

## **CFLC Recommendations: DMH's California Strategic Plan on Reducing Stigma and Discrimination**

DMH's *California Strategic Plan on Reducing Mental Health Stigma and Discrimination*, provides an outstanding statewide framework and toolkit for California on reducing stigma and discrimination against people with lived experience of mental health challenges. The document is especially useful for education and inspiration.

CFLC reviewed the *Strategic Plan* during two of its meetings and made several requests for additions or changes to its content. Jordan Blair of DMH led the effort to make all requested changes.

### **Recommendations Regarding Use of Document**

CFLC recommends that:

- DMH develop in an appendix or Executive Summary an example and/or template of how the document's principles and tools could be used to create a strategic plan on the statewide or local level. The template/example should include goal areas, objectives, projects/strategies, and timelines to be implemented.

The CFLC makes the following additional suggestions regarding the use of the document; however, CFLC's recommendation to approve the document is not contingent on DMH taking any specific actions on the recommendations regarding its use.

- The Statewide Stigma and Discrimination project should employ the Plan in its amended form as the basis for use of PEI funds through the project.
- An office should be created for the implementation and coordination of multiple Stigma/Discrimination efforts being implemented at the State level. This office or officer should work with State partners, manage the statewide project, and consult with local entities. Ideally this office would reside within the MHSOAC.
- A center should be funded with statewide scope to advance community-based stigma and discrimination reduction strategies that are driven by ethnic communities. This center would research and rapidly disseminate knowledge on the success and viability of these strategies and contribute evidence in this under-researched area that is critical to California communities.
- Statewide outcomes for reducing stigma and discrimination should be developed and these should tie to the document.
- Resources should be allocated to determine what strategies work best for which populations.

- The document should be used:
  - ❖ To orient new employees hired by mental health system, including measurement of the impact of the document's use for this purpose.
  - ❖ As an education curriculum, especially for very young children and their families to stop discrimination against people who appear "different."
  - ❖ to reduce stigma and discrimination in various community settings, such as hospitals

The CFLC also makes the following recommendations to MHSOAC with the intention of making the document more accessible. The overall recommendation by CFLC to MHSOAC to approve the document is not contingent on DMH taking any specific actions with regard to these recommendations related to style. DMH could, for example, apply these recommendations in an Executive Summary or in documents that spin off from the main *Strategic Plan*. DMH has stated its intention to develop and disseminate short versions of the document for particular audiences.

- Add more concrete examples, especially requests examples reflecting diverse cultural perspectives, in the document including in the sections on principles and strategic directions
- Frame the document in positive terms, with regard to both language and graphics: inclusion and acceptance.
- Highlight, use sidebars, graphics, etc. to strengthen and highlight key messages

## Public Comment to CFLC on Stigma Discrimination Reduction Strategic Plan

This public comment is summarized from two CFLC meetings: May 29, 2009, and June 8, 2009.

- 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.
- 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.
- There should be more focus on rural issues.
- There should be more on reducing 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."
- 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. Its articulation shouldn't be limited to just "Stamp Out Stigma" kind of employment.
- Don't say "white paper"
- The recommendations need more focus on veterans and their families.