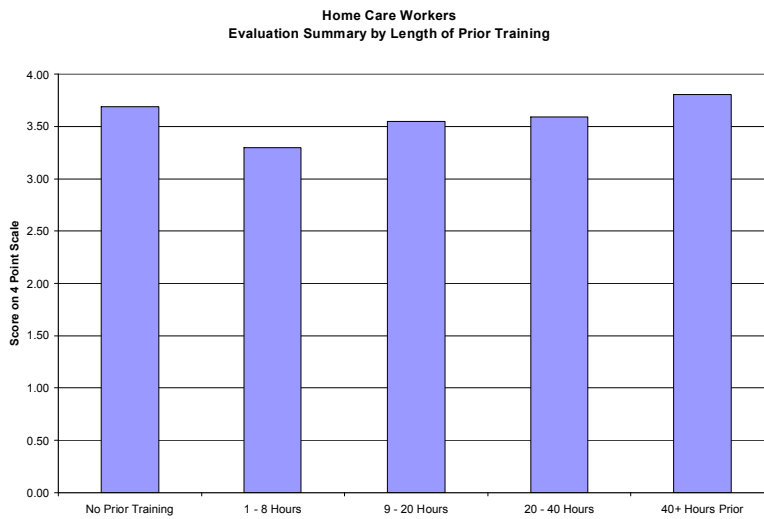
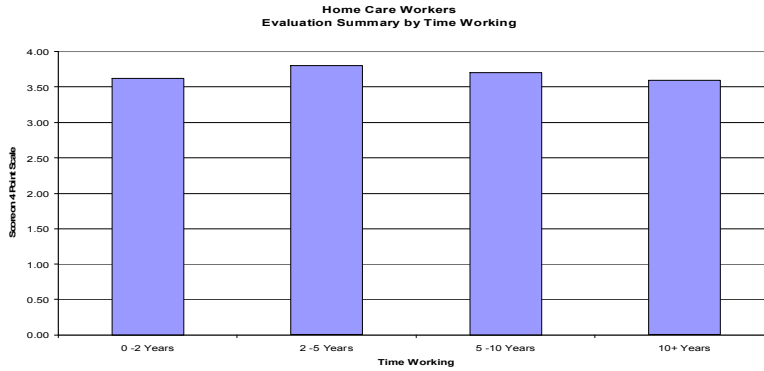
The following quantitative analysis of the pre and post test information considers the data gathered from a number of different perspectives.

- Evaluation Summary (Section D of the Post test). The graph provides the average response on all items and the overall average response for a section. Further analysis of the Evaluation section is provided by considering the responses in relation to length of prior training and length of time working in the area.
- Knowledge (Section A) pre and post test comparison. Further analysis of the knowledge section is provided by considering the responses in relation to length of prior training and length of time working in the area.
- Attitude (Section B) pre and post test comparison. . Further analysis of the Attitude section is provided by considering the responses in relation to length of prior training and length of time working in the area.

3. EVALUATION SUMMARY

The average response of 3.67 on the four point scale indicates high satisfaction. The workshop also appears to be highly regarded by individuals with very little experience working in the field and those with 10 years or more working in the field. The variation between these group is only (.18) on the 4 point scale. Likewise the length of prior training in Mental Health/mental illness does not appear to be a significant factor with only a (.12) differential on a 4 point scale between those with little or no training and those with 40+ hours of prior training.





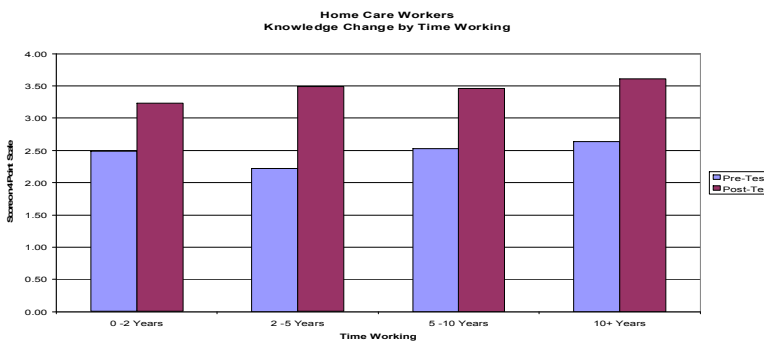
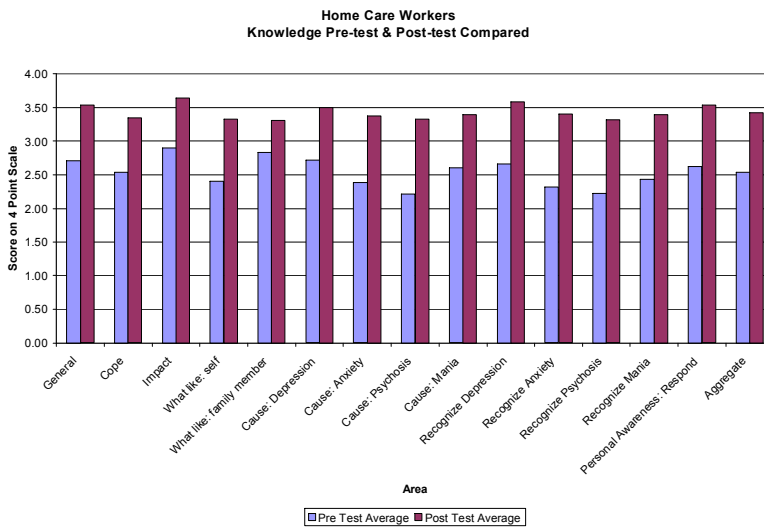
3.1 Knowledge

