

Health Priority: Mental Health and Mental Disorders

Objective 2: Discrimination/Anti-Stigma (Template)

Long-term (2010) Subcommittee Outcome Objectives

2a: By 2010, an additional 15 percent of the general public will demonstrate an understanding that individuals with mental health disorders can recover through treatment to lead productive, healthy, and happy lives.

2b: By 2010, an additional 15 percent of the general public will demonstrate the belief that individuals with mental health disorders are capable of sustaining long-term productive employment.

Long-term outcome objective updated as of: Sept 2004

Achieving this 10-year outcome objective will contribute to the shared vision of the public health system of *healthy people in healthy Wisconsin communities* as demonstrated in a more healthy Wisconsin population, a more productive population, reduced suicides across the life span, and improved family relationships.

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective.	Questions will be added to a statewide survey such as the Behavioral Risk Factor Survey.

Federal/National Baseline	Federal/National Sources and Year
11.3 suicides per 100,000 population occurred in 1998 (age adjusted to the year 2000 standard population). Target: 5.0 suicides per 100,000 population.	<i>Healthy People 2010</i> , November 2000, United States Department of Health and Human Services, cites the following sources for this baseline data: National Vital Statistics Systems, Centers for Disease Control and Prevention, National Center for Health Statistics
43% of persons aged 18 years and older with serious mental illness were employed in 1994. Target: 51 percent.	<i>Healthy People 2010</i> , November 2000, United States Department of Health and Human Services, cites the following sources for this baseline data: National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics
See Appendix A for baseline and target data on adults with mental disorders receiving treatment.	<i>Healthy People 2010</i> , November 2000, United States Department of Health and Human Services, cites the following sources for this baseline data: Epidemiologic Catchment Area Program, National Institutes of Health, National Institute of Mental Health; National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration, Office of Assistant Secretary, National Co-Morbidity Survey, Center for Mental Health Services

Federal/National Baseline	Federal/National Sources and Year
24 States had an operational mental health plan that addressed mental health crisis interventions, ongoing screening, and treatment services for elderly persons in 1997. Target: 50 States and the District of Columbia.	National Technical Assistance Center for State and Mental Health Systems, National Association of State Mental Health Program Directors, National Research Institute; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
18 – Mental Health and Mental Disorders	Improve mental health and ensure access to appropriate, quality mental health.	18-1	Reduce the suicide rate.
		18-4	Increase the proportion of persons with serious mental illness (SMI) who are employed.
		18-7	(Developmental) Increase the proportion of children with mental health problems who receive treatment.
		18-9	Increase the proportion of adults with mental disorders who receive treatment.
		18-10	(Developmental) Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.
		18-11	(Developmental) Increase the proportion of local governments with community-based jail diversion programs for adults with serious mental illness (SMI).
		18-13	(Developmental) Increase the number of States, Territories, and the District of Columbia with operational mental health plan that addresses cultural competence.
		18-14	Increase the number of States, Territories, and the District of Columbia with an operational mental health plan that addresses mental health crisis interventions, ongoing screening, and treatment services for elderly persons.

Definitions	
Term	Definition
Consumer	A person who has received or currently is receiving mental health services
Measurement of Stigma	A substantial increase in the general public's acceptance of mental illness as a health condition that is common and a real illness, and that can be successfully treated.
Mental health problems	Refers to the signs and symptoms of insufficient intensity or duration to meet the criteria for any mental disorder.
Mental illness	Refers collectively to all diagnosable mental disorders which are health conditions characterized by alterations in thinking, emotion or mood, and behavior (or some combination thereof) associated with distress and/or impaired functioning (U.S. Department of Health and Human Services, 1999).
Recovery	As accepted by the Wisconsin Council on Mental Health in July 2001, recovery from a mental illness means the process of growth over time in the improvement of a person's attitudes, feelings, values, goals, skills, and roles. Recovery is measured by a decrease in symptoms of illness and an increase in the maintenance of the person's highest level of health and wellness, stability, self-determination, and self-sufficiency. Recovery means the development of hope; dignity; a new and valued sense of self, meaning and purpose; and quality of life.
Stigma	Means disqualification from social acceptance, derogation, marginalization and ostracism encountered by persons with mental illness or persons who abuse alcohol or other drugs as the result of societal negative attitudes, feelings, perceptions, representations, and acts of discrimination (Wisconsin State Statutes, Mental Health Act: s.51.032 Wis Stats).

