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Evaluating the California Mental Health Services Authority's Stigma and Discrimination Reduction Initiative

Year 1 Findings

Rebecca L. Collins, Jennifer L. Cerully, Eunice C. Wong,
Shari Golan, Jennifer Yu, Gabrielle Filip-Crawford

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Introduction

When California voters passed Proposition 63—the Mental Health Services Act (MHSA)—in 2004, the state and counties were mandated to develop an approach to provide prevention and early intervention (PEI) services and education for Californians who experience mental illness and who access services in the state. In turn, the California Mental Health Services Authority (CalMHSA)—a coalition of California counties designed to provide economic and administrative support to mental health service delivery—formed the PEI Implementation Program, based on extensive recommendations from a large number of stakeholders statewide. The program aims to reduce adverse outcomes for Californians who experience mental illness through three strategic initiatives by developing statewide capacities and interventions to (1) reduce stigma and discrimination toward those with mental illness, (2) prevent suicide, and (3) improve student mental health. Under each initiative, community agencies serve as PEI program partners, performing activities to meet the initiative's goals.

In 2011, the RAND Corporation was asked to design and implement a three-year statewide evaluation of the three major CalMHSA PEI Program initiatives—stigma and discrimination reduction (SDR), suicide prevention (SP), and student mental health (SMH). At the program and initiative levels, the evaluation focuses on six core program activities:

1. the development of policies, protocols, and procedures
2. networking and collaboration
3. informational/online resources
4. training and educational programs
5. media/social marketing campaigns and interventions to influence media production
6. hotline and "warmline" operations, that is, providing crisis support and basic social support, respectively.

The evaluation aims to

- assess the activities implemented and the resources created by PEI program partners
- evaluate PEI program partners' progress toward meeting statewide goals and objectives
- evaluate program outcomes, including
  - targeted program capacities and their reach (e.g., provision of services)
  - short-term outcomes (e.g., attitudes and knowledge about mental illness)
  - long-term outcomes (e.g., reduced suicide, reduced discrimination, and improved student performance).

Key objectives are to establish baselines and community indicators, conduct thorough program evaluations, identify innovative programs for replication, and promote continuous quality improvement efforts. Also, the evaluation team has been providing technical assistance to program partners to help them develop their capability to assist in evaluating the initiatives.

This document summarizes Year 1 findings from the ongoing evaluation of many newly developed programmatic activities developed as part of the SDR initiative. While many activities

have been implemented in the past year, others are still in development with implementation planned for the coming year. Thus, results here are necessarily preliminary.

What Is the Stigma and Discrimination Reduction Initiative Doing?

The program partners involved in the SDR Initiative include the following groups:

- Disability Rights California (DRC)
- Entertainment Industries Council, Inc. (EIC)
- Integrated Behavioral Health Project/Center for Care Innovations (IBHP/CCI)
- Mental Health Association of San Francisco (MHASF)
- Mental Health America of California (MHAC)
- National Alliance on Mental Illness (NAMI)
- Runyon, Saltzman & Einhorn (RS&E)
- United Advocates for Children and Families (UACF)
- SDR Consortium.

These program partners have been developing and implementing a range of activities to reduce stigma and discrimination, and the RAND evaluation focuses on four of the six core program activities mentioned above: (1) the development of policies, protocols, and procedures; (2) informational/online resources; (3) training and educational programs; and (4) media/social marketing campaigns and interventions to influence media production.

Our evaluation aims to review the new program capacities built and materials developed, assess the reach of materials and activities (e.g., the number and characteristics of people exposed to materials or who participate in trainings), and investigate the effectiveness of SDR program partner activities in positively shifting knowledge, attitudes, and behaviors.

Here, we summarize the development of program capacities and materials and, when available, the early "reach" of these activities as of the time of writing. We review and describe key materials developed, and compare these materials to the evidence base where relevant. We developed a variety of tools to assess the reach of SDR activities, which are described in detail in the full interim evaluation report on which this summary is based. Because many of these tools are currently being implemented, the data on reach presented here are largely limited to web analytic tracking. Later phases of the evaluation will assess the effectiveness of selected activities in achieving their targeted short-term outcomes, by using surveys to determine the extent of knowledge, attitude, and behavior changes and studies of the efficacy of social marketing campaign messages.

