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# An Evaluation of the 2006 Human Face of Mental Illness and Mental Health In Canada Report

## **FINAL REPORT**

*Ce rapport est également disponible en français*

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# EXECUTIVE SUMMARY

The objective of this study was to examine recall and the use of The Human Face of Mental Health and Mental Illness in Canada 2006 report, and to provide any feedback on it. EKOS conducted a survey of individuals who received a copy of the report. A list of report recipients was provided by PHAC, and EKOS contacted individuals on this list to complete a telephone survey. Respondents who had distributed the report further to their own members or stakeholders were asked if they would be willing to forward an e-mail invitation to their recipients to complete the survey on-line. A total of 88 recipients were interviewed by phone and 18 completed the survey on-line, for a total of 106 completed cases. Survey results are therefore more representative of organizations that initially received the report, rather than members and stakeholders to whom these recipients further distributed the report.

Furthermore, a brief series of nine follow-up key informant interviews were undertaken with a small subset of survey respondents to obtain more detailed feedback on research issues and to help inform and clarify the analysis of survey results. Interviews were conducted by telephone.

## **Distribution and Recall**

Recall of the report was high among those contacted. Of the report recipients successfully contacted by telephone, 85 per cent could recall having seen, heard or read about the report. Recipients most commonly learned of the 2006 report by word of mouth (20 per cent) or on the Internet (19 per cent). Others learned of the report directly from the PHAC, from another organization, or they learned of it when they received a copy by mail or e-mail. A smaller number of recipients learned of the report at a conference, or were already aware of the report.

## **Readership and Use**

Most report recipients have not read the report in its entirety, but have read portions or scanned the content. Close to one-quarter have not read any of the report to date. Over half of these plan to use the report as a reference on an as-needed basis, whereas another third plan to read all of it. Only one or two had no intentions of reading the report.

The reasons which were primarily cited for interest in the report included: personal interest; use as a reference in service delivery; for dissemination to staff or constituency; and to obtain data for presentations. Use as a reference in organizational practices and policies, for standard definitions, and for preparing charts in presentations were also cited frequently. One-quarter of the report recipients surveyed were interested in the report as a reference to apply in clinical practice, and two in ten to help them understand and care for someone with a mental illness. Key informants also cited the report as a good source of information to the public, raising awareness of the prevalence of mental health issues and sensitizing people to some of the issues.

Interview respondents from the key informant interviews also identified a range of ways in which they used the document. A few note that it is a good reference tool for drawing public awareness to mental health and mental illness, in terms of increasing public understanding of the prevalence and impacts of mental illness. Beyond the general public, some organizations also use the report to provide information to service delivery organizations, intermediaries, agents (e.g., schools, teachers/counsellors), or to staff and Board members.

A small number of interview respondents also indicate having used the report to review their own programs or to help confirm that their services are based on evidence. Respondents in the voluntary sector also talked about using the report to leverage funding with donor/sponsors.

### **Satisfaction**

Report recipients strongly support the information role filled by PHAC through the publication and distribution of this report:

- Almost all survey respondents agree that there is a strong need for this type of report, and that the development and distribution of this report is a good role for the PHAC to play;
- Most respondents also agree that a report of this type is a good information vehicle to reach them;
- Most respondents agree that they found the report informative and useful; and,
- Most respondents do not consider the information in this report to be too broad and general to be of use to them, although some feel that this is the case (although in most cases they are able to use the report as a resource to pass along to others).

Overall satisfaction with the report is high at 84 per cent. Satisfaction with the presentation format used in the report (e.g., tables, charts, etc.) is also high, as is the satisfaction with the distribution, or ease of obtaining the report. Most readers are also satisfied with the clarity of information provided in the report and the length of the report, as well as with the subjects addressed.

Interview respondents also report a high level of satisfaction with this report. They agree that this was a good vehicle for providing information on mental health and mental illness in Canada, and for creating a focus on the importance of this issue in Canada. Several specifically note that they find the Canadian statistics and data made available to them in this report to be useful and/or valuable. The report was seen to be targeted to the right level of detail and language for the audiences that respondent organizations were disseminating the report to, and to be well organized. Several respondents indicated that they had received good feedback on the report.

Some interview respondents indicate that they obtained valuable new information or insights in this report, or that it confirmed some things they already suspected. Several interview respondents did agree, however, that the information contained in this report is nothing new to them and too broad to be of

much value to them. They did feel, however, that the report is useful as a reference and as a communication tool, describing it as a good “basic” or “introductory” tool.

### **Impacts**

Readers of the report themselves possessed a moderate to high level of knowledge of mental health and illness prior to reading the report, thus limiting the likely impacts of the report on their knowledge. Most recipients surveyed already possessed a significant level of knowledge of mental illness and issues relating to its treatment, impact and prevalence prior to reading the report. It is important to note, however, that many of the organizations using the report disseminated the information out to others. Key informants confirmed that the level of detail and language was geared to precisely the right level for those being sent the report and good feedback had been received from the organizations.

The greatest impact on knowledge levels is raising the awareness and understanding of prevention and treatment approaches among readers, followed by impacts on awareness and understanding of the need for mental health promotion, and of the prevalence of mental illness and of causes and related risk factors. The report also seems to have had a fairly strong impact on organizations and their practises, in particular on communications and outreach to target groups. One-quarter of respondents or more also note a strong positive impact on their ability to help someone with a mental illness. A similar number report a positive impact on organizational policies regarding those living with mental illness, or on approaches to staff training or hiring. Of respondents using the report in their practice over one in three report a significant positive impact on the support they can provide to patients with mental illness or to their family members, and on the level of care they can provide to their patients.

Interview respondents and organisations provided additional details on the impacts of this report. Again, several emphasized that the information and data had been valuable to them in preparing presentations to public and professional (e.g., mental health workers) audiences. One respondent noted that, while the report has not yet had much impact on their organization (in terms of policy, staff training or service delivery) he/she believe that it will do so as the contents of the report are reviewed and “digested” more broadly within the organization. Furthermore, one respondent indicated that his/her organization was able to leverage funding on the basis of the information provided in the report: that he/she saved scarce resource dollars by using this report instead of creating their own public education tools.

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# 1. INTRODUCTION

## 1.1 BACKGROUND

In 1999, a workshop co-sponsored by Health Canada and the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) developed a comprehensive indicator framework for a Mental Illnesses and Mental Health Surveillance System. The initial Health Canada report on Mental Health: *A Report on Mental Illness in Canada* responded to recommendations from the workshop to collate existing data in order to begin the process of creating a picture of mental illnesses in Canada. This report was designed to raise the profile of mental illness among government and non-governmental organizations, as well as industry, education, workplace and academic sectors.

*A Report on Mental Illness in Canada* described major mental illnesses, outlining their incidence and prevalence, causation, impact, stigma, prevention and treatment. It contained chapters on mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders and suicidal behaviour. The report was also intended for shaping policies and services aimed at improving the quality of life of people with mental illness.

A second document, *The Human Face of Mental Health and Mental Illness in Canada 2006*, was published in October 2006. As with the first report, this document was printed and distributed throughout the country, as well as being accessed electronically from the website. The information from the initial report has been updated and expanded to include new data from the 2002 Canadian Community Health Survey, the 2002-2003 Hospital Mental Health Database, and the 2004 Health Behaviours of School Children Survey. The aims of the second publication, *The Human Face of Mental Health and Mental Illness in Canada 2006* are to raise awareness and increase knowledge and understanding about mental health issues and mental illness in Canada. As with the first report, it includes a general chapter on mental illness and chapters on mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders and suicidal behaviour. New chapters include Mental Health, Problematic Substance Use, Gambling, Hospitalization and Aboriginal People's Mental Health and Well-Being.

Several audiences were targeted in the distribution of *The Human Face of Mental Health and Mental Illness in Canada 2006*:

- family physicians, occupational therapists and social workers;
- psychologists;
- psychiatrists;
- public health professionals;

- community groups; and,
- general public (as a secondary audience).

The objective of this project is to help assist with the evaluation of the report, *The Human Face of Mental Health and Mental Illness in Canada 2006*, and obtain feedback on the impact of the report.

Specific objectives are to:

- assess recall of the report;
- measure the increase in knowledge by health care intermediaries targeted in the distribution (including doctors, nurses, psychologists and psychiatrists, as well as public health professionals and community groups); and
- obtain feedback on *The Human Face of Mental Health and Mental Illness in Canada 2006* and suggestions for potential improvements in distribution, formatting, electronic distribution and media launch plans.

## 1.2 METHODOLOGY

### a) Survey of Report Recipients

To examine recall of and to obtain feedback on *The Human Face of Mental Health and Mental Illness in Canada 2006* report, EKOS conducted a telephone survey of individuals who received a copy. The survey was conducted between February 2<sup>nd</sup> and March 10, 2007. While the survey was originally planned to be completed as a self-administered survey over the Internet, the small sample size and type contact information available made it more advisable to complete the survey via telephone.

A list of report recipients was provided to EKOS by Public Health Agency of Canada. A total of 88 recipients completed the telephone survey. All recipients interviewed by telephone were also asked to indicate if they or their organization had also distributed the report further to their own members or stakeholders. Those who had distributed the report were asked if they would be willing to forward an e-mail invitation to their recipients to complete the survey on-line. This yielded another 18 completed cases, for a total of 106 completed cases. Survey results are therefore largely representative of organizations that initially received the report, although they may not be representative of organizations and individuals to whom the report was further distributed, given that relatively few cases were obtained through the use of snowball sampling. It is therefore not possible to ascertain the extent to which results are reflective of all readers of the report.

Prior to the interviewing period, the questionnaire went through a round of pre-testing with a total of ten respondents (in both official languages) in order to gauge the flow and clarity of the survey instrument. The pre-test cases were listened to in real-time by the project manager and recorded so that other EKOS survey experts could review. Before the final survey was fielded a small number of revisions were made to the survey instrument in close consultation with the client. The post test revisions were made in order to clarify certain questions.

The response rate to the survey was roughly 35 per cent on the 88 interviews completed by phone. The overall associated margin of error of up to +/- 9.9 per cent for the full sample. This size of sample does not allow for significant sub-group breakdowns of results into smaller segments (e.g., type of professional).

Telephone fieldwork for this project was conducted by highly trained interviewers at EKOS' call centres in Ottawa and Edmonton. Throughout the data collection, survey supervisors continuously monitored interviewing to ensure consistency of questionnaire administration and interviewing techniques. Up to eight call-backs were made to each member of the sample for which initial attempts at contact were unsuccessful.

## b) Key Informant Interviews

A brief series of follow-up key informant interviews were undertaken with a small subset of survey respondents to obtain more detailed feedback on research issues and to help inform and clarify the analysis of survey results. A total of nine interviews were conducted with recipients of *The Human Face of Mental Health and Mental Illness in Canada 2006* report. Interview respondents were selected from among those survey respondents who indicated that they received and read *The Human Face of Mental Health and Mental Illness in Canada 2006*, including recipients with different backgrounds or interests in mental health (including health professionals, government representatives and non-governmental organizations).

Interviews were conducted by telephone, requiring 10 to 15 minutes to conduct. The interview guide is provided in Appendix C. Results are reported in the relevant sections of the findings, alongside the survey results.

## 1.3 PROFILE OF RESPONDENTS

Table 1 provides an overview of the profile of survey respondents. Close to seven in ten survey respondents are women (69 per cent), and three in ten are men (31 per cent). The age of respondents varies, but most are between 35 and 64.

Most respondents possess a university level of education; 31 per cent have completed a Bachelor's degree and 49 per cent a graduate degree. A total of eight per cent are college graduates.

Half of all respondents are from Ontario (50 per cent); while over one in ten are from Saskatchewan (17 per cent), Newfoundland (11 per cent), or Quebec (11 per cent).

Not all respondents provided information on the type of organization they work for. Of those that did, roughly one-quarter work for provincial governments, one in ten are with NGOs, over one in ten are with the federal government (in public health or other departments), and smaller proportions work in health care or for universities.

**Table 2.1: Profile of Respondents**

Population Characteristic	Number of Respondents	% of Respondents
<b>Age</b>		
Under 25	2	2
25-34	7	7
35-44	26	25
45-54	42	40
55-64	23	22
65-74	2	2
DK/NR	4	4
<b>Gender</b>		
Male	33	31
Female	73	69
<b>Education</b>		
Some college	5	5
College or CEGEP graduate	8	8
Some university	2	2
Bachelor's degree	33	31
Professional certification	2	2
Graduate degree	52	49
Other	3	3
<b>Type of Organization</b>		
Provincial government	23	24
NGO/Not for profit organization	10	10
Federal Government – public health	8	8
Federal Government – non health-related	5	5
Primary health care services (hospital, private practice)	7	7
Other health care services	7	7
Universities	5	5
Other	5	31
DK/NR	27	28

## 2. FINDINGS

### 2.1 DISTRIBUTION AND RECALL

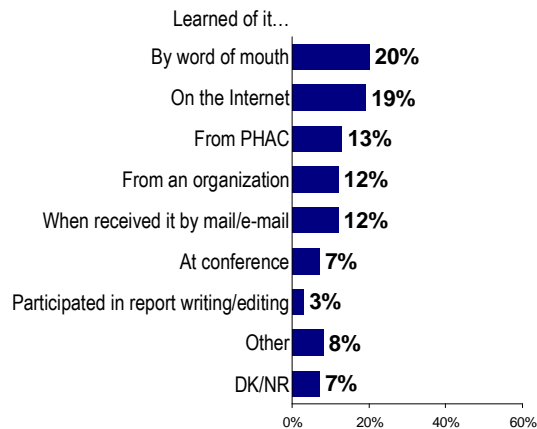
Recall of the report was high among those contacted. Of a total of 114 readers of the report successfully contacted by telephone, 97 (or 85 per cent) could recall having seen, heard or read about the report *The Human Face of Mental Health and Mental Illness in Canada*. The remaining 15 per cent (17 respondents) did not recall the report (and were therefore ineligible to complete the survey).

