

INSTRUMENTS USED FOR GENERAL PUBLIC

Mental heAlth Knowledge Schedule (MAKS)

The lack of a valid outcome measure to assess knowledge is a shortcoming of evaluations of stigma interventions and programs. The MAKS is an instrument to assess stigma-related mental health knowledge among the general public. Three studies have evaluated the psychometric properties of the MAKS. Adults aged 25-45 in socioeconomic groups: B, C1 and C2 completed the instrument in person (n=92) and online (n=403). Internal reliability and test-retest reliability is moderate to substantial. Validity is supported by extensive review by experts (including service users and international experts). In conclusion, the MAKS was found to be a brief and feasible instrument for assessing and tracking stigma-related mental health knowledge.

Attitudes questions

The attitudes survey is a shorter adapted version of the Community Attitudes towards Mental Illness (CAMI) survey. It asks to what extent participants agree or disagree with a series of statements which express equal numbers of positive and negative views about mental health problems. These statements deal with a variety of different mental health related constructs including: perceptions of mental health problems, social distance from people with mental health problems, the responsibility of society towards people with mental health problems, the role of such people in society, and treatments for mental health problems.

Reported and Intended Behaviour Scale (RIBS)

Use of a behavioural outcome is essential to evaluate the effectiveness of anti-stigma interventions. The RIBS is an instrument based on the Star Social Distance Scale, to assess reported (past) and intended (future) behavioural discrimination among the general public against people with mental health problems. Three studies have been carried out to evaluate the psychometric properties of the RIBS. Adults aged 25-45 in socioeconomic groups: B, C1 and C2 (middle income groups) (n=458) took part in the development and testing of the RIBS. Internal reliability and test-retest reliability is moderate/substantial. The RIBS was found to be a brief and feasible instrument for assessing and tracking mental health related reported and intended behavioural discrimination.

INSTRUMENTS USED FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

Discrimination and Stigma Scale (DISC): This scale was developed to address the need for an internationally reliable measure of discrimination. This scale provides an assessment of experienced and anticipated discrimination from the mental health service user perspective, using for the first time direct interview data. It allows for quantitative and qualitative evaluation of responses. For the scale development candidate items were identified from a literature review and from detailed consultation with the research teams at 28 study sites. Next a Delphi process across all study sites reduced the item pool. Content validity and face validity were confirmed at this stage. Field testing of the scale took place with every site piloting a draft version of the scale in face to face interviews with 3 individuals with schizophrenia, leading

to further item modification and reduction to produce DISC version 10. On the basis of this international study, further modifications were made to produce DISC 11 as used in Viewpoint, including exclusion of questions and response options that were rarely applicable.

DISC 11 is a forty-five item questionnaire. The main section of the survey is composed of twenty-one questions about negative discrimination as a result of having a diagnosis of a mental illness. Participants are asked if they have been treated differently from other people because of their mental health problems, and whether they were at a slight, moderate or strong disadvantage in domains relating to everyday life and social participation, such as work, marriage, parenting, housing, leisure, and religious activities. For each response, they are invited to provide an example. Participants could also indicate if the question was not applicable to them (for example, they had not been in the situation in the past twelve months, or they had not disclosed their diagnosis in that situation, or if the situation had arisen before their diagnosis), or simply chose to leave the question unanswered.

The second section deals with anticipated discrimination. Participants are asked if they have stopped themselves from trying to find a relationship or work/education, or to what extent they feel the need to conceal their diagnosis.

Following this, two questions relate to how comfortable participants feel in disclosing their mental health diagnosis to others. There is also one item examining social distance and one looking at coping strategies.

Finally, five questions ask about experiences of being treated more positively than others, three relating to the specific life domains of family, welfare benefits and housing, and the other two are 'catch all' questions to record any other categories. Information on participant socio-demographic characteristics and mental health history are also gathered, as well as an open feedback question at the end 'Please can you tell me in one or two words what it has been like to take part in this survey'.

The Warwick-Edinburgh Wellbeing Scale: used to assess the general wellbeing of the participants. This scale has been well validated among the general population

Rogers and Chamberlin empowerment scale; used to assess whether participation in the project improves the empowerment levels of participants. The scale has been specifically designed for use by service users.

INSTRUMENT USED FOR TARGET GROUP

Shaw Trust Survey

The survey commissioned by the Shaw trust in 2006 established unequivocally that employers have very limited knowledge about mental ill health and relevant legislation, and lack policies on employing people with mental health problems. The same questions will be used to repeat surveys of employers annually throughout TTC.