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# **Interventions to Improve Nursing Student Attitudes about people with Mental Illness**

## **A Mixed-Methods Project**

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# What we value – the KSA's!

- **Knowledge** – understand the phenomena...or the problem!
- **Skills** – HOW can we clarify the issue and MAKE THINGS BETTER?
- **Attitudes** – in this case, it all starts HERE!

**But...a problem with student perceptions about people with mental illness and treatment**

## **The literature says...**

- Nursing students lack knowledge about mental illness
- They do have negative attitudes about people with mental illness
- They have anxiety about their clinicals!
- They have little interest in pursuing mental health as a practice specialty

# What works to help?

- **Clinical exposure** – but this is after the fact?
- **Engagement** – but “sessions” very time consuming, difficult to arrange, and students are BUSY!
- Many educators prefer and seek **brief, practical interventions** to support improving student attitudes and minimize stigma/negative perceptions

# Problem and Purpose

**Problem:** relative to people with mental illness

Pre-licensure nursing students demonstrate:

- negative attitudes,
- limited knowledge,
- and little interest in working with/treating

**Purpose:**

- improve clinical experience for students and patients
- NURSE EDUCATORS NEED BRIEF INTERVENTION OPTIONS (let's talk about why)

**OK, age old problem  
BUT STILL AROUND!**



# So...this project has some layers:

## This started with a:

- dissertation,
- continued here for a pilot,

And...

- right now progressing...I will clarify later

# Student Sample and Design

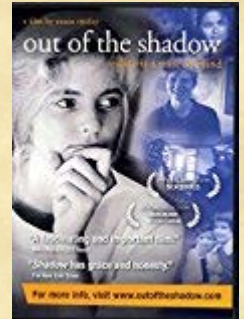
- Convenience sample – PMH Nursing course at two locations (**pre-clinical**)
  - Main campus (experimental group) - 36
  - Local satellite campus (controls) – 24
- Pre-Test/Post-Test Design
  - Survey of attitudes before intervention
  - INTERVENTIONS (2 consecutive weeks)



# Interventions

- After the pre-test survey, for 2 consecutive weeks (after class) - each an intervention:

\***FIRST:** experimental group exposure to MEDIA  
 (“**Out of the Shadow**” documentary  
 – educator version, 30 min.)



\***SECOND:** speaker/peer specialist framing the  
 **NAMI** program “In Our Own Voice”,



(also 30 min, abridged version)

## Table 1: Demographics of the Study Population – TRADITIONAL undergraduate program

### AGE

	#
■ 19 and under	1
■ 20-29	55
■ 30-39	2

### GENDER

■ Male	7
■ Female	51

## Table 1: Demographics of the Study Population – TRADITIONAL undergraduate program

### Experience in Health Care

■ Yes	58
■ No	0

### Experience with Mental Illness (exposure)

■ Yes	41
■ No	17

# Survey Tool – MICA-4 (pre- and post-test measure)

## - quantitative component (see handout)

### Mental Illness: Clinicians' Attitudes Scale

## MICA-4

Note to researchers distributing this scale: please only use after reading instructions in "Manual for Researchers".

**Instructions:** for each of questions 1-16, please respond by **ticking one box only**. Mental illness here refers to conditions for which an individual would be seen by a psychiatrist.

Strongly agree    Agree    Somewhat agree    Somewhat disagree    Disagree    Strongly disagree

- |   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 1 | I just learn about mental health when I have to, and would not bother reading additional material on it.   |  |  |  |  |  |  |
| 2 | People with a severe mental illness can never recover enough to have a good quality of life.   |  |  |  |  |  |  |
| 3 | Working in the mental health field is just as respectable as other fields of health and social care.   |  |  |  |  |  |  |
| 4 | If I had a mental illness, I would never admit this to my friends because I would fear being treated differently.                                  |  |  |  |  |  |  |
| 5 | People with a severe mental illness are dangerous more often than not.   |  |  |  |  |  |  |
| 6 | Health/social care staff know more about the lives of people treated for a mental illness than do family members or friends.                       |  |  |  |  |  |  |
| 7 | If I had a mental illness, I would never admit this to my colleagues for fear of being treated differently.  |  |  |  |  |  |  |
| 8 | Being a health/social care professional in the area of mental health is <b>not</b> like being a real health/social care professional.              |  |  |  |  |  |  |
| 9 | If a senior colleague instructed me to treat people with a mental illness in a disrespectful manner, I would <b>not</b> follow their instructions. |  |  |  |  |  |  |

### Mental Illness: Clinicians' Attitudes Scale

## MICA-4

Note to researchers distributing this scale: please only use after reading instructions in "Manual for Researchers".