Recipients most commonly learned of the 2006 report by word of mouth (20 per cent) or on the Internet (19 per cent). Others learned of the report directly from the PHAC (13 per cent), from another organization (12 per cent), or they learned of it when they received a copy by mail or e-mail (12 per cent). A smaller number of recipients learned of the report at a conference, or were already aware of the report.

Respondents who learned of the report from another organization most commonly cited the Canadian Mental Health Association or the Centre for Addiction and Mental Health as the source of their awareness of this report. Those who learned of it at a conference most commonly identify the Anti Stigma and Discrimination conference held by the Mood Disorders Society of Canada, held in the fall of 2006. One respondent also cited an Inuit health conference.

#### Source of Awareness: 2006 Report

“How did you first learn of the report *The Human Face of Mental Health and Mental Illness in Canada*, released by the Public Health Agency of Canada in November 2006?”

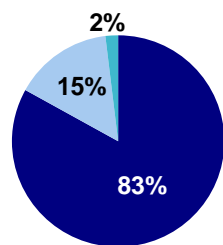


Most survey respondents said that they did receive a copy of the report (83 per cent), although 15 per cent indicated that they have not.

Of those who received the report, most obtained a hard copy (75 per cent). Another one in ten obtained an electronic version of the report (10 per cent) and a small minority downloaded the report from the Internet (six per cent) or obtained a copy at a conference (three per cent).

## Receipt of 2006 Report

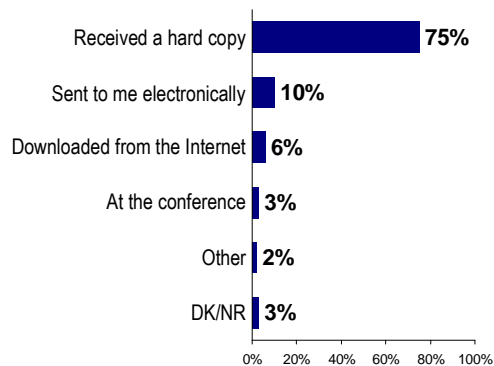
“Have you received or obtained a copy of the report The Human Face of Mental Health and Mental Illness in Canada 2006?”



■ Yes  
■ No  
■ DK/NR

n=106

“How did you obtain the report?”



0% 20% 40% 60% 80% 100%

n=88

 EKOS Research Associates Inc.

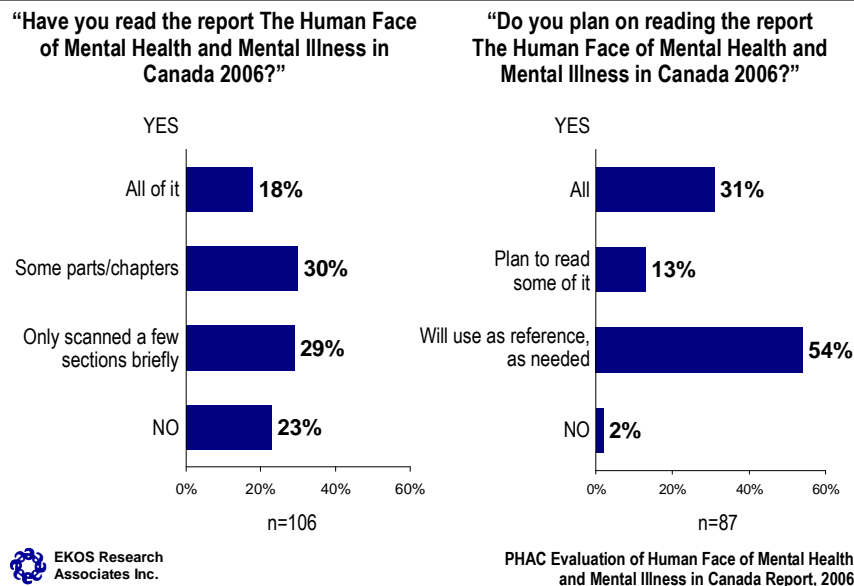
PHAC Evaluation of Human Face of Mental Health and Mental Illness in Canada Report, 2006

## 2.2 READERSHIP

Most report recipients have not read the report in its entirety but have rather read portions or scanned the content. A total of 18 per cent have read the entire report, whereas three in ten (30 per cent) have read only selected parts or chapters, and a similar number (29 per cent) have only scanned a few sections briefly. Close to one-quarter (23 per cent) have not read any of the report to date.

Of those who have not read any of the report to date, over half plan to use the report as a reference on an as-needed basis (54 per cent), another 31 per cent plan to read all of it, and 13 per cent plan to read part of the report. Only a couple of report recipients have no intentions of reading the report (two respondents, or two per cent).

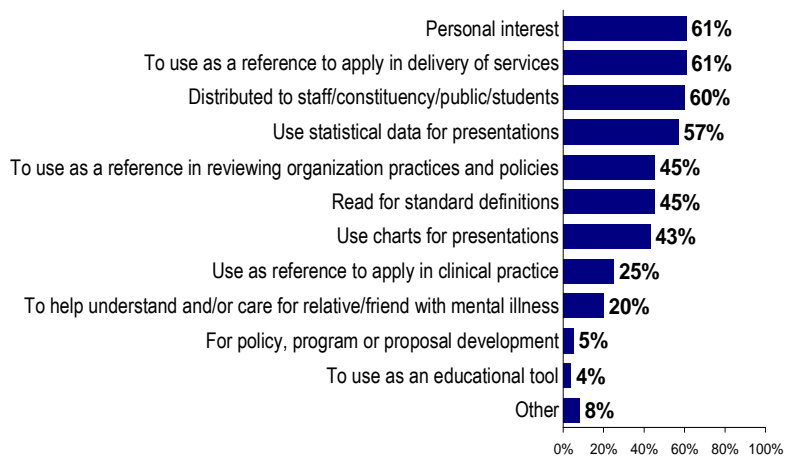
### Readership of the 2006 Report



Respondents list a variety of reasons for their interest in this report. Personal interest (61 per cent); to use as a reference in service delivery (61 per cent); to distribute to staff or constituency (60 per cent); and to obtain data for presentations (57 per cent) are the most commonly cited reasons for interest in this report. Use as a reference in organizational practices and policies (45 per cent); use for standard definitions (45 per cent); and for use of charts in presentations (43 per cent) are also cited frequently by recipients. One-quarter of the report recipients surveyed were interested in the report as a reference to apply in clinical practice, and two in ten to help them understand and care for someone with a mental illness.

## Primary Interest in 2006 Report

“What was your primary interest in this report?”



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n=396

PHAC Evaluation of Human Face of Mental Health  
and Mental Illness in Canada Report, 2006

### a) Key Informant Findings

Interview respondents from the key informant interviews also identified a range of ways in which they used the document. A few interview respondents working with provincial and national organizations relating to mental health and illness note that it is a good reference tool for drawing public awareness to mental health and mental illness, in terms of increasing public understanding of the prevalence and impacts of mental illness. These respondents have used information and data contained in the report in presentations, awareness activities, and to disseminate more broadly. One respondent indicated that the report makes the public aware of the prevalence of mental health issues, so that they do not see it as an issue that only affects a small minority. The message coming from the report is that it is not confined to a few, but affects considerable portions of society in one a direct or indirect way. It also calls attention to issues of mental health in the workplace and stigma.

Beyond the general public, some organizations also provide the information to service delivery organizations and agents (e.g., schools, teachers/counsellors). In this latter instance, one organization



talked about providing workshops and using the report as a product for attendees to take away with them. This is a very good resource for that purpose, according to one respondent. ('The report assumes some level of literacy and understanding of the issues and the audience they disseminate to has that.') Similarly, another organization used the report to disseminate to their staff and Board members, each of whom have experienced some form of mental health issues. Again, the report was seen to be target to the right level for this audience, with the right level of detail and language. Another respondent shared the report with workers at a distress centre, and with participants at a suicide prevention workshop. The document was well-appreciated by recipients in both cases, with the distress centre ordering copies for all their volunteers. The document is described by this respondent as an excellent general reference tool.

A small number of interview respondents also indicate having used the report to review their own programs or to help confirm that their services are based on evidence. A few also note that they have disseminated the report to affiliated or member organizations, and to staff.

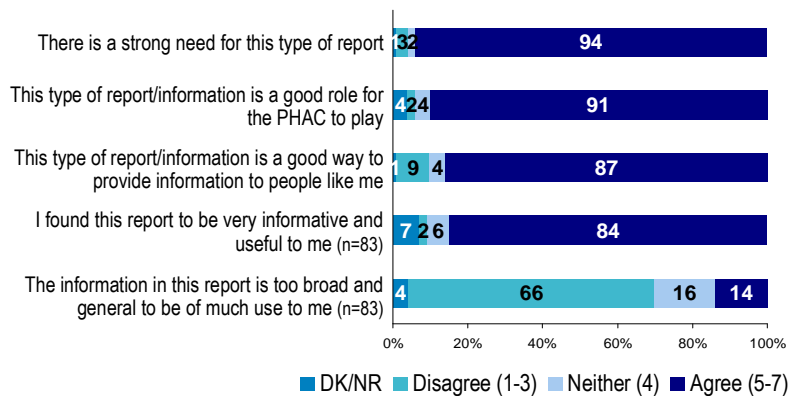
Respondents in the voluntary sector also talked about using the report to leverage funding with donor/sponsors. The report assists them in placing an emphasis on the importance of research in identifying and understanding mental health issues (and why it's important to invest in research in this area).

## 2.3 SATISFACTION

Report recipients strongly support the information role filled by PHAC through the publication and distribution of this report. Almost all survey respondents agree that there is a strong need for this type of report (94 per cent); and that the development and distribution of this report is a good role for the PHAC to play (91 per cent). Most respondents also agree that a report of this type is a good information vehicle to reach them (87 per cent). Furthermore, most respondents agree that they found the report informative and useful (84 per cent), although the extent of agreement with this statement tends to be more moderate. Most respondents do not consider the information in this report to be too broad and general to be of use to them (66 per cent), although a sizeable minority feel that the report is, in fact, too broad or general to be of particular use to them personally (14 per cent). (These results seem somewhat in contradiction to other survey results presented later in this report regarding usefulness of the information in the report.)

### Relevance of 2006 Report

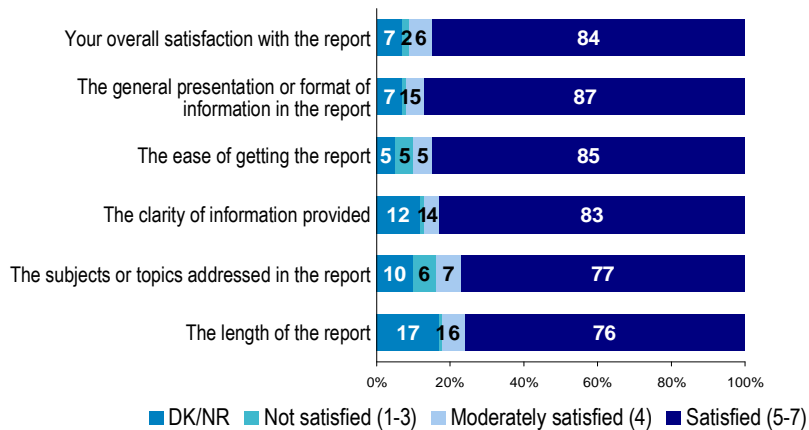
“To what extent do you agree or disagree with the following statements?”



Overall satisfaction with the report is high at 84 per cent. Satisfaction with the presentation format used in the report (e.g., tables, charts, etc.) is particularly high, at 87 per cent, as is the satisfaction with the distribution, or ease of obtaining the report (86 per cent). Most readers are also satisfied with the clarity of information provided in the report (83 per cent) and the length of the report (76 per cent), although over one in ten were unable to rate their satisfaction on these points (not having read the report). Satisfaction with the subjects addressed (77 per cent) is also high but somewhat more tempered (with a larger proportion indicating that they are moderately satisfied).

