

CFLC Recommendations: DMH Strategic Plan for Reducing Stigma and Discrimination

Based on CFLC meeting 5.29.09

Structural Recommendations

- This document is more of a statewide framework, useful for education and aspiration, but lacks elements of a strategic plan. CFLC recommends addition of key elements of a strategic plan, including short-term goals and priorities, specific objectives (measurable targets for accomplishing goals), action items, and an implementation schedule

Content Recommendations

- Add explicit focus on reducing prejudice and shame
- More focus on specific issues and recommendations for reducing stigma and discrimination in rural communities and taking into account the specific needs of rural communities in addressing stigma and discrimination
- More focus on “resilience,” which is more applicable and meaningful to children and youth
- Document has too much of a Eurocentric focus; needs more context reflecting diverse communities throughout; needs more emphasis on impact and relevance of racism, ethnically appropriate strategies, etc.
- More focus on peer support, including informal peer support and the support provided by cultural brokers
- Add more focus on peer-run programs (beyond peer support)
- More focus on discrimination of clients and family members in the mental health workforce: for example, limitation of entry-level positions and lack of opportunity for career advancement
- Add more on multiple manifestations of stigma and discrimination and the impact on wellness, resiliency and recovery
- More on stigma and discrimination in the mental health workforce: for example, the lack of career advancement opportunities for families and clients who work in “peer” positions, the need to increase opportunities for clients and family members in the mental health workforce to influence service delivery overall, and the need to eliminate discrimination of various kinds against clients and family members in the mental health workforce
- More on siblings and involvement of extended family members
- Add information about bullying

- The word “stigma” can be stigmatizing.
- Make it clear that “voluntary” is essential, not just desirable; omit the word “often” from language about voluntary participation. The goal should be to eliminate the use of forced treatment, not reduce it (top of p. 46). If we didn’t have stigma and discrimination, we wouldn’t regard people as incapable of making their own choices.
- More focus on differential approaches for different people and communities:
- Add section on veterans, including women veterans
- Make clear that definition of “family” includes caregivers

Style Recommendations

- Add more concrete examples, especially requests examples reflecting diverse cultural perspectives, in the document including in the sections on principles and strategic directions
- Need to ensure that the word “prevention” is included throughout – for example, not “suicide plan” but “suicide prevention plan,” etc.
- Consider framing the document in positive terms, with regard to both language and graphics: inclusion and acceptance.
- Strengthen some of the language to be even stronger, especially with regard to strategic directions
- Highlight, use sidebars, graphics, etc. to strengthen and highlight key messages
- Increase emphasis on contact as a key, core strategy with documented evidence of effectiveness in reducing discrimination and prejudice: The one thing that makes the most difference is people knowing someone with mental health challenges. Include the contact that occurs from peer-run programs.
- Add Patrick Corrigan as a contributor to document
- Add explicit support for self-disclosure
- Recommendations should be in clear categories that are easy to follow
- The format should be intuitive

Recommendations Regarding Use of Document

- Use as a way to orient new employees hired by mental health system, including a way to measure the impact of the document’s use for this purpose
- Use for education curriculum, especially for very young children and their families to stop discrimination against people who appear “different”

- Needs to tie to statewide outcomes
- Use document to reduce stigma and discrimination in various community settings, such as hospitals
- Add a provision for regular review and update of the document every three years
- DMH intends to develop and disseminate short versions of the document for particular audiences
- Resources should be allocated to determine what strategies work best for which populations.
- There is a question about the relevance of telepsychiatry or telemedicine to reducing stigma and discrimination
- DMH is interested in examples people can contribute to consider as additions to document

Public comment

We need to use the word “prejudice” more often than we do. “Stigma” is used often as a catch-all word that sometimes means discrimination, sometimes prejudice, sometimes ostracizing and separating. I think “prejudice” is more accurate. It is important to do that in this significant document.

There is concern that this excellent document that will get put on a shelf somewhere? Is there follow-up or evaluation to assess the impact of this plan? DMH: Some of this is contingent on funding for PEI statewide projects. One of the proposed statewide projects is for stigma and discrimination reduction. We are still hopeful that all or some of what is planned will be maintained. We have a similar situation on suicide prevention. Even in the absence of funds for implementation, the initial suicide prevention document has already had a great impact and has led to much collaboration. So while we hope for a statewide project that would provide significant resources, we expect to be very busy and engaged in stigma and discrimination reduction no matter what. MHSOAC: We could do a study and status report a few years out to see what has been implemented and what is impact.

Please add something about personal stigma. This document is structured around public impact but doesn't say much about personal impact. With reference to self-stigma, it is not necessarily self-stigma to make a rational decision not to come out because of anticipation of a negative reaction. That's not the same as internalizing the negative messages.

In vision statement, add social inclusion to list (second paragraph)

In strategic direction 1, the focus on well-being and in vision statement the focus on wellness might give a subtle message about you're ok if you get over your illness. It could contribute to the idea that people who still hear voices are dangerous. People might not be in complete recovery and still don't deserve to

be discriminated against. The Chronicle recently said “think about violence when you walk past someone who is talking to himself.” Statistically speaking, people with mental illness are not categorically dangerous. To say that it’s all about wellness might subtly suggest that people who are not completely “well” don’t deserve to be free of stigma and discrimination. DMH: The intention was to convey that everyone has wellness and deserves mental health and wellness, regardless of challenges and illness. Mental health is integral to everyone’s well being.

Add as core principle recognition that people with mental health issues are at core regular human beings with mental health challenges. Mental health is normal in the same way that physical illness is normal.

The process for many clients on Stigma and Discrimination Prevention advisory committee went too fast. We feel that many of our important points weren’t included. There is not enough focus on client experiences of discrimination in various systems; client recommendations about changes in those systems are omitted. We went through consensus building in small groups to make recommendations, and they still weren’t included. Many of our recommendations are backed up by extensive research with diverse California clients. The research is not listed in the resource list. We feel there has been an exclusion of the client voice, even though the process included at least ten clients between committee members and active participants of clients as members of the public.

I don’t call myself disabled; I call myself differently-abled.

While the document is over-arching and thorough, it is addressed more to systems. We need to show more appreciation and respect to peer services. Peer support is the most cost-effective and personally effective mechanism to reduce stigma and discrimination.

Under racial and ethnic communities on p. 14, please add information by Darryl Sue who is a leading expert on racism and mental illness. She appreciated the extra effort to include and engage people of color in the process: both by inviting and by the facilitation.

She would like to add a line about historical trauma about as a reason that people from Native American and other underserved communities don’t seek services.

She wants more focus on rural issues. What’s in there is too limited.

She wants more on stigma in the workplace.

With regard to strategic direction number 1, we talked at length about the continuum of mental health and where we all fall on a spectrum depending on biological and environmental factors. I’d change “may” to “do experience different degrees of mental health.” It’s not “may.”

Employment is essential as one of the major ways to break the barriers of stigma, prejudice, and discrimination. It goes so closely with interpersonal

experience and direct experience. I don't want it be articulated just as "Stamp Out Stigma" kind of employment.

Don't say "white paper"

The recommendations need more focus on veterans and their families. Veterans include many consumers and family members facing stigma and discrimination in a particular context.