A

TOOLKIT

for Evaluating Programs Meant to Erase the Stigma of Mental Illness

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IN DEVELOPMENT
This is a draft of the Toolkit (10/23/08). Feedback is sought from all stakeholders on drafts. Please send it to corrigan@iit.edu.

1. Introduction

Anti-stigma programs have exploded in the United States as well as across the world in the past decade. Now needed is a more strategic approach to stigma change, consideration of evaluation strategies that demonstrate its effectiveness. An evidence-based approach has two purposes.

- Using carefully crafted methods and design, conduct efficacy and effectiveness data on individual anti-stigma approaches **to inform policy makers** about approaches that should be supported by public funds.
- Collect evidence that a specific approach has **benefits in the setting** in which it is being used. We would expect, for example, that Dr. Jones would use a depression measure like the Beck Depression Inventory overtime to demonstrate the amelioration of Ms. Smith's disorder in response to a medication. So too is the need for colleting data over time that shows stigma decreases as a result of the anti-stigma approach; e.g., stigmatizing attitudes diminishes with a group of employers from the Rotary International in Evanston after they participate in the Personal Story Program" (PSP)[1].

Research and evaluation on all aspects of stigma and stigma change are only genuine and of value when stakeholders of all stripes…

- consumers, survivors and ex-patients
- family members and friends
- service providers and administrators
- other groups of advocates
- legislators and other government officials

are included in the **research. Participation** here not only includes focus groups but also as active investigators in the research.

This toolkit provides **measures** that help advocates to examine the impact of anti-stigma approaches at the local level; for example, whether employer stigma changes after participating in In Our Own Voice (IOOV). These instruments also have value in more rigorous research meant to inform policy makers. Corrigan has the copyrights to all the measures and extends permission to use the measures in any way that promotes careful evaluation of stigma and stigma programs. Measures are provided here so that they might be directly copied and handed out to research participants.

Making Sense of Stigma

In our work, we distinguish the stigma of mental illness into three groups:

- Public Stigma: The harmful effects to people with mental illness when the general population endorses the prejudice and discrimination of mental illness. ***Broad examples of approaches that challenge public***

[1] PSP is a fictional program named for this exercise.

stigma include education programs (contrasting the myth versus the facts of mental illness) and contact strategies (such as having a person with mental illness tell their story with specific focus on recovery).

- Self-Stigma: The harm that occurs when people internalize stigmas which impact self-esteem ("I am not worthy!") and self-efficacy ("I am not able"). ***Self-stigma change strategies include those that foster empowerment, such as consumer operated services and consumers-as-providers. Also of relevance here are strategies that foster decisions about disclosure.***
- Label Avoidance: Those who seek to avoid stigma by not seeking mental health services from which labels are often obtained. ("I am not going to see a psychiatrist; people are going to think I am nuts!"). ***Change strategies are often adapted from education and contact approaches.***

For Whom is this Written?

This toolkit is meant for people who want to erase the stigma of mental illness. Advocates are prominent and include people with mental illness, family members, and other groups. One goal is to make the evaluation process more accessible to those without research training. But a second group for whom this monograph is meant is researchers, especially those in the social sciences. This Toolkit is meant to provide a common language and a set of measures that help advocates and researchers sit at the same table to discuss measuring stigma change.

The interested reader should visit:

SAMHSA's Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center)
http://www.stopstigma.samhsa.gov

for more information about anti-stigma change strategies. The ADS Center is a repository of anti-stigma programs used across the country.

This Toolkit is meant to complement a monograph:

- Corrigan, P.W. (2004). Beat the stigma and discrimination! Four lessons for mental health advocates. Tinley Park, IL: Recovery Press,

It can be obtained from Patrick Corrigan at corrigan@iit.edu.

The interested reader may also wish to consider:

- Corrigan, P.W., & Lundin, R.K. (2001). Don't call me nuts! Coping with the stigma of mental illness. Tinley Park, IL: Recovery Press
- Corrigan, P.W. (Ed.) (2005). On the stigma of mental illness: Implications for research and social change. (pp. 343). Washington DC: American Psychological Association Press.

Both can be obtained at Amazon.com.