### Satisfaction with 2006 Report

“What is your level of satisfaction with the following aspects of the report  
The Human Face of Mental Health and Mental Illness in Canada 2006?”



n=83

PHAC Evaluation of Human Face of Mental Health and Mental Illness in Canada Report, 2006

Respondents who indicated that they were less than satisfied with any of the aspects of the report examined were asked to provide suggestions for improvement. The suggestions made by respondents on each point are as follows:

- **Subjects or topics addressed** : Of 11 suggestions for improvement provided, three respondents felt that the report was too general or broad to be of use to mental health professionals; and three suggested that the report should do more to provide the perspective of patients, families and communities (e.g., First Nations) to make it more relevant and “real”. Other suggestions include providing more information on the role of different health professionals or the role of research in mental health, or a discussion of age-specific issues (e.g., for children, teens, adults, seniors).
- **Distribution**: Of six individuals providing suggestions for improvements to the report distribution, two suggested providing more copies for distribution or information on how to obtain additional copies for distribution; and two suggested broader notification or distribution to all organizations offering mental health services. Others note difficulties with the distribution (long wait time to receive the report, received in the wrong language, or lack of response to an e-mail request for the report).
- **General suggestions for improvement**: Of six general suggestions provided, two point to a need for more specific information and recommendations in the report; one suggests that the report is too narrowly focused; and another suggests that the report should discuss the activities and impacts of the survivor network.
- **Report length**: Of the four respondents who provided suggestions for improving the report length, three felt that the report should be shorter, while one felt that the report should be longer, with each chapter or category being divided by age group.
- **Presentation or format**: Only three suggestions were made for improvements to the report presentation or format, and these reflect the varied interests and uses of recipients. One suggests that the report is not detailed or scientific enough and that the only thing of value were the charts and tables, while another suggests that there were too many charts and tables.
- **Clarity of information**: Only one respondent suggested that the clarity could be improved through the use of more user-friendly language (and this respondent was using the report for personal rather than professional use).

## a) Key Informant Findings

Interview respondents also report a high level of satisfaction with this report. They agree that this was a good vehicle for providing information on mental health and mental illness in Canada, and for creating a focus on the importance of this issue in Canada. Several specifically note that they find the Canadian statistics and data made available to them in this report to be useful and/or valuable. They indicated that it was of use to them in terms of “keeping up to date”. One respondent in particular, indicated that this helped them keep others apprised of the current state of affairs and promoted information sharing.

The report was seen to be targeted to the right level of detail and language for the audiences that respondent organizations were disseminating the report to. It was also seen to be well laid out and organized. Several respondents indicated that they had received good feedback on the report from those they had sent it to.

Some interview respondents indicate that they obtained valuable new information or insights in this report, or that it confirmed some things they already suspected. Several interview respondents did agree, however, that the information contained in this report is nothing new to them and too broad to be of much value to them. They did feel, however, that the report is useful as a reference and as a communication tool. They indicated that they would refer people without existing expertise or broad-based organizations to it as a good source of information. They described it as a good “basic” or “introductory” tool.

With regard to **suggestions for changes** or possible gaps, a few interview respondents identified an interest in further detailed information on the social (e.g., stigma) and economic impacts of mental illness in Canada. One indicated an interest in a comparative analysis of legislation pertaining to people with mental illness (e.g., decisions over medication, etc.) in provincial/territorial jurisdictions. Another expressed an interest in tool kits to use in awareness-building activities with the public, employers and/or volunteers.

One respondent also expressed an interest in seeing greater input or collaboration from survivor and support groups in future endeavours. This respondent expressed that the report would have greater credibility within the survivor and advocacy community if the perspectives of family members and support groups were incorporated (in terms of the impact on family, and the impact of support on patients). Similarly, another respondent asked that consultation be as wide as possible in updating and revising successive iterations of the report to allow more voluntary sector organizations an opportunity to have input into the content of the report.

Another respondent said that it would be helpful to their own organization if the report pointed more prominently to the role and function of research in identifying and increasing understanding of mental health issues. The point of view from this organization is that this connection is not obvious to the average reader.

One respondent noted that this report, although user-friendly, still assumes a fairly reasonable level of literacy and understanding of the issues. A report targeted to all members of the general public could potentially be another product, but would likely need to be a shorter report, with less depth to the information conveyed, assuming an audience with lower literacy and less knowledge of the topic.

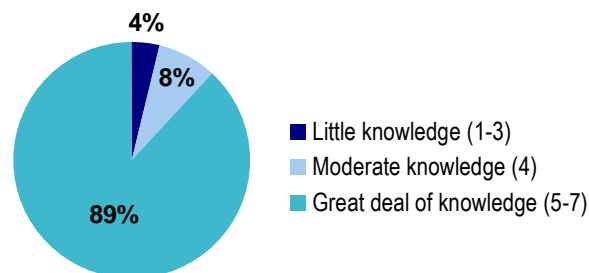
One respondent suggested that in a third iteration a section could be created highlighting the changes that have been made in policies and so on over time. A section on the progress in society in identifying, understanding and accommodating mental health issues on Canadian society would be a good final section according to this respondent. Still another respondent suggested greater inclusion of linkages across the different sections (e.g., presenting lifespan approaches to different diseases, etc). Finally, one respondent indicates an interest in seeing the topics in the report expanded further in more detailed reports (e.g., a report developed on each chapter topic).

## 2.4 IMPACTS

Readers of *The Human Face of Mental Health and Mental Illness in Canada* possessed a moderate to high level of knowledge of mental health and illness prior to reading the report, thus limiting the likely impacts of the report on their knowledge. Most recipients surveyed (89 per cent) already possessed a significant level of knowledge of mental illness and issues relating to its treatment, impact and prevalence prior to reading the report. A further eight per cent possessed a moderate level of knowledge prior to this report, and only four per cent report having little or no prior knowledge.

### Prior Level of Knowledge

“Prior to reading *The Human Face of Mental Health and Mental Illness in Canada* 2006 report, how would you rate your own personal level of knowledge mental illness and issues relating to its treatment, impacts and prevalence?”

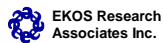
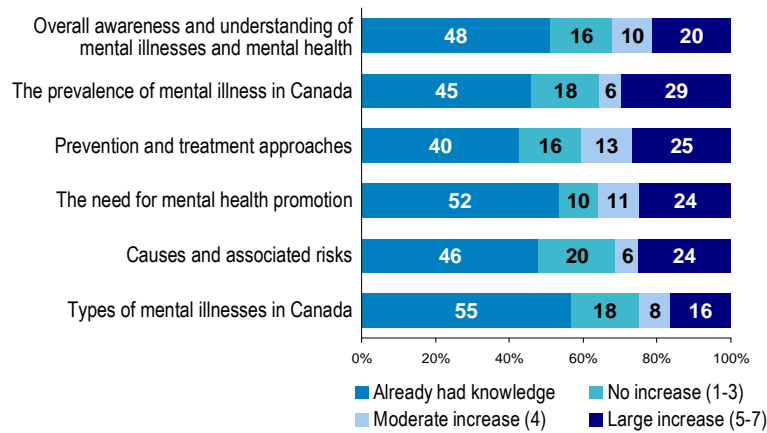


Given the prior level of knowledge of readers, it is not surprising that respondents report only moderate impacts on their knowledge levels. Two in ten (20 per cent) report a significant increase in overall awareness and understanding of mental illnesses and mental health as a result of reading this report, and an additional 10 per cent report a moderate increase. A total of 16 per cent report little overall increase in knowledge, while close to half indicate that they already were familiar with the content prior to reading the report (48 per cent). These results seem to contradict the generally high agreement that the report is not too broad to be of use to them, and requires further probing.

The greatest impact on knowledge levels is in the awareness and understanding of prevention and treatment approaches among readers (with 25 per cent reporting a significant increase, and 13 per cent a moderate increase in knowledge). This is followed closely by impacts on awareness and understanding of the need for mental health promotion (24 per cent reporting a significant and 11 per cent a moderate increase in knowledge); of the prevalence of mental illness (29 per cent reporting a significant and six per cent a moderate impact); and of causes and related risk factors (24 per cent reporting a significant and six per cent a moderate impact). A total of 16 per cent also report a significant increase (and eight per cent a moderate increase) in awareness and understanding of the types of mental illnesses in Canada.

### Impact on Knowledge Levels: 2006 Report

“To which extent the report The Human Face of Mental Health and Mental Illness in Canada 2006 report increased your awareness and understanding of the following...?”



n=83

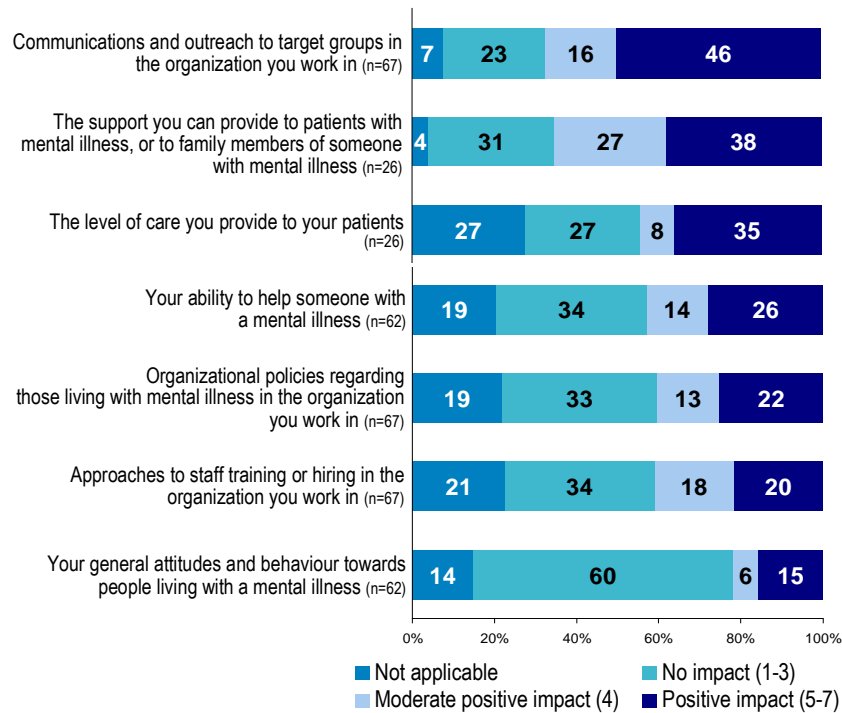
PHAC Evaluation of Human Face of Mental Health and Mental Illness in Canada Report, 2006

In spite of modest impacts of the report on knowledge levels, the report seems to have had a fairly strong impact on organizations and their practises, in particular on communications and outreach to target groups (with 46 per cent reporting a significant and 16 per cent a moderate positive impact). One-quarter of respondents or more also note a strong positive impact on their ability to help someone with a mental illness (with 26 per cent reporting a significant and 15 per cent a moderate impact). A similar number report a positive impact on organizational policies regarding those living with mental illness (22 per cent report a significant and 13 per cent a moderate positive impact); or on approaches to staff training or hiring (20 per cent report a significant and 18 per cent a moderate impact). The impact on general attitudes and behaviour is more modest (with 15 per cent reporting a significant positive impact) which is not surprising given the level of knowledge most readers already possessed.

Of respondents using the report in their practice (26 respondents in total), over one in three report a significant positive impact on the support they can provide to patients with mental illness or to their family members (39 per cent), and on the level of care they can provide to their patients (35 per cent).

### Impacts of the 2006 Report

“Please rate the extent to which the report *The Human Face of Mental Health and Mental Illness in Canada 2006* has had an impact on each of the following...?”





Respondents also identified other impacts of the 2006 report, which include:

- “The report is useful in drawing attention to mental illness and increasing the level of general awareness and understanding”. Some respondents underscore that this will help combat the stigma attached to mental illness.
- *“The report provides a good summary of the Canadian picture and Canadian data”*. Several also note that the current statistics and data provided in the report are appreciated and useful for proposal writing, presentations, fundraising and media relations.
- “The report brings a great deal of information together in one place, which is useful for policy development”.
- The report is described as “a very useful public education and resource tool which can inform a range of audiences, including those not familiar with mental illness and health, students, the public, volunteers and even front-line workers”.

## a) Key Informant Findings

Interview respondents also provided some additional detail on the impacts of this report for them or their organization. Again, several emphasized that the information and data had been valuable to them in preparing presentations. These presentations were to public and professional (e.g., mental health workers) audiences. One noted that the data from the report was well-appreciated by an audience of mental health workers interested in improvements to service delivery (to which they had provided a presentation).

One respondent noted that, while the report has not yet had much impact on their organization (in terms of policy, staff training or service delivery) they believe that it will as the contents of the report are reviewed and “digested” more broadly within the organization. This respondent indicated that they are using the material in reports and presentations, which will eventually result in organizational impacts.

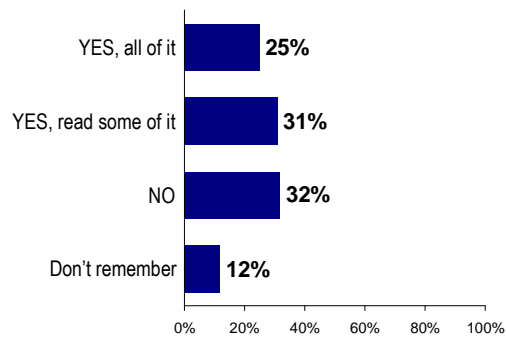
One respondent indicated that their organization was able to leverage funding on the basis of the information provided in the report. Further, they said that they saved scarce resource dollars that they might otherwise have had to use to create just such a public education tool. Instead, they were able to use this report to distribute to members of the public and to workshop participants.

## 2.5 2002 REPORT

Just over half of readers of the 2006 report indicate that they also read all (25 per cent) or some (31 per cent) of the 2002 report entitled *A Report on Mental Illness in Canada*. One in three (32 per cent) did not read the 2002 report, and 12 per cent cannot recall if they read it or not.