Rationale:

In *Healthy People 2010*, Volume II, Chapter-18, Mental Health and Mental Disorders, Objectives 18-1,18-4,18-7,18-9,18-10,18-11,18-13, and 18-14, pp. 18-3-22, the stated goal is to “*Improve mental health and ensure access to appropriate, quality mental health services.*”

Further Rationale:

- Stigma is a major obstacle common to both mental illness and mental health problems, with an associated “labeling process” that occurs. Nearly two-thirds of all people with distinguishable mental disorders do not seek treatment (U.S. Department of Health and Human Services, 1999, page 6). The stigma is imposed by others or self-perceived; the barriers created by large-scale discrimination are real. They prevent people from getting treatment and they affect the individual’s quality of life. Stigma leads people to avoid living, socializing or working with, renting to, or employing people with mental health problems or persons with severe mental disorders (U.S. Department of Health and Human Services, 1999). Consumers, their families, and others experience discrimination and stigma covertly and overtly from multiple sectors in their communities.
- Title VI of the Federal Civil Rights Act and Limited English Proficiency guidelines requires that we provide services in the language of the client and in a culturally competent manner.
- The Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 require the provision of effective services to applicants/clients who have disabilities.

- The Wisconsin Department of Health and Family Services and other partners/stakeholders are committed to ensuring that all individuals are treated fairly and are not discriminated against based on sexual orientation, religion, age, and other identified factors, such as a presence of mental illness.
- Efforts of mental health professionals, as well as the significant and encouraging advances in new medications and evidenced-based treatment combined with comprehensive screening, identification, and referral may be undermined if the stigma of mental illness is not directly and effectively reduced and overcome.
- Mental health professionals may limit the potential of persons with mental illness through (1) reluctance to treat persons with severe or persistent mental illness; (2) lowered expectations and paternalistic attitudes while working with consumers; (3) utilization of stigmatizing diagnostic labels and also not focusing on consumers' strengths, potential for recovery, self-identified dreams and deficits, and choices; (4) limited use and prescription of newer medications due to cost constraints; and (5) treatment approaches that promote the management of psychiatric symptoms, rather than focusing on the person's comprehensive needs and hopes and optimizing the individual's recovery.
 - Mental health professionals are in a position to offer hope, recovery, and empowerment; they can convey factual and positive recovery-oriented information to the public and convey contributions and "real life" recovery of persons with mental illness.
- A key point is that persons with mental illnesses can be treated and, with support, can recover, as can individuals with physical illnesses. The efficacy of mental health treatments is well documented (U.S. Department of Health and Human Services, 1999).

Prevalence

- The number of individuals with conditions included in the broad label of "mental illness" is far larger than most of the public realizes. The incidence of mental illness in Wisconsin affects an estimated 5.7 percent (200,000) of individuals over the age of 18 in the population (Wisconsin Department of Health and Family Services). For example, nearly 12 percent of children and adolescents suffer from one or more diagnoses of mental illness.
- Suicide is a significant public health problem and ranks as the eighth leading cause of death in the United States and Wisconsin. Suicide was responsible for 598 Wisconsin resident deaths in 1999. It is the second leading cause of death among young people in Wisconsin aged 15 to 24 years, accounting for 99 deaths (automobile accidents was first). Young males between the ages of 20 and 24 had the highest suicide rate in Wisconsin for calendar year 1999 (Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, 1999).
- Mental illness and mental disorders are also prevalent in the elderly population, and proportionally more elderly persons commit suicide than persons in any other age group. Almost five million adults in the United States suffer from a severe and persistent condition included in the general diagnosis of mental illness (Source: Mental Health Early Intervention, Treatment and Prevention Act of 2000).
- Nationwide, nearly 700,000 persons with active symptoms of a serious mental illness are admitted to jails each year. They make up about 7 percent of the jail population. Persons with serious mental illness who do not receive treatment are over-represented in jail and prison populations, especially women and minorities.
- Persons with mental illness who are arrested for non-violent, minor offenses are often jailed. They could be better served if diverted from the jail system to a community-based mental health treatment program.

- The misunderstanding of mental illness and associated blame and stigmatization prevent many people with mental illness from seeking professional help. Many are unnecessarily incapacitated for weeks or months because their illness is untreated.

Wisconsin Population

- According to the 1990-1999 U.S. Census, Wisconsin population reflects an increase of 15 percent for African Americans, 30 percent for Hispanic Latinos, and 32 percent for Asian Pacific Islanders. These percentages are going to continue to increase in the next 10 years.
- The utilization of mental health services is far higher among affluent white individuals than any other socio-economic and ethnic group. In part, this reflects the societal reality that all health services are more completely utilized by affluent whites than any other group.
- The stigma associated with poverty and minority status compounds the stigma of mental illness.
- Mental health professionals who work with different cultural groups cite three reasons for the lack of utilization of mental health services by minority groups. They are:
 1. Mental health providers are not able to speak the consumer's language.
 2. Cultural norms among the minority group may mitigate against the utilization of mental health services as they are currently offered, with stigma also a factor.
 3. Mental health services are not presented in a culturally sensitive or recovery-oriented manner nor are they easily accessible to members of many minority cultures.