What Is the Status of the Evaluation of Stigma and Discrimination Reduction Program Partner Activities?

Table 1 provides an overview of the status of the RAND evaluation of SDR program partner activities in a variety of different categories, summarizing what information is contained in the

full report, and what information will be forthcoming in the future. Details are included in the full report; here, we present a summary and some examples.

Table 1. Status of Stigma and Discrimination Reduction Evaluation Activities

Program Partners	Describe Capacities	Monitor Reach to Target Audiences	Evaluate Short-Term Outcomes
Policies, Protocols, and Procedures			
Disability Rights California; Entertainment Industries Council; Integrated Behavioral Health Project/ Center for Care Innovations; Mental Health Association of San Francisco; Runyon Saltzman & Einhorn; United Advocates for Children and Families	**This Report:** Summary of content of resources developed to inform implementation of new policies, protocols, and/or procedures to support stigma and discrimination reduction. These resources vary across program partners and include items such as policy papers and organizational/community toolkits. **Future:** Summary of content of future resources in development or to be developed.	**This Report:** Web analytic data provided for online resources **Future:** Data on audiences who received resources	**Future:** Data on how recipients of the resources used the information
Informational/Online Resources			
Disability Rights California; Entertainment Industries Council; Integrated Behavioral Health Project/Center for Care Innovations; Mental Health Association of California; Mental Health Association of San Francisco; Runyon Saltzman & Einhorn; United Advocates for Children and Families	**This Report:** Summary of content of websites and other informational resources developed to support stigma and discrimination reduction in the environment. **Future:** Summary of content of future resources in development or to be developed.	**This Report:** Web analytic data provided for online resources **Future:** Data on audiences who received resources	**Future:** Data on how recipients of the resources used the information
Training and Educational Programs			
Disability Rights California; Entertainment Industries Council; Integrated Behavioral Health Project/ Center for Care Innovations; Mental Health Association of California; Mental Health Association of San Francisco; National Alliance on Mental Illness; Runyon Saltzman & Einhorn; United Advocates for Children and Families	**This Report:** Topics covered by training programs; consistency of training approach with evidence base. **Future**: Similar review of future trainings	**Future:** Data on the audiences who were exposed to trainings	**Future:** Data on how training participants' attitudes change from pre- to post-training and how participants used the information presented
Media/Social Marketing Campaigns and Interventions			
Entertainment Industries Council; Runyon Saltzman & Einhorn	**This Report:** Brief mention of target audiences for social marketing campaigns and media interventions. **Future:** Detailed information on social marketing campaign messages being evaluated	**This Report:** Web analytic data provided for websites associated with campaigns and interventions, including data on viewership of video materials **Future:** Data on audiences exposed to campaigns and interventions	**Future:** Results of testing specific campaign messages

Note: The evaluation plan for an addition program partner, the Stigma and Discrimination Reduction Consortium, is in development.

Accomplishments in the Development of Policies, Protocols, and Procedures

Activities related to the development of policies, protocols, and procedures for reducing stigma vary and range from development of toolkits for different audiences (e.g., journalists, communities wanting to hold mental health roundtables) to stakeholder trainings, meetings, and educational presentations. At this point in the evaluation, we do not yet have enough information to determine whether new policies, protocols, and procedures have resulted in changes in key outcomes. Instead, the first-year evaluation assesses the activities in terms of content, purpose, and structure; target population for the policy/procedure/best practice; implementation through May 2013; and the degree to which the policy/procedure/best practice is evidence-based and adapted for the target population.

Table 2 highlights the policies, protocols, and procedures that have been developed by CalMHSA-funded programs as part of the SDR Initiative. RAND's review of materials is still in progress; for DRC and RS&E, activities and products are planned or not yet complete.