### Readership of 2002 Report

**“The Human Face of Mental Health and Mental Illness in Canada 2006 report is intended to expand on an earlier Health Canada report entitled *A Report on Mental Illness in Canada*, released in 2002. Did you read this 2002 report?”**

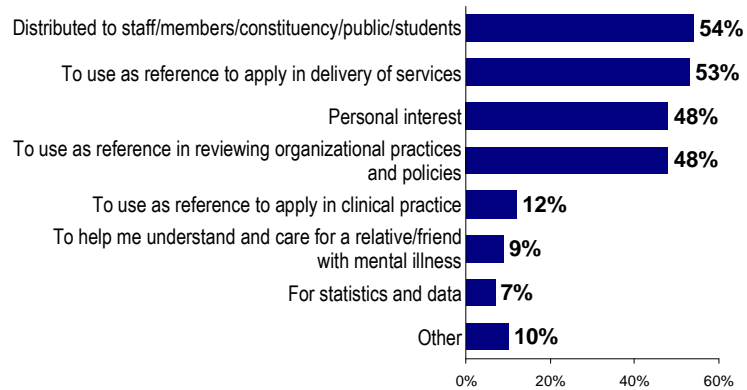


As with the 2006 report, those who read the 2002 report identify a number of reasons for being interested in this document, including to distribute to others (54 per cent), to use as a reference in the delivery of services (53 per cent), personal interest (48 per cent), and to use as a reference for reviewing organizational policies and practices (48 per cent).

Reasons for interest in the 2006 and 2002 report are largely reported to be the same or similar from one report to the next. Those using as a reference in 2002 are also apt have used it this way in 2006, for example.

## Primary Interest in 2002 Report

“What was your primary interest in the 2002 report?”



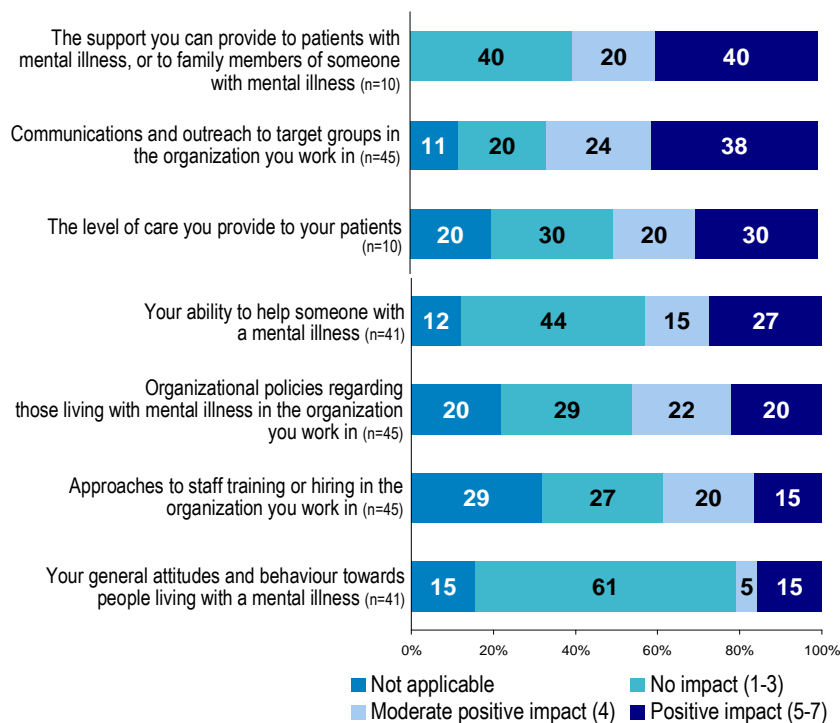
Findings regarding the impacts of the 2002 report are similar to those captured for the 2006 report. Many readers already possessed a significant amount of knowledge on mental health and mental illness prior to reading the report. As with the 2006 report, the most predominant impact from reading the 2002 report was on communications and outreach in their organization (38 per cent report a significant and 22 per cent a moderate positive impact). Over two in ten also reported a significant positive impact on their ability to help someone with a mental illness (27 per cent reported a significant and 15 per cent a moderate impact); and on the organizational policies of their organization (20 per cent reported a significant and 22 per cent a moderate positive impact). The reported impact on staff training or hiring (16 per cent said it was significant and 20 per cent said moderate) is more modest; as is the impact on attitudes and behaviour (15 per cent reported a significant impact, which is not surprising given the knowledge and/or experience already held by readers).

Results from the 2002 report do not shed much light on the lack of impact for some in 2006. Those that indicated a lack of impact from one report, also said the same about the other report.

Of the small number of respondents who used the 2002 report in their practice (ten respondents), most reported a positive impact on their level of care (three reported a significant and two a moderate impact) and on the support they can provide patients (four reported a significant and two a moderate impact).

## Impact of the 2002 Report

“What impact did the 2002 Health Canada report entitled A Report on Mental Illness in Canada have on each of the following impacts...?”



EKOS Research  
Associates Inc.

PHAC Evaluation of Human Face of Mental Health  
and Mental Illness in Canada Report, 2006

Respondents also identified other impacts of the 2002 report. Other impacts noted by multiple respondents include:

- Several respondents noted that the 2002 report helped to open the door to discussion and dialogue, leading the way towards a general increase the level of general awareness and understanding, and progress on programs and policies.
- Several respondents noted that the 2002 report helped to legitimize or increase the credibility of the mental health community and their role within health services.
- Several respondents noted that the statistics and data provided in the 2002 report were useful for presentations, fundraising and media relations.

- The report was described as a very useful public education and resource tool which can inform a range of audiences, including those not familiar with mental illness and health, students, and the public.
- The report was seen to make a useful contribution to program and policy development.

APPENDIX A  
SURVEY INSTRUMENT





**ENG**

PHAC Survey on the Human Face of Mental Illness Dear Sir/Madam,

EKOS Research Associates Inc. has been commissioned by the Public Health Agency of Canada (PHAC) to conduct a survey to evaluate the 2006 Human Face of Mental Health and Mental Illness in Canada Report. This report was released by PHAC in November 2006.

This survey will help Public Health Agency of Canada to evaluate the success of the report, as well as obtain valuable feedback on the content of the report.

Your name was obtained either from PHAC or from an organization distributing this report on behalf of PHAC. The responses you provide in this survey will be treated confidentially and your name will never be associated with your responses. All results of the survey will be provided to PHAC in aggregate form only.

The survey should take 10 to 15 minutes to complete. To participate, please visit the survey web site at <http://97.ca/ekos/callweb.cgi?EN:0097a>

If you have any questions about how to complete the survey, please call EKOS Research Associates at 1-800-388-2873 or send an email to [health@ekos.com](mailto:health@ekos.com). You may view a letter from PHAC requesting your participation at: <http://www.ekos.com/letter.pdf>

Thank you in advance for your participation.

Susan Galley Vice-President EKOS Research Associates, Inc.

\*\*\*\*\*

Madame, Monsieur,

L'Agence de santé publique du Canada (ASPC) a confié aux Associés de recherche EKOS le soin d'effectuer un sondage afin d'évaluer le rapport de 2006 intitulé Aspect humain de la santé mentale et de la maladie mentale au Canada. Ce rapport a été publié par l'ASPC en novembre 2006.

Ce sondage va aider l'Agence de santé publique du Canada à évaluer le succès du rapport et à obtenir une rétroaction précieuse sur le contenu du rapport.

Votre nom nous a été transmis soit par l'ASPC, soit par une organisation qui distribue le rapport au nom de l'Agence. Nous allons traiter en toute confidentialité les réponses que vous fournirez au cours du sondage et votre nom ne sera jamais associé à vos réponses. Tous les résultats du sondage ne seront communiqués à l'ASPC que groupés.

Il vous suffira de 10 à 15 minutes pour répondre au sondage. Pour ce faire, veuillez vous rendre dans le site web du sondage à cette adresse : <http://97.ca/ekos/callweb.cgi?EN:0097a>

Si vous vous posez des questions sur la façon de remplir le sondage, veuillez téléphoner aux Associés de recherche EKOS, au 1-800-388-2873, ou envoyer un courriel à [health@ekos.com](mailto:health@ekos.com). Vous pourrez prendre connaissance d'une lettre de l'ASPC qui vous invite à répondre au sondage, à l'adresse <http://www.ekos.com/lettre.pdf>

Merci à l'avance de votre participation.

Susan Galley Vice-présidente Les Associés de recherche EKOS inc.

## FR

Sondage de l'ASPC sur l'Aspect humain de la maladie mentale Madame, Monsieur,

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Thank you in advance for your participation.

Susan Galley Vice-President EKOS Research Associates, Inc.

**SURVLANG**

..... 1

**MAIL**

-> AMAIL; C100 L4 C40 ..... 1

**DATE**

-> ADATE; D [0-20071231] ..... 1

**EMAILSENT**

-> AEMAILSENT; D [0-20071231] ..... 1

**PRETEST**

..... 1

**INDASSN**

individual ..... 1  
association ..... 2

**CONTACTNAME**

-> ACONTACTNAME; C100 L4 C40 ..... 1

**CONTACTORG**

-> ACONTACTORG; C200 L4 C40 ..... 1

## INTRO [0,0]

Evaluation of the 2006 Human Face of Mental Illness and Mental Health in Canada Report

Dear Sir/Madam,

EKOS Research has been commissioned by the Public Health Agency of Canada (PHAC) to conduct a survey to evaluate the 2006 Human Face of Mental Health and Mental Illness in Canada Report. This report was released by PHAC in November 2006.

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Thank you in advance for your participation.

Susan Galley Vice-President EKOS Research Associates, Inc.

**INSTR [0,0]**

Welcome to the Survey on the 2006 Human Face of Mental Illness and Mental Health in Canada Report. Thank you for agreeing to participate. This survey is being conducted by EKOS Research on behalf of the Public Health Agency of Canada.

**INSTRUCTIONS**

! Please consider the questions and your answers carefully.

! Unless otherwise indicated, you may provide only one answer per question.

! On each screen, after selecting your answer, click on the "Back" or "Continue" buttons at the bottom of the screen to move forward or backwards in the questionnaire.

! If you leave the survey before completing it, you can return to the survey URL later and enter your PIN, and you will be returned to the page from which you left. Your answers up to that point in the survey will be saved.

! If you have any questions about how to complete the survey, please call EKOS Research Associates at 1-800-388-2873 or send an email to health@ekos.com.

All of the responses that you provide in this questionnaire are confidential. No information will be provided to Health Canada (or anyone else) that would link your answers to you. Health Canada staff would benefit, however, from reading through the responses provided to open ended questions (e.g., where comments are typed in). If you do not wish to release your answers they will only be seen by EKOS research staff reporting on the results. If you are willing to release the responses you make to open questions, they will be provided (anonymously) in a list of comments in an appendix to a report which will be made public. At the end of the survey we will ask if you would be willing to release your anonymous comments for wider viewing.

**Q1**

Prior to this survey, have you seen, heard or read anything about the report entitled The Human Face of Mental Health and Mental Illness in Canada, released by the Public Health Agency of Canada (PHAC) in November 2006?

- Yes.....1
- No .....2 ->THNK2
- Don't know/No response.....9 ->THNK2

**Q2**

How did you first learn of the report The Human Face of Mental Health and Mental Illness in Canada, released by the Public Health Agency of Canada in November 2006?

Learned of it from PHAC .....	111
Learned of it from an organization.....	112
Learned of it on the Internet.....	113
Learned of it at conference .....	114
Word of mouth.....	115
Other (please specify) -> AQ2; C350 L1 C75 .....	977
Don't know/No response.....	999

**Q2B**

If... Q2.EQ.112

From which organization did you learn of it?

Response -> AQ2B; C350 L1 C75 .....	77
Don't know/No response.....	99

**Q2C**

If... Q2.EQ.114

At which conference did you learn of it?

Response -> AQ2C; C350 L1 C75 .....	77
Don't know/No response.....	99

**Q3**

Have you received or obtained a copy of the report The Human Face of Mental Health and Mental Illness in Canada 2006?

Yes.....	1
No .....	2
Don't know/No response.....	9

**Q4**

If... Q3.EQ.1

How did you obtain the report?

Sent to me electronically.....	111
Received a hard copy.....	112
At the conference.....	113
Downloaded from the Internet .....	114
Other (please specify) -> AQ4; C350 L1 C75 .....	977
Don't know/No response.....	999

**Q4A**

If... Q4.EQ.111

Please specify who sent the report.

Response -> AQ4A; C350 L1 C75 .....	77
Don't know/No response .....	99

**Q4B**

If... Q4.EQ.112

Please specify from who or what organization you received a hard copy of the report.

Response -> AQ4B; C350 L1 C75 .....	77
Don't know/No response .....	99

**Q4C**

If... Q4.EQ.113

Please specify the conference at which you obtained the report.

Response -> AQ4C; C350 L1 C75 .....	77
Don't know/No response .....	99

**Q5**

If... Q3.EQ.1.AND.Q4.EQ.977

In what format did you obtain the report?

Electronic .....	1
Hard copy .....	2
Don't know/No response .....	9

**Q6**

Have you read the report The Human Face of Mental Health and Mental Illness in Canada 2006?