Anti-Stigma/Anti-Discrimination – Wisconsin Campaign

- Many advocacy groups have worked to address discrimination and reduce stigma, though often they did not have sufficient factual data, effective materials, or the resources necessary to do so. Research is beginning to demonstrate that negative perceptions regarding severe mental illness can be lowered by furnishing empirically based information on the association between violence and severe mental illness. Research has much to contribute to the development and evaluation of anti-stigma programs (U.S. Department of Health and Human Services, 1999).
- Wisconsin has taken steps to develop an anti-discrimination/anti-stigma campaign, in May 2002 Wisconsin United for Mental Health, a coalition of key stakeholders was formed. Recovery training and work continues through the Recovery Task Force. The message promoted is that recovery is a process and that recovery provides hope to consumers to achieve an individual's highest level of health and wellness, stability, self-determination, and self-sufficiency.
- Research on discrimination and stigma shows that the most effective strategies combine education and personal contact with someone representing a stigmatized group. Wisconsin United for Mental Health discusses mental illness as common, real, treatable (May 2002).
- A Wisconsin anti-discrimination/anti-stigma campaign through Wisconsin United for Mental Health would focus on a recovery-oriented, fact-based, and positive portrayal of persons with mental illness. The campaign would illustrate that persons with mental illness do lead productive lives within their communities, that with the availability of new medications and evidenced-based treatment, individuals with mental illness can and do recover. Approaches would include programs of advocacy, public education, and contact with persons with mental illness through schools and other institutions (U.S. Department of Health and Human Services, 1999). Wisconsin United for Mental Health has established a website for information, education, and public awareness: www.wimentalhealth.org.
- Targeted components would address specific audiences in the population that can: (1) facilitate access to treatment; (2) facilitate the recovery process for persons with mental illness; (3) facilitate re-integration into community life for individuals with mental illness; and (4) change public

attitudes and perceptions about persons with mental illness and their families, thus reducing discrimination and stigma associated with mental illness.

- Wisconsin's multi-faceted campaign can serve as a model for other states by providing effective, educational methods to address the devastating issues of discrimination and stigma in such areas as media coverage, housing, healthcare, and employment.
- The initial step by Wisconsin United for Mental Health is to create recognition with the media that discrimination and stigma toward persons affected by mental illness are problems within our communities and within the targeted sub-groups.
- Consumers of all ages and their families experience discrimination and stigma daily. They are the *experts* who know what they need, what they want, and what is best for them. Stigma has contributed to problems and discrimination which persons with mental illness face when trying to find employment, health insurance coverage, and housing. Consumers and family members will play an integral role in the reduction/elimination of discrimination and stigma in any activities promoted by Wisconsin United for Mental Health.

Media

- Discrimination/stigma is reinforced in the news media with biased stereotypes and myths perpetuated about persons with mental illness in news reports, entertainment programming, and advertising. As part of the implementation of this objective, there will be efforts to end exploitation of mental illness for humor or sensationalism, to encourage balanced and respectful portrayals in media coverage, and to promote accuracy in the use of medical terminology associated with mental illness and mental disorders.
- Despite the prevalence of mental illness, the general public continues to associate mental illness with the negative images of persons with mental illness. These images frequently shown by the media (in news reports and entertainment programming) perpetuate beliefs and myths, distort acts of violence, and stereotype persons with mental illness as villains and killers and something to be feared and shunned. These public beliefs persist despite research, which has found that the likelihood of violence is low.
- Research finds that the risk of violence is much less for a stranger than for a family member or person who is known to the person with a mental illness (U.S. Department of Health and Human Services, 1999). In fact, there is very little risk of violence or harm to a stranger from casual contact with an individual who has a mental disorder.
- These negative media images reinforce negativity, fear, and misinformation about mental illness that are often communicated, knowingly or unknowingly, to children, creating a new generation of stigma and discrimination.
- One series of surveys found that selective media reporting reinforced the public's stereotyping linking violence and mental illness and encouraged people to distance themselves from those with mental disorders (U.S. Department of Health and Human Services, 1999).
- Slurs and labels that enter into normal conversations often contain hurtful phrases – such as “psycho” or “lunatic” that are repeatedly found in conversations of children, teens, and adults. Those slurs and labels perpetuate and increase stigma associated with mental illness, and discrimination against specific individuals and their families.
- Persons with mental illness often are affected by “self-stigma” – a lowered self-concept and lowered self-esteem due to their perceived shame and rejection associated with mental illness, discrimination, and stigma.