Table 2. Policy, Protocol, and Procedure Activities of Stigma and Discrimination Reduction Programs

SDR Program	Policy, Protocol, Procedure Activities
DRC	Policy papers*
EIC	Toolkits for journalist and entertainment media creators; depiction suggestion and informational sheets for journalists and media creators, Style Guide for journalists; newsletters/ email blasts; website additions*; Muestra Esto/Picture This publication; content analyses of primetime television programming and news media
IBHP/CCI	Development of policy recommendations and strategies to advance recommendations for integrated care through a report to local and state policy makers; development and dissemination of resource materials/toolkit; establishment of CCI as a clearinghouse for technical assistance
MHASF Promising Practices	Literature review on promising SDR practices; identification of promising practices/community-led SDR programs; co-learning experiences with community development partners using promising SDR practices; database/clearinghouse website of promising SDR practices
MHASF Resource Development	Creation of a framework, instruments, and assessment tools for evaluating existing evidence-based SDR training programs; work involved with community development partners to assess SDR programs; creation of online database/clearinghouse for evidence-based SDR programs
RS&E	Speakers' bureau website; Arts stigma reduction manual*
UACF	Community roundtable toolkit

*These activities and products are planned or not yet complete.

To illustrate the nature of the evaluation, we highlight the results for UACF as an example; full details on the complete evaluation for UACF and all the SDR Program activities are in the full report. UACF created a Community Network Roundtable Toolkit to help counties that want to hold their own community network roundtables. Community network roundtables are

designed to bring together many parties interested in reducing stigma and discrimination within a region and create a community plan for doing so. The toolkit document contains information on

- Tools and advice on how to develop a community network roundtable
- How to write a community plan for reducing mental health stigma and discrimination
- How to start an advocacy campaign
- A PowerPoint slideshow with information about mental health stigma and discrimination and basic information about mental health
- Logistics for holding a community network roundtable event (e.g., how to talk about activities with the press, making sure the meeting is accessible for people with disabilities)
- Sample materials (e.g., agendas, evaluation forms, community plan).

Our review of the PowerPoint slideshow content shows that it is consistent with the evidence base for stigma reduction; it uses definitions of *stigma* and *discrimination* consistent with those used in the research literature and cites appropriate publications on the prevalence and consequences of stigma and discrimination. The slideshow also lists contact strategies as UACF's primary approach to SDR, an approach consistent with prevailing theory when certain criteria are met for the contact experience.

Accomplishments in the Area of Informational/Online Resources

Four CalMHSA SDR Initiative–funded programs are making a range of informational resources available that are targeted toward general audiences—DRC (fact sheets), MHASF-RD (stigma reading list); RS&E (special reports for LA Youth; Each Mind Matters website), and UACF (expansion and enhancement of its current website (publications, calendars, services, forums). RAND selectively reviewed the key informational resources developed, examining the materials to assess the topics covered; whether the topics, policies and laws addressed are consistent with the empirical and theoretical literature on SDR; the breadth of the stigma and discrimination issues addressed, (e.g., whether they address the needs of the general population and the needs of specific populations); and the intended audience.

To illustrate the evaluation, we highlight some DRC activities as an example. The DRC and its subcontractor, MHAS, have posted 31 fact sheets on their websites, and they are developing additional fact sheets. The completed fact sheets were reviewed for topics and target audience. For example, we found that 9 of the DRC fact sheets were on housing-related topics, with 5 targeting tenants with a mental health disability (or their advocates) and 4 targeting landlords. MHAS developed 10 fact sheets on mental health in schools, all targeted toward parents of children with mental health disabilities.

The fact sheets all provide plain language information about laws and rights related to the fact sheet topic. Many of the fact sheets designed for people with mental health disabilities provide information about how to exercise their rights (e.g., how to seek reasonable

accommodations from a landlord or employer) and how to seek assistance if they need an advocate to help them exercise their rights or if they have experienced discrimination.

The creation of these fact sheets constitutes an educational approach to SDR, and educational strategies have proven effective in reducing stigmatization of people with mental health challenges.[1] Several of the fact sheets either draw on or directly cite research literature supporting their claims. For example, the fact sheet on definitions of stigma and discrimination contains definitions commonly found in the research literature on SDR. Legal information presented was not reviewed for accuracy.

Many online resources have also been developed. As shown in Table 3, seven of the nine SDR Initiative program partners have made a range of resources available online, and an additional program (MHAC) is poised to do so in the near future. Much of the web-based material is targeted at stakeholders and other persons who have influence over the lives of people living with mental health challenges. We evaluated the websites themselves—what is available, when it became available, the nature of the user interface, links to other materials and information, and reach.