Yes, all of it .....	1
Yes, some parts/chapters .....	2
Yes, but only scanned a few sections briefly .....	3
No .....	4
Don't know/No response .....	9



**Q7**

If... Q6.NE.1

Do you plan on reading the report The Human Face of Mental Health and Mental Illness in Canada 2006?

Yes, all.....	1
Yes, plan to read some of it .....	2
Yes, will use as reference, as needed .....	3
No .....	4
Don't know/No response .....	9

**Q8 [1,3]**

If... Q7.EQ.4

Why do you think that you will not read this report?

Not interested.....	111	
Not of direct value to me .....	112	
Obtained it for distribution purposes only.....	113	
Will not have time .....	114	
Other (please specify) -> AQ8; C350 L2 C75 .....	977	
Don't know/No response .....	999	X

**Q9 [1,10]**

What was your primary interest in this report? SELECT ALL THAT APPLY

Personal interest.....	110	
To use as a reference to apply in clinical practice.....	111	
To use as a reference in reviewing organizational practices and policies.....	112	
To use as a reference to apply in delivery public/community/health services to individuals with mental illness .....	113	
Distributed to staff/members/constituency.....	114	
To help me understand and/or care for relative/friend with mental illness.....	115	
Read for standard definitions .....	116	
Use charts for presentations .....	117	
Use statistical data for presentations .....	118	
Other (specify) -> AQ9; C350 L5 C70 .....	977	
Don't know/No response .....	999	X

**Q6CAL**

Q6CAL=n\_such(4,9,"Q6")

**PREQ10 [0,0]**

Please rate the degree to which you agree or disagree with the following statements.

**Q10A**

There is a strong need for this type of report, providing information on mental health and mental illnesses in Canada

Strongly disagree 1 ..... 1  
2 ..... 2  
3 ..... 3  
Neither agree nor disagree 4 ..... 4  
5 ..... 5  
6 ..... 6  
Strongly agree 7 ..... 7  
Don't know/No response ..... 9

**Q10B**

The development, publishing and distribution of this type of report/information is a good role for the Public Health Agency of Canada to play

Strongly disagree 1 ..... 1  
2 ..... 2  
3 ..... 3  
Neither agree nor disagree 4 ..... 4  
5 ..... 5  
6 ..... 6  
Strongly agree 7 ..... 7  
Don't know/No response ..... 9

**Q10C**

The development, publishing and distribution of this type of report is a good way to provide information on mental health and mental illness to people like me

Strongly disagree 1 ..... 1  
2 ..... 2  
3 ..... 3  
Neither agree nor disagree 4 ..... 4  
5 ..... 5  
6 ..... 6  
Strongly agree 7 ..... 7  
Don't know/No response ..... 9

**Q10D**

If... Q6CAL.NE.1

The information provided in this report is too broad and general to be of much use to me

- Strongly disagree 1 ..... 1
- 2 ..... 2
- 3 ..... 3
- Neither agree nor disagree 4 ..... 4
- 5 ..... 5
- 6 ..... 6
- Strongly agree 7 ..... 7
- Don't know/No response ..... 9

**Q10E**

If... Q6CAL.NE.1

I found this report to be very informative and useful to me

- Strongly disagree 1 ..... 1
- 2 ..... 2
- 3 ..... 3
- Neither agree nor disagree 4 ..... 4
- 5 ..... 5
- 6 ..... 6
- Strongly agree 7 ..... 7
- Don't know/No response ..... 9

**Q6SKP**

If... (Q6CAL.EQ.1)

..... 1

->Q14

**PREQ11 [0,0]**

Please rate your level of satisfaction with the following aspects of the report The Human Face of Mental Health and Mental Illness in Canada 2006.

**Q11A**

**The length of the report**

Not at all satisfied 1 ..... 1  
2 ..... 2  
3 ..... 3  
Moderately satisfied 4 ..... 4  
5 ..... 5  
6 ..... 6  
Very satisfied 7 ..... 7  
Don't know/No response ..... 9

**Q11B**

**The clarity of information provided**

Not at all satisfied 1 ..... 1  
2 ..... 2  
3 ..... 3  
Moderately satisfied 4 ..... 4  
5 ..... 5  
6 ..... 6  
Very satisfied 7 ..... 7  
Don't know/No response ..... 9

**Q11C**

**The general presentation or format of information in the report (e.g., tables, charts)**

Not at all satisfied 1 ..... 1  
2 ..... 2  
3 ..... 3  
Moderately satisfied 4 ..... 4  
5 ..... 5  
6 ..... 6  
Very satisfied 7 ..... 7  
Don't know/No response ..... 9

**Q11D**

**The subjects or topics addressed in the report**

Not at all satisfied 1 ..... 1  
2 ..... 2  
3 ..... 3  
Moderately satisfied 4 ..... 4  
5 ..... 5  
6 ..... 6  
Very satisfied 7 ..... 7  
Don't know/No response ..... 9

**Q11E**

The ease of getting the report

Not at all satisfied 1 .....	1
2 .....	2
3 .....	3
Moderately satisfied 4.....	4
5 .....	5
6 .....	6
Very satisfied 7 .....	7
Don't know/No response .....	9

**Q11F**

Your overall satisfaction with the report The Human Face of Mental Health and Mental Illness in Canada 2006

Not at all satisfied 1 .....	1
2 .....	2
3 .....	3
Moderately satisfied 4.....	4
5 .....	5
6 .....	6
Very satisfied 7 .....	7
Don't know/No response .....	9

**Q12A [1,3]**

If... Q11A.EQ.1,2,3,4

What suggestions would you make to improve the length of the report

Response -> AQ12A; C350 L4 C75 .....	77	
Don't know/No response .....	99	X

**Q12B [1,3]**

If... Q11B.EQ.1,2,3,4

What suggestions would you make to improve the clarity of information provided

Response -> AQ12B; C350 L4 C75 .....	77	
Don't know/No response .....	99	X

**Q12C [1,3]**

If... Q11C.EQ.1,2,3,4

What suggestions would you make to improve the general presentation or format of information in the report (e.g., tables, charts)

Response -> AQ12C; C350 L4 C75 .....	77	
Don't know/No response .....	99	X

**Q12D [1,3]**

If... Q11D.EQ.1,2,3,4

What suggestions would you make to improve the subjects or topics addressed in the report

Response -> AQ12D; C350 L4 C75 .....77  
Don't know/No response .....99 X

**Q12E [1,3]**

If... Q11E.EQ.1,2,3,4

What suggestions would you make to improve the distribution of the report

Response -> AQ12E; C350 L4 C75 .....77  
Don't know/No response .....99 X

**Q12F [1,3]**

If... Q11F.EQ.1,2,3,4

What suggestions would you make to generally improve the report The Human Face of Mental Health and Mental Illness in Canada 2006.

Response -> AQ12F; C350 L4 C75 .....77  
Don't know/No response .....99 X

**Q14**

Prior to reading The Human Face of Mental Health and Mental Illness in Canada 2006 report, how would you rate your own personal level of knowledge mental illness and issues relating to its treatment, impacts and prevalence?

- 1. Knew little or nothing .....1
- 2 .....2
- 3 .....3
- 4. Had a moderate amount of knowledge on the topic .....4
- 5 .....5
- 6 .....6
- 7. Knew a great deal .....7
- Don't know/No response .....9

**Q6SKP2**

If... (Q6CAL.EQ.1)

.....1 ->Q17

**PREQ15 [0,0]**

Please rate the extent to which The Human Face of Mental Health and Mental Illness in Canada 2006 report increased your awareness and understanding of the following...Please note that if your knowledge in this area was already high prior to reading the report there is a specific category for this.

**Q15A**

The prevalence of mental illness in Canada (number of people affected, demographics of who is most susceptible)

No increase 1 ..... 1  
2 ..... 2  
3 ..... 3  
A moderate increase 4 ..... 4  
5 ..... 5  
6 ..... 6  
A very large increase 7 ..... 7  
Already had knowledge ..... 8  
Don't know/No response ..... 9

**Q15B**

Types of mental illnesses in Canada

No increase 1 ..... 1  
2 ..... 2  
3 ..... 3  
A moderate increase 4 ..... 4  
5 ..... 5  
6 ..... 6  
A very large increase 7 ..... 7  
Already had knowledge ..... 8  
Don't know/No response ..... 9

**Q15C**

Causes and associated risk factors

No increase 1 ..... 1  
2 ..... 2  
3 ..... 3  
A moderate increase 4 ..... 4  
5 ..... 5  
6 ..... 6  
A very large increase 7 ..... 7  
Already had knowledge ..... 8  
Don't know/No response ..... 9

**Q15D**

The need for mental health promotion

No increase 1 ..... 1  
2 ..... 2  
3 ..... 3  
A moderate increase 4 ..... 4  
5 ..... 5  
6 ..... 6  
A very large increase 7 ..... 7  
Already had knowledge ..... 8  
Don't know/No response ..... 9

**Q15E**

Prevention and treatment approaches

No increase 1 ..... 1  
2 ..... 2  
3 ..... 3  
A moderate increase 4 ..... 4  
5 ..... 5  
6 ..... 6  
A very large increase 7 ..... 7  
Already had knowledge ..... 8  
Don't know/No response ..... 9

**Q15F**

Overall awareness and understanding of mental illnesses and mental health

No increase 1 ..... 1  
2 ..... 2  
3 ..... 3  
A moderate increase 4 ..... 4  
5 ..... 5  
6 ..... 6  
A very large increase 7 ..... 7  
Already had knowledge ..... 8  
Don't know/No response ..... 9

**PREQ16 [0,0]**

If... Q9.EQ.110,111,112,113,115

Please rate the extent to which the report The Human Face of Mental Health and Mental Illness in Canada 2006 has had an impact on each of the following... Please note that the scale assumes that if there was an impact that it was a positive one. If you found a negative impact, there is a specific category for this.



**Q16B**

If... Q9.EQ.110,115

Your general attitudes and behaviour towards people living with a mental illness

No impact at all 1..... 1  
2..... 2  
3..... 3  
A moderate positive impact 4..... 4  
5..... 5  
6..... 6  
A very strong positive impact 7..... 7  
Negative impact..... 97  
Not applicable..... 98  
Don't know/No response..... 99

**Q16C**

If... Q9.EQ.110,115

Your ability to help someone with a mental illness

No impact at all 1..... 1  
2..... 2  
3..... 3  
A moderate positive impact 4..... 4  
5..... 5  
6..... 6  
A very strong positive impact 7..... 7  
Negative impact..... 97  
Not applicable..... 98  
Don't know/No response..... 99

**Q16D**

If... Q9.EQ.111

The level of care you provide to your patients (for those using in practice)

No impact at all 1..... 1  
2..... 2  
3..... 3  
A moderate positive impact 4..... 4  
5..... 5  
6..... 6  
A very strong positive impact 7..... 7  
Negative impact..... 97  
Not applicable..... 98  
Don't know/No response..... 99

**Q16E**

If... Q9.EQ.111

The support you can provide to patients with mental illness, or to family members of someone with mental illness (for those using in practice)

No impact at all 1.....	1
2.....	2
3.....	3
A moderate positive impact 4.....	4
5.....	5
6.....	6
A very strong positive impact 7.....	7
Negative impact.....	97
Not applicable.....	98
Don't know/No response.....	99

**Q16G**

If... Q9.EQ.112,113

Approaches to staff training or hiring in the organization you work in

No impact at all 1.....	1
2.....	2
3.....	3
A moderate positive impact 4.....	4
5.....	5
6.....	6
A very strong positive impact 7.....	7
Negative impact.....	97
Not applicable.....	98
Don't know/No response.....	99

**Q16H**

If... Q9.EQ.112,113

Communications and outreach to target groups in the organization you work in

No impact at all 1.....	1
2.....	2
3.....	3
A moderate positive impact 4.....	4
5.....	5
6.....	6
A very strong positive impact 7.....	7
Negative impact.....	97
Not applicable.....	98
Don't know/No response.....	99

**Q16I**

If... Q9.EQ.112,113

Organizational policies regarding those living with mental illness in the organization you work in

No impact at all 1.....	1
2.....	2
3.....	3
A moderate positive impact 4.....	4
5.....	5
6.....	6
A very strong positive impact 7.....	7
Negative impact.....	97
Not applicable.....	98
Don't know/No response.....	99

**PLACE3 [0,0]**

**Q16K [1,3]**

Can you identify any other specific impacts that the report The Human Face of Mental Health and Mental Illness in Canada 2006 had on you or your organization?

Response -> AQ16K; C350 L4 C75 .....	77
Don't know/No response.....	99 X

**Q17**

The Human Face of Mental Health and Mental Illness in Canada 2006 report is intended to expand on an earlier Health Canada report entitled A Report on Mental Illness in Canada , released in 2002. Did you read this 2002 report?

Yes, all of it .....	1	
Yes, read some of it .....	2	
No .....	3	->DEMIN
Don't remember.....	8	->DEMIN
Don't know/No response.....	9	->DEMIN

**Q18 [1,7]**

What was your primary interest in the 2002 report? SELECT ALL THAT APPLY

Personal interest.....	110	
To use as a reference to apply in clinical practice.....	111	
To use as a reference in reviewing organizational practices and policies.....	112	
To use as a reference to apply in delivery public/community/health services to individuals with mental illness .....	113	
Distributed to staff/members/constituency.....	114	
To help me care for relative/friend with mental illness.....	115	
Other (specify) -> AQ18; C350 L5 C70 .....	977	
Don't know/No response.....	999	X

**PREQ19 [0,0]**

If... Q18.EQ.110,111,112,113,115

What impact did the 2002 Health Canada report entitled A Report on Mental Illness in Canada have on each of the following impacts... Please note that the scale assumes that if there was an impact that it was a positive one. If you found a negative impact, there is a specific category for this.