Outcomes

Short-term Outcome Objectives (2002 – 2004)

By the year 2002:

- The “Anti-Discrimination/Anti-Stigma” Campaign (materials and 3 Modules Training curricula with a Strategic Plan) is initiated; key consumer/family spokespersons are identified.
- The Steering Committee adopts the name “Wisconsin United for Mental Health” and announces Web Site: www.wi.mentalhealth.org.
- An existing survey is identified or a Wisconsin survey or opinion poll is conducted to establish base-line data.
- Parity legislation passed in Wisconsin.
- Identify key leaders, high profile media figures, political and community leaders who understand the issues are identified and participate as spokespersons for Wisconsin United for Mental Health Initiative.

By the year 2003:

- Initiative begins in selected Wisconsin communities, media markets, other audiences, and business.

By the year 2004:

- Increase, as measured by standard polling, in the percentage of the population that understands the existence of discrimination and stigma (including self-stigma).
- Identify outcome measurements for improvement of stigma and discrimination reduction for persons with mental illness and for all other targeted groups.
- Secure the agreement of at least three professional training schools for mental health and non-mental health specialists agree to enhance their curriculum. Work to ensure that trained professionals understand stigma, discrimination and recovery and are better able to identify and respond to persons with mental health disorders.
- Identify and/or develop education strategies and awareness materials.

Medium-term Outcome Objectives (2005 – 2007)

By the year 2005:

- Increase the number of state residents who are knowledgeable regarding their right to mental health services through their insurance companies.
- Increase the number of state residents who have an understanding that persons with mental illness are fully capable of making meaningful positive contributions to society, do recover, and experience stigma and discrimination.
- Increase the number of factual, accurate reporting and media portrayal of persons with mental illness as measured through public reporting, through survey.
- Increase the number of insured individuals receiving medically necessary mental healthcare.

By the year 2006:

- A measured decrease in stigma is attained, based upon standard polling through survey tools created for each targeted group of providers and other system partners including consumer report.

By the year 2007:

- Add training opportunities for non-mental health specialists to enhance their mental health knowledge.

Long-term Outcome Objectives (2008 – 2010)

By the year 2008:

- Eighty percent of identified audiences will have received or been “reached” with “anti-stigma” materials and will have been provided the opportunity to participate in a variety of training opportunities.
- Implement legislation to provide resources and policies to increase employment opportunities for persons with mental illness, define employment guidelines for workplace accommodation, and strengthen anti-discrimination legislation.
- Have all baseline measures for data collection in place.
- Target identified sectors and the general public with campaign materials.

By the year 2010:

- Increase by 100 percent the proportion of the population that reports acceptance of mental illness as a health condition that can be successfully treated with recovery possible.
- Increase by 75 percent the portion of the population reporting that they perceive the media has increased factual reporting about persons with mental illness in their reports.
- Increase the number of individuals appropriately referred to treatment and not incarcerated.
- Increase and measure outcomes through evaluation that identifies at least 75 percent of mental health consumers reporting that they have benefited from targeted campaigns to address and overcome self-stigma.
- Increase and measure outcomes through evaluation that identifies 100 percent of identified audiences have received “anti-stigma” materials and have been provided the opportunity to participate in a variety of training opportunities.
- Reduce by 10 percent the proportion of the population that reports difficulties in, delays in, or the inability to receive "best practice" mental health treatment.
- Improve outcomes for persons with mental illness achieved through evaluation based on outcome measurements.
- Increase by 10 percent the number of people with a mental health need to have timely access to evidence-based treatment,
- Improve outcomes for persons with mental illness achieved through evaluation based on outcome measurements.
- Improve outcomes achieved through evaluation based on measuring stigma among the general public based on survey tools created for each targeted group within the general public.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- Persons with mental illness: Wisconsin United for Mental Health, a coalition of stakeholders directing a sustained, multi-faceted anti-stigma initiative. Directed efforts of consumers will become trained advocates and leaders.
- Families: Families, with members who have mental illness will continue to advocate through training and support to change and decrease stigma toward their family members.
- Faith Communities: Leaders of faith communities participate to increase communication and awareness of mental health illness, promote congregational interactions, write articles, sermons, promote counseling, and model mentor positive caring behavior toward persons with mental illness and their families.
- Schools/Educators: Schools will become a clearinghouse to expose students to a caring, fact-based explanation of mental illness, innovative treatment, and successful recovery by persons with mental illness.