Table 3. Websites Related to CalMHSA-Funded Stigma and Discrimination Reduction Initiative Programs

SDR Program Partner and URL	Website Description	Status
DRC http://www.disabilityrightsca.org	The DRC site contains a section featuring all SDR fact sheets created with CalMHSA funds.	CalMHSA-funded materials were added to website in October 2011. DRC and RAND are collaborating to produce Google Analytics reports that will be equivalent to RAND's own.
DRC (subcontractor MHAS) http://www.mhas-la.org	The MHAS site contains a section featuring fact sheets about education-related mental health services created with CalMHSA funds	Fact sheets posted beginning in September 2012. Tracking traffic metrics since April 24, 2013.
EIC www.eiconline.org	Two online toolkits, one for journalists and one for entertainment media creators, contain a style guide, depiction suggestions, content analyses, links to fact sheets, video of relevant events, podcasts, and a link to request technical assistance for stories	Toolkits officially launched online June 3rd, 2013. Tracking traffic metrics since April 4, 2013.
IBHP/CCI http://www.ibhp.org/	"Virtual library" stocked with resources to support integrated care among primary care, mental health, and substance abuse treatment sectors. Houses the updated *2013 Edition of the Partners In Health Tool Kit*.	Launched in September 2012.

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[1] Corrigan, P. W., S. B. Morris, P. J. Michaels, J. D. Rafacz, and N. Rusch, "Challenging the Public Stigma of Mental Illness: A Meta-Analysis of Outcome Studies," *Psychiatric Services*, August 15, 2012. http://www.ncbi.nlm.nih.gov/pubmed/22910855

SDR Program Partner and URL	Website Description	Status
MHAC http://www.mhac.org/programs/wellness-works.cfm	Videos and PowerPoint presentations of Wellness Works! training models	Website is under development.
MHASF (Promising Practices and Resource Development) http://dignityandrecoverycenter.org	The website for the Center for Dignity, Recovery, and Stigma Elimination was created with CalMHSA funds and hosts materials created entirely through the MHASF Promising Practices and Resource Development programs.	Launched in March 2013. Tracking traffic metrics since May 7, 2013.
RS&E www.speakourminds.org	An online tool for organizations to find local mental health speakers bureaus (by aggregating and promoting existing bureaus in California), and an online toolkit to help mental health speakers increase their skills	Launched in April 2013
RS&E www.eachmindmatters.org	Hub for distributing CalMHSA funded CPT documentary "A New State of Mind" and other CalMHSA messages and materials	Launched in May 2013
RS&E www.reachouthere.com	Online discussion forum for teens and young adults 14–24 years old to get and give emotional support. Forums are an addition to a pre-existing site providing online resources for the same age group	Launched in May 2012
UACF http://www.uacf4hope.org/	The retooling and rebranding of the UACF website into the Gateway to Hope site is supported by CalMHSA funds, and it contains a variety of resources for children with mental health challenges and their families.	Launched in November 2011. Tracking traffic metrics since November 8, 2011.

To illustrate the evaluation, we highlight some of what we found for a DRC website as an example (in this case, the site with MHAS as a subcontractor). In terms of DRC/MHAS website content, our evaluation shows the following:

- **Website URL:** http://www.mhas-la.org/
- **General description of the website:** The website hosts the fact sheets that MHAS created through its subcontract with DRC. The fact sheets page features a listing of fact sheets, organized into two columns. The first column is titled "Information for Parents and Caregivers," and the second is titled "Information for Educators and Service Providers." These fact sheets are downloadable PDF files available in English. While on the fact sheets page, users also see a sidebar that allows them to easily navigate the remainder of the MHAS site.
- **Target audience:** The target audience matches those for the fact sheets, which includes parents of children with mental health disabilities, educators, and mental health providers.
- **Links and Search:** As part of the sidebar, users are presented with links to several external sites, including Facebook and Twitter. There is no search function on the page.
- **Registration:** The materials on the site are accessible without registration. Users are able to sign up for an email newsletter, although it is unclear what information is presented in the newsletter and how frequently it is sent.

For online resources, we also assessed reach using Google Analytics—the industry standard application for web analytics, which captures a wide range of metrics on use of and interaction with web properties, as well as traffic sources and additional information. For the DRC/MHAS website, fact sheets were posted beginning in September 2012, and we tracked traffic metrics since April 24, 2013. Table 4 briefly summarizes traffic metrics, user engagement, user characteristics, and resources downloaded from April 24, 2013, through June 7, 2013.