**Q19B**

If... Q18.EQ.110,115

Your general attitudes and behaviour towards people living with a mental illness

No impact at all 1.....	1	
2.....	2	
3.....	3	
A moderate positive impact 4 .....	4	
5.....	5	
6.....	6	
A very strong positive impact 7 .....	7	
Negative impact.....	97	
Not applicable.....	98	
Don't know/No response.....	99	

**Q19C**

If... Q18.EQ.110,115

Your ability to help someone with a mental illness

No impact at all 1.....	1
2.....	2
3.....	3
A moderate positive impact 4.....	4
5.....	5
6.....	6
A very strong positive impact 7.....	7
Negative impact.....	97
Not applicable.....	98
Don't know/No response.....	99

**Q19D**

If... Q18.EQ.111

The level of care you provide to your patients (for those using in practice)

No impact at all 1.....	1
2.....	2
3.....	3
A moderate positive impact 4.....	4
5.....	5
6.....	6
A very strong positive impact 7.....	7
Negative impact.....	97
Not applicable.....	98
Don't know/No response.....	99

**Q19E**

If... Q18.EQ.111

The support you can provide to patients with mental illness, or to family members of someone with mental illness (for those using in practice)

No impact at all 1.....	1
2.....	2
3.....	3
A moderate positive impact 4.....	4
5.....	5
6.....	6
A very strong positive impact 7.....	7
Negative impact.....	97
Not applicable.....	98
Don't know/No response.....	99

**Q19G**

If... Q18.EQ.112,113

**Approaches to staff training or hiring in the organization you work in**

No impact at all 1.....1  
2.....2  
3.....3  
A moderate positive impact 4.....4  
5.....5  
6.....6  
A very strong positive impact 7.....7  
Negative impact.....97  
Not applicable.....98  
Don't know/No response.....99

**Q19H**

If... Q18.EQ.112,113

**Communications and outreach to target groups in the organization you work in**

No impact at all 1.....1  
2.....2  
3.....3  
A moderate positive impact 4.....4  
5.....5  
6.....6  
A very strong positive impact 7.....7  
Negative impact.....97  
Not applicable.....98  
Don't know/No response.....99

**Q19I**

If... Q18.EQ.112,113

**Organizational policies regarding those living with mental illness in the organization you work in**

No impact at all 1.....1  
2.....2  
3.....3  
A moderate positive impact 4.....4  
5.....5  
6.....6  
A very strong positive impact 7.....7  
Negative impact.....97  
Not applicable.....98  
Don't know/No response.....99

**Q19K [1,3]**

Can you identify any other specific impacts that the 2002 Health Canada report entitled A Report on Mental Illness in Canada had on you or your organization?

Response -> AQ19K; C350 L4 C75 .....77  
Don't know/No response .....99 X

**DEMIN [0,0]**

Responses from these last questions will be completely confidential and will be used for statistical purposes only.

**Q20**

In what year were you born?

Response -> AQ20; N4.0 [1900-1991] .....1  
Don't know/No response .....9

**Q21**

Are you ...?

Male .....1  
Female .....2

**Q9CAL**

Q9CAL=n\_selections(\$Q9,110,111,112,113,114,115,116,117,118,977)

**Q9SKP**

If... (Q9CAL.EQ.1).AND.(Q9.EQ.110)

.....1 ->Q24

**Q22**

What is your occupation?

Response -> AQ22; C350 L1 C75 .....77  
Don't know/No response .....99

### Q23

What type of organization are you employed in?

Primary health care services (hospital, private practice, clinic) .....	11
Other health services (home care, residence, etc) .....	12
Provincial government public health.....	13
Provincial government non-health related .....	14
Federal government public health.....	15
Federal government non-health related.....	16
Other (please specify) -> AQ23; C350 L1 C75 .....	77
Don't know/No response .....	99

### Q24

What is the highest level of education you have attained?

Some high school or less.....	11
Graduated from high school.....	12
Some college.....	13
Community/Technical college or CEGEP graduate.....	14
Private college graduate.....	15
Some university .....	16
Bachelor's degree .....	17
Professional certification .....	18
Graduate degree .....	19
Other (please specify) -> AQ24; C350 L1 C75 .....	77
Don't know/No response .....	99

### Q25

In which province do you reside?

Please select.....	10	N
Alberta .....	11	
British Columbia.....	12	
Manitoba.....	13	
New Brunswick .....	14	
Newfoundland and Labrador .....	15	
Northwest Territories.....	16	
Nova Scotia.....	17	
Nunavut .....	18	
Ontario.....	19	
Prince Edward Island .....	20	
Québec .....	21	
Saskatchewan.....	22	
Yukon .....	23	
Don't know/No response .....	99	

### Q26

Are you willing to release your answers to open end questions (the answers where you type comments in) for wider viewing? They will not be linked to your organization.

Yes.....	1
No .....	2
Don't know/No response .....	9



**THNK2 [0,0]**

If... Q1.NE.1

Thank you for your cooperation! Based on the information you have given me, unfortunately you are not eligible to complete the remainder of this survey.

**QEND**

[EN][FR]

..... 1

**QPRE [0,0]**

If... 0.EQ.1

PRETEST As a part of our pretest group, we would like you to answer the following questions about the survey. Once again, your cooperation is greatly appreciated.

**QP1**

If... 0.EQ.1

How many minutes did it take you to complete the questionnaire?

# OF MINUTES -> AQP1; N3.0 [0-99] ..... 1  
Don't know/No response ..... 9

**QP2**

If... 0.EQ.1

Did the flow of questions make sense to you?

Yes ..... 1  
No, why not? -> AQP2; C250 L4 C40 ..... 2

**QP3**

If... 0.EQ.1

Considering the questions posed, was there anything that you think we missed? If yes, what was it?

Yes -> AQP3; C250 L4 C40 ..... 1  
No ..... 2

**QP4**

If... 0.EQ.1

Were there any specific questions, terms or response categories that were not clear to you? If yes, which ones were they and why was that the case?

Yes -> AQP4; C250 L4 C40 ..... 1  
No ..... 2

**THNK [0,0]**

Thank you for taking the time to complete this survey.

# APPENDIX B

## SURVEY RESPONSE RATES



## Overall Call Results and Response Rates Table

Total Numbers Accepted		285
Total out of scope		27
Numbers not in service	12	
fax or modem	2	
Duplicates	13	
Numbers blocked by Phone companies	0	
Unresolved		89
Busy , no answers, Answering machines	0	
Retired, called 10 times without success	89	
In-scope Non-responding		39
Language difficulty	0	
Other	0	
Unavailable	23	
refusals	16	
Break offs	0	
In-scope Responding units		139
Completes	91	
Ineligible.	39	
Quota Filled	0	
Response Rate		50.3%



APPENDIX C  
INTERVIEW GUIDE





**Evaluation of the Public Health Agency of Canada (PHAC)  
2006 Human Face of Mental Health and Mental Illness in Canada Report  
Follow-up Interview Guide**

EKOS Research Associates has been commissioned by the Public Health Agency of Canada (PHAC) to conduct an evaluation of *the 2006 Human Face of Mental Health and Mental Illness in Canada Report*<sup>1</sup>. As part of this evaluation, a survey has been conducted of report recipients. You were contacted as part of that survey, and we are now conducting a series of follow-up interviews to obtain more detailed feedback and to help inform and clarify the analysis of survey results.

This interview will be brief, taking no more than 15 minutes of your time. The interview will focus on your satisfaction with this report, how you have used this report, the impact of the report, and potential changes or suggestions you would make as to its content, format, or distribution.

Please be assured that your responses will be kept strictly confidential. With your consent, the interview will be recorded to ensure that your views are accurately captured. The interview responses will then be analyzed and reported in summary form only; the interview findings in the report will not be linked to any one individual.

1. What is your specific role or position in the field of mental health? What was your primary interest in this report?
  - Did you request a copy or was one sent to you without prompting?
  - Did you read it (all or in part) or do you plan to? Why?
  
2. Survey respondents identified a number of areas where this report (the 2006 Human Face of Mental Health and Mental Illness in Canada Report) may have had an impact, either on themselves personally or on the organization they work for. Can you please explain the nature of impacts these reports have had on you or your organization? Please be as specific as possible, providing examples where possible. Impacts include:
  - Impacts on awareness and understanding of mental illness and mental health (including prevalence, prevention and treatment, causes and risk factors, types of mental illnesses, importance of mental health promotion);
  - Communications and outreach to target groups;
  - Support or care provided to patients;
  - Organizational policies;
  - Approaches to staff training and hiring.

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<sup>1</sup> <http://www.phac-aspc.gc.ca/publicat/human-humain06/index.html>

3. Was this report a good way to provide information on mental health and mental illness to individuals such as yourself? Why or why not? Who do you think this report is best targeted towards?
- Would you suggest any additional methods or tools that you would like to see PHAC use to provide information on mental health and mental illness to complement this report? What other distribution methods or tools would you suggest?
  - What types of information would you like to see communicated through tools and methods?
  - Some survey respondents indicated that this report had little impact on their knowledge levels given that they already possessed a high level of knowledge prior to reading the report. Was the information contained in this report too broad? Did it nevertheless provide value to readers with a high level of knowledge? Please explain.
4. Survey respondents identified a number of different uses of this report for them. Following are the most common reasons cited for using this report. I would like to obtain detailed examples, if possible, of how you or your organization made use of this report. Uses include:
- As reference to apply in clinical practice;
  - To use in the review of organizational practices and policies;
  - As reference to apply in delivery of services to individuals with mental illness;
  - For standard definitions;
  - For charts or statistical data to use in presentations.
- Can you identify any other ways in which you may have used this report?
5. A number of report recipients also indicated that they disseminated this report to others (whether members, staff or colleagues). Did you distribute this report to others? If so, to whom? To what extent do you believe that this report was useful to those you distributed it to? Why? How do you expect that they in turn would have made use of this report? Did you receive any feedback on the report from these individuals or organizations? Please describe.
6. Do you have any further suggestions as to how this report could be improved to meet your needs? Please explain, providing specific examples where possible. Improvements in:
- Distribution;
  - Content;
  - Level of detail; and
  - Clarity of information provided.
7. Do you have anything else to add?

**Thank you for your participation.**

# APPENDIX D

## SURVEY RESULTS



## Frequencies

**Q1 Prior to this survey, have you seen, heard or read anything about the report entitled The Human Face of Mental Health and Mental Illness in Canada, released by the Public Health Agency of Canada (PHAC) in November 2006?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	106	100.0	100.0	100.0

**Q2 How did you first learn of the report The Human Face of Mental Health and Mental Illness in Canada, released by the Public Health Agency of Canada in November 2006?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 111 Learned of it from PHAC	14	13.2	13.2	13.2
112 Learned of it from an organization	10	9.4	9.4	22.6
113 Learned of it on the Internet	18	17.0	17.0	39.6
114 Learned of it at conference	7	6.6	6.6	46.2
115 Word of mouth	21	19.8	19.8	66.0
977 Other (please specify)	29	27.4	27.4	93.4
999 Don't know/No response	7	6.6	6.6	100.0
Total	106	100.0	100.0	

**Q2B From which organization did you learn of it?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 77 Response	9	8.5	90.0	90.0
99 Don't know/No response	1	.9	10.0	100.0
Total	10	9.4	100.0	
Missing System	96	90.6		
Total	106	100.0		

**Q2C At which conference did you learn of it?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	7	6.6	100.0	100.0
Missing	System	99	93.4		
Total		106	100.0		

**Q3 Have you received or obtained a copy of the report The Human Face of Mental Health and Mental Illness in Canada 2006?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	88	83.0	83.0	83.0
	2 No	16	15.1	15.1	98.1
	9 Don't know/No response	2	1.9	1.9	100.0
Total		106	100.0	100.0	

**Q4 How did you obtain the report?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	111 Sent to me electronically	9	8.5	10.2	10.2
	112 Received a hard copy	66	62.3	75.0	85.2
	113 At the conference	3	2.8	3.4	88.6
	114 Downloaded from the Internet	5	4.7	5.7	94.3
	977 Other (please specify)	2	1.9	2.3	96.6
	999 Don't know/No response	3	2.8	3.4	100.0
Total		88	83.0	100.0	
Missing	System	18	17.0		
Total		106	100.0		

**Q4A Please specify who sent the report.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	6	5.7	66.7	66.7
	99 Don't know/No response	3	2.8	33.3	100.0
	Total	9	8.5	100.0	
Missing	System	97	91.5		
Total		106	100.0		

**Q4B Please specify from who or what organization you received a hard copy of the report.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	53	50.0	80.3	80.3
	99 Don't know/No response	13	12.3	19.7	100.0
	Total	66	62.3	100.0	
Missing	System	40	37.7		
Total		106	100.0		

**Q4C Please specify the conference at which you obtained the report.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	3	2.8	100.0	100.0
Missing	System	103	97.2		
Total		106	100.0		