2. The Anti-Stigma Worksheet

I have developed the worksheet on the next page in order to organize evaluation plans for anti-stigma interventions. First, indicate whether the type of stigma is public, self, or label avoidance. Next, describe the target and corresponding behavior that will be the focus of the anti-stigma effort. Candidates for TARGETS and associated BEHAVIORS are listed below.

PUBLIC STIGMA

- Employers: hiring and reasonable accommodations
- Landlords: renting property
- Educational faculty and administration: admission to educational program and ongoing support
- Health care providers: provision of the full range of health services
- Legislators and other government officials: statutes and administrative directives that support public mental health agenda
- Faith community members: welcoming to all aspects of the community

Also relevant to targets: the diversity of ethnicities, religions, gender, age and educational backgrounds.

SELF-STIGMA

- People with mental illness:
  - Self-esteem and self-efficacy
  - Personal empowerment (identification/participation of goals and services)
  - Self-determination (pursuit of goals)
- Family members
- Service providers

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LABEL AVOIDANCE

- College students
- Active duty soldiers and veterans
- Clinic enrollees (e.g., people receiving all kinds of health services from clinic X)
- Work entities which may include unions and other work units serviced by human resource offices
  - Seeking Treatment
  - Taking medications as prescribed

Once again include here the diversity of ethnicities, religions, gender, age and educational backgrounds

Frequently, targets and behaviors should be included in the evaluation process. For example, anti-stigma programs meant to influence employers should include these employers as research **PARTNERS.** Sometimes, formal groups already exist which might be sought for partnership. For example, partnerships might be forged with Chambers of Commerce or Rotary International.

Next is to define and describe the **INTERVENTION.** Enter program names when an existing intervention is used. Specify WHO will provide the intervention (e.g., consumer, family member, or other advocate) and WHAT SPECIFICALLY WILL BE DONE. Consider answers to the "what" question as a list of discrete actions provided by the indicated person. WHERE will the intervention be provided and how will PROSPECTIVE RECRUITS (e.g. employers, landlords, or health care providers) be informed about the intervention? Finally, WHEN will the intervention be provided -- once or several times -- and if several times, will follow-ups be regularly scheduled.

The EVALUATION PLAN is summarized at the bottom of the worksheet. Candidates for assessment instruments are provided in the following sections. In all cases, these MEASURES rest on empirical and subsequently published research in at least two samples and/or a representative sample of the American population. Moreover, some of these measures have been shown to be sensitive to stigma change. Evaluation will likely include one and/or two options. A repeated measures design may be used when, for example, the measure is implemented at baseline before the intervention; at post-test, immediately after; and at follow-up (e.g., 1 week, 1 month, and 3 months). TIMES-WHEN-ADMINISTERED need to be specified for this kind of design. Alternatively, impact of the intervention may occur by examining the intervention group with a COMPARISON GROUP. In the case of a comparison study, specify who comprises that group and from where will they be recruited. Finally, people need to be assigned to each of the tasks in the evaluation project. Relevant tasks may include preparation for assessment, administration and collection of data, data management, data analysis, and write-up.

The Anti-Stigma Worksheet

Date ____________

Type of stigma (check one): ___public stigma ____self-stigma ____ label avoidance

TARGET

-
-

BEHAVIOR or ATTITUDE

-
-
-

PARTNERS **Yes___** **No____**

- **Who____________________________**

INTERVENTION

IS THIS AN ALREADY EXISTING APPROACH Yes____ No____

If yes, name of program ________________________

- **WHO WILL DO THE STRATEGY?**
- **WHAT WILL BE DONE?**
- **WHERE?**
- **HOW WILL PARTICIPANTS BE RECRUITED?**
- **WHEN, HOW OFTEN?**

EVALUATION

- **MEASURE(S)**
- **TIMES WHEN ADMINISTERED**
- **COMPARISON GROUP (?)**
- **WHO IS DATA COLLECTION AND INPUT TEAM**

3. Evaluating Programs for Public Stigma

OVERALL ASSESSMENT CONCERNS

In the remainder of the Toolkit, measures of public stigma and self-stigma are provided and discussed. REFERENCES that provide empirical support and/or additional measures about the instruments are provided with the corresponding measure. These tests are self-administered, presented as a pencil-and-paper measure, or included in a semi-structured interview, depending on the research participant's cognitive skills.

The scales provided in the Toolkit are mostly attitudinal. They do not represent behavior change. The measures also reflect decreases in prejudice and discrimination, not increases of affirming behaviors (e.g., employers who hire and landlords who rent to people with mental illness).

