

# **Mapping Progress in Mental Health Disparities in a Transformed California Mental Health System**

*Co-sponsored by  
UC Davis Health System  
Center for Reducing Health Disparities  
and  
California Department of Mental Health*

*May 21-22, 2009*

**Thursday May 21, 1:30 pm – 3:30 pm  
Afternoon Breakout Sessions**

## **1. Solutions for Stigma and Discrimination Reduction: Identifying Strategies That Work**

Facilitator: Norman Sartorius, MD, PhD

The session divided the development and evaluation of stigma reduction measures into three components:

- A. Conducting assessment to develop programs.
- B. Developing and implementing the programs.
- C. Evaluating the effectiveness of stigma reduction programs.

### **A. Conducting Assessment to Develop Programs**

To develop programs that truly address stigma, the group advocated for going directly to communities and asking consumers about their experiences generally and more specifically about the ways in which stigma effects them.

It was suggested that stigma may affect broad areas of functioning such as ability to obtain employment or housing.

The group suggested that programs to target stigma should address any of these areas of functioning, depending on the concerns expressed by the community.

Some examples included:

- Is stigma affecting ability to obtain housing? To measure effectiveness of programs, reductions in time taken to obtain housing.
- Is the media portraying people with mental illness in a stigmatizing manner? Work with journalists to change stigmatizing reporting language. To measure impact of intervention: Ask patients whether reporting improved through intervention.

- Is the family care provider spending an inordinate amount of time providing care for the person with mental illness? Implement interventions to provide support for family care providers. Effectiveness can be measured by changes in hourly activity log. What are the person’s activities during the day? Does the intervention have a positive impact on their daily activities, i.e., more time for themselves.

## **B. Developing and Implementing the Programs**

The group discussed strategies for developing effective stigma prevention programs. These included:

- Go to communities and ask what tools are useful within their communities to reduce stigma? Instead of discrete needs assessment, ongoing “focus groups” or outreach to people with mental illness (i.e., weekly conversations) should be conducted. Cannot always rely on community “representatives”; must seek input from consumers.
- Framing the message: “Stigma” may not be an acceptable target; may need to rename the program and focus on the positive side. Clarify that mental illness is due to brain functioning, but that it can be changed and improved. It must not be perceived as a permanent state.
- Must begin with yourself and examine own beliefs regarding mental illness.
- Organize program to provide outcomes that will influence decision makers.
- Family members can be used to educate professionals about the experience of mental illness and caregiving.
- Repeated messages: persistence and repetition is important.
- Policy planning: Rolling Horizon Planning. It is important to make short term plans so that changes in administration do not derail programs.

## **C. Evaluating the Effectiveness of Stigma Reduction Programs**

The group identified the following suggestions for evaluating stigma reduction programs:

- Utilize ongoing “debriefing” efforts to evaluate programs. Ask consumers about their experience.
- Do not need to use labels—ask more broadly about the lives of people. Use the words that the community uses. It is important to communicate diagnoses effectively. Use effective educational materials (i.e., TMAP).
- Using multiple family groups to discuss their experience of the illness.
- Utilize quantitative measures derived directly from the interventions developed. For example, sum up the incidence of particular experiences (i.e., 60% increase in employment, etc.) that reflect target interventions.

- Utilize qualitative assessment, e.g., focus groups.
- Utilized monetary measures: what proportion of money goes into fighting stigma at the state, county, community, and local levels. A distribution across levels will indicate a more effective and integrated approach. All have to have separate budget lines to ensure implementation across levels.
- Interim measures (formative evaluation): Track intervention efforts. How many focus groups did you conduct? How many people did you have on the street making the contacts? Measures at the neighborhood level.
- Focus on valid estimates, do not need to focus on precision at the expense of evaluation.

## Questions

- **Question:** How do you address stigma within the mental health system that impacts consumers day to day.
- **Answer:** Change takes time. Changes early in the pipeline will promote a change in general attitudes towards mental illness. For example, changing the curriculum in schools to promote general tolerance and acceptance of mental illness is one avenue for reducing stigma. In addition, enacting legislation and policy to improve conditions for the mentally ill holds promise for reducing stigma.
- **Question:** How do you encourage consumer participation and reintegration into community?
- **Answer:** First, you must define what is the community you are trying to impact and answer questions such as: How do you define the community? Geography? Professional community? Religious community? School? Socioeconomic status? Helping people reintegrate requires identifying which community. **Leadership** makes a big difference in the effectiveness of inclusion program. **Sustainability** of inclusion program is important. **Social Capital:** it is easier to include people in a community if social capital is high.
- **Question:** How do you reach the hidden mentally ill communities within communities of color who already experience barriers?
- **Answer:** Interventions should be conducted in parallel on different levels. Coordinate state and local approaches. State level interventions may target broader segments of population. Much of the problem and the solution are at the micro/local/community level. On the community level: meet people, go door to door to achieve social integration.