- Law Enforcement: More comprehensive information, a more positive approach, and better training will enable law enforcement professionals in a variety of settings to ensure the well-being of individuals with mental illness, approach them more positively, and more effectively direct them towards appropriate treatment.
- Emergency Room Personnel: The initiative should result in improved emergency room personnel to make effective initial treatment and treatment by referral decisions.
- Crisis Response Teams: More comprehensive information, a more positive approach, and better training will enable crisis response professionals in a variety of settings to ensure the well-being of persons with mental illness, approach them more positively, and more effectively direct to appropriate treatment.
- Healthcare Providers: Anti-stigma efforts will educate healthcare providers to overcome misconceptions about persons with mental illness while providing them with effective ways to refer individuals to appropriate services.
- Mental Health Providers: Among the materials included in the Initiative are materials that emphasize recovery and educate mental health providers about discrimination, stigma and self-stigma encountered by persons with mental illness.
- Employee Assistance Program (EAP) Managers/Benefits Managers: These materials will ensure benefits managers understand/change policies and procedures to ensure work environments provide reasonable and accessible accommodation for persons with mental illness and that insurance plans cover medications and mental health treatment.
- Corporations: To provide jobs, to offer positive opportunities for persons with mental illness, and provide flexible hours and work environment accommodations for all to overcome both institutional stigma and self-stigma. Corporations can play an important and effective role in fighting stigma and discrimination.
- Psychiatrists/Psychologists: Exposure to effective treatment methods will help providers emphasize recovery-oriented research and evidence-based treatment models.
- Landlords: Important materials developed to impact and to increase the cooperation of landlords to make available increased safe, affordable housing units to persons with mental illness.
- Media/Entertainment/Advertising Figures: Media, entertainment, and advertising figures participate with an essential role in communicating positive, factual messages about mental illness and the positive contributions of persons with mental illness.
- Political Leaders: Wisconsin United for Mental Health will work to create bi-partisan support in the fight against discrimination.
- State Government Agencies: State agencies lead the fight against discrimination, they can lead by example through hiring increasing numbers of persons with mental illness.
- Cultural Leaders: Leaders of all racial, ethnic groups participate to disseminate anti-stigma information, while leading efforts to bring more effective treatment methods to persons with mental illness within their cultural groups.
- Judges/Lawyers: Judges and lawyers who are the first line of the criminal justice system will play an increasingly important role in helping persons with mental illness gain entry into appropriate treatment programs to provide jail diversion.
- Stakeholder Corporations: Pharmaceutical companies and others will play a catalytic role to create and disseminate factual information on mental illness, and recovery.
- Training: The anti-stigma initiative will promote a broad spectrum of training opportunities across a multitude of professions.
- Funding: The State and other external partners may provide both funding and resources.

- **Materials:** A variety of printed, video and on-line materials will be developed.
- **Media:** Various media contacts and partnerships formed and “messages” developed.
- **Public Policy:** A variety of public policy initiatives formed and activated. Public policy changed to expand the development of jobs and housing for persons with mental illness.

Output: (*What we do – workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc.*)

Activities:

- **Acknowledgement of the Issue of Discrimination**
The first step in solving a problem is acknowledging that it exists. While discrimination is an all too real problem for persons with mental illness, unfortunately it is not necessarily perceived with any urgency by the general population. The first short-term outcome is to identify an existing survey, or to conduct a Wisconsin survey, or opinion poll to establish base-line data to indicate the public’s perception of the issues of discrimination and stigma (including self-stigma reinforced by negative stereotypes of mental illness). The survey will address the public’s understanding that the messages transmitted by the media don’t indicate the “whole truth” about the wide range of persons with mental illness and the public’s understanding that mentally ill persons do make positive contributions to society.
- **Create and Launch an Initial Anti-Stigma/Anti-Discrimination Campaign with Stakeholders/Key Leaders**
Another short-term goal is ensuring that key leaders and opinion-shapers utilize key anti-stigma communication strategies and materials. The goal is to increase the role of community leaders in communicating positive and accurate messages about persons with mental illness, which emphasize their recovery, success and positive contributions.

Target audiences for Wisconsin United for Mental Health include, but are not limited to:

- (1) news and entertainment media, especially high profile local media figures;
- (2) political leaders; and,
- (3) community leaders (educational, faith-based and cultural).

Many Wisconsin communities will be targeted for airing anti-stigma media campaigns or will be selected to participate in an anti-stigma campaign with follow-up town meetings or round table groups to facilitate discussion around understanding mental illness and reducing discrimination and stigma in their communities.

- **Develop a “Three Module” Anti-Stigma/Anti-Discrimination Campaign**
The Steering Committee may develop and implement a “three module” strategic planning process to identify and address target audiences with specific messages. The modules affect access to treatment, the recovery process, and reducing stigma.