THE ATTRIBUTION QUESTIONNAIRES

Three versions of the Attribution Questionnaire have been developed and tested: the 27-item version (AQ-27), the nine item (AQ-9), and a short form for children (AQ-8-C). The attribution questionnaires were developed to address nine stereotypes about people with mental illness.

1. Blame: people have control over and are responsible their mental illness and related symptoms.
2. Anger: irritated or annoyed because the people are to blame for their mental illness.
3. Pity: sympathy because people are overcome by their illness.
4. Help: the provision of assistance to people with mental illness.
5. Dangerousness: people with mental illness are not safe.
6. Fear: fright because people with mental illness are dangerous.
7. Avoidance: stay away from people with mental illness
8. Segregation: send people to institutions away from their community
9. Coercion: force people to participate in medication management or other treatments.

The AQ-27 provides a very brief vignette about Harry, a man with schizophrenia. The AQ-27 includes three test items that are summed for each of the 9 stereotypes. The AQ-9 are the single items that load most into the nine factors. A scoring key is provided to yield scores representing each of these stereotypes.

The AQ-8-C has only one item for each of **8** stereotypes; coercion was not included here. In addition, the vignette and corresponding test items are written for children. The measure has been reliably tested on samples of youth from 10 to 18 years old.

THE FAMILY QUESTIONNAIRE

A second group is sometimes victimized by public stigma: family members of people with mental illness. The Family Questionnaire (FQ) assesses public stereotypes about family members of people with mental illness in 12 domains.

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FQ

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AQ-27
Name or ID Number________________________________ Date ____________

PLEASE READ THE FOLLOWING STATEMENT ABOUT HARRY:

Harry is a 30 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. He had been hospitalized six times because of his illness.

NOW ANSWER EACH OF THE FOLLOWING QUESTIONS ABOUT HARRY. CIRCLE THE NUMBER OF THE BEST ANSWER TO EACH QUESTION.

1. I would feel aggravated by Harry.

1 2 3 4 5 6 7 8 9
not at all very much

2. I would feel unsafe around Harry.

1 2 3 4 5 6 7 8 9
no, not at all yes, very much

3. Harry would terrify me.

1 2 3 4 5 6 7 8 9
not at all very much

4. How angry would you feel at Harry?

1 2 3 4 5 6 7 8 9
not at all very much

5. If I were in charge of Harry's treatment, I would require him to take his medication.

1 2 3 4 5 6 7 8 9
not at all very much

6. I think Harry poses a risk to his neighbors unless he is hospitalized.
1 2 3 4 5 6 7 8 9
none at all very much

7. If I were an employer, I would interview Harry for a job.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not likely								very likely

8. I would be willing to talk to Harry about his problems.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

9. I would feel pity for Harry.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
none at all								very much

10. I would think that it was Harry's own fault that he is in the present condition.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
no, not at all								yes, absolutely so

11. How controllable, do you think, is the cause of Harry's present condition?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all under personal control								completely under personal control

