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AGENCY MEMO

To: Stephanie Welch

From: Lex Matteini, Strategic Planning Director

Date: June 28, 2012

Re: Where We Stand At Baseline – Survey Findings & Implications for Adults 25+

This provides CalMHSA with a summary of key findings and communications strategy implications emerging from the June, 2012 study published by Field Research Corporation, *Where We Stand at Baseline: Results of a Survey of California Children Aged 11-13 and Adult Decision-Makers Aged 25+*. Findings and implications relevant to the adult audience are provided here. Findings and implications relevant to the children audience are provided separately. Please note that the research findings provided here are as-reported by Field Research Corporation, whereas the strategic implications are the product of RS&E's internal research reviews and planning the discussions, which involved the broader strategic council team for the Stigma and Discrimination Reduction effort.

I. Background

A survey was conducted of California children 11-13 and adult decision-makers with influence over the life course and its quality for people with mental health challenges. The latter group includes landlords, employers, teachers and others who come into contact with persons experiencing mental health challenges. Survey data were collected in the winter of 2012. The purpose was to assess knowledge, attitudes, and behaviors related to the issues of stigma and discrimination.

This study is a project of the Stigma Discrimination Reduction Social Marketing Program that is funded by the voter-approved Mental Health Services Act (Prop. 63). It is one of several Prevention and Early Intervention Initiatives implemented by the California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities. CalMHSA operates services and education programs on a statewide, regional and local basis. For more information, visit www.calmhsa.org.

II. Major Findings of the Adult Survey

Field Research Corporation findings from the survey of adult decision-makers are summarized below.

a) Who the Adult Decision-Makers Are

- Fifty-five percent of Californians aged 25 or higher met our criteria for inclusion into the adult decision-makers sample. Almost two-thirds have experienced close contact with a person

II. Major Findings of the Adult Survey, continued …

experiencing a mental illness (note: "mental illness" terminology was used in the survey and is applied here to report findings). Close contact was defined as having a job providing services or treatment to someone with a serious mental illness, living with someone, working with someone or having a friend or relative with a serious mental illness. Ten percent reported that they themselves have had a mental illness at some point in their life, or have one now.

- Due to the nature of the decision-makers group, survey participants tend to be more middle-aged (age 45-64), non-Hispanic White and highly educated than most Californians. The group also tends to have a higher average income.

b) Stereotypical Attitudes

- The study confirms the prevalence of moderate to strong agreement with negative stereotypes of mental illness among adult decision-makers. Less than a majority believe that, except for their illness, persons with mental illness are just like everyone else. A majority are unsure about whether treatment is possible and whether people with mental illness are dangerous. In a more positive vein, a majority believe that people with mental illness can make a contribution and that anyone can experience a mental illness. A majority also disagree that people with mental illness have only themselves to blame.

c) Attitudes toward Mental Illness

- Almost six in ten respondents were not sure whether they would feel ashamed or not if they had a mental illness; ten percent said they would. Eight in ten would expect rejection from friends or were not sure. Only a bare majority (52%) could see that people with mental illness were discriminated against. Similarly, only a bare majority (53%) would feel comfortable talking with someone experiencing a mental illness.

d) Interest in Learning More, Being Supportive

- Six in ten want to be supportive to people experiencing a mental illness. Only one-third said they knew how to be supportive. On a follow-up question on how to be supportive, however, a majority of those answering said that people with mental illness should be treated with acceptance and understanding.
- Only one in three said they wanted to know more about mental illness.

e) Willingness to Engage on Issue

- A majority said that they were willing to engage on the issue of stigma and discrimination. Fifty-nine percent were willing to verbally encourage friends and family members to treat people with mental illness with respect. Fifty-five percent were willing to challenge friends or coworkers who make insensitive comments. Fifty-one percent were willing to inquire about employer mental wellness

policies. Overall, 71% of adult decision-makers were willing to take at least one action to fight stigma and discrimination.