**Q5 In what format did you obtain the report?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 Hard copy	2	1.9	100.0	100.0
Missing	System	104	98.1		
Total		106	100.0		

**Q6 Have you read the report The Human Face of Mental Health and Mental Illness in Canada 2006?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, all of it	19	17.9	17.9	17.9
	2 Yes, some parts/chapters	32	30.2	30.2	48.1
	3 Yes, but only scanned a few sections briefly	31	29.2	29.2	77.4
	4 No	24	22.6	22.6	100.0
	Total	106	100.0	100.0	

**Q7 Do you plan on reading the report The Human Face of Mental Health and Mental Illness in Canada 2006?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, all	27	25.5	31.0	31.0
	2 Yes, plan to read some of it	11	10.4	12.6	43.7
	3 Yes, will use as reference, as needed	47	44.3	54.0	97.7
	4 No	2	1.9	2.3	100.0
	Total	87	82.1	100.0	
Missing	System	19	17.9		
Total		106	100.0		

**Q8\_1 Why do you think that you will not read this report?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	112 Not of direct value to me	1	.9	50.0	50.0
	977 Other (please specify)	1	.9	50.0	100.0
	Total	2	1.9	100.0	
Missing	System	104	98.1		
Total		106	100.0		



## Multiple Response

Group \$Q9 What was your primary interest in this r

Pct of Pct of  
Category label Code Count Responses Cases

Personal interest 110 64 13.9 60.4  
 To use as a reference to apply in clinic 111 26 5.7 24.5  
 To use as a reference in reviewing organ 112 48 10.4 45.3  
 To use as a reference to apply in delive 113 63 13.7 59.4  
 Distributed to staff/members/constituenc 114 56 12.2 52.8  
 To help me understand and/or care for re 115 21 4.6 19.8  
 Read for standard definitions 116 48 10.4 45.3  
 Use charts for presentations 117 45 9.8 42.5  
 Use statistical data for presentations 118 60 13.0 56.6  
 Other (specify) 977 28 6.1 26.4  
 Don't know/No response 999 1 .2 .9  
 -----  
 Total responses 460 100.0 434.0

0 missing cases; 106 valid cases

### Q10A Please rate the degree to which you agree or disagree with the following statements.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 1 Strongly disagree	1	.9	.9	.9
2 2	1	.9	.9	1.9
3 3	1	.9	.9	2.8
4 4 Neither agree nor disagree	2	1.9	1.9	4.7
5 5	7	6.6	6.6	11.3
6 6	21	19.8	19.8	31.1
7 7 Strongly agree	72	67.9	67.9	99.1
9 Don't know/No response	1	.9	.9	100.0
Total	106	100.0	100.0	

**Q10B Please rate the degree to which you agree or disagree with the following statements.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 Strongly disagree	1	.9	.9	.9
	3 3	1	.9	.9	1.9
	4 4 Neither agree nor disagree	4	3.8	3.8	5.7
	5 5	6	5.7	5.7	11.3
	6 6	21	19.8	19.8	31.1
	7 7 Strongly agree	69	65.1	65.1	96.2
	9 Don't know/No response	4	3.8	3.8	100.0
	Total	106	100.0	100.0	

**Q10C Please rate the degree to which you agree or disagree with the following statements.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 Strongly disagree	2	1.9	1.9	1.9
	2 2	1	.9	.9	2.8
	3 3	6	5.7	5.7	8.5
	4 4 Neither agree nor disagree	4	3.8	3.8	12.3
	5 5	12	11.3	11.3	23.6
	6 6	30	28.3	28.3	51.9
	7 7 Strongly agree	50	47.2	47.2	99.1
	9 Don't know/No response	1	.9	.9	100.0
	Total	106	100.0	100.0	

**Q10D Please rate the degree to which you agree or disagree with the following statements.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 Strongly disagree	22	20.8	26.5	26.5
	2 2	22	20.8	26.5	53.0
	3 3	11	10.4	13.3	66.3
	4 4 Neither agree nor disagree	13	12.3	15.7	81.9
	5 5	5	4.7	6.0	88.0
	6 6	5	4.7	6.0	94.0
	7 7 Strongly agree	2	1.9	2.4	96.4
	9 Don't know/No response	3	2.8	3.6	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q10E Please rate the degree to which you agree or disagree with the following statements.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 Strongly disagree	1	.9	1.2	1.2
	2 2	1	.9	1.2	2.4
	4 4 Neither agree nor disagree	5	4.7	6.0	8.4
	5 5	18	17.0	21.7	30.1
	6 6	27	25.5	32.5	62.7
	7 7 Strongly agree	25	23.6	30.1	92.8
	9 Don't know/No response	6	5.7	7.2	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q11A Please rate your level of satisfaction with the following aspects of the report The Human Face of Mental Health and Mental Illness in Canada 2006.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3 3	1	.9	1.2	1.2
	4 4 Moderately satisfied	5	4.7	6.0	7.2
	5 5	12	11.3	14.5	21.7
	6 6	30	28.3	36.1	57.8
	7 7 Very satisfied	21	19.8	25.3	83.1
	9 Don't know/No response	14	13.2	16.9	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q11B Please rate your level of satisfaction with the following aspects of the report The Human Face of Mental Health and Mental Illness in Canada 2006.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3 3	1	.9	1.2	1.2
	4 4 Moderately satisfied	3	2.8	3.6	4.8
	5 5	8	7.5	9.6	14.5
	6 6	33	31.1	39.8	54.2
	7 7 Very satisfied	28	26.4	33.7	88.0
	9 Don't know/No response	10	9.4	12.0	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q11C Please rate your level of satisfaction with the following aspects of the report The Human Face of Mental Health and Mental Illness in Canada 2006.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3 3	1	.9	1.2	1.2
	4 4 Moderately satisfied	4	3.8	4.8	6.0
	5 5	6	5.7	7.2	13.3
	6 6	36	34.0	43.4	56.6
	7 7 Very satisfied	30	28.3	36.1	92.8
	9 Don't know/No response	6	5.7	7.2	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q11D Please rate your level of satisfaction with the following aspects of the report The Human Face of Mental Health and Mental Illness in Canada 2006.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 2	2	1.9	2.4	2.4
	3 3	3	2.8	3.6	6.0
	4 4 Moderately satisfied	6	5.7	7.2	13.3
	5 5	14	13.2	16.9	30.1
	6 6	28	26.4	33.7	63.9
	7 7 Very satisfied	22	20.8	26.5	90.4
	9 Don't know/No response	8	7.5	9.6	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q11E Please rate your level of satisfaction with the following aspects of the report The Human Face of Mental Health and Mental Illness in Canada 2006.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 Not at all satisfied	1	.9	1.2	1.2
	3 3	3	2.8	3.6	4.8
	4 4 Moderately satisfied	4	3.8	4.8	9.6
	5 5	7	6.6	8.4	18.1
	6 6	24	22.6	28.9	47.0
	7 7 Very satisfied	40	37.7	48.2	95.2
	9 Don't know/No response	4	3.8	4.8	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q11F Please rate your level of satisfaction with the following aspects of the report The Human Face of Mental Health and Mental Illness in Canada 2006.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3 3	2	1.9	2.4	2.4
	4 4 Moderately satisfied	5	4.7	6.0	8.4
	5 5	7	6.6	8.4	16.9
	6 6	38	35.8	45.8	62.7
	7 7 Very satisfied	25	23.6	30.1	92.8
	9 Don't know/No response	6	5.7	7.2	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q12A\_1 What suggestions would you make to improve the length of the report**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	4	3.8	66.7	66.7
	99 Don't know/No response	2	1.9	33.3	100.0
	Total	6	5.7	100.0	
Missing	System	100	94.3		
Total		106	100.0		

**Q12B\_1 What suggestions would you make to improve the clarity of information provided**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	1	.9	25.0	25.0
	99 Don't know/No response	3	2.8	75.0	100.0
	Total	4	3.8	100.0	
Missing	System	102	96.2		
Total		106	100.0		

**Q12C\_1 What suggestions would you make to improve the general presentation or format of information in the report (e.g., tables, charts)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	3	2.8	60.0	60.0
	99 Don't know/No response	2	1.9	40.0	100.0
	Total	5	4.7	100.0	
Missing	System	101	95.3		
Total		106	100.0		

**Q12D\_1 What suggestions would you make to improve the subjects or topics addressed in the report**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	11	10.4	100.0	100.0
Missing	System	95	89.6		
Total		106	100.0		

**Q12E\_1 What suggestions would you make to improve the distribution of the report**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	6	5.7	75.0	75.0
	99 Don't know/No response	2	1.9	25.0	100.0
	Total	8	7.5	100.0	
Missing	System	98	92.5		
Total		106	100.0		

**Q12F\_1 What suggestions would you make to generally improve the report The Human Face of Mental Health and Mental Illness in Canada 2006.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	6	5.7	85.7	85.7
	99 Don't know/No response	1	.9	14.3	100.0
	Total	7	6.6	100.0	
Missing	System	99	93.4		
Total		106	100.0		

**Q14 Prior to reading The Human Face of Mental Health and Mental Illness in Canada 2006 report, how would you rate your own personal level of knowledge mental illness and issue relating to its treatment, impacts and prevalence, on a scale of...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1. Knew little or nothing	1	.9	.9	.9
	2 2	1	.9	.9	1.9
	3 3	2	1.9	1.9	3.8
	4 4. Had a moderate amount of knowledge on the topic	8	7.5	7.5	11.3
	5 5	21	19.8	19.8	31.1
	6 6	38	35.8	35.8	67.0
	7 7. Knew a great deal	35	33.0	33.0	100.0
Total		106	100.0	100.0	



**Q15A Please rate the extent to which The Human Face of Mental Health and Mental Illness in Canada 2006 report increased your awareness and understanding of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No increase	5	4.7	6.0	6.0
	2 2	6	5.7	7.2	13.3
	3 3	4	3.8	4.8	18.1
	4 4 A moderate increase	5	4.7	6.0	24.1
	5 5	8	7.5	9.6	33.7
	6 6	9	8.5	10.8	44.6
	7 7 A very large increase	7	6.6	8.4	53.0
	8 Already had knowledge	37	34.9	44.6	97.6
	9 Don't know/No response	2	1.9	2.4	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q15B Please rate the extent to which The Human Face of Mental Health and Mental Illness in Canada 2006 report increased your awareness and understanding of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No increase	8	7.5	9.6	9.6
	2 2	4	3.8	4.8	14.5
	3 3	3	2.8	3.6	18.1
	4 4 A moderate increase	7	6.6	8.4	26.5
	5 5	3	2.8	3.6	30.1
	6 6	8	7.5	9.6	39.8
	7 7 A very large increase	2	1.9	2.4	42.2
	8 Already had knowledge	46	43.4	55.4	97.6
	9 Don't know/No response	2	1.9	2.4	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q15C Please rate the extent to which The Human Face of Mental Health and Mental Illness in Canada 2006 report increased your awareness and understanding of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No increase	5	4.7	6.0	6.0
	2 2	4	3.8	4.8	10.8
	3 3	8	7.5	9.6	20.5
	4 4 A moderate increase	5	4.7	6.0	26.5
	5 5	14	13.2	16.9	43.4
	6 6	4	3.8	4.8	48.2
	7 7 A very large increase	2	1.9	2.4	50.6
	8 Already had knowledge	38	35.8	45.8	96.4
	9 Don't know/No response	3	2.8	3.6	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q15D Please rate the extent to which The Human Face of Mental Health and Mental Illness in Canada 2006 report increased your awareness and understanding of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No increase	5	4.7	6.0	6.0
	2 2	2	1.9	2.4	8.4
	3 3	1	.9	1.2	9.6
	4 4 A moderate increase	9	8.5	10.8	20.5
	5 5	7	6.6	8.4	28.9
	6 6	5	4.7	6.0	34.9
	7 7 A very large increase	8	7.5	9.6	44.6
	8 Already had knowledge	43	40.6	51.8	96.4
	9 Don't know/No response	3	2.8	3.6	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q15E Please rate the extent to which The Human Face of Mental Health and Mental Illness in Canada 2006 report increased your awareness and understanding of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No increase	5	4.7	6.0	6.0
	2 2	6	5.7	7.2	13.3
	3 3	2	1.9	2.4	15.7
	4 4 A moderate increase	11	10.4	13.3	28.9
	5 5	11	10.4	13.3	42.2
	6 6	8	7.5	9.6	51.8
	7 7 A very large increase	2	1.9	2.4	54.2
	8 Already had knowledge	33	31.1	39.8	94.0
	9 Don't know/No response	5	4.7	6.0	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q15F Please rate the extent to which The Human Face of Mental Health and Mental Illness in Canada 2006 report increased your awareness and understanding of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No increase	5	4.7	6.0	6.0
	2 2	5	4.7	6.0	12.0
	3 3	3	2.8	3.6	15.7
	4 4 A moderate increase	8	7.5	9.6	25.3
	5 5	6	5.7	7.2	32.5
	6 6	7	6.6	8.4	41.0
	7 7 A very large increase	4	3.8	4.8	45.8
	8 Already had knowledge	40	37.7	48.2	94.0
	9 Don't know/No response	5	4.7	6.0	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q16B Please rate the extent to which the report The Human Face of Mental Health and Mental Illness in Canada 2006 has had an impact on each of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	27	25.5	43.5	43.5
	2 2	7	6.6	11.3	54.8
	3 3	3	2.8	4.8	59.7
	4 4 A moderate positive impact	4	3.8	6.5	66.1
	5 5	4	3.8	6.5	72.6
	6 6	1	.9	1.6	74.2
	7 7 A very strong positive impact	4	3.8	6.5	80.6
	98 Not applicable	9	8.5	14.5	95.2
	99 Don't know/No response	3	2.8	4.8	100.0
	Total	62	58.5	100.0	
Missing	System	44	41.5		
Total		106	100.0		