12. How irritated would you feel by Harry?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

13. How dangerous would you feel Harry is?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

14. How much do you agree that Harry should be forced into treatment with his doctor even if he does not want to?

1 2 3 4 5 6 7 8 9
not at all — very much

15. I think it would be best for Harry's community if he were put away in a psychiatric hospital.

1 2 3 4 5 6 7 8 9
not at all — very much

16. I would share a car pool with Harry every day.

1 2 3 4 5 6 7 8 9
not likely — very much likely

17. How much do you think an asylum, where Harry can be kept away from his neighbors, is the best place for him?

1 2 3 4 5 6 7 8 9
not at all — very much

18. I would feel threatened by Harry.

1 2 3 4 5 6 7 8 9
no, not at all — yes, very much

19. How scared of Harry would you feel?

1 2 3 4 5 6 7 8 9
not at all — very much

20. How likely is it that you would help Harry?
1 2 3 4 5 6 7 8 9
definitely would not help — definitely would help

21. How certain would you feel that you would help Harry?

1 2 3 4 5 6 7 8 9
not at all certain ... absolutely certain

22. How much sympathy would you feel for Harry?

1 2 3 4 5 6 7 8 9
none at all ... very much

23. How responsible, do you think, is Harry for his present condition?

1 2 3 4 5 6 7 8 9
not at all responsible ... very much responsible

24. How frightened of Harry would you feel?

1 2 3 4 5 6 7 8 9
not at all ... very much

25. If I were in charge of Harry's treatment, I would force him to live in a group home.

1 2 3 4 5 6 7 8 9
not at all ... very much

26. If I were a landlord, I probably would rent an apartment to Harry.

1 2 3 4 5 6 7 8 9
not likely ... very likely

27. How much concern would you feel for Harry?

1 2 3 4 5 6 7 8 9
none at all ... very much

The AQ-27 Score Sheet

Name or ID Number________________________________ Date ____________

The AQ-27 consists of 9 stereotype factors; scores for each factor are determined by summing the items as outlined below: Note: items are reversed score prior to summing up for the Avoidance scale.

________ Blame = AQ10+ AQ11 +AQ23

________ Anger = AQ1 + AQ4 + AQ12

________ Pity = AQ9 + AQ22 + AQ27

________ Help = AQ8 + AQ20 + AQ21

________ Dangerousness = AQ2 + AQ13 + AQ18

________ Fear = AQ3 + AQ19 + AQ24

________ Avoidance = AQ7 + AQ16 + AQ26 (Reverse score all three questions)

________ Segregation = AQ6 + AQ15 + AQ17

________ Coercion = AQ5 + AQ14 + AQ25

The higher the score, the more that factor is being endorsed by the subject.

AQ-9

Name or ID Number________________________________ Date ____________

Harry is a 30 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. He had been hospitalized six times because of his illness.

CIRCLE THE NUMBER OF THE BEST ANSWER TO EACH QUESTION.

1. I would feel pity for Harry.

	1	2	3	4	5	6	7	8	9
none at all									very much

2. How dangerous would you feel Harry is?

	1	2	3	4	5	6	7	8	9
none at all									very much

3. How scared of Harry would you feel?

	1	2	3	4	5	6	7	8	9
none at all									very much

4. I would think that it was Harry's own fault that he is in the present condition.

	1	2	3	4	5	6	7	8	9
none at all									very much

5. I think it would be best for Harry's community if he were put away in a psychiatric hospital.

	1	2	3	4	5	6	7	8	9
none at all									very much

6. How angry would you feel at Harry?

	1	2	3	4	5	6	7	8	9
none at all									very much

7. How likely is it that you would help Harry?

	1	2	3	4	5	6	7	8	9
definitely would not help									definitely would help

8. I would try to stay away from Harry.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
none at all								very much

9. How much do you agree that Harry should be forced into treatment with his doctor even if he does not want to?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
none at all								very much

The AQ-9 Score Sheet

Name or ID Number________________________________ Date ____________

The AQ-9 consists of 9 stereotype scores that correspond with the AQ-27 factors. Note, no items are reverse scored for the AQ-9.

________ Blame = AQ4

________ Anger = AQ6

________ Pity = AQ1

________ Help = AQ7

________ Dangerousness = AQ2

________ Fear = AQ3

________ Avoidance = AQ8

________ Segregation = AQ5

________ Coercion = AQ9

The higher the score, the more that factor is being endorsed by the subject.

AQ-8-C

Name or ID Number_________________________________ Date _____________

PLEASE READ THE FOLLOWING STATEMENT ABOUT CHARLIE.

Charlie is a new student in your class. Before Charlie's first day, your teacher explained that Charlie is mentally ill and is transferring from a special school.

NOW CIRCLE THE NUMBER OF THE BEST ANSWER TO EACH QUESTION.

1. I would feel pity for Charlie.

1 2 3 4 5 6 7 8 9
none at all — very much

2. How dangerous would you feel Charlie is?

1 2 3 4 5 6 7 8 9
none at all — very much

3. How scared of Charlie would you feel?

1 2 3 4 5 6 7 8 9
none at all — very much

4. I think Charlie is to blame for the mental illness.

1 2 3 4 5 6 7 8 9
no, none at all — yes, absolutely so

5. I think Charlie should be in a special class for kids with problems, not a normal class like mine.

1 2 3 4 5 6 7 8 9
none at all — very much

6. How angry would you feel at Charlie?

1 2 3 4 5 6 7 8 9
none at all — very much

7. How likely is it that you would help Charlie with school work?

1 2 3 4 5 6 7 8 9
definitely would not help — definitely would help

8 . I would try to stay away from Charlie after school.