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Strongly agree    Agree    Somewhat agree    Somewhat disagree    Disagree    Strongly disagree

- |    |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|
| 10 | I feel as comfortable talking to a person with a mental illness as I do talking to a person with a physical illness.   |  |  |  |  |  |  |
| 11 | It is important that any health/social care professional supporting a person with a mental illness also ensures that their physical health is assessed.                    |  |  |  |  |  |  |
| 12 | The public does <b>not</b> need to be protected from people with a severe mental illness.  |  |  |  |  |  |  |
| 13 | If a person with a mental illness complained of physical symptoms (such as chest pain) I would attribute it to their mental illness.                                       |  |  |  |  |  |  |
| 14 | General practitioners should <b>not</b> be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist. |  |  |  |  |  |  |
| 15 | I would use the terms 'crazy', 'nutter', 'mad' etc. to describe to colleagues people with a mental illness who I have seen in my work.                                     |  |  |  |  |  |  |
| 16 | If a colleague told me they had a mental illness, I would still want to work with them.  |  |  |  |  |  |  |

Thank you very much for your help.

# Thematic Content Analysis

## - qualitative component

Brief narrative expanding on survey questions of common concern- [examples:](#)

**People with a severe mental illness can never recover enough to have a good quality of life.**

**If I had a mental illness, I would never admit this to my friends because I would fear being treated differently.**

**People with a severe mental illness are dangerous more often than not.**

# Reliability of the Survey Tool

Reliability Statistics	n	N of items	Cronbach's alpha
MICA-4 Pre-test	56	16	0.741
MICA-4 Post-test	53	16	0.751



# Factor Analysis

Of the 16 survey item components, factor analysis yielded 5 factors explaining variance (with some overlap).

## **FACTOR CATEGORIES (by association in general themes):**

Factor 1 = questions 9, 10, 12, 15 View on Mental Illness

Factor 2 = questions 1, 2, 5, 6, 7 Knowledge About Mental Illness

Factor 3 = questions 4, 7 Disclosure About Mental Illness

Factor 4 = questions 2, 6, 13, 16 Physical vs Mental Health Care

Factor 5 = questions 6, 9, 11 Patient Care

# Correlation for Factors – MICA-4

Table 2. Correlation between Total Improvement Score and Factors

Factor 1 Views on Mental Health	Pearson Correlation	.394**
	Sig. (2-tailed)	0.005
Factor 2 Knowledge of Mental Illness	Pearson Correlation	.429**
	Sig. (2-tailed)	0.002
	N	49
Factor 3 Would disclose Mental Illness to Others	Pearson Correlation	0.131
	Sig. (2-tailed)	0.369
	N	49
Factor 4 Importance Mental Health Care vs Physical Health Care	Pearson Correlation	0.144
	Sig. (2-tailed)	0.323
	N	49
Factor 5 Interest in Providing Mental Health Care	Pearson Correlation	0.216
	Sig. (2-tailed)	0.136
	N	49



# Comparison Across Factors

Variable	N	<i>t</i>	df
Experimental Group (Intervention Exposed)	36		
Control Group	24		
Post-Test score		-2.65*	51
Improvement from Pre-Test to Post- Test		2.19*	50

\* = a statistically significant difference

# Results - Quantitative

- **Overall significant improvement** in total factors (improved perceptions)
- Factors for **knowledge** of and **views** on mental illness displayed significant improvement



# Results – Qualitative (content analysis)

Themes	Concept Displaying More Positive Perspective at Post-Test
Recovery Potential	People with mental illness can recover with treatment and support.
Stigma	Support and acceptance can decrease stigma.
Danger to Public	Generally not a concern.
Own Mental Illness	Still fear judgement.
Mental Health Provider Respect	Just as important as other providers, more patient.