II. Major Findings of the Adult Survey, continued …

f) Willingness to Accept in Specific Roles

- There was a willingness to accept people experiencing mental illness is some roles but not in others. Respondents were accepting of them as friends, family members, students and patients in health care settings. They were much less willing to be accepting of them as babysitters, job applicants, tenants, next door neighbors and coworkers. When we asked the same questions about people experiencing schizophrenia and substance abuse, there were lower levels of acceptance.

g) Overall Acceptance

- When we asked whether they were more accepting than they used to be, 60% of respondents were not sure. About one third (32%) said they were more accepting than they used to be.

h) Actions in Last 12 Months

- In an open-ended question, the majority of respondents reported that they had made no changes over the last five years in their behavior in relation to people with mental illness. In follow-up, closed-end questions, respondents gave more favorable responses about their behavior in the last year. On these questions, majorities said that they had behaved respectfully in some situation, provided support, or had a level of contact that increased their understanding.

i) Social Norm Change

- Only about one-third (31%) reported that people in general are more accepting of people with mental illness now than they used to be.

III. Strategic Implications

RS&E strategic implications from the survey of adult decision-makers are summarized below.

1. Ambivalence is very substantial and prevents a normative majority from having formed around opposition to negative stereotypes -- Table 1.3 (Stereotypes About People with Mental Illness) of the Field Research Corporation report shows that an average 9% of the target supports the eight negative stereotypes about people with mental illness, as indicated by strong levels of agreement or disagreement. This compares to an average of 42% who neither strongly agree nor disagree and thus should be considered *ambivalent*. An average of 49% *oppose* negative stereotypes, which is encouraging from the perspective of this being a larger percentage of the target than the 42% who reflect ambivalence. However, for opposition to negative stereotypes to be an actual or perceived norm, *a substantial amount of ambivalence would need to be converted to opposition*.

III. Strategic Implications, continued …

2. When ambivalence is factored out, more hardened views overwhelmingly skew toward opposition to negative stereotypes – The ratio of responses that strongly *oppose* negative stereotypes to those that strongly *support* them is 5:1.

3. Ambivalence is especially pronounced with respect to self-stigma – While only 10% strongly agree they would "feel ashamed" if they had a mental illness, 58% neither strongly agree nor disagree. Similarly, while 21% strongly agree their friends would reject them, 60% neither strongly agree nor disagree.

4. Ambivalence varies by subgroup – While ambivalence about stereotypes seems more concentrated among the Hispanic, Asian/Pacific Islander and 35-44 year-old subgroups, ambivalence regarding self-stigma seems more concentrated among Asian/Pacific Islanders, college graduates, and those with post-graduate degrees. As this variation seems indicated in the report narrative and is not verified by any datasets provided in the report, further analysis is recommended.

5. Attention and involvement appear low – The majority of the target does not know how to be supportive, is not interested in knowing more about mental illness, has not changed its behavior toward people with mental illness over the last 5 years, and is not aware of any positive change in society's views toward people with mental illness. Although most respondents said they would engage on the issue, the majorities are slim even for the simplest, least demanding forms of engagement, such as the 59% who are willing to verbally encourage friends and family members to treat people with mental illness with respect. Assuming that only a fraction of such stated willingness takes the form of action, actual engagement is probably extremely low and these behaviors are extremely unlikely as present day social norms. Overall, the target does not seem to want to think much about this issue unless they have to, as indicated in #6 below.

6. Where it exists, hardened stigma (reflected by high levels of agreement/disagreement) appears very contextual, related to a combination of three factors – The highest measured levels of stigma in this survey, such as the 69% of respondents who are unwilling to accept a person with schizophrenia as a babysitter for their children, seem in relation to a specific *type* of illness, level of *familiarity*, and *situation*:

    - When the type of illness is known to be schizophrenia or substance abuse, and …

    - When the level of familiarity with the person experiencing mental illness is not very high (such as someone who is not a family member, friend, or a teacher's student), and …

- When the situation demands a high level of trust or dependability (for example, a babysitter, tenant, or job applicant)

IV. Discussion

The results of the survey indicate that the adult target generally has difficulty forming defined attitudes toward people with "mental illness". Why is that? This apparent difficulty needs to be better understood. The explanation may have to do, in part, with the broad spectrum of experiences and contacts the target has had, ranging from news stories and seeing people with mental health challenges in passing on one hand, to personal experiences with friends, family members and co-workers on the other.