Module 1: Promote Access into Treatment	Module 2: Promote the Recovery Process	Module 3: Reduce Stigma, Change Perceptions
<ul style="list-style-type: none"> • Consumers and family members • Crisis response teams and emergency room staff • Law enforcement/ corrections staff 	<ul style="list-style-type: none"> • Consumers and family members • Mental healthcare administrators • Psychiatrists/mental healthcare providers • Rehabilitation/benefits managers (emphasizing employment-based 	<ul style="list-style-type: none"> • Consumers, family members, and others • Media/entertainment advertisement/ figures or spokespersons • Consumer-operated

<ul style="list-style-type: none"> • Healthcare professionals • Mental healthcare staff • Human services staff • Education/schools • Judges/lawyers • Legislature/policymakers • Education/schools 	<p>recovery models)</p> <ul style="list-style-type: none"> • Employers • Landlords • Insurance providers/benefit specialists 	<p>organizations and other advocacy organizations</p> <ul style="list-style-type: none"> • Political leaders • Governmental agencies staff • Education/and other academic settings • Cultural/religious leaders
---	---	---

- Promote Best Practice Models*

Wisconsin will take steps to identify Best Practice standards and models. An Assessment of Needs tool for providers will be developed to determine current capacity to provide Best Practice mental health services and identification of challenges and opportunities to be a Best Practice delivery system. Collaboration between stakeholders and consumers/families in identifying and sharing of materials will assist in developing and maintaining their capacity to serve persons with mental illness from all communities. Best practice models in use by providers, consumers, or families, along with input from all other stakeholders and researched best practice mental health services, will be recognized.
- Develop Targeted Anti-Stigma Education/Communications Modules*

Wisconsin will develop or obtain varied anti-stigma education, awareness, and communications materials to address targeted audiences in the “three module interactive” strategy. These materials will: (a) provide unique anti-stigma “take-away messages” to target audiences; (b) provide action steps or strategies that community or targeted group members can act upon; and (c) generate supportive public communication from key members of each target audience segment.
- Develop School-Based Anti-Stigma Curriculum Models*

The short-term objective for this initiative will be to provide schools with models for identifying and assessing mental illness and responding effectively in making appropriate diagnoses and providing appropriate services and referrals. There is an immediate need to develop successful strategies within Wisconsin’s schools and higher educational settings to address discrimination and stigma associated with mental illness and to increase students’ understanding of mental illness and recovery. Additionally, there is a need to appropriately train educators and student peer groups to identify at-risk students as well as students with emotional problems. Curriculum units will be developed to address and identify discrimination and stigma. Currently, a disproportionate number of multi-ethnic/multi-racial children are represented in special education classes.
- Develop and Launch a Job Development Module*

There are proven and effective strategies that public mental health agencies can promote and use within communities to increase the number of mental health consumers who successfully obtain long-term employment. Business partners and other key employer stakeholders will develop or obtain anti-stigma materials and develop the resources necessary to assist in launching an employment campaign for the promotion of job opportunities for persons with mental illness.
- Target Identified Sectors and the General Public with Campaign Materials*

Starting with short-term and extending into medium-term outcomes, the initiative will seek to achieve a variety of outcomes including measured changes in public perceptions/opinions.

- There will be a significant percentage point increase in Wisconsin residents who indicate that they believe that persons with mental illness can be successfully employed, live in their community and recover.
- Among individuals who play a prominent role in helping persons with mental illness enter into formal treatment regimens:
 - One hundred percent of law enforcement personnel in Wisconsin will be offered the opportunity to participate in training programs that presents factual and accurate information about mental illness and recovery, provides crisis intervention training on effective interaction with persons with a mental illness, and provides access into appropriate treatment.
 - One hundred percent of emergency room staff in Wisconsin will be offered the opportunity to participate in training programs that helps them effectively recognize, screen, and assess mental illness disorders, and refer persons with mental illness into appropriate and accessible treatment settings.
 - One hundred percent of healthcare and mental healthcare professionals licensed to practice in Wisconsin will be offered the opportunity to participate in training to recognize that (1) stigma occurs within the mental health system and the broader healthcare system, and (2) that the effects of self-stigma for consumers may be due to treatment services received, providers' attitudes, and the stigma associated with the label and diagnosis of mental illness in individuals of all ages.
 - One hundred percent of the healthcare professionals in Wisconsin will be offered the opportunity to participate in learning how to identify and refer patients to appropriate mental healthcare services with information on mental health screening tools or questions for early identification of mental health problems across the life span.
 - One hundred percent of mental health professionals licensed in Wisconsin will be offered the opportunity to participate in recovery-oriented and anti-stigma training.
 - One hundred percent of judges, corporation counsels, and lawyers in Wisconsin will be offered the opportunity to participate in training that presents (1) factual and accurate information about mental illness and recovery, (2) provides information outlining options for successful recovery and re-integration for individuals with mental illness and appropriate treatment, and (3) offers materials on how to refer persons with mental illness to the appropriate treatment programs.
- Among individuals who may play a prominent role in helping persons with mental illness to successfully recover:
 - One hundred percent of the Chief Executive Officers of companies with more than 100 employees in Wisconsin will receive materials outlining information about successful recovery for individuals with mental illness. These materials will encourage chief executive officers to hire persons with mental illness that is under treatment thus setting a tone in their corporations that encourages increased understanding and acceptance of mental illness.
 - One hundred percent of the psychiatrists/psychologists practicing in Wisconsin will be offered the opportunity to participate in training that is recovery-oriented and addresses self-stigma of consumers, along with stigma occurring within the mental health system, reviews Best Practice and utilization of new and emerging pharmacological/ therapeutic treatments. This training may include evidence-based

approaches, which promote research into Best Practice of clinically sound approaches to successful treatment of persons with mental illness.