Table 4. Key Metrics for DRC/MHAS Site, April 24, 2013–June 7, 2013

Category	Key Metrics
Traffic	• Number of visits: 1,507 • Number of page views: 2,412 • Number of downloads: 2,447
User engagement	• 56% accessed through searches like Google • 34% accessed MHAS site directly • 10% accessed MHAS site through referrals from other sites • Average time on site (excluding time on final page visited): 1:23 minutes • Average number of pages visited: 1.6 pages • Percent entering on and leaving from the homepage without visiting other pages: 65%
User characteristics	• Top sources of traffic to site in California: Los Angeles: 852 visits; San Francisco-Oakland-San Jose: 107 visits; Sacramento-Stockton-Modesto: 50 visits; San Diego: 49 visits
Resources downloaded	• Five factsheets; top three each have 261 downloads, while next two each have 259 downloads

Of those users who accessed the site by searching with a search engine such as Google (56 percent), about 16 percent appeared to be searching specifically for MHAS. Of the 10 percent of users who came to the site from referral links, 14 percent of visits originated from the Department of Housing and Urban Development page. No referrals came from the CalMHSA Each Mind Matters site. We see a high "bounce rate"—numbers of visits originating on the homepage that result in the visitor leaving the website without going elsewhere on the site (65 percent). While bounce rates are generally considered an indicator of low user engagement with site content, we hesitate to reach this conclusion. A high bounce rate could indicate that users found what they wanted on the first page they entered and then left.

In terms of user characteristic within California, most site visits originate from the Los Angeles metro area, where MHAS is located. Figure 1 provides a map that shows the geographic distribution of the 1,507 visits across the state.

One of our key findings for MHAS concerns the use of documents that are housed on the MHAS website. Using Google Analytics, we identified the five resources most frequently downloaded from the MHAS site as five fact sheets on education-related mental health services. MHAS indicates that these types of fact sheets are the most important resources available for download on their site, by their own criteria, and that the third most often accessed item—the fact sheet "What are Educationally-Related Mental Health Services and When Should I Ask for

Them?" (which received 259 downloads)—is the most important fact sheet they provide. Thus, the website appears to be functioning effectively in disseminating the key information developed by MHAS.

There are some limitations to our web results. While Google Analytics provides rich information about numbers of visits and where they originate, it cannot tell us about the demographic characteristics or societal roles (e.g., teacher, mental health care provider) of those who access websites, and thus about reach among target audiences. For this information, we will rely on surveys of web users, for which data are not yet available.

Figure 1. Geographic Distribution of Traffic to DRC/MHAS Website Across California Metro Areas

Number of visits
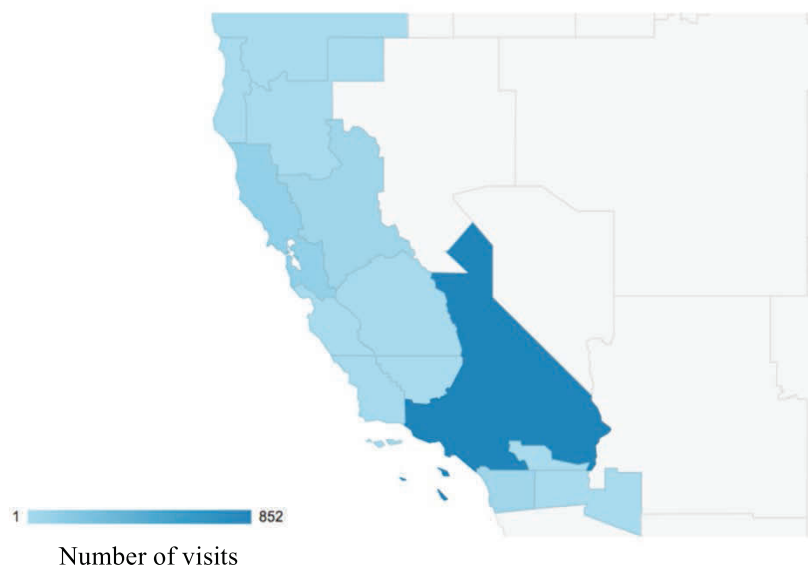
Trainings and Educational Programs