1 2 3 4 5 6 7 8 9
none at all — very much

The AQ-8-C Score Sheet

Name or ID Number________________________________ Date ____________

The AQ-8-C consists of 8 stereotypes which correspond with factors from the AQ-27. Coercion was not included here. Note, no items are reverse scored for the AQ-8C.

________ Blame = AQ4

________ Anger = AQ6

________ Pity = AQ1

________ Help = AQ7

________ Dangerousness = AQ2

________ Fear = AQ3

________ Avoidance = AQ8

________ Segregation = AQ5

The higher the score, the more that factor is being endorsed by the subject.

FQ
Name or ID Number________________________________ Date ____________

PLEASE READ THE FOLLOWING STATEMENT

John is the father of Beth, a 30 year old woman with schizophrenia. Beth lives with John in an apartment and works as a clerk at a large law firm. Beth has been hospitalized several times because of her illness.

Circle the number of the best answer to each question about JOHN, THE FATHER OF BETH.

1. I would feel pity for John.

1 2 3 4 5 6 7 8 9
none at all ... very much

2. How dangerous would you feel John is?

1 2 3 4 5 6 7 8 9
not at all ... very much

3. How scared of John would you feel?

1 2 3 4 5 6 7 8 9
not at all ... very much

4. I would think that Beth's condition is John s fault.

1 2 3 4 5 6 7 8 9
no, not at all ... yes, absolutely so

5. How angry would you feel at John?

1 2 3 4 5 6 7 8 9
not at all ... very much

6. How likely is it that you would help John?

1 2 3 4 5 6 7 8 9
definitely would not help ... definitely would help

7. I would try to stay away from John.

1 2 3 4 5 6 7 8 9
not at all ... very much

8. I think John is responsible for making sure Beth gets better.

1 2 3 4 5 6 7 8 9
not at all ... very much

9. I think Beth got her condition because John was an incompetent father.

1 2 3 4 5 6 7 8 9
not at all ... very much

10. John should feel ashamed because of Beth and her condition.

1 2 3 4 5 6 7 8 9

not at all very much

11. Because Beth grew up with John, I think John is contaminated by Beth's condition?

1 2 3 4 5 6 7 8 9

not at all very much

12. Beth should be kept away from John so she can get better

1 2 3 4 5 6 7 8 9

not at all very much

The FQ Score Sheet

Name or ID Number________________________________ Date ____________

The FQ assesses public stereotypes about FAMILY MEMBERS of people with mental illness. The FQ consists of 12 stereotypes. Item number 6 on helping the father needs to be reverse scored.

________ Blame the father, John = FQ4

________ Anger with the father = FQ5

________ Pity the father = FQ1

________ Help the father = FQ6 (Reverse score)

________ The father is dangerousness = FQ2

________ Fear the father = FQ3

________ Avoid the father = FQ7

These seven items reflect AQ-27 factors and should be interpreted in that light (see page 8). The higher the score, the more that factor is being endorsed by the subject.

The remaining five factors on this page represent stereotypes specific to family.

- Blame the father for Beth's recovery: *Because of bad parenting skills, the father, John, will be unable to help Beth in treatment and towards recovery. When Beth does poorly, it is John's fault.*
- Father is incompetent: *Beth's problems stem from father having bad parenting skills.*
- Father is ashamed of Beth. *Father thinks Beth's problems are because Beth is weak or in some other way "bad" and is embarrassed by her as a result.*
- Father is contaminated by Beth. *Father has a mental illness of his own because of his interactions with Beth.*
- Father should stay away from Beth: *Beth is a threat to father's physical or mental health.*
- Father should stay away from Beth: *Beth will only recover when her father is kept away from her. Something about the father causes Beth to relapse.*

________ Blame father for Beth's recovery = F8

________ Father is incompetent = F9

________ Father is ashamed of Beth = F10.

________ Father is contaminated by Beth = F11

________ Father should stay away from Beth = F12

The higher the score, the more that factor is being endorsed by the subject.

4. Evaluating Programs for Self-Stigma

These are measures completed by people with mental illness and reflect their level of internalized self-stigma.

