**RAND** HEALTH

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

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# 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
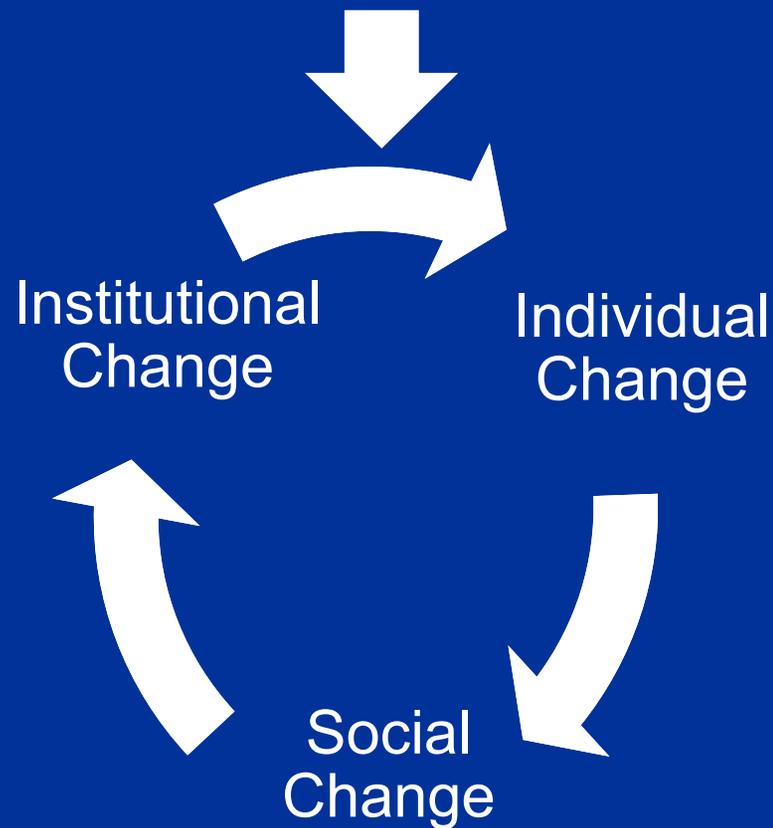
# *California Statewide Prevention and Early Intervention Initiatives*

- **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 (CalMHSA)**
  - 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

**Intervention Approaches**

Contact          Education                    Empathy          Recategorization

Institutional Change

Individual Change

Social Change

## 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 <u>totally unable</u> 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

# 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)