SDR program partners are also making available a host of trainings and educational programs (see Table 5) for a wide variety of audiences, such as people with mental health challenges, family members of people with mental health challenges, landlords, health providers, county mental/behavioral health service managers, teachers, and students. Many of these trainings make use of contact with people with mental health challenges to help reduce stigma and discrimination (an evidence-based practice). RAND has developed four evaluation tools to assess trainings and educational programs: a sign-in sheet and training tracking tool to collect reach information, and a pre-post survey and a follow-up survey to assess changes in attitudes, beliefs, and behaviors in response to trainings and presentations. We use an individualized mixture of these standardized tools, as appropriate to a particular training and its audience and the setting in which the training takes place. These tools have been in place for only a short time, but will provide important information on reach and effects in later rounds of our evaluation, when results are available.

Table 5. Training/Education Activities of Stigma and Discrimination Reduction Programs

SDR Program	Training/Education
DRC	In-person training; training on understanding anti-discrimination laws/policies; training modules (audiences to be determined)
EIC	"First Draft" briefings on top mental health media issues to entertainment writers and journalists; "Picture This" forums for mental health stakeholders to assist them in working with the media
IBHP/CCI	Provider trainings via local and regional meetings, learning collaboratives, and monthly webinars, targeting primary care physicians, case managers, and administrators and mental health clinicians and administrators; stakeholder trainings for health plan administration, colleges/universities/professional schools, other school settings, and public officials
MHAC	"Wellness Works!"—a workplace mental health program aimed at reducing mental health stigma and discrimination and supporting mental wellness in the workplace
MHASF Promising Practices	Statewide training conferences; additional trainings for county mental/behavioral health service managers and ethnic service managers
MHASF Resource Development	Statewide training conferences, training toolkit
NAMI	Trainings for NAMI programs: In Our Own Voice (community groups); Ending the Silence (high school); Parents and Teachers as Allies (teachers and school administrators); Provider Education Program (e.g., gatekeepers—criminal justice, health care providers)
RS&E	California Public Television (CPT) documentary screenings
UACF	Keynote speeches, Caring Communities training, Tell Your Story training

Although we do not have evaluation results for tracking reach and short-term outcomes yet, we did review and describe selected key training or educational programs in terms of content/messages (e.g., types of information provided, stereotypes countered), structure (e.g., formal instruction, interactive discussions), length, and resources developed. Training and educational content and structure are also being evaluated in terms of their consistency with the evidence base when applicable.

We will evaluate the sustainability of the trainings or educational programs by determining the capacity developed through train-the-trainer and speaker bureau program efforts—the number of trainers and effective speakers added. Sustainability will also be determined with respect to informational resources developed. The data for this aspect of our work will come from the key informant interviews to be conducted next year.

To illustrate the evaluation of trainings and educational programs, we highlight some of what we found for NAMI activities as an example. As shown in Table 6, NAMI is providing four previously developed educational programs as part of its CalMHSA scope of work. (Under the original scope of work, NAMI had planned to deliver its Breaking the Silence program, which targets K–12 students. However, NAMI is now focusing efforts on the Ending the Silence program, which targets high school students.) Table 6 provides information about the four programs and the types and numbers of presenters for each.