**Q16C Please rate the extent to which the report The Human Face of Mental Health and Mental Illness in Canada 2006 has had an impact on each of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	10	9.4	16.1	16.1
	2 2	9	8.5	14.5	30.6
	3 3	2	1.9	3.2	33.9
	4 4 A moderate positive impact	9	8.5	14.5	48.4
	5 5	5	4.7	8.1	56.5
	6 6	6	5.7	9.7	66.1
	7 7 A very strong positive impact	5	4.7	8.1	74.2
	98 Not applicable	12	11.3	19.4	93.5
	99 Don't know/No response	4	3.8	6.5	100.0
	Total	62	58.5	100.0	
Missing	System	44	41.5		
Total		106	100.0		

**Q16D Please rate the extent to which the report The Human Face of Mental Health and Mental Illness in Canada 2006 has had an impact on each of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	5	4.7	19.2	19.2
	2 2	2	1.9	7.7	26.9
	4 4 A moderate positive impact	2	1.9	7.7	34.6
	5 5	5	4.7	19.2	53.8
	6 6	2	1.9	7.7	61.5
	7 7 A very strong positive impact	2	1.9	7.7	69.2
	98 Not applicable	7	6.6	26.9	96.2
	99 Don't know/No response	1	.9	3.8	100.0
	Total	26	24.5	100.0	
Missing	System	80	75.5		
Total		106	100.0		

**Q16E Please rate the extent to which the report The Human Face of Mental Health and Mental Illness in Canada 2006 has had an impact on each of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	3	2.8	11.5	11.5
	2 2	2	1.9	7.7	19.2
	3 3	3	2.8	11.5	30.8
	4 4 A moderate positive impact	7	6.6	26.9	57.7
	5 5	4	3.8	15.4	73.1
	6 6	4	3.8	15.4	88.5
	7 7 A very strong positive impact	2	1.9	7.7	96.2
	98 Not applicable	1	.9	3.8	100.0
	Total	26	24.5	100.0	
Missing	System	80	75.5		
Total		106	100.0		

**Q16G Please rate the extent to which the report The Human Face of Mental Health and Mental Illness in Canada 2006 has had an impact on each of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	18	17.0	26.9	26.9
	2 2	3	2.8	4.5	31.3
	3 3	2	1.9	3.0	34.3
	4 4 A moderate positive impact	12	11.3	17.9	52.2
	5 5	6	5.7	9.0	61.2
	6 6	2	1.9	3.0	64.2
	7 7 A very strong positive impact	5	4.7	7.5	71.6
	98 Not applicable	14	13.2	20.9	92.5
	99 Don't know/No response	5	4.7	7.5	100.0
	Total	67	63.2	100.0	
Missing	System	39	36.8		
Total		106	100.0		

**Q16H Please rate the extent to which the report The Human Face of Mental Health and Mental Illness in Canada 2006 has had an impact on each of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	6	5.7	9.0	9.0
	2 2	4	3.8	6.0	14.9
	3 3	5	4.7	7.5	22.4
	4 4 A moderate positive impact	11	10.4	16.4	38.8
	5 5	12	11.3	17.9	56.7
	6 6	10	9.4	14.9	71.6
	7 7 A very strong positive impact	9	8.5	13.4	85.1
	98 Not applicable	5	4.7	7.5	92.5
	99 Don't know/No response	5	4.7	7.5	100.0
	Total	67	63.2	100.0	
Missing	System	39	36.8		
Total		106	100.0		

**Q16I Please rate the extent to which the report The Human Face of Mental Health and Mental Illness in Canada 2006 has had an impact on each of the following...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	12	11.3	17.9	17.9
	2 2	7	6.6	10.4	28.4
	3 3	3	2.8	4.5	32.8
	4 4 A moderate positive impact	9	8.5	13.4	46.3
	5 5	5	4.7	7.5	53.7
	6 6	7	6.6	10.4	64.2
	7 7 A very strong positive impact	3	2.8	4.5	68.7
	98 Not applicable	13	12.3	19.4	88.1
	99 Don't know/No response	8	7.5	11.9	100.0
	Total	67	63.2	100.0	
Missing	System	39	36.8		
Total		106	100.0		

**Q16K\_1 Can you identify any other specific impacts that the report The Human Face of Mental Health and Mental Illness in Canada 2006 had on you or your organization?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	55	51.9	66.3	66.3
	99 Don't know/No response	28	26.4	33.7	100.0
	Total	83	78.3	100.0	
Missing	System	23	21.7		
Total		106	100.0		

**Q17 The Human Face of Mental Health and Mental Illness in Canada 2006 report is intended to expand on an earlier Health Canada report entitled A Report on Mental Illness in Canada , released in 2002. Did you read this 2002 report?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, all of it	26	24.5	24.5	24.5
	2 Yes, read some of it	33	31.1	31.1	55.7
	3 No	34	32.1	32.1	87.7
	8 Don't remember	13	12.3	12.3	100.0
	Total	106	100.0	100.0	

## Multiple Response

Group \$Q18 What was your primary interest in the 20

Pct of Pct of  
Category label Code Count Responses Cases

Personal interest 110 28 19.4 47.5  
To use as a reference to apply in clinic 111 7 4.9 11.9  
To use as a reference in reviewing organ 112 28 19.4 47.5  
To use as a reference to apply in delive 113 31 21.5 52.5  
Distributed to staff/members/constituenc 114 26 18.1 44.1  
To help me care for relative/friend with 115 5 3.5 8.5  
Other (specify) 977 19 13.2 32.2

-----  
Total responses 144 100.0 244.1

47 missing cases; 59 valid cases

### Q19B What impact did the 2002 Health Canada report entitled A Report on Mental Illness in Canada have on each of the following impacts...

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	19	17.9	46.3	46.3
	2 2	3	2.8	7.3	53.7
	3 3	3	2.8	7.3	61.0
	4 4 A moderate positive impact	2	1.9	4.9	65.9
	5 5	1	.9	2.4	68.3
	6 6	2	1.9	4.9	73.2
	7 7 A very strong positive impact	3	2.8	7.3	80.5
	98 Not applicable	6	5.7	14.6	95.1
	99 Don't know/No response	2	1.9	4.9	100.0
	Total	41	38.7	100.0	
Missing	System	65	61.3		
Total		106	100.0		



**Q19C What impact did the 2002 Health Canada report entitled A Report on Mental Illness in Canada have on each of the following impacts...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	16	15.1	39.0	39.0
	2 2	1	.9	2.4	41.5
	3 3	1	.9	2.4	43.9
	4 4 A moderate positive impact	6	5.7	14.6	58.5
	5 5	6	5.7	14.6	73.2
	6 6	2	1.9	4.9	78.0
	7 7 A very strong positive impact	3	2.8	7.3	85.4
	98 Not applicable	5	4.7	12.2	97.6
	99 Don't know/No response	1	.9	2.4	100.0
	Total	41	38.7	100.0	
Missing	System	65	61.3		
Total		106	100.0		

**Q19D What impact did the 2002 Health Canada report entitled A Report on Mental Illness in Canada have on each of the following impacts...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	1	.9	10.0	10.0
	2 2	2	1.9	20.0	30.0
	5 5	2	1.9	20.0	50.0
	6 6	1	.9	10.0	60.0
	7 7 A very strong positive impact	2	1.9	20.0	80.0
	98 Not applicable	2	1.9	20.0	100.0
	Total	10	9.4	100.0	
Missing	System	96	90.6		
Total		106	100.0		

**Q19E What impact did the 2002 Health Canada report entitled A Report on Mental Illness in Canada have on each of the following impacts...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	2	1.9	20.0	20.0
	2 2	2	1.9	20.0	40.0
	5 5	2	1.9	20.0	60.0
	6 6	2	1.9	20.0	80.0
	7 7 A very strong positive impact	2	1.9	20.0	100.0
	Total	10	9.4	100.0	
Missing	System	96	90.6		
Total		106	100.0		

**Q19G What impact did the 2002 Health Canada report entitled A Report on Mental Illness in Canada have on each of the following impacts...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	8	7.5	17.8	17.8
	2 2	3	2.8	6.7	24.4
	3 3	1	.9	2.2	26.7
	4 4 A moderate positive impact	9	8.5	20.0	46.7
	5 5	2	1.9	4.4	51.1
	6 6	3	2.8	6.7	57.8
	7 7 A very strong positive impact	2	1.9	4.4	62.2
	98 Not applicable	13	12.3	28.9	91.1
	99 Don't know/No response	4	3.8	8.9	100.0
	Total	45	42.5	100.0	
Missing	System	61	57.5		
Total		106	100.0		

**Q19H What impact did the 2002 Health Canada report entitled A Report on Mental Illness in Canada have on each of the following impacts...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	1	.9	2.2	2.2
	2 2	4	3.8	8.9	11.1
	3 3	4	3.8	8.9	20.0
	4 4 A moderate positive impact	11	10.4	24.4	44.4
	5 5	6	5.7	13.3	57.8
	6 6	5	4.7	11.1	68.9
	7 7 A very strong positive impact	6	5.7	13.3	82.2
	98 Not applicable	5	4.7	11.1	93.3
	99 Don't know/No response	3	2.8	6.7	100.0
	Total	45	42.5	100.0	
Missing	System	61	57.5		
Total		106	100.0		

**Q19I What impact did the 2002 Health Canada report entitled A Report on Mental Illness in Canada have on each of the following impacts...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1 No impact at all	5	4.7	11.1	11.1
	2 2	3	2.8	6.7	17.8
	3 3	5	4.7	11.1	28.9
	4 4 A moderate positive impact	10	9.4	22.2	51.1
	5 5	4	3.8	8.9	60.0
	6 6	2	1.9	4.4	64.4
	7 7 A very strong positive impact	3	2.8	6.7	71.1
	98 Not applicable	9	8.5	20.0	91.1
	99 Don't know/No response	4	3.8	8.9	100.0
	Total	45	42.5	100.0	
Missing	System	61	57.5		
Total		106	100.0		

**Q19K\_1 Can you identify any other specific impacts that the 2002 Health Canada report entitled A Report on Mental Illness in Canada had on you or your organization?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	41	38.7	69.5	69.5
	99 Don't know/No response	18	17.0	30.5	100.0
	Total	59	55.7	100.0	
Missing	System	47	44.3		
Total		106	100.0		

**Age**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Under 25	2	1.9	1.9	1.9
	2 25-34 years	7	6.6	6.6	8.5
	3 35-44 years	26	24.5	24.5	33.0
	4 45-54 years	42	39.6	39.6	72.6
	5 55-64 years	23	21.7	21.7	94.3
	6 65-74 years	2	1.9	1.9	96.2
	9 DK/NR	4	3.8	3.8	100.0
Total		106	100.0	100.0	

**Q21 Record gender of respondent**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Male	33	31.1	31.1	31.1
	2 Female	73	68.9	68.9	100.0
Total		106	100.0	100.0	

**Q22 What is your occupation?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	77 Response	97	91.5	100.0	100.0
Missing	System	9	8.5		
Total		106	100.0		

**Q23 What type of organization are you employed in?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	11 Primary health care services (hospital, private practice,...	7	6.6	7.2	7.2
	12 Other health services (home care, residence, etc)	7	6.6	7.2	14.4
	13 Provincial government - public health	21	19.8	21.6	36.1
	14 Provincial government - non-health related	1	.9	1.0	37.1
	15 Federal government - public health	8	7.5	8.2	45.4
	16 Federal government - non-health related	4	3.8	4.1	49.5
	77 Other (please specify)	48	45.3	49.5	99.0
	99 Don't know/No response	1	.9	1.0	100.0
	Total	97	91.5	100.0	
Missing	System	9	8.5		
Total		106	100.0		

**Q24 What is the highest level of education you have attained?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	13 Some college	5	4.7	4.7	4.7
	14 Community/Technical college or CEGEP graduate	8	7.5	7.5	12.3
	16 Some university	2	1.9	1.9	14.2
	17 Bachelor's degree	33	31.1	31.1	45.3
	18 Professional certification	2	1.9	1.9	47.2
	19 Graduate degree	52	49.1	49.1	96.2
	77 Other (please specify)	3	2.8	2.8	99.1
	99 Don't know/No response	1	.9	.9	100.0
	Total	106	100.0	100.0	

**Q25 In which province do you reside?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12 British Columbia	1	.9	5.6	5.6
	14 New Brunswick	1	.9	5.6	11.1
	15 Newfoundland and Labrador	2	1.9	11.1	22.2
	19 Ontario	9	8.5	50.0	72.2
	21 Québec	2	1.9	11.1	83.3
	22 Saskatchewan	3	2.8	16.7	100.0
	Total	18	17.0	100.0	
Missing	System	88	83.0		
Total		106	100.0		