

### Disclaimer

The author has no financial disclosure or conflict of interest with the material in this presentation.

### Background

- Stigma related to mental illness and addictions continues to be a great burden on the society causing discrimination and exclusion of individuals from living a meaningful and fulfilling life.
- Stigmatizing attitudes and lack of empathy towards mentally ill is highly prevalent among the healthcare professionals thus, affecting the quality of patient care.

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## Objectives

- To understand and recognize the existence of stigmatizing attitude and negative perception among nursing students towards individuals with mental illness and addictions
- To assess the impact of educational strategies in decreasing stigmatizing attitude and increasing empathy towards individuals with mental illness and addictions

## Literature Review

- Educational preparation is a significant factor in students' attitudes (Riffel and Chen, 2019).
- Providing students with more classroom education on mental health nursing contributes to positive changes in students' attitudes towards mental health nursing (Bingham and O'Brien, 2018).
- Using patients as educators and learning from patients are examples of learning approaches in education and training (Maranzan, 2016).

## Methodology

### Design and Setting

- Descriptive study using pre and post intervention surveys
- Ethical approval obtained from the Human Participants Review Sub Committee, York University

### Data Collection

#### Participants

- 3<sup>rd</sup> year Collaborative Program nursing students enrolled in the HH/NURS3524 Health and Healing: Client Centered Care of Individuals and Families in Child and Mental Health Settings, Section B course
- Students recruited via email communication
- Voluntary consent obtained prior to participation
- Students able to withdraw at any time

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### Methodology cont..

**Data collection techniques:**

- Online survey administered via Sogosurvey.com
- Pre-intervention survey: between August and September 2021
- Post-intervention survey: between December 2021 and January 2022
- For the comparison between pre and post survey data, participants were asked to enter their unique ID of their birthdate in the format of MM/DD/YYYY
- Survey sample size N=30 out of 122 (25%)

### Methodology cont..

**Material**

- Mental Illness Clinicians' Attitudes Scale (MICA-4)
  - Participants were asked to rate 16 statements on level of agreement using a six-point Likert scale, ranging from "strongly disagree" to "strongly agree".
- Kiersma-Chen Empathy Scale (KCES),
  - Participants were asked to rate 15 statements on level of agreement using a seven-point Likert scale, ranging from "strongly disagree" to "strongly agree".

### Findings

**Mental Illness Clinicians' Attitudes Scale (MICA-4)**

Q. No	Mental Illness Clinicians' Attitudes Scale	Pre-intervention survey data	Post-intervention survey data
2.	People with a severe mental illness can never recover enough to have a quality of life.	Strongly disagree (72%)	Strongly disagree (93%)
4.	People with mental illness are dangerous more often than not.	Strongly disagree (59%)	Strongly disagree (87%)
7.	If I had a mental illness, I would never admit this to my colleagues for fear of being treated differently.	Agree (69%)	Strongly disagree (39%)
16.	If a colleague told me they had a mental illness, I would still want to work with them.	Strongly agree (62%)	Strongly agree (82%)

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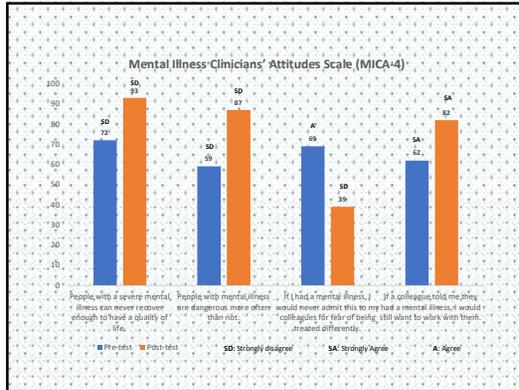
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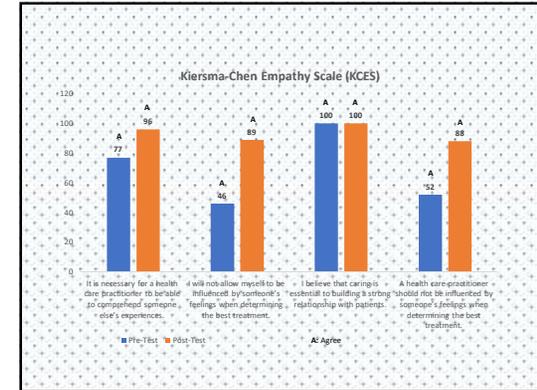
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### Findings

**Kiersma-Chen Empathy Scale (KCES)**

Q. No	Kiersma-Chen Empathy Scale (KCES)	Pre-intervention survey data	Post-intervention survey data
1.	It is necessary for a health care practitioner to be able to comprehend someone else's experiences.	Agree (77%)	Agree (96%)
4.	I will not allow myself to be influenced by someone's feelings when determining the best treatment.	Agree (46%)	Agree (89%)
7.	I believe that caring is essential to building a strong relationship with patients.	Agree (100%)	Agree (100%)
15.	A health care practitioner should not be influenced by someone's feelings when determining the best treatment.	Agree (52%)	Agree (88%)




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### Educational Strategies

- Providing psychologically safe environment in an online classroom
- Providing evidence-informed theoretical knowledge and information through lectures, dialogue and reflective activities
- Training specific Therapeutic and Communication Skills
- Conducting interviews and assessments of individuals and family members with mental illness and addictions
- Meeting trained personnel delivering care in mental health and addictions in the community

### Implications/Recommendations

- High quality theoretical and clinical education
- Courses should emphasize on **Recovery** from mental illness
- Incorporation of Anti-stigma program in the curriculum
- Increasing public awareness

### References

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