



HEALTH

***Using Population Mental Health
Surveillance in Planning and Evaluating
Stigma Reduction Efforts:
California as an Example***

Nicole Eberhart & Audrey Burnam

RAND Corporation

Public Health Surveillance

- **CDC defines as:**

“the ongoing collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health”

- **Public health systems rely on surveillance systems for:**

- Planning programs
- Tracking response to public health efforts

Surveillance Systems to Support Public Health Approaches to Prevention of Mental Illness and Promotion of Mental Health are Improving

- **Mental illness and mental health have not historically been captured in public health surveillance systems**
- **Recent progress has been made in integrating into national surveillance systems**
 - **emphasis on assessing mental illness and treatment**
- **Integration into state and local surveillance can inform:**
 - **State & local mental health policy and program planning and development**
 - **Evaluation of community approaches to mental illness prevention and mental health promotion**

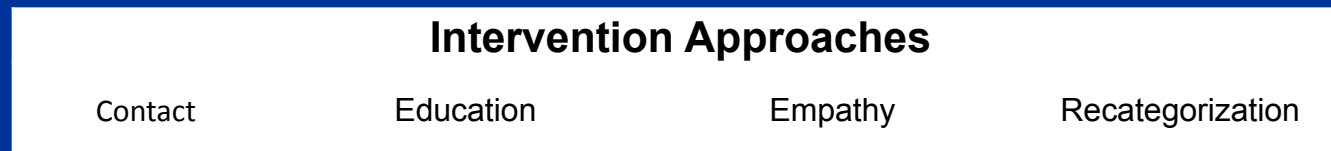
California Statewide Prevention and Early Intervention Initiatives

- **Mental Health Services Act (MHSA) enacted Jan 2005**
 - Focus on expanding intense community-based services for those with severe mental illness
 - Act also mandated that 20% of funds to be allocated to Prevention and Early Intervention
- **California Mental Health Services Authority (CaMHSA)**
 - A joint authority of Counties working together
 - Formed strategic plans for Statewide PEI initiatives
- **One key goal of Statewide Initiatives**
 - Reduce stigma and discrimination

Why is Stigma & Discrimination Reduction a Goal of Statewide Prevention and Early Intervention Programs?

- **Evidence that stigma & discrimination increase risk of:**
 - **Delays in getting appropriate treatment**
 - **Suffering**
 - **Social Isolation**
 - **Poorer social functioning**
 - **Suicide**

SDR Interventions Expected to Influence Individuals Both Directly and Indirectly



Why Is Population Mental Health Surveillance Important?

- **Stigma reduction involves a public health approach to change individuals, communities, and institutions**
- **Ongoing population monitoring of stigma and related mental health indicators is vital to**
 - inform stigma reduction planning
 - evaluate the impact of prevention and early intervention (PEI) efforts such as CalMHSA statewide PEI initiatives.
- **Monitoring should focus on both**
 - immediate stigma reduction goals
 - longer term goals of increasing access to appropriate services, and improving quality of life (including functioning, social support, and well-being).

How to Approach Population Mental Health Surveillance: California as an Example

- **Various data sources can be used to take the mental health “temperature” of a population over time**
- **There are lots of surveys out there– what makes one a good data source?**
 - **Broad population-based sample, or samples groups of interest (e.g., homeless, inmates)**
 - **Uses reliable and valid items/measures of key constructs related to mental health, stigma, and access to care**
 - **Administered multiple times over the years, so that longer-term trends can be examined**

California Health Interview Survey (CHIS)

- **The CHIS is an excellent source of data in the state of California**
 - Population--based random-digit dialing telephone survey of households in California
 - Surveys over 50,000 people in all 58 counties
 - Adult, adolescent, and child versions
 - Focusing on adult today
 - Data available starting in 2001; collected biennially until 2011, then continuously
 - Queries mental health, access to care, unemployment, school dropout, and discrimination
 - Includes validated measures such as the Kessler-6 (K-6)

Defining Key Indicators of Population Mental Health That are Relevant to Stigma Reduction Efforts

- **Indicator 1: Unmet Need for Mental Health Services**
 - What percentage of the population both
 - needed mental health services AND
 - did not obtain mental health services
 - Issue: defining need
 - *Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions, nerves, or your use of alcohol or drugs?*
 - But what about people who didn't realize they needed professional help?
 - Include those who scored as highly distressed on K-6 as having need

Unmet Need for Mental Health Services: Results

- Preliminary weighted results:

2011	2012	2013
9%	8%	9%

*of California population

Indicator 2: Rates of Not Seeking Mental Health Help Due to Stigma

- Denominator: people who felt they needed professional help for mental health, but did not seek help
- Issue: defining stigma, with limited items available
 - Did not seek mental health help because...
 - *You were concerned about what would happen if someone found out you had a problem.*

Rates of Not Seeking Mental Health Help Due to Stigma: Results

- Preliminary weighted results:

2011	2012	2013
20%	22%	21%

*of people who felt they needed professional mental health help, but did not seek it

Indicator 3: Rates of Impairment in Functioning Due to Mental Health Problems

- Issues:
 - What kind of impairment to include?
 - Work, family life, chores, social life, all of these?
→ For now, focusing on work impairment
 - What is considered impaired?
 - *Did your emotions interfere a lot, some, or not at all with your performance at work?*
 - A lot = impaired
 - *About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?*
 - 9 = impaired, 48 = severely impaired?

Rates of Impairment in Work Functioning Due to Mental Health Problems: Results

- Preliminary weighted results:

	2011	2012	2013
Self-reported severe work impairment	29%	31%	31%
Missed 9 days/year	40%	41%	44%
Missed 48 days/year	21%	21%	26%

*of those with at least mild-moderate distress

CHIS Follow-Back Survey: The California Well-Being Survey (CWBS)

- CHIS is a very valuable pre-existing data source, but the questions on stigma and discrimination are limited
- Potential solutions:
 - Add more stigma and discrimination items to the CHIS
 - Field follow-back surveys that enrich assessment
 - California Well-Being Survey (CWBS) provides essential bench-marking estimates of targeted CalMHSAs stigma and discrimination outcomes among CA adults experiencing emotional distress

CWBS Methods

- Telephone survey of adults participating in the 2013 CHIS
 - Fielded Summer 2014
- Those scoring as mild-moderately distressed or greater on the K-6 at the time of CHIS survey were invited to participate
 - Surveyed over 1,000 California adults with mental distress
- Interviews conducted in English and Spanish
- Response rate of 45%
 - Better for females, those with serious distress, age 25+, White, English speaking

Indicator 4: Rates of Discrimination Toward People with Mental Illness

- Rates of discrimination at school or work
 - *During the last 12 months, because of your mental health problem, how often have you been treated unfairly*
 - *in school or on the job training?*
 - *by one or more of your employers?*
 - *by potential employers when looking for a job?*
- Climate of prejudice and discrimination toward people with mental illness
 - *People with mental illness experience high levels of prejudice and discrimination.*
 - Rate agreement from strongly agree to strongly disagree

Rates of Discrimination Toward People with Mental Illness: Results

- Preliminary weighted results:

Rates of School/Work Discrimination	Climate of Prejudice/Discrimination
61%	81%

Conclusions

- **Monitoring stigma and mental health at the population level is important in order to**
 - **inform stigma reduction planning**
 - **evaluate the impact of efforts to reduce stigma and improve mental health.**
- **Monitoring population mental health, functional impairment, and unmet need for services may be feasible using existing measures**
- **Additional data collection can leverage existing resources and provide important new information (e.g., on discrimination)**