THE SELF-STIGMA OF MENTAL ILLNESS SCALE (SSMIS)

Self-stigma is defined by four constructs (called the 3 A's plus 1).

- **A**wareness: People know common stereotypes about others with mental illness. Note that awareness of stereotypes does not mean people agree with them.
- **A**greement: Some people are not only aware of stereotypes, but agree that they are factual and accurate.
- **A**pplication: Some people apply the stereotypes to themselves. They internalize the stereotypes.
- plus **H**urts self: As a result of applying the stereotypes to themselves, some people suffer decreased self-esteem (they feel less worthy) or self-efficacy (they feel less able).

The SSMIS assesses the 3 A's plus 1 and yields four factor scores. It can be self-administered as a pencil-and-paper measure or included in a semi-structured interview depending on the research participant's cognitive skills.

THE RECOVERY ASSESSMENT SCALE (RAS)

Earlier, we said that measures of stigma included in this Toolkit focus on the bad effects of stigma. Stigma can also be assessed by focusing on the positive aspects of recovery, aspects that counteract self-stigma. The RAS assesses five factors.

- **P**ersonal Confidence and Hope: People are optimistic about their future and believe personal goals are achievable.
- **W**illingness to Ask for Help: Others (e.g., family and friends) play a central role in addressing problems and challenges.
- **G**oal and Success Orientation: Rather than focus on problems and on issues that cannot be achieved, recovery means that goals are self-determined and success is a reality.
- **R**eliance on Others: In addition to help, others play a central role in goal attainment.

- Not Dominated by Symptoms: Mental illness is not the sole or most prominent focus of life. Recovery also means goals and life satisfaction.

Note: That this is the short version of the RAS (22 items) about which the best data exist.

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SSMIS

Name or ID Number________________________________ Date ____________

There are many attitudes about mental illness. We would like to know what you think most of the public as a whole (or most people) believe about these attitudes. Please answer the following items using the 9-point scale below.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

Section 1:

I think the public believes…

1. _____ most persons with mental illness cannot be trusted.
2. _____ most persons with mental illness are disgusting.
3. _____ most persons with mental illness are unable to get or keep a regular job.
4. _____ most persons with mental illness are dirty and unkempt.
5. _____ most persons with mental illness are to blame for their problems.
6. _____ most persons with mental illness are below average in intelligence.
7. _____ most persons with mental illness are unpredictable.
8. _____ most persons with mental illness will not recover or get better.
9. _____ most persons with mental illness are dangerous.
10. _____ most persons with mental illness are unable to take care of themselves.

Section 2:
Now answer the next 10 items using the agreement scale.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

I think…

1. _____ most persons with mental illness are to blame for their problems.

2. _____ most persons with mental illness are unpredictable.

3. _____ most persons with mental illness will not recover or get better.

4. _____ most persons with mental illness are unable to get or keep a regular job.

5. _____ most persons with mental illness are dirty and unkempt.

6. _____ most persons with mental illness are dangerous.

7. _____ most persons with mental illness cannot be trusted.

8. _____ most persons with mental illness are below average in intelligence.

9. _____ most persons with mental illness are unable to take care of themselves.

10. _____ most persons with mental illness are disgusting.

Section 3
Now answer the next 10 items using the agreement scale.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

Because I have a mental illness…

1. _____ I am below average in intelligence.

2. _____ I cannot be trusted.

3. _____ I am unable to get or keep a regular job.

4. _____ I am dirty and unkempt.

5. _____ I am unable to take care of myself.

6. _____ I will not recover or get better.

7. _____ I am to blame for my problems.

8. _____ I am unpredictable.

9. _____ I am dangerous.

10. _____ I am disgusting.

Section 4

Finally, answer the next 10 items using the agreement scale.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

I currently respect myself less…

1. _____ because I am unable to take care of myself.

2. _____ because I am unable to get or keep a regular job.

3. _____ because I am dangerous.

4. _____ because I cannot be trusted.

5. _____ because I am to blame for my problems.

6._____ because I will not recover or get better.

7. _____ because I am disgusting.

8. _____ because I am unpredictable.

9. _____ because I am dirty and unkempt.

10. _____ because I am below average in intelligence.

The SSMIS Score Sheet

Name or ID Number________________________________ Date ____________

Summing items from each section represents the 3 A's plus 1.