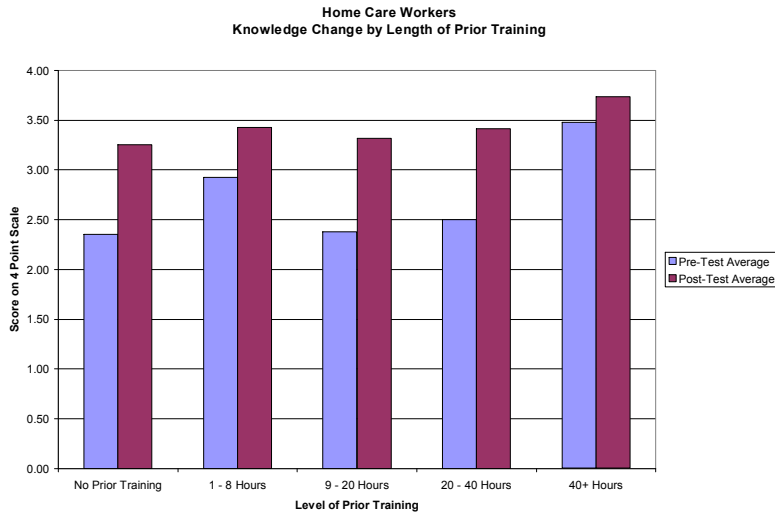
The following graph provides a comparison the pre and post test scores on the “Knowledge” section. As indicated, all participants noted an increase in knowledge. The average self scoring on the pre-test was 2.54. This increased to an average of 3.43 on the post test. This 34.93 % change suggests a significant increase in knowledge. Given the 4 point scale, which provides limited options, and the subjective scoring, it is possible that the objective increase is higher or lower. It is not uncommon to assume a greater level of knowledge until one is aware of how much there is to know. This is supported by the analysis of “Knowledge by time working” and the analysis of “knowledge by length of prior training.”.

Participants with little or no time working in the field tended to score themselves high on the pre-test (2.48) compared to those with 2-5 years (2.22), more or less on an equal with those with 5-10 years (2.53) and only slightly lower than those with 10+ years of experience (2.64).

The same pattern is consistent when analyzed in relation to knowledge by prior training. Participants with little or no training scored themselves (2.35) on the pre-test, those with minimal training (0-8 hours) tended to have high opinions of their knowledge base (2.93), compared to those with 9- 20 hours training at (2.38), those with 20-40 hours (2.50). Those with 40+ hours scored (3.48).

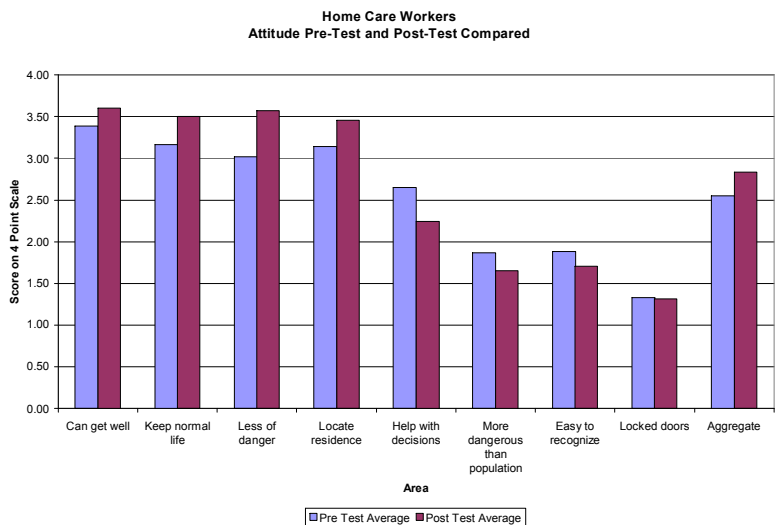
The above pattern suggests that those with minimal prior knowledge are likely in the “unconsciously incompetent” quadrant and self score their knowledge base high prior to training. In the post training, moving more to a “novice” or “apprentice” stage of learning, given the possibility of inflated pre-test scores, participants had very little room to move on the 4 point scale.





