Evaluation of the California Mental Health Service Authority’s Prevention and Early Intervention Initiatives: Progress and Preliminary Findings

Executive Summary

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Summary

Introduction

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which mandates that the state and counties develop an approach to providing prevention and early intervention (PEI) services and education for people who experience mental illness and access services in the state of California. The California Mental Health Services Authority (CalMHSA), a coalition of California counties formed 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 CalMHSA PEI program aims to reduce adverse outcomes for people who experience mental illness in the state of California. The PEI program is composed of three strategic initiatives that are developing statewide capacities and interventions intended to 1) reduce stigma and discrimination towards 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 intended to meet the goals of the initiative.

In 2011, the RAND Corporation was contracted by the state to design and implement a 3-year statewide evaluation of the three major CalMHSA PEI Program initiatives (i.e., stigma and discrimination reduction, suicide prevention, and student mental health) as well as the overall initiative and specific Program Partner activities. The evaluation has three aims:

- To evaluate programs’ progress toward meeting statewide goals and objectives;
- To assess program resources and activities that are actually implemented, including the structural and operational processes that define the program;
- To evaluate program outcomes, both short- and long-term

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 resources; (4) training and educational programs; (5) media/social marketing campaigns and interventions to influence media production; and (6) hotline and “warmline” operations, that is, providing crisis support and basic social support, respectively.

The key objectives of the evaluation are to establish baselines and community indicators, conduct thorough program evaluations, identify innovative programs for replication, and promote continuous quality improvement efforts. In addition, the evaluation team has been providing technical assistance to Program Partners to promote the development of their capability to assist in the evaluation of the initiatives.

This report presents early findings from an ongoing evaluation of many newly developed programmatic activities that together represent the implementation of inter-dependent statewide strategies designed to reduce mental health stigma and discrimination, prevent suicide, and
reduce negative consequences associated with mental health problems among California’s public school students. While many programmatic activities have been implemented within the past year, others are still in development and plan to be implemented over the coming year. Thus, results presented at this time are necessarily preliminary.

The evaluation is also developing baseline assessments of population risk factors and outcomes that represent the longer-term targets of change for the initiatives. These baseline assessments provide a platform for longer term monitoring of population risk factors and outcomes over time. The current report provides early information on baseline population tracking, including: an analysis of county- and region-wide suicide rates, a student- and faculty survey of the school mental health climate across California, and a statewide survey of California adults’ beliefs about suicide, mental health stigma and discrimination, and the mental health climate in schools. Finally, throughout the report, the tools developed to conduct the evaluation are described.

**Stigma and Discrimination Reduction**

Stigma and Discrimination Reduction (SDR) Initiative Program Partners have developed many capacities and resources related to improving policies, procedures, and protocols, as well as informational resources that relate to goals to reduce stigma and discrimination. These capacities and resources include fact sheets, toolkits, and the identification and assessment of promising practices in SDR in community organizations. Many online resources have also been developed. For online resources, we present early results from website analytics to track how users are finding and interacting with Program Partner sites, what resources they are downloading, and where in California they are located. We are currently working with Program Partners to implement tools for tracking the reach of resources that are not disseminated online. Evaluation tools for understanding the effectiveness of these resources and capacities and the helpfulness of informational resources are also in the process of being implemented by Program Partners.

SDR Program Partners are also making available a host of trainings and educational programs. These offerings include trainings 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 utilize contact with people with mental health challenges to help reduce stigma and discrimination (an evidence-based practice). Because tools for tracking reach of trainings and educational presentations and changes in attitudes, beliefs, and behaviors in response to these presentations have only been in place for a short time, we are unable to provide results for these efforts at this time.

SDR Program Partners are implementing two media-related stigma and discrimination reduction strategies: providing media training to journalism and entertainment professionals and
conducting a social marketing campaign largely targeting youth. Evaluations of these activities are in progress and no results are available at this time.

Ongoing and future evaluation activities will provide more information on the reach of these resources and capacities, as well as their effectiveness in reducing stigma and discrimination.

**Suicide Prevention**

The Suicide Prevention (SP) Initiative Program Partners are focused on building hotline and “warmline” capacities across the state, promoting networking and collaboration among hotline and “warmlines”, and using social marketing efforts to promote suicide and mental health awareness. The evaluation includes an assessment of the networking and collaboration resulting from the efforts of Program Partner Didi Hirsch, which is facilitating the California Suicide Prevention Network (CSPN). Reviews of related documents are in progress. We will conduct key informant interviews and a collaboration survey later.

