




# California's Statewide Initiative to Reduce Stigma and Resulting Discrimination

American Public Health Association  
*Prevention and Wellness Across the Lifespan*

October 2012  
Presented By:  
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Program Manager, CalMHSA




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## Presentation Goals

- Describe background & program design for California's Statewide Initiative to Reduce the Stigma of Mental Illness
- Report Initial progress and findings
- Outline Approach to Evaluation
- Q and A – Next Steps



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## What is the Initiative?

The Stigma and Discrimination Reduction (SDR) Statewide Project is part of a comprehensive Prevention and Early Intervention (PEI) Initiative

- Total funding nears \$160 million over 4 years

Overarching Goals for Programs funded by the Initiative:

- Prevent Suicides (\$40 Million)
- Improve Student Mental Health (\$60 Million)
- Reduce Mental Health Stigma and Discrimination (\$60 Million)



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## How Did We Get There?

### California's Unprecedented Opportunity Over 10 years in the making ...

1999 U.S. Surgeon General identified the stigma of mental illness as the most formidable obstacle to progress in improving mental health

2001 U.S. Surgeon General calls for action to reduce mental health disparities due to culture, race and ethnicity

2003 President's New Freedom Commission's *Achieving the Promise: Transforming Mental Health Care in America*



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## How Did We Get There?

### California's Response Prop. 63/ The Mental Health Services Act (MHSA)

- A 2004 Voter-Approved Initiative that provides an average of \$1 Billion in annual funds to support community-based mental health services
- Seeks transformation from a system driven by crisis to one that focuses on prevention, early intervention, wellness and recovery, and reducing disparities
- Explicitly requires funds be used to reduce stigma and its negative consequences



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## How Did We Get There?

### **Policy Direction:**

*Use A Public Health approach by Making a Significant Investment in Prevention and Early Intervention Statewide*

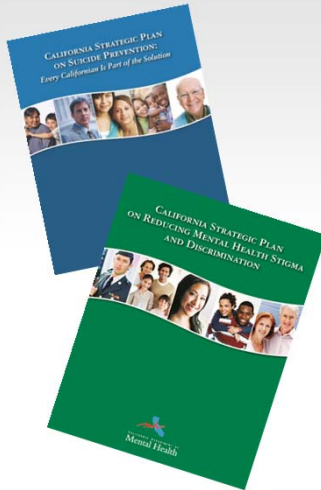
- \$160 million was set aside for programs that have a statewide impact and provide a foundation to build upon for long lasting results by supporting infrastructure, expanding community capacity, creating new knowledge and developing needed resources
- The California Strategic Plan on Reducing Mental Health Stigma and Discrimination (State Strategic Plan), a comprehensive 10-year plan to “fight the stigma and discrimination associated with mental health challenges.”



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## How Did We Get There?



- Along with stakeholders, the California Mental Health Services Authority (CalMHSA), an organization that represents county governments whose members provide public mental health services, developed a plan to implement statewide strategies for California's diverse population.
- The final plan consists of three complementary components: Stigma and Discrimination Reduction (SDR), Student Mental Health (SMH), and Suicide Prevention (SP).
- They are being implemented through 25 contracts, with SDR strategies as the centerpiece and an independent evaluation by the RAND Corporation.