3.2 Attitude

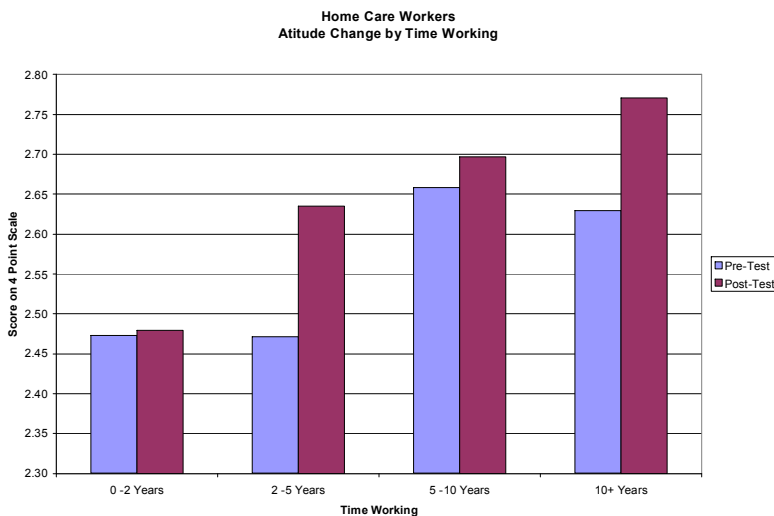
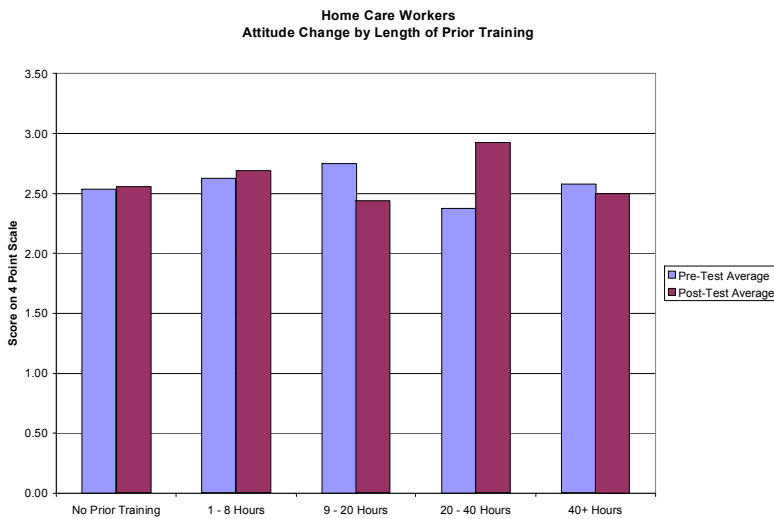
The following graph provides a comparison the pre and post test scores on the “Attitude” section. As indicated, all participants noted a change in attitude. The average pre-test self score was 2.55 and the average post test score was 2.83 with an overall change of 10.86%. Overall these numbers suggest limited change in attitude.



However there are a number of factors which may have affected this scoring. First, attitudes are more difficult to address than knowledge and change of attitude is more evident over time and are noticed when situations arise and an individual finds themselves responding differently. Secondly, there is some evidence that participants did not read this section carefully. Participants used a

4 point scale with 1(Strongly disagree), 2 (disagree) , 3(Agree) and 4 (Strongly Agree), as a response to statements. To represent a desired change in attitude respondents would have needed to respond with a 3 or 4 on some statements and a 1 or 2 on others. A visual review suggests that some participants may have simply moved in a pattern of circling the same number without reading the statement clearly. This might suggest the participant was attempting to identify with a positive attitude change. On the other hand it is possible, though not likely given the context of the overall evaluation of the workshop, that participants actually developed more restrictive attitudes towards individuals with mental illness.

If one disregards the possibility of mis-read and mis-interpretation, the data suggests those with little or no time working in the field experienced almost no change in attitude while those with more experience some change in attitude.



4. SUMMARY

The opportunity provided to the Home Support Workers through participation in the Changing Minds Workshop appears to have been very successful. The evaluation results suggest the workshop is valuable to a wide range of people regardless of years of experience and level of prior training. The videos and facilitation in particular received a very positive response. A number of participants suggested the information had significantly increased their understanding and that they expected they would be able to apply the learning to their work and life situations.

Today's Date _____ Site: _____

Is this pre-test based on the Full Workshop Module, if so which module? _

Female Male Profession or position _____

How long have you been working in this area?