- One hundred percent of landlords and management companies in Wisconsin with more than 100 rental units will receive anti-stigma materials illustrating successful recovery stories of persons with mental illness. These materials will include specific information on housing-based subsidy/guarantee programs for individuals with low incomes and the potential for these individuals to be successful tenants.
- One hundred percent of Employee Assistance Program (EAP) managers or benefits managers for corporations with more than 100 employees in Wisconsin will receive materials about (1) discrimination against persons with mental illness and information about the positive roles corporations can play in helping persons with mental illness successfully recover, and (2) strategies for providing accommodations in the workplace for persons with mental illness, and the promotion of understanding mental illness among employees.
- Among individuals who may play a prominent role in reducing stigma and discrimination while improving the general public's perception of persons with mental illness:
 - One hundred percent of television and radio stations located in Wisconsin will be provided with public service announcements that address the issue of discrimination and stigma.
 - One hundred percent of the leaders of the executive and legislative branches of state government will be offered the opportunity to contribute footage to the various anti-stigma videos or other media materials produced for different target audiences.
 - All state agencies will institute specific employment guidelines describing the issue of discrimination/anti-stigma and detailing how accommodations shall be provided to persons with mental illness and what constitutes harassment toward persons with mental illness in the workplace. Education materials for all state employees will accompany the programs on recovery, workplace accommodation, and the positive and successful contributions made by persons with mental illness.
 - One hundred percent of educators at all levels in Wisconsin will receive curriculum materials on educating students with the facts about mental illness along with suicide prevention, early identification and referral to appropriate treatment for students, and suggested strategies to eliminate discrimination and stigma against persons with mental illness.
 - One hundred percent of religious leaders will receive materials on how they can help counsel persons with mental illness, and how they can refer persons with mental illness for appropriate treatment. These materials will also include materials to help members of their congregations recognize and overcome stigma and discrimination.
 - One hundred percent of the leaders of recognized community/cultural organizations will receive materials on discrimination and stigma.
- *Create Baseline Measures*
At the same time public and private state and county mental health agencies, advocates, persons with mental illness and their families meet outcomes cited above, the Department of Health and Family Services may develop baseline measures to collect data on “achievement outcomes” (concrete results achieved).
- *Coordinated Stakeholder Outreach*

In many cases, individual stakeholders will have to come together in coordinated outreach efforts. For example, law enforcement officials and lawyers can work together to increase the number of persons with mental illness who are promptly referred to appropriate treatment alternatives rather than incarcerated. Similarly, employers and landlords can work together to make sure that persons with mental illness with effective treatment regimens have employment and housing opportunities.

- *Public Health Coordination and Collaboration*

The biggest contribution public health will play will be in coordinating the many stakeholders involved in this effort to create and sustain a positive momentum in fighting stigma and discrimination.

- *Celebrate Achievement*

This effort should recognize and celebrate achievement. This recognition of achievement will occur on two levels: 1) the celebration of individuals who successfully recover and once again make a sustained, positive contribution to society; and 2) the celebration of key “achievement goals”.

Participation/Reach:

Refer to previous section “Inputs” for a description of partners.

Evaluation and Measurement

The short-term efforts of this initiative will focus on creating essential materials and creating involvement among targeted audiences. In the medium term, this initiative will develop baseline measures while pursuing “activity” and “awareness” goals. In the long-term, this initiative will measure the attainment of “achievement” goals based on post-implementation results versus baseline levels.

These baseline measures will include, but not limited to:

1. Referrals by law enforcement for treatment [our goal will be to increase the percentage of persons identified with mental illness and appropriately referred to treatment].
2. Awareness and perception levels among the general population [to be measured by public opinion polls across many states, funded by key stakeholders and not public agencies, with the goal of increasing the percentage of the population with positive, informed opinions regarding persons with mental illness and their prospects for recovery].
3. Awareness, attitude and knowledge levels among target audiences (law enforcement, mental health professionals, emergency professionals, etc. – all mentioned above) relating to discrimination and working effectively with individuals with mental illness to be [measured via responses to inexpensive mail-in survey forms – with the goal as increasing the percentage of each target population with positive, informed opinions regarding persons with mental illness and their prospects for entering into recovery].
4. Number of corporations: 1) instituting policies specifically to increase the employment of persons with mental illness; and/or 2) implementing employee assistance programs [to be measured through self-reporting, or via a website developed by key stakeholders – with the goal of increasing the number of corporations acknowledging the issue of mental illness with appropriate programs and policies].
5. Reduction in the number of persons with mental illness on SSI and/or the number of persons with mental illness and homeless [to be measured through state statistics of documenting that

discrimination/stigma plays a direct role in preventing persons with mental illness from obtaining suitable employment and housing. These are indirect measures of reduced stigma and discrimination, and may well be tracked as results for a number of different initiatives].