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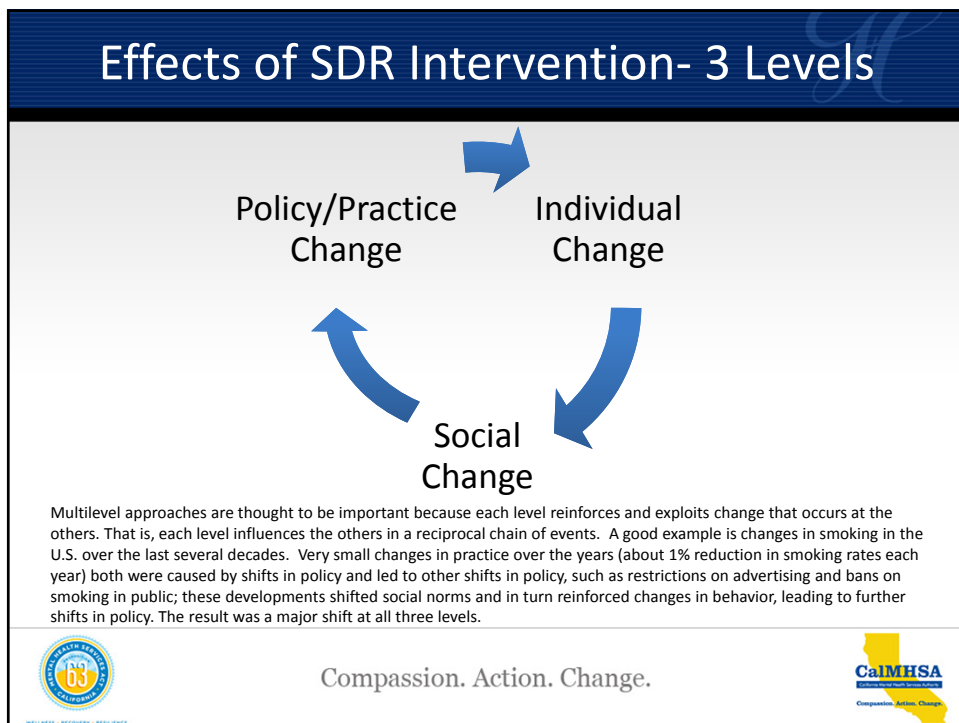
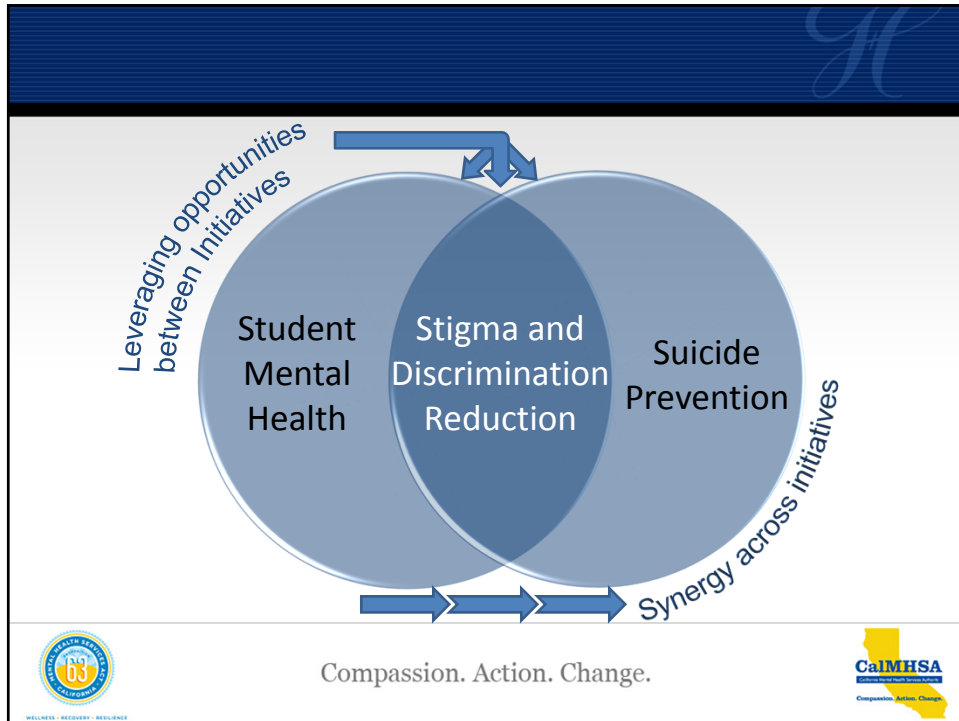


## Goals And Program Design



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## Program Design – Intended Outcomes

- Increased availability of age, gender, region and culture/language specific anti-stigma programs to create widespread understanding of mental health challenges and suicide risk and prevention.
- Measurable reduction in public stigma towards people with mental health challenges by employers, landlords, law enforcement, mental health and health care staff, and school and college personnel.
- Measurable increase in understanding of mental health challenges and suicide risk and prevention strategies on the part of trained personnel, community gatekeepers and peer-to-peer support providers.



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## Program Design

### **4 Programs – 10 Contractors**

Program I: Strategies for Supportive Environment

Program II: Values, Practices & Policies

Program III: Promising Practices

Program IV: Advancing Policies to Eliminate  
Discrimination



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## Stigma & Discrimination Reduction (SDR) Programs

Program	Provider
1 Strategies for a Supportive Environment Program	
1 Stigma & Discrimination Reduction Consortium	Adele James, (Interim) Program Manager
2 Social Marketing	Runyon, Saltzman & Einhorn
3 Capacity Building	United Advocates for Children & Families
2 Values, Practices and Policies Program	
1 Resource Development	Mental Health Association of San Francisco
2 Partnering with Media and the Entertainment Industry	Entertainment Industries Council, Inc
3 Promoting Integrated Health	Community Clinics Initiative
4 Promoting Mental Health in the Workplace	Mental Health America – CA
5 Reducing Stigma and Discrimination in Mental Health and System Partners	National Alliance on Mental Illness - CA
3 Promising Practices Program	Mental Health Association of San Francisco
4 Advancing Policy to Eliminate Discrimination Program	Disability Rights California



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# Initial Efforts and Findings

Using data to drive programming



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## SDR - Current Efforts

- Baseline data collection completed on attitudes and beliefs
- Launched Social Marketing Mobilization Campaign for 14-24 year olds
- Partnerships: SDR Consortium, Promising Practices Research & Evaluation Team, Statewide Needs Assessment
- Program coordination and material development underway
  - Speakers' bureau, training resources, toolkits
- Media efforts: positive mental health messaging, AP Style Guide: <http://bit.ly/MHStyleGuide>
- Coming soon: Training in Communities Civil Rights, Empowerment, Self Advocacy, PBS Documentary, Latino Family Outreach Program, 9-13 year old program launch



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## Social Marketing Efforts

### **Baseline Report – Field Research Corporation**

<http://calmhsa.org/documents/announcements/>

#### **Adults with Influence Survey:**

- Over 1,050 surveyed in English and Spanish
- Screened to be “a person in a position to influence the quality of life of individuals living with mental illness”
- Subgroup differences tested (age, ethnicity, race, education, gender, and level of contact)



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## Social Marketing Efforts – Baseline Findings

### Adults with Influence Survey:

- Stereotypical Attitudes – Confirmed Prevalence
- Attitudes toward Mental Illness – Only slight majority (52%) believed discrimination occurs and only 53% felt comfortable talking with someone with mental illness

Less than a majority believe that person with mental illness are just like everybody else, a majority are unsure about whether treatment is possible and whether or not people with mental illness are dangerous, but a majority do believe people with mental illness are not to blame and can make a contribution to society



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## Social Marketing Efforts – Baseline Findings

### Middle School Youth Survey:

- Nearly 650 Youth (age 11-13) were interviewed in Malls through CA in English and Spanish
- Overall knowledge about mental illness was lower than expected
- Majority of answers were incorrect, reflected misconceptions and stereotypes
- 80% surveyed believed that, “people with mental illness are more likely to act in ways you don’t expect”
- 2/3 surveyed believe “violent behavior is a form of serious mental illness”
- 58% surveyed believe, “people with mental illness are required to take medication and get counseling for the rest of their lives”



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## Social Marketing Efforts – Baseline Implications

### For Adults Ambivalence is the Barrier - Civil Rights Frame?

- A substantial amount of ambivalence (soft-stigma) needs to be converted to Opposition
- Ambivalence is pronounced with respect to self-stigma, even 21% felt friends would reject them if disclosed
- Attention to the issue and interest in involvement is low
- Harden stigma based on 3 factors
  - Type of illness (schizophrenia and substance abuse)
  - Familiarity
  - Situation