Table 6. NAMI Programs

NAMI Program	Intent	Evaluation Comments
In Our Own Voice (IOOV)	• 60–90-minute presentation delivered by a team of two presenters who share their personal stories of recovery	• Has six segments: Introduction, Dark Days, Acceptance, Treatment, Coping Skills, and Successes, Hopes and Dreams • Has Presenter's Manual—step-by-step instructions to content, communication and facilitation skills, and tailoring for various audiences • Has Coordinator's Manual—support and guidance to IOOV Coordinators at state or local affiliate level, covering issues such as budgeting, staffing, program policies and best practices, and program evaluation • NAMI has previously developed tools to track the delivery of presentations and pre/post surveys to assess program outcomes • Manuals and evaluation tools provide infrastructure needed to support replication and dissemination and tracking of immediate outcomes
Parents and Teachers as Allies (P&TA)	• Previously developed two-hour in-service program for teachers, administrators, school health professionals, parents, other school community members • Focus on assisting school professionals to recognize early signs of mental illness in children/adolescents and know how to intervene to connect families to needed mental health services	• Presented in six segments: Welcome and Introductions, Early Warning Signs of Mental Illnesses, Family Response (Stages of Emotional Reactions among Family Members Dealing with the Trauma of Mental Illness), Living with Mental Illness, Group Discussion, and Closing Remarks and Evaluation • Has built into its presentation a variety of opportunities for contact with individuals who have had different levels and types of experiences with mental illness • Has PresentersManual, adapted from NAMI's Family to Family Education program
Provider Education Program (PEP)	• 5-week course that targets providers or line staff at public agencies who work directly with individuals with persistent and serious mental illness • Aims to convey emotional and practical ramifications for individuals with mental illness or caring for someone with one	• Delivered by 5-member team: 2 trained family members of individuals with mental illness; 2 individuals with "lived experience" who have supportive family relationships and are committed to the recovery process; 1 mental health professional who has experienced a mental illness or has a family member with "lived experience." • Comprised of 5 3-hour classes: Orientation, Clinical Bases, Responding Effectively to Consumers and Families, Inside Mental Illness, and Working Toward Recovery • Has PresentersManual to support delivery
Ending the Silence (ETS)	• 50-minute presentation typically given during high school freshman or sophomore health class • Help students learn about symptoms of various mental health conditions and how to intervene to obtain help for themselves, friends, or family members	• Delivered by 2-person team who share experiences of recovering from diagnosable mental health condition • Provides students with informational resource card with phone numbers and websites for mental health agencies and list of symptoms and warning signs of mental illness • Sends parents postcard to inform them about the program and available services provided by their local NAMI affiliate • Has Presenter's Manual to support the delivery

In terms of fit with the evidence base, all NAMI programs include interpersonal contact strategies, which have been associated with attitudinal and behavioral changes toward individuals with mental illness.[2] This is in line with "intergroup contact theory," which posits that prejudices may be reduced when facilitated interactions between groups occur under the following conditions: equal group status within the situation, shared common goals, intergroup cooperation, and support for the interaction from an authority figure.[3] Using items on the pre-post survey, we will be assessing the quality of interactions between participants and presenters who share their experiences with mental illness and recovery during NAMI presentations, which will help us to better understand how well NAMI trainings fit with contact theory requirements and may also allow us to test how important this fit is to reducing stigma.

In terms of sustainability, NAMI is a well-developed organization with affiliates and presenters throughout much of California, which provides a sound basis for sustaining activities following CalMHSA funding. An additional, related issue regarding sustainability is that of fidelity. NAMI recognizes the need for fidelity in its presenter manuals. RAND will be paying close attention to the issue of fidelity in the coming year, developing and implementing a fidelity evaluation for In Our Own Voice.

Media-Related Stigma and Discrimination Reduction Strategies

SDR program partners are implementing two media-related stigma and discrimination reduction strategies: working to improve portrayals of mental illness in the media through a variety of activities and resources targeted at journalism and entertainment professionals (EIC); and conducting a four-pronged social marketing campaign that targets individuals of all ages but is tailored to reach audiences at various stages of the lifespan with different strategies (RS&E). Evaluations of these activities are in progress and no results are available at this time.

What Are the Plans for Future Evaluation of the Stigma and Discrimination Reduction Initiative?

SDR program partners have expanded and built new capacities and developed materials for reducing mental health stigma and discrimination in California. Although preliminary evidence of the reach of some of these capacities is available (and is captured above), many evaluation tools were in the implementation phase at the time of writing. Also, program partners continue developing new tools, materials, and trainings. Thus, we will not fully understand the nature or the reach of the programs' activities until the end of Year 3. Similarly, we do not yet have

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[2] Corrigan, P., F. E. Markowitz, A. Watson, D. Rowan, and M. A. Kubiak, "An Attribution Model of Public Discrimination Towards Persons with Mental Illness," *Journal of Health and Social Behavior*, Vol. 44, No. 2, 2003a, pp. 162–179; Corrigan, P.W., V. Thompson, D. Lambert, Y. Sangster, J. Noel, and J. Cambell, "Perceptions with Discrimination by People with Mental Illness," *Psychiatric Services*, Vol. 54, 2003b, pp. 1105–1110.