Many of the SP Program Partner activities relate to increasing capacity and quality of hotline and “warmline” operations. Four new crisis hotlines have been created, and several existing hotlines are seeking accreditation or have been accredited since the beginning of the contract period. To understand the reach of hotline and “warmline” operations, we are tracking call volume. We have developed a protocol for systematically monitoring hotline call quality and will implement it soon.

Evaluations of several suicide intervention trainings (LivingWorks SafeTalk and ASIST trainings) are ongoing. Data on the demographics of training participants reached to date are available, and post-training surveys indicate high satisfaction with the trainings and increases in perceptions of self-efficacy and intentions to help people at risk. Monitoring of fidelity to the ASIST training protocol is in progress.

One Program Partner, AdEase, is conducting a social marketing campaign. The evaluation of SP social marketing activities is still in progress. We will evaluate campaign messages and their efficacy and assess campaign reach at a later point.

In addition to the evaluation of the key Program Partner activities above, we have analyzed suicide fatalities in California to establish baselines to which later suicide rates may be compared. Age-adjusted suicide rates by region are presented in Figure S.1. Two major findings emerged from this analysis. First, the suicide rate is highest in California’s most rural areas (e.g., Humboldt, Mendocino, Siskiyou, Butte, Amador counties), indicating that those who live in these areas are at higher risk for suicide. Second, suicides in these areas actually account for a very small proportion of California’s overall number of suicides (approximately 6%), indicating that resources must still be allocated to the areas of the state with the highest numbers of suicides.
Student Mental Health

The Student Mental Health (SMH) Initiative Program Partners are focusing on improving the mental health of both K-12 and Higher Education students throughout California. These Program Partners are building capacities and engaging in activities intended to promote networking and collaboration, develop resources for improving student mental health, and conduct trainings.

The evaluation of SMH activities related to networking and collaboration will focus on the California County Superintendents’ Educational Services Association (CCSESA) county consortia, the State SMH Policy Workgroup, University of California (UC) and California State University (CSU) SMH Initiative Advisory Groups, California Community Colleges (CCC)
Regional Strategizing Forums, and inter and intra-campus collaborations among the higher education Program Partners. Reviews of related documents are in progress. Key informant interviews and a collaboration survey will be conducted later.

SMH Program Partners are making many informational resources available online. These include resources about mental health issues for students and information for faculty and staff regarding approaches to supporting students with mental health needs. Thus far, the websites hosting informational resources have been reviewed for content and target audience. Website analytics and feedback survey data are currently available for online resources developed by CCSESA (for K-12 schools) and early results are presented in this report. We are currently developing a follow-back survey designed to assess the usefulness of materials.

SMH Program Partners implemented a variety of training programs to promote the early identification and appropriate referral of students experiencing mental health issues. Thus far, we have provided technical assistance to SMH Program Partners to implement training surveys, as well as tools for tracking the reach of trainings. In the future, several trainings will be selected for detailed content analysis. We present available data on training presentations and their reach in the report. Preliminary analyses of training survey data indicate that participants reported being satisfied with the training and experienced increased self-efficacy and behavioral intentions after undergoing training.

In addition to the evaluation of the key Program Partner activities above, we have designed and are in the process of collecting data for baseline surveys of student, faculty, and staff perceptions of school climate and student attitudes and behavior related to mental health. The K-12 survey has not yet been fielded, but preliminary data based on higher education students, faculty, and staff are available. Based on their responses, about 20% of higher education students are likely experiencing a mental health problem, and 25% reported having been referred to campus mental health services. Some 25% to 35% of students reported that their academic performance was negatively affected by anxiety or depression. However, most students indicated that they know where to go for help when they need it. Students generally believed that the campus climate with respect to mental health issues is positive. Faculty and staff reported that their campuses provide adequate mental health counseling and support to students. About a quarter of faculty and staff reported having talked with a student about mental health once or twice, but a large proportion (46%) did not discuss mental health with students in the past month. Twenty percent of faculty/staff report having attended some form of training on student mental health. Over 50% of faculty/staff stated that they knew where to refer students who need mental health resources.

In summary, SMH Program Partners are engaging in a wide variety of activities, including collaborating with other organizations, providing informational resources, and offering training on student mental health issues. Many evaluation activities designed to assess reach of these expanded capacities and resources are in progress. The ongoing administration of surveys of SMH climate provides a useful baseline against which to compare future school climate data.
General Population Survey: Baseline Preliminary Results

We conducted a general population statewide survey of California adults. The survey included questions about such topics as mental health literacy, stigmatizing attitudes, and exposure to CalMHSA PEI efforts. The main purpose of the survey is to serve as a baseline against which later data on the topics above can be compared. It also serves as a measure of early exposure of the general population to CalMHSA activities. A similar survey will be fielded in approximately one year so changes from baseline can be determined.

