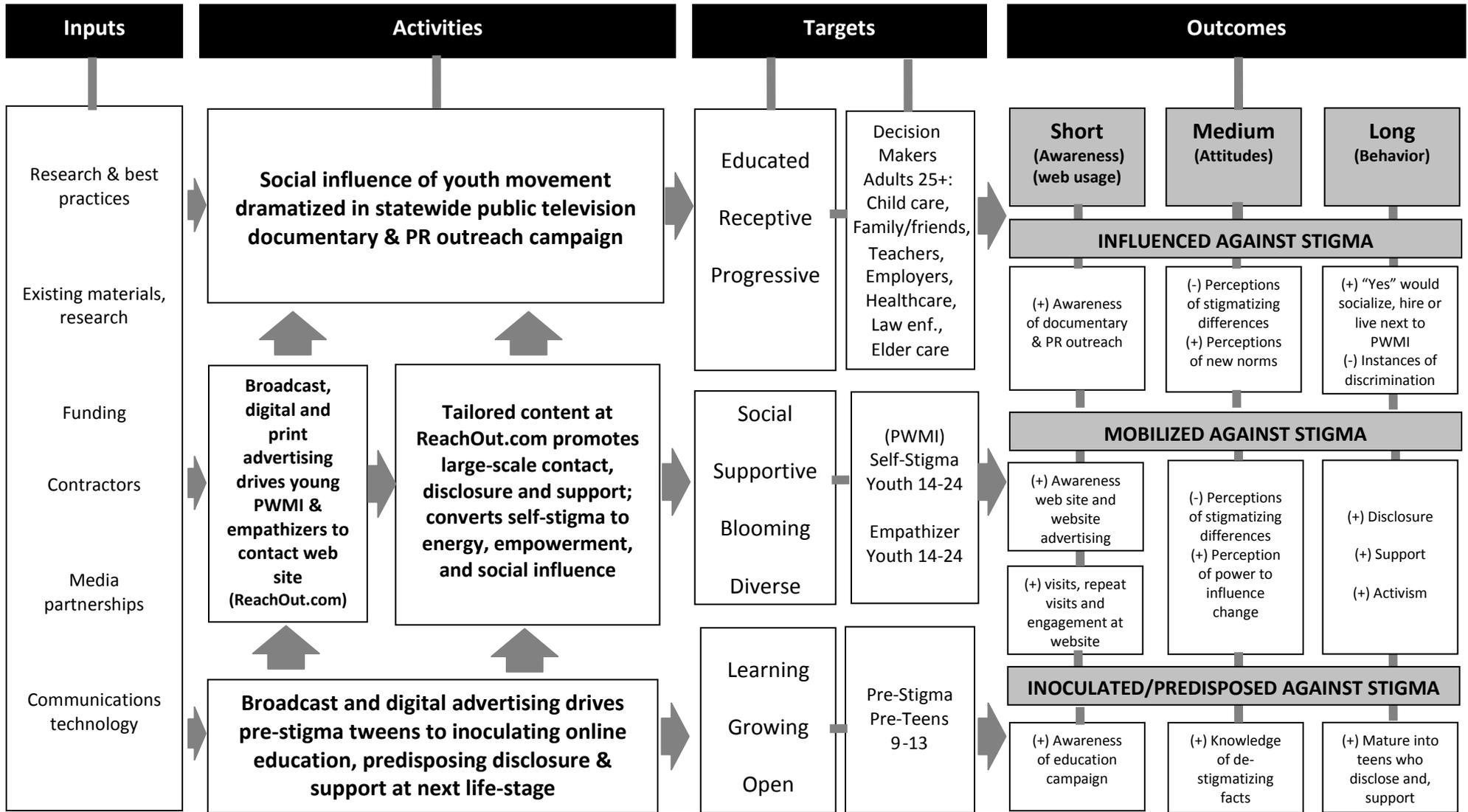


Statewide Stigma and Discrimination Reduction – Social Marketing Campaign Logic Model