[3] Allport, Gordon W., *The Nature of Prejudice*, Vol. Reading, Mass, 1979.

information about the effects of activities on short-term outcomes of interest, like knowledge, attitudes, and behavior toward people with mental health challenges. Complete results will be available at the end of Year 3 as well. However, we will have preliminary results for reach and short-term outcomes of interest in Year 2.

RAND is implementing with SDR program partners a series of evaluation tools to assess reach and short-term outcomes.

For reach, there is the Document Tracking Tool, which tracks policies, protocols, and procedures and hard-copy and online information resources; Google Analytics—which collects data on the number of visitors, the amount of time spent on the website, and the frequency with which CalMHSA materials are downloaded; if videos are available, Vimeo reports indicate how many times they are viewed; and the Website User Survey—which collects demographic characteristics and stakeholder status (e.g., family member of someone with mental illness, landlord, or employer) of website users. For the trainings and educational programs, we are implementing RAND sign-in sheets—which collect basic demographic information and stakeholder/influencer roles such as employer, landlord, attorney, because many of the trainings and presentations target these groups, as well as email addresses of attendees to be retained by programs and used to drive participants to the SDR follow-up survey; the RAND SDR Pre-Post Survey—which assesses program participants' stigma related knowledge and attitudes immediately before and again immediately after each presentation or training and includes demographics items to allow us to determine reach; and the SDR Training Tracking Tool— which tracks numbers of trainings and asks what trainings were conducted, about audience size, and about use of the sign-in sheets and use of the pre-post survey. For all SDR activities, we track reach through the RAND Statewide Survey, which now contains current data at baseline.

For short-term outcomes, the main evaluation tool is the Pre-Post Survey (also used to evaluate reach), which is designed for use with trainings and educational programs. It assesses the most central aspects of stigma as indicated by theory and prior research, using previously validated items and focusing on those that have shown shifts in response to intervention in prior research; survey domains include knowledge, beliefs about recovery and mental health treatment, and attitudes and behavioral intentions toward people with mental illness. To assess changes in behavior or practice, we employ the SDR Follow-Up Survey, which collects, at an average of six months following use of a program partner resource, information from those who received policy papers or reports, accessed toolkits, attended stakeholder trainings, or visited CalMHSA-funded SDR websites about whether and how they used what they learned and also collects information on stakeholder roles and demographics. Finally, for media-related strategies, our main evaluation tool is the Statewide Survey. By mapping individual shifts in reported exposure to media messages and portrayals and marketing activities onto shifts in attitudes, knowledge, and beliefs about mental illness within the same person we will assess the extent to which media messages may be responsible for these shifts. The survey assesses exposure to other SDR efforts (e.g. training attendance) so that attitudinal shifts associated with this exposure can

be estimated. We will also conduct experiments in which small samples from target populations who view the media are randomized to exposure to one of the SDR messages or to a comparison message that does not directly address mental illness stigma. This will inform the potential efficacy of messages, if they reach their audience and the audience attends to them, and complements the statewide survey.

Table 7 summarizes the plans for further evaluation in terms of the tools that will be used to evaluate reach and short-terms outcomes for the SDR Initiative. Results of these efforts should provide insight into the reach and effects of program partner efforts and the overall success of the SDR initiative in reducing the stigma of mental illness in California.

Table 7. Summary of Planned Evaluations for the SDR Initiative

SDR Program Partner Areas	Tools for Evaluating Reach	Tools for Evaluating Short-Term Outcomes
Policies, protocols, and procedures	• Document Tracking Tool • Website User Survey • RAND Statewide Survey	• SDR Follow-Up Survey • RAND Statewide Survey
Information/online resources	• Document Tracking Tool (Information Resources) • Google Analytics and Website User Survey (Online Resources) • RAND Statewide Survey	• SDR Follow-Up Survey (online resources) • RAND Statewide Survey
Trainings and educational programs	• RAND Sign-in Sheets • RAND SDR Pre-Post Survey • SDR Training Tracking Tool • RAND Statewide Survey	• RAND SDR Pre-Post Survey • SDR Follow-Up Survey • RAND Statewide Survey
Media-related SDR strategies	• RAND Statewide Survey	• RAND Statewide Survey • Experiments in which small samples from target populations are randomized to exposure to one of the SDR messages or to a comparison message that does not directly address mental illness stigma