In conducting the general population survey, we aimed to establish baseline levels of knowledge, attitudes, and beliefs about SP, SDR, and SMH among the California population and to learn about early exposure to CalMHSA activities. Results presented here are preliminary, and we are continuing to analyze the survey data. We reached a diverse group of 2,001 California adults. The sample closely matches known California population characteristics in terms of sex, age, race, ethnicity, education, income, and employment. Due to the length of the survey and the nature of the survey topics, respondents who chose to complete the study may be more interested in mental health issues than the population as a whole. However, we do not know for sure that this is the case and, even if it is, we do not know what that might imply for the direction or intensity of their views.

Two thirds of respondents were aware of stigma and discrimination toward people with mental health challenges. They personally held some stigmatizing attitudes and beliefs (e.g., that people with mental health challenges are dangerous), but many also reported some positive beliefs about potential for recovery and contributing positively to society. Nearly all respondents expressed a willingness to support people with mental health challenges. Some respondents reported that they would hesitate to disclose having experienced a mental health challenge or to seek treatment for such a challenge out of fear of what others would think.

Respondents varied in their opinions about suicide. About two-thirds of respondents recognized that suicide is preventable, and just over half thought that suicide is always preceded by warning signs. About half also believed, incorrectly, that talking about suicide can cause suicide. Many respondents did not know that men are at greater risk of committing suicide than women. Respondents indicated that if they were having suicidal thoughts, they would be more likely to seek face-to-face help from a counselor or other mental health professional than to use other possible resources.

Respondents with a child in a K-12 school or in an institution of higher education and students in an institution of higher education were asked about school climate for handling mental health-related issues. Parents of K-12 students and students in higher educational institutions agreed somewhat with the idea that their school helped students and provided quality counseling and other resources to help students with social, emotional, and behavioral problems. Respondents who were themselves students typically agreed that their institution helps students and provides quality counseling.
Exposure to CalMHSA activities at the population level has been difficult to detect early in the project period. We note that 11% of respondents reported having seen or heard of the slogan “Each Mind Matters”, 8% had heard of “Reach Out”, and 9% knew of the “Suicide is Preventable” site. However, 2% or less of respondents visited the Each Mind Matters, Reach Out, and Suicide is Preventable websites. Some 39% of respondents reported seeing or hearing ads with specific AdEase taglines (e.g., “Know the Signs”). Furthermore, 16% reported having attended some sort of training about mental illness, but we cannot determine if these trainings were among those implemented through CalMHSA’s PEI initiatives.

Commentary

This report presents early evaluation findings for many newly developed programmatic activities that together represent the implementation of inter-dependent statewide strategies designed to reduce mental health stigma and discrimination, prevent suicide, and improve student mental health. Many programmatic activities are not yet fully implemented and the evaluation is not yet complete. Nonetheless, the question of whether these programs are producing their intended effects is a pressing one for California decision makers and other stakeholders. This commentary offers our perspective on how it’s going so far.

There is a logical, science-informed path from the statewide strategic plan to reduction in mental health stigma and discrimination, reduction in suicide, and improvement in student mental health. This path involves: 1) the strategic planning of comprehensive, inter-related program components, 2) development of new PEI program capacities, 3) delivery of new program activities to achieve broad reach to California’s diverse population and result in significant exposure to program materials, 4) impact of program activities on targeted short term outcomes such as knowledge and attitudes, and 5) finally, impact on longer term outcomes for California’s population.

These PEI initiatives are arguably bold and ambitious efforts for the state of California -- both in the uniqueness of a new strategic “statewide” approach to PEI programs, and because they are managed by a relatively new and innovative organizational body that involves joint decision making across California’s many and diverse counties. The components of the statewide PEI strategic plan were carefully and broadly informed through a strategic planning process that involved diverse stakeholders.

To date, it is clear that Program Partners have been highly productive in developing new program capacities that relate to the components of the strategic plan. Furthermore, the launching of many program activities is well under way. This is impressive given the relatively short time Program Partners have had to develop and implement new program activities. So far, reach of program activities is relatively limited or cannot yet be determined, and many program activities are in a phase of rapid expansion of their reach. We do not know yet whether programs are having their intended short-term impacts on participants/audiences, but we expect to be able to answer those questions for key program activities over the next one to two years,
within the timeframe of this evaluation. We caution that it may be unrealistic to expect observable population changes in the long-term outcomes of interest during this period, given the start-up time required to build and launch new programs, the relatively brief time that program effects will be observed, and the importance of broad population reach and exposure for prevention to have an impact.