_______ Aware: (Sum all items from **Section 1**).

_______ Agree: (Sum all items from **Section 2**).

_______ Apply: (Sum all items from **Section 3**).

_______ Hurts self: (Sum all items from **Section 4**).

RAS

Name or ID Number________________________________ Date ____________

PLEASE ANSWER THESE ITEMS ON AN AGREEMENT SCALE WHERE 1 IS "STRONGLY DISAGREE" AND 5 IS "STRONGLY AGREE."

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. I have a desire to succeed.	1	2	3	4	5
2. I have my own plan for how to stay or become well.	1	2	3	4	5
3. I have goals in life that I want to reach.	1	2	3	4	5
4. I believe I can meet my current personal goals.	1	2	3	4	5
5. I have a purpose in life.	1	2	3	4	5
6. Even when I don't care about myself, other people do.	1	2	3	4	5
7. Fear doesn't stop me from living the way I want to.	1	2	3	4	5
8. I can handle what happens in my life.	1	2	3	4	5
9. I like myself.	1	2	3	4	5
10. I have an idea of who I want to become.	1	2	3	4	5
11. Something good will eventually happen.	1	2	3	4	5
12. I'm hopeful about my future.	1	2	3	4	5

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
13. Coping with my mental illness is no longer the main focus of my life.	1	2	3	4	5
14. My symptoms interfere less and less with my life.	1	2	3	4	5
15. My symptoms seem to be a problem for shorter periods of time each time they occur.	1	2	3	4	5
16. I know when to ask for help.	1	2	3	4	5
17. I am willing to ask for help.	1	2	3	4	5
18. I ask for help, when I need it.	1	2	3	4	5
19. I can handle stress.	1	2	3	4	5
20. I have people I can count on.	1	2	3	4	5
21. Even when I don't believe in myself, other people do	1	2	3	4	5
22. It is important to have a variety of friends	1	2	3	4	5

The RAS Score Sheet

Name or ID Number_________________________________ Date ____________

Factor scores are obtained by adding up the parenthetical items which load into each factor.

________ Personal Confidence and Hope (Sum of items 7, 8, 9, 10, 11, 12, & 19)

________ Willingness to ask for Help (Sum of items 16, 17, & 18)

________ Goal and Success Orientation (Sum of items 1, 2, 3, 4, & 5)

________ Reliance on Others (Sum of items 6, 20, 21, & 22)

________ Not Dominated by Symptoms (Sum of items 13, 14, and 15)

5. Evaluating Programs for Label Avoidance

Instruments related to label avoidance have not been developed by our group, though we are currently working on innovative web-based strategies for this purpose.

6. Other Measurement Areas

Research has shown that people who are more familiar with "mental illness," and people with mental illness, are less likely to endorse corresponding stereotypes.

THE LEVEL OF FAMILIARITY SCALE (LOF)

Research participants read eleven items that vary in terms of how familiar the person is with mental illness. This task is then used to generate a single familiarity score.

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LOF

Name or ID Number________________________________ Date ____________

PLEASE READ EACH OF THE FOLLOWING STATEMENTS CAREFULLY. AFTER YOU HAVE READ ALL OF THE STATEMENTS BELOW, PLACE A CHECK BY EVERY STATEMENT THAT REPRESENTS YOUR EXPERIENCE WITH PERSONS WITH A SEVERE MENTAL ILLNESS.

____ I have watched a movie or television show in which a character depicted a person with mental illness.

____ My job involves providing services/treatment for persons with a severe mental illness.

____ I have observed, in passing, a person I believe may have had a severe mental illness.

____ I have observed persons with a severe mental illness on a frequent basis.

____ I have a severe mental illness.

____ I have worked with a person who had a severe mental illness at my place of employment.

____ I have never observed a person that I was aware had a severe mental illness.

____ A friend of the family has a severe mental illness.

____ I have a relative who has a severe mental illness.

____ I have watched a documentary on television about severe mental illness.

____ I live with a person who has a severe mental illness.

The LOF Score Sheet

Name or ID Number________________________________ Date ____________

Each item below has been coded in the level of intimacy: 11= most intimate contact with a person with mental illness, 7= medium intimacy, 1= little intimacy.

The index for this contact was the rank score of the most intimate situation indicated. If a person checks more than one item, rank their HIGHEST level of intimacy.