6. Number of landlords instituting policies specifically to increase the number of housing units available to persons with mental illness who are also low income [to be measured through self-reporting, or via a website developed by key stakeholders documenting that stigma plays a direct role in preventing individuals with low incomes and mental illness from obtaining suitable housing].
7. Number of religious leaders who address the issue of discrimination/stigma in a sermon or other church publication during the calendar year [to be measured through self-reporting or via a website developed by key stakeholders – documenting that stigma can be overcome through community/cultural advocacy].
8. Number of educators in all settings who give students an assignment concerning discrimination/stigma during the calendar year [to be measured through self-reporting or via a website developed by key stakeholders – documenting that discrimination/stigma can be overcome through school-based efforts at all levels].
9. Percentage of youths and adults indicating self-stigma [to be measured by public opinion polls across many states targeting youths and adults, funded by key stakeholders and not public agencies – our goal will be to increase the percentage of the young people, especially young people who have been identified with some form of emotional disturbance, with positive, informed opinions regarding persons with mental illness and their personal prospects for recovery].
10. Percentage of consumers served by the public mental health system who report after survey interviews that they are in recovery.
11. Number of persons with severe mental illness who are in comprehensive employment;
12. Number of persons with mental illness in jail or prison.
13. Number of persons with severe mental illness who are living in safe, affordable housing.
14. Number of persons with mental illness who are homeless.

Wisconsin will use these and other similar baseline measures to determine the actual achievements of the various anti-stigma communications and education efforts.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Access to Primary and Preventive Health Services: All individuals pay a premium for their insurance coverage, but most health insurance plans discriminate against individuals with mental illness by requiring higher co-payments, allowing fewer inpatient or outpatient visit days, and limiting annual benefits. Treatment for mental illness is not on the same parity as other health conditions. Physicians and healthcare providers do not routinely screen for mental disorders or mental health problems. Screening for mental disorders, with appropriate referral, will increase the likelihood that persons will see not only mental health professionals but primary care physicians as well. This will occur because the mental health professionals may help individuals identify certain healthcare needs or prevention and early intervention as individuals will go to their primary care physicians to receive medications to treat their mental disorders. The misunderstanding of mental illness and associated blame and stigmatization prevent many persons from seeking professional help.

Alcohol and Other Substance Use and Addiction: Rates of co-occurrence of mental disorders with alcohol and other substance abuse disorders are significant. Identification and rates of treatment for persons with a mental disorder and/or substance abuse and other disorders for persons of all ages

remain at low levels due to continued stigma and discrimination and the lack of health insurance parity for services.

Intentional and Unintentional Injuries and Violence: (Suicide) Addressing the discrimination and stigma of mental illness will enhance recovery for persons with mental illness, reducing incidences of victimization, violence, trauma and abuse, reduced suicide attempts or completed suicides, and intentional self-inflicted injuries across the life span

Social and Economic Factors that Influence Health: The utilization of mental health services is far higher among affluent white individuals than any other socioeconomic and ethnic group. The stigma associated with poverty and minority status compounds the stigma of mental illness and mental disorders. Also, cultural norms among ethnic and cultural groups may mitigate against the utilization of mental health services as they are currently offered, with stigma as a factor.

Tobacco Use and Exposure: A research study (Glassman, 1988) shows that 60 percent of smokers in the United States (or 42 of 71 smokers) have a history of major depression as compared to data suggesting lifetime rates for the general population of about 18 percent. Individuals with chronic schizophrenia smoke at a rate of nearly 90 percent (U.S. Department of Health and Human Services, National Institutes of Health, 1997). This behavior causes significant physical health problems and increased mortality.

Community Health Improvement Processes and Plans: Because of the huge impact of mental health and mental illness on society, any community health improvement process must address mental health screening and early identification for all persons, referral to services, access to mental health treatment, focus on building trust and acceptance across diverse ethnic/racial groups and community partners, providing culturally competent healthcare, and eliminating stigma/discrimination for persons with mental disorders and their families.

Coordination of State and Local Public Health System Partnerships: Wisconsin United for Mental Health is a coalition of public and private partners dedicated to eliminate the stigma of mental illness and to educate the public and the media to the fact that mental illnesses are real, common, and treatable.

Sufficient, