California’s Statewide Initiative to Reduce Stigma and Resulting Discrimination

American Public Health Association
Prevention and Wellness Across the Lifespan

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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

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)

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*
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

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.”
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.

Goals
And
Program Design
Multilevel approaches are thought to be important because each level reinforces and exploits change that occurs at the others. That is, each level influences the others in a reciprocal chain of events. A good example is changes in smoking in the U.S. over the last several decades. Very small changes in practice over the years (about 1% reduction in smoking rates each year) both were caused by shifts in policy and led to other shifts in policy, such as restrictions on advertising and bans on smoking in public; these developments shifted social norms and in turn reinforced changes in behavior, leading to further shifts in policy. The result was a major shift at all three levels.
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.

Program Design

4 Programs – 10 Contractors

Program I: Strategies for Supportive Environment

Program II: Values, Practices & Polices

Program III: Promising Practices

Program IV: Advancing Policies to Eliminate Discrimination
Stigma & Discrimination Reduction (SDR) Programs

1. Strategies for a Supportive Environment Program
   - Provider: Stigma & Discrimination Reduction Consortium
     Provider: Adele James, (Interim) Program Manager

2. Social Marketing
   - Provider: Runyon, Saltzman & Einhorn

3. Capacity Building
   - Provider: United Advocates for Children & Families

2. Values, Practices and Policies Program
   - 1. Resource Development
      - Provider: Mental Health Association of San Francisco
   - 2. Partnering with Media and the Entertainment Industry
      - Provider: Entertainment Industries Council, Inc
   - 3. Promoting Integrated Health
      - Provider: Community Clinics Initiative
   - 4. Promoting Mental Health in the Workplace
      - Provider: Mental Health America – CA
   - 5. Reducing Stigma and Discrimination in Mental Health and System Partners
      - Provider: National Alliance on Mental Illness - CA

3. Promising Practices Program
   - Provider: Mental Health Association of San Francisco

4. Advancing Policy to Eliminate Discrimination Program
   - Provider: Disability Rights California

Initial Efforts and Findings

Using data to drive programming
SDR - Current Efforts

- Baseline data collection completed on attitudes and beliefs
- Launched Social Marketing Mobilization Campaign for 14-24 year olds
- Program coordination and material development underway  
  — Speakers’ bureau, training resources, toolkits
- Coming soon: Training in Communities Civil Rights, Empowerment, Self Advocacy, PBS Documentary, Latino Family Outreach Program, 9-13 year old program launch

Social Marketing Efforts

**Baseline Report – Field Research Corporation**

**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)
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 an 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

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”
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

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.”
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

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
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
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

Approach to a Comprehensive and Independent Evaluation
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

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
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

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

**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

**SHORT TERM OUTCOMES**
What are immediate targets of change?
- Knowledge
- Attitudes
- Normative behavior
- Mental & emotional well-being
- Help-seeking

**KEY OUTCOMES**
What negative outcomes are reduced?
- Suicide
- Discrimination
- Social isolation
- Student failure/disengagement

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

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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