# Why Does This Matter? Discussion

- Untoward NEGATIVE **feelings** about “psych” clinicals and helping people with MI **can be enhanced!**




- Nurse Educators can **use brief and practical options** to challenge mental health stigma & foster improved attitudes among students!

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# Non-Scientific Impressions since... "Would you tell colleagues at work that you have a mental illness?"

Wouldn't say a word	pollev.com/toddhastings809	Name	January 23, 2018, 01:20 PM
Nooo I would not tell anyone.	pollev.com/toddhastings809	guest908	January 23, 2018, 01:19 PM
Yep	pollev.com/toddhastings809	Name	January 23, 2018, 01:19 PM
Nooo I would not tell people	pollev.com/toddhastings809	guest908	January 23, 2018, 01:19 PM
i would't not tell anyone	pollev.com/toddhastings809	guest983	January 23, 2018, 01:19 PM
No	pollev.com/toddhastings809	guest321	January 23, 2018, 01:19 PM
I wouldn't tell	pollev.com/toddhastings809	mem	January 23, 2018, 01:19 PM
Nah	pollev.com/toddhastings809	guest976	January 23, 2018, 01:19 PM
No	pollev.com/toddhastings809	guest074	January 23, 2018, 01:19 PM
No	pollev.com/toddhastings809	guest202	January 23, 2018, 01:19 PM
No	pollev.com/toddhastings809	guest322	January 23, 2018, 01:19 PM
I would	pollev.com/toddhastings809	guest265	January 23, 2018, 01:19 PM
No	pollev.com/toddhastings809	guest554	January 23, 2018, 01:19 PM
No	pollev.com/toddhastings809	guest340	January 23, 2018, 01:19 PM

# Another important question moving forward for study..."Is recovery from mental illness possible?"

ng Started  Service Electric

## Individual Responses

[Change time zone](#)

Response	Via	Screen name	Registered participant	Phone number	Received at
No, but you can cope	pollev.com/toddhastings809	guest618			February 20, 2018, 01:24 PM
Intermittently	Text (US)	+1 (xxx) xxx-2897		+1 (xxx) xxx-2897	February 20, 2018, 01:24 PM
Sometimes	pollev.com/toddhastings809	Nur 313			February 20, 2018, 01:24 PM
Fully? No.	pollev.com/toddhastings809	name			February 20, 2018, 01:24 PM
No	pollev.com/toddhastings809	guest682			February 20, 2018, 01:24 PM
No	pollev.com/toddhastings809	guest431			February 20, 2018, 01:24 PM
No	pollev.com/toddhastings809	guest229			February 20, 2018, 01:24 PM

# Though I hesitate to include this...but further indication of stigma: “How likely do you think it is that a mass shooter has a mental illness?”

Response	Via	Screen name	Registered participant	Phone number	Received at
Almost all the time	pollev.com/toddhastings809	guest852			February 20, 2018, 12:34 PM
highly	pollev.com/toddhastings809	guest983			February 20, 2018, 12:34 PM
As likely as it is to not (50/50)	pollev.com/toddhastings809	name			February 20, 2018, 12:34 PM
Very likely	pollev.com/toddhastings809	guest484			February 20, 2018, 12:34 PM
LIKELY	pollev.com/toddhastings809	guest852			February 20, 2018, 12:33 PM
50/50	pollev.com/toddhastings809	guest431			February 20, 2018, 12:33 PM
More likely	pollev.com/toddhastings809	guest908			February 20, 2018, 12:33 PM
Very likely	pollev.com/toddhastings809	guest682			February 20, 2018, 12:33 PM
Highly likely	pollev.com/toddhastings809	guest229			February 20, 2018, 12:33 PM
Very likely	pollev.com/toddhastings809	guest852			February 20, 2018, 12:33 PM

# Moving forward – next phase:

- Study has expanded to address stigma on campus with others! (Interprofessional):

- Nursing
- Social Work
- Psychology

\*Goal is to address human service providers and compare perceptions regarding mental illness

\*Also mixed methods but also using focus groups





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# Questions?

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