

## Summary of Road To Mental Readiness (R2MR) Evaluation Results

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## Opening Mind's philosophy has been to:

- 1) Scientifically evaluate the effectiveness of anti-stigma and mental health programs
- 2) Promote programs that are found to be successful across Canada.

This approach to stigma reduction was prompted by the general finding that although many programs targeting stigma and mental health existed, there was a lack of formal evaluation of these programs. Often, no evaluations were being conducted on these programs or the few evaluations that were done used a "participant or customer satisfaction" approach rather than one that examined actual program outcomes.

Consistent with our philosophy, Opening Minds has scientifically and extensively evaluated R2MR in thousands of participants from various police services across Canada. To date, there are 10 police sites where we have conducted evaluations or are currently evaluating R2MR's rollout, including Vancouver Police Department, Calgary Police Service, York Regional Police, and Quebec City Police.

Our standard evaluation method involves a survey design where data is collected at three time- points: immediately before the start of the training (pre), immediately after the training (post), and 3 months following the end of the training. The surveys include validated quantitative measures and instruments that assess specific objectives of the R2MR program.

Two of the main program objectives are to reduce the stigma of mental illness and to increase the resiliency of program participants. Our evaluation results show that R2MR is effective at reducing stigmatizing attitudes of mental illness right after the training and that most of this reduction is maintained after 3 months. Similarly, resiliency skills (i.e., participant's perceptions of how well they can handle or are equipped to handle stressors) have increased after the training and retained after 3 months.

In addition to the surveys, we have also used qualitative methods (e.g., interviews, focus groups, and open-ended questions) to examine the efficacy of the program. The results from these methods support our questionnaire findings. Participants have indicated that the program is an "eye opening experience" and helps to dispel the myths and stigma associated with mental illnesses. Others have indicated that R2MR addresses a topic that is usually not discussed in policing. One of the most prevalent findings is that participants gravitate to the tangible skills and the resources offered by R2MR. They find the "Big 4" Skills and the Mental Health Continuum Model to be useful and relevant for both work and personal lives. Finally, participants have indicated that the program is well-organized and interactive, contains excellent materials (e.g., videos), and find the trainers are engaging and knowledgeable. We are also hearing, anecdotally, from our sites that the R2MR roll out has had immense impact



on participants. Sites across Canada report that as a consequence of taking in the program, participants are regularly self-identifying on the Mental Health Continuum Model and, if finding themselves on the right-hand side (i.e. orange and red zones), are seeking the proper resources to return to being more mentally healthy.

Our evaluations are clear in showing that R2MR is an evidence-based program, effective at reducing stigma and increasing resiliency, as well as being informative, relevant, and useful. Although our evaluation methods are rigorous, they are less rigorous when compared to a randomized control trial design. Despite this, we are confident in our results, especially because we are consistently finding these positive results across different police sites. Additionally, the civilian/general workplace adaptation of the program, called The Working Mind, has demonstrated similar results in the non-first responder population.

In addition to our evaluations of R2MR, the efficacy of the program can be corroborated with other research by the Department of National Defence (DND). Their internal research supports our findings that R2MR is an effective program, and have found it to be superior to other programs (Zamorski et al., 2012).

Beyond the efficacy of R2MR as a whole, the main components of the program were developed using an evidence-based approach:

- Our approach to stigma reduction using contact-based education (i.e., positive contact with a person with lived experience of a mental illness) has been demonstrated in the research literature as one of the most effective ways to reduce stigma (Corrigan & Fong, 2014; Corrigan et al., 2012).
- The "Big 4" skills (goal setting, positive self-talk, visualization/mental rehearsal, and diaphragmatic breathing), used independently and in concert, have been demonstrated to help one deal with adverse situations, reduce stress, and increase performance (e.g., Barwood et al., 2006; Hatsigeorgiadis et al., 2004; Mento et al., 1987; Paul et al., 2007; Taylor et al., 1998).
- Finally, the Mental Health Continuum Model helps reconceptualize how people think about mental health and mental illness, from a healthy/ill dichotomy to a gradient. This type of conceptualization has been associated with more positive perceptions of mental illnesses (Schomerus et al., 2013, 2016).

The research cited and the evaluations completed by Opening Minds suggest that R2MR is an effective evidence-based program. While there is evidence to support the program, we are continuing to evaluate the program in its different adaptations, such as with firefighters and paramedics. Continuous feedback from participants, quality assurance checks, and new research being conducted by Opening Minds researchers continues to inform the program and help maintain its high standard and efficacy.



## References

Barwood, M. J., Dalzell, J., Datta, A. K., Thelwell, R. C., & Tipton, M. J. (2006). Breath-hold performance during cold water immersion: effects of psychological skills training. Aviation, space, and environmental medicine, 77(11), 1136-1142.

Corrigan, P. W., & Fong, M. W. (2014). Competing perspectives on erasing the stigma of illness: What says the dodo bird? Social Science & Medicine, 103, 110-117.

Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: a meta-analysis of outcome studies. Psychiatric Services, 63, 963-973.

Hatzigeorgiadis, A., Theodorakis, Y., & Zourbanos, N. (2004). Self-talk in the swimming pool: The effects of self-talk on thought content and performance on water-polo tasks. Journal of Applied Sport Psychology, 16(2), 138-150.

Mento, A. J., Steel, R. P., & Karren, R. J. (1987). A meta-analytic study of the effects of goal setting on task performance: 1966–1984. Organizational Behavior and Human Decision Processes, 39(1), 52-83.

Paul, G., Elam, B., & Verhulst, S. J. (2007). A longitudinal study of students' perceptions of using deep breathing meditation to reduce testing stresses. Teaching and learning in medicine, 19, 287-292.

Schomerus, G., Angermeyer, M. C., Baumeister, S. E., Stolzenburg, S., Link, B. G., & Phelan, J. C. (2016). An online intervention using information on the mental health-mental illness continuum to reduce stigma. *European Psychiatry*, *32*, 21-27.

Schomerus, G., Matschinger, H., & Angermeyer, M. C. (2013). Continuum beliefs and stigmatizing attitudes towards persons with schizophrenia, depression and alcohol dependence. *Psychiatry Research*, 209(3), 665-669.

Taylor, S. E., Pham, L. B., Rivkin, I. D., & Armor, D. A. (1998). Harnessing the imagination: Mental simulation, self-regulation, and coping. American psychologist, 53(4), 429.

Zamorski, M. A., Guest, K., Bailey, S., & Garber, B. G. (2012). Beyond battlemind: evaluation of a new mental health training program for Canadian forces personnel participating in third-location decompression. Military medicine, 177(11), 1245-1253.