LOGIC MODEL – KEY LEARNING SUMMARY

The California Mental Health Services Authority (CalMHSA) stigma and discrimination reduction (SDR) social marketing program is grounded in research and evidence, including primary research findings of public knowledge, attitudes and beliefs in California and an international literature review producing 32 citations for program design. Based on these findings, CalMHSA resources, and MHSA requirements, RS&E identified appropriate inputs, activities, targets and outcomes to reduce stigma and discrimination, and summarized these social marketing plan components in a SDR Logic Model. The Model and SDR campaign activities are based on multiple areas of learning, with a special focus on information relating to life span, culture/ethnicity, and new opportunities presented by the rapid narrowing of the digital divide in California.

The Logic Model identifies a lifespan set of target age groups: **9-13**, **14-24**, and **25+**, although it should be noted that the 25+ target includes “decision maker” parents and caretakers who care for children **8 and under**, a fourth critical (indirect) target group. In relation to reducing stigma and discrimination, each group presents a particular opportunity: **9-13 year olds** are capable of understanding mental health challenges but, for lack of education, generally don't. For example, 65% of children in this age group believe that “violent behavior is a form of serious mental illness” (CalMHSA Inoculation Campaign 2012 Baseline Survey). Such lack of knowledge helps perpetuate stigmatizing myths that contribute to intensifying exclusion and discrimination, and self-stigma, as children in this age group grow older. Basic education is likely to help pre-empt and prevent acute stigma later on; **14-24 year olds** are at a stage where personal issues and psychological distress tend to spike in frequency and intensity, and an estimated 75% of mental health challenges occur prior to the age of 25. MHSA requires 20% of funds be dedicated to prevention and early intervention. Primary research by ReachOut.com shows that a full ethnic spectrum within this age group responds favorably to discussion of serious personal issues, including mental health challenges, in confidential, online, peer-support forums. Of those who identified their ethnicity in a ReachOut.com survey, for example, 74% are non-White. Such interactions enable help-seeking and break stigmatizing stereotypes, and promote the development accepting and inclusive norms that this age group will carry into its adult roles and social influences later in life; **Adults 25+** harbor specific stereotypical views of “mentally ill” people, such as dangerousness and social incompetence, that can be modified over time by direct or indirect contacts that strongly disconfirm those stereotypes. When adults 25+ have decision-making power in critical areas such as employment, health care, housing, and education, such stereotyping is particularly likely to result in discrimination with potentially acute effects; this is especially relevant in terms of failing to recognize and respond to mental health challenges at the earliest opportunity – when they arise among children **8 and under**. In addition to overt discrimination, the parents and caregivers of children with mental health challenges experience internalized stigma by other adults.

The Model and activities also propose a broad multi-cultural effort to reach and include groups that are geographically isolated or experiencing dual stigmas associated with diversity in language, culture, ethnicity, sexual orientation and/or gender identity. Studies such as those conducted by Dr. Aguilar-Gaxiola of the UC Davis Center for Reducing Health Disparities show that such groups experience multiple types of discrimination and exclusion that complicate existing disparities in access to services and support. Theoretical frameworks such as by Dr. Norman Sartorius of the World Psychiatric Association illustrate the importance of breaking the cyclical nature of such disadvantages and disparities reinforcing the negative beliefs about these groups that caused stigma in the first place.

To enhance the effectiveness of the statewide SDR campaign, the Model and activities propose tailored messages to different age and cultural groups, based on the assessment that one-size-fits-all stigma interventions such as pure knowledge-building would be less effective. Though traditional media allow such tailoring to some extent, the recent broad, multicultural adoption of digital media gives tailoring added reach and cost-efficiency. RS&E has extensively analyzed broadband adoption rates, showing that the digital divide is effectively closing in California along ethnic lines, especially with respect to smart phones, where ownership rates are now higher among Hispanics (49%) and African Americans (49%) than among non-Hispanic Whites (45%). On other demographic dimensions, broadband media are used by the majority of all income groups (58%-98%) regardless of citizenship status (50% of non-citizens, 64% of naturalized citizens, and 80% of U.S. born residents).