3 - I have watched a movie or television show in which a character depicted a person with mental illness.

7 - My job involves providing services/treatment for persons with a severe mental illness.

2 - I have observed, in passing, a person I believe may have had a severe mental illness.

5 - I have observed persons with a severe mental illness on a frequent basis.

11 - I have a severe mental illness.

6 - I have worked with a person who had a severe mental illness at my place of employment.

1 - I have never observed a person that I was aware had a severe mental illness.

8 - A friend of the family has a severe mental illness.

9 - I have a relative who has a severe mental illness.

4 - I have watched a documentary on television about severe mental illness.

10 - I live with a person who has a severe mental illness.

7. An Example Using the AQ-27 to Evaluate an Anti-Stigma Program

Evaluation of anti-stigma approaches can vary immensely in their level of rigor and complexity. The example here is only meant to be the most cursory illustration of an assessment plan for those new to this kind of research.

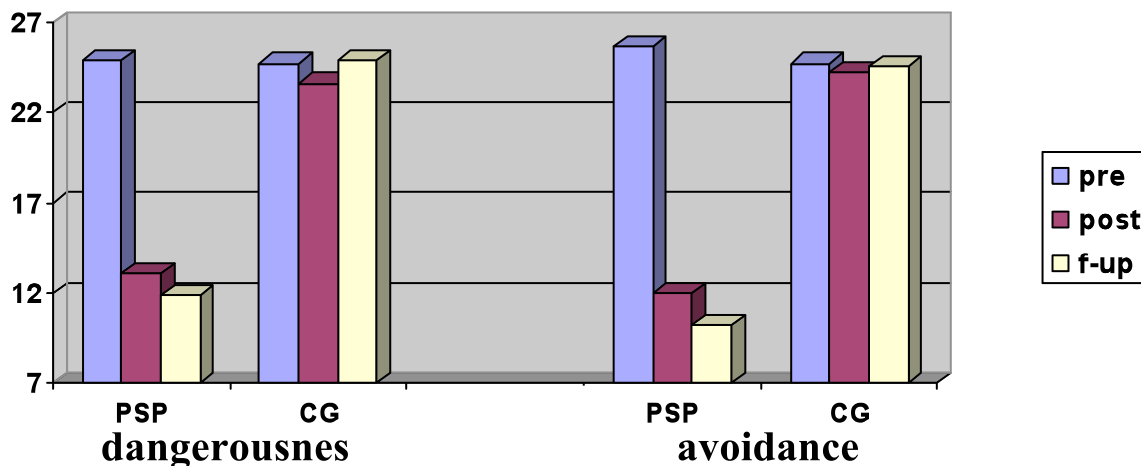
Evaluate the Anti-stigma effects of the "Personal Story Program" (PSP) on a group of adults from a local service club (n=10).

1. Limit AQ measurement to dangerousness and avoidance
2. Determine the change in AQ scores from pre to post to one week follow-up.
3. Compare PSP changes with a control group (n=10).

Raw scores of dangerousness and avoidance scores for the pre, post, and follow-up assessments of subjects in the PSP or control group (CG). The last row summarizes the means for each column.

I.D. No.	Dangerousness						Avoidance					
	PSP			CG			PSP			CG		
	Pre	Post	F-up	Pre	Post	F-up	Pre	Post	F-up	Pre	Post	F-up
1	24	10	11	25	26	25	27	11	11	24	21	25
2	23	12	13	23	24	24	26	9	10	23	25	24
3	26	14	14	25	26	25	27	8	9	25	24	20
4	27	15	11	24	22	26	25	10	11	24	23	27
5	22	13	14	27	25	27	24	7	8	27	24	26
6	25	15	16	22	23	21	25	12	13	25	22	23
7	24	13	10	25	21	25	26	14	7	24	25	25
8	25	13	10	26	22	25	24	17	10	25	26	25
9	26	11	9	24	22	25	25	15	11	26	28	27
10	27	15	11	26	25	26	27	17	12	24	24	23
means	24.9	13.1	11.9	24.7	23.6	24.9	25.6	12.0	10.2	24.7	24.2	24.5

A bar graph can map out means of dangerousness and avoidance scores by assessment period and group.



Conclusions: PSP leads to significant change over time in dangerousness and avoidance stereotypes, compared to a control group.