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## Social Marketing Efforts – Baseline Implications

### For Youth Education Efforts Must Start before Age 11

- Topic priority education efforts should tackle misconceptions about violence, unpredictability, the need for medication, etc.
- Less priority education efforts regarding rights to jobs, housing, self-blame
- The good news is that youth see mental illness as a highly relevant subject – 9 out of 10 believe that “young people my age can have a mental illness just like adults” and 61% believe it is “very common in the U.S.”



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## Mobilization Campaign

### Key Objectives

- Target 14 – 24 year olds (multicultural youth)
- Drive them to ReachOut.com website
- Encourage support seeking & support giving around mental health
- Mobilize youth to change norms and influence inclusion and acceptance



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## ReachOut.com

### Key Objectives

- De-stigmatize mental illness
  - Increase mental health literacy
  - Encourage help-seeking
  - Build resilience through improved coping skills
  - Increase social connectedness and social power



**Reduced risk of suicide**  
**Better mental health**  
**Happier lives**



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# ReachOutHere.com

REACH OUT.COM GET THROUGH TOUGH TIMES

NEED HELP NOW? 800-448-3000

THE FACTS | REAL STORIES | YOUR VOICE | GET HELP | FORUMS

Search ReachOut

My emotions are out of control.

Been there. I'll help u thru it. :-)

outta control anger

I don't want to disappoint my parents.

Ur not alone.

healing doesn't just come U gotta work.

It hurts now but gets better.

anxiety & panic b4 school

I got through it. U ready 2 talk?

CRYING

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**JOIN THE FORUM**

EVERYBODY'S GOT PROBLEMS. You're not alone.

- Anxiety
- Becoming Independent
- Depression
- Drugs, Alcohol & Tobacco
- Eating Issues
- Family Relationships
- Friendships & Peer Relationships
- Loss & Grief
- Maintaining Good Health
- Romance, Sexuality & Pregnancy
- School Pressures
- Self-Harm
- Struggles with Other Problems
- Suicide
- Violence & Sexual Assault

LEARN MORE GET INVOLVED GET HELP SUPPORT FIND US ON

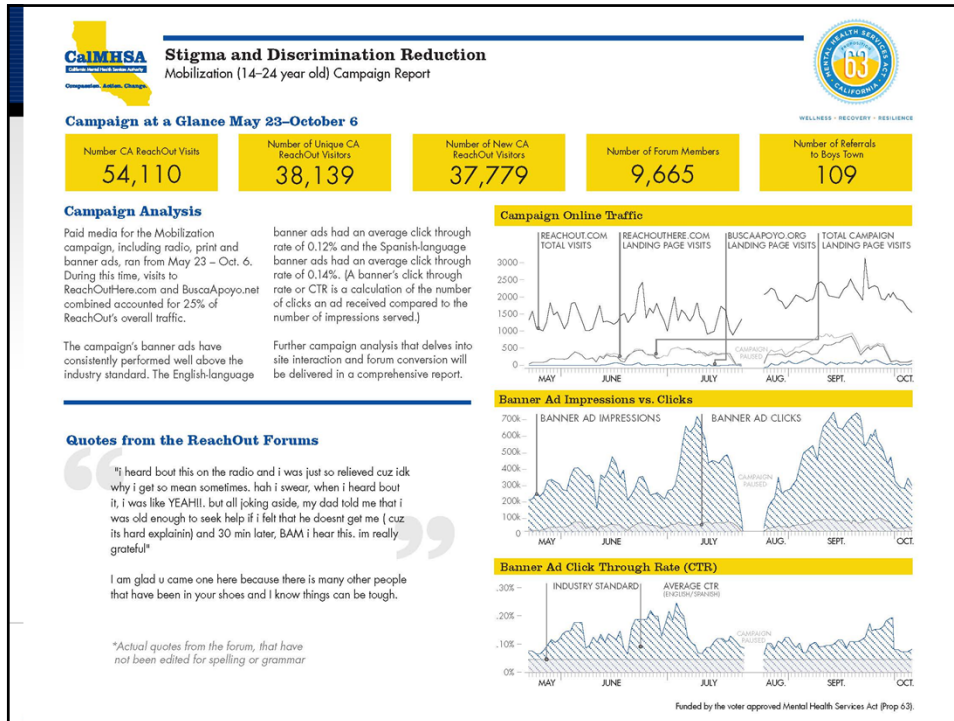
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# CalMHSAs Peer Leaders 2012