(0-2 yrs) (2-5 yrs) (5-10 yrs) (10+ yrs)

A. Please indicate how much you feel you know about each of the following. Circle the number you feel best describes your knowledge.

	None	A little	Some	A lot
1. Mental illness in general	1	2	3	4
2. How people cope with a diagnosis of mental illness	1	2	3	4
3. The impact of mental illness on a person's life	1	2	3	4
4. What it is like to have a mental illness	1	2	3	4
5. What it is like to have a family member with mental illness	1	2	3	4
6. The causes of different forms of mental illness				
Depression	1	2	3	4
Anxiety disorders	1	2	3	4
Psychosis	1	2	3	4
Mania Mood swings	1	2	3	4
7. How to recognize signs of mental illness	1	2	3	4
8. My personal awareness of how I react to individuals with mental illness	1	2	3	4

B. Please indicate how much you agree or disagree with the following statements by circling the appropriate number.

Strongly disagree 1 Disagree 2 Agree 3 Strongly disagree 4

1. Most people with a serious mental illness can, with treatment, get well and return to productive lives.	1	2	3	4
2. In most cases, keeping up a normal life in the community helps a person with mental illness get better.	1	2	3	4
3. People with mental illness are far less of a danger than most people believe.	1	2	3	4
4. Locating a group home or apartments for people with mental illness in a residential neighborhood does not endanger local residents.	1	2	3	4
5. Locating a group home or apartments for people with mental illness in a residential area will not lower the value of surrounding homes.	1	2	3	4
6. People with mental illness are, by far, more dangerous than the general population.	1	2	3	4
7. It is easy to recognize someone who once had a serious mental illness.	1	2	3	4
8. The best way to handle people with a mental illness is to keep them behind locked doors.	1	2	3	4

Thank You.

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Post Test

Today's Date _____ Site: _____

Is this post-test based on the Full Workshop Module, if so which module? _____

Female Male Profession or position _____

How long have you been working in this area?

(0-2 yrs) (2-5 yrs) (5-10 yrs) (10+ yrs)

A. Please indicate how much you feel you know about each of the following. Circle the number you feel best describes your knowledge.

	None	A little	Some	A lot
1. Mental illness in general	1	2	3	4
2. How people cope with a diagnosis of mental illness	1	2	3	4
3. The impact of mental illness on a person's life	1	2	3	4
4. What it is like to have a mental illness	1	2	3	4
5. What it is like to have a family member with mental illness	1	2	3	4
6. The causes of different forms of mental illness				
Depression	1	2	3	4
Anxiety disorders	1	2	3	4
Psychosis	1	2	3	4
Mania Mood swings	1	2	3	4
7. How to recognize signs of mental illness	1	2	3	4
8. My personal awareness of how I react to individuals with mental illness	1	2	3	4

B. Please indicate how much you agree or disagree with the following statements by circling the appropriate number.

Strongly disagree	1	Disagree	2	Agree	3	Strongly	Disagree	4
1. Most people with a serious mental illness can, with treatment, get well and return to productive lives.	1		2		3		4	
2. In most cases, keeping up a normal life in the community helps a person with mental illness get better.	1		2		3		4	
3. People with mental illness are far less of a danger than most people believe.	1		2		3		4	
4. Locating a group home or apartments for people with mental illness in a residential neighborhood does not endanger local residents.	1		2		3		4	
5. Locating a group home or apartments for people with mental illness in a residential area will not lower the value of surrounding homes.	1		2		3		4	
6. People with mental illness are, by far, more dangerous than the general population.	1		2		3		4	
7. It is easy to recognize someone who once had a serious mental illness.	1		2		3		4	
8. The best way to handle people with a mental illness is to keep them behind locked doors.	1		2		3		4	

C. As a result of participating in the program, please indicate how much you agree or disagree with the following statements.

	Strongly disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1. The content of the session fit my needs. 4	1	2	3	
2. The course content has been valuable for my professional or personal development. 4	1	2	3	
3. I gained knowledge that is relevant to my work. 4	1	2	3	
4. I learned approaches, skills, techniques that I can apply on the job. 4	1	2	3	
5. I experienced a change in attitude that will help me on the job. 4	1	2	3	
6. The objectives set at the beginning were met. 4	1	2	3	
7. The amount of material presented was appropriate. 4	1	2	3	
8. I feel better about my ability to talk to someone with a mental illness. 4	1	2	3	
9. I believe I know more about the emotions experienced by someone who has a mental illness. 4	1	2	3	
10. I would recommend this program to a friend or co-worker who hasn't participated. 4	1	2	3	

D. 1. The most effective parts of this program were:

2. What I liked the least about the program was:

3. This program could have been more worthwhile for me if _____

4. Would you recommend this program to others who are interested in the subject area?
Why or Why not?

Other Comments:

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