Assuming that new stories generally skew to more sensational acts attributed to more profound challenges, and that conspicuous public displays of mental health challenges are almost by definition limited to acute stages of serious challenges, these impressions would tend toward *confirming* negative stereotypes.

Conversely, contacts and experiences with friends, family members, and co-workers would likely be relatively more skewed to more common and less acute challenges, and would by definition provide more evidence of recovery and resilience than news stories and conspicuous public displays. Therefore, friends, family members and co-workers would be relatively more likely to *disconfirm* negative stereotypes.

Incidentally or coincidentally, older survey respondents (55+) seem to have more favorable, less mixed views of people with mental health challenges, and this may in part be the consequence of having reached adulthood in an era when acute symptoms of serious mental health challenges were much less prominent in public and in the media.

In addition to experiencing varied, mixed signals about people with mental health challenges, an additional factor that might inhibit the formation of defined attitudes is the perceived unpleasantness of the subject matter. The survey provides some evidence that the subject is not one that the target desires more involvement with, but here again the reasons for ambivalence, or what we might refer to as "soft stigma", need to be examined further.

While the reasons for soft stigma are unclear, the scope and magnitude revealed by this survey is surprising and alarming. Just as ambivalence about jumping into a river to help a drowning victim would be tragic among a crowd of onlookers, so the apparent ambivalence toward mental health challenges is tragic if it corresponds with indifference, inaction, avoidance of the issue, and – by default -- maintaining the status quo that Proposition 63 was intended to change.

IV. Influence Campaign Strategy Recommendations

1) As a communications objective to be measured at time period 2 (spring 2014) among decision-maker adults who were exposed to Influence campaign messages (*treatment sample only),* convert a significant portion of all ambivalence responses to opposition of negative stereotypes.

- If half of all ambivalence were converted, average opposition to negative stereotypes among a treatment sample would increase to approximately 70% (versus 49% in the total adult target population)

IV. Influence Campaign Strategy Recommendations, continued …

2) Further analyze the demographic characteristics of the ambivalence responses to quantify the most prevalent, over-represented subgroups. Ensure that these subgroups are addressed prominently in the content and promotion of the Influence campaign documentary.

3) Also in the development and promotion of the documentary, explicitly acknowledge and challenge prevalent ambivalence and indifference. This would not require telling the target they are wrong; ambivalent feelings can be validated, but the viewer needs to own up to the implications of the associated indifference, inaction, avoidance and status quo. The target needs to "make up their minds" – appropriate given their roles as decision-makers. This target is not otherwise a group of fence-sitters.

4) Consider how the development and promotion of the documentary can make mental health challenges a really approachable subject. What appropriate emotional appeals can be attached to the issue to attenuate perceptions that it is sad, heavy, dispiriting, etc?

5) Explicitly address the hard, contextual stigma associated with unfamiliar people, known to have schizophrenia and/or substance abuse, in high trust situations. Consider role-modeling examples that show:

- Who are these decision-makers who accept and include people with mental illness under these circumstances?
- What are their characteristics? Strengths?
- What skills or tools do they use?
- What are the results or outcomes associated with acceptance and inclusion under these circumstances? For the decision-maker? For the person with a mental health challenge, and their family?

6) Consider developing a succinct, sustainable campaign theme around challenging ambivalence and enticing the target to make up its mind and take a position. Apply the theme as a point of integration for all adult campaign communications – such as the documentary, events, and social media, and any viral or partner communications.

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