REACH OUT.COM

AN ONLINE SERVICE TO HELP YOUNG PEOPLE GET THROUGH TOUGH TIMES

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## On the Horizon

- Communication campaigns underway:
  - Social marketing across lifespan
  - Speakers bureau min grants statewide
- Resource Materials Clearinghouse established
- Comprehensive training underway
  - Media, educators/parents, workplace, healthcare
  - Empowerment trainings launching statewide
- Identification of: promising practices and discriminatory policies

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## On the Horizon

- **Collaboration across components in Initiative**
  - Student PSA competition – partnership between SDR social marketing and K-12 education partners
  - SDR and Higher Education exploring student film competition – collaboration with Active Minds chapters and future media-makers
  - SDR and Suicide Prevention Joint Rural and Frontier County Social Marketing Outreach Plan



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## Approach to a Comprehensive and Independent Evaluation



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## Evaluation Efforts

### Maximize Learning by Investing in Evaluation

- Evaluate to what extent are the strategies of the PEI statewide projects - Preventing Suicide, Improving Student Mental Health and Reducing Mental Health Stigma and Discrimination
- All 25 contractors required to conduct program evaluations
- Contracted with the RAND Corporation for a comprehensive/ independent evaluation



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## Statewide PEI Projects Evaluation Objectives

### Key objectives of PEI Statewide Evaluation:

- Establish baselines and community indicators
- Conduct thorough program evaluations
- Identify innovative programs for replication
- Promote continuous quality improvement efforts




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## SDR Evaluation: Opportunities and Challenges

- Important opportunity to evaluate multi-component initiative in the U.S.
- Key methodological challenges
  - A comparison region is needed to control for secular trends; choice of comparison is important
  - Because media effects tend to be incremental and cumulative, may not be able to detect full impact in evaluation timeframe



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## What can we learn from evaluating PEI Statewide Projects?

**STRUCTURE**

*What PEI capacities & resources are PPs developing and implementing?*

- Networks
- Needs assessment
- Service expansion
- Outreach
- Training & technical assistance
- Screening
- Educational resources
- Marketing campaigns
- Cross-system collaboration
- Policies & protocols

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**PROCESS**

*What intervention activities are delivered, and to whom?*

- Participation in training & education
- Exposure to outreach
- Exposure to media
- Access to and use of services
- Quality and cultural appropriateness of services

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**SHORT TERM OUTCOMES**

*What are immediate targets of change?*


- Knowledge
- Attitudes
- Normative behavior
- Mental & emotional well-being
- Help-seeking

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**KEY OUTCOMES**

*What negative outcomes are reduced?*

- Suicide
- Discrimination
- Social Isolation
- Student failure/ disengagement



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## Next Steps

- Foundational year complete – data gathered will inform/ shape implementation
- Programs, strategies and interventions will be taking place throughout California in FY 2012-13 and FY 2013-14
- Evaluation and Impact Analysis FY 2014-2015



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## Q and A

### Discussion and Dialogue?

**Check out our APHA Poster Sessions:**

Tuesday, October 30, 4:30 PM - 5:30 PM  
 (Session 4368.0 *Suicide and substance use: Prevalence, correlates and prevention*)

- Board 1 - CalMatrix: Streamlining large scale contract management using innovative web portal technology
- Board 2 - Evaluating outcomes for California's historic statewide prevention and early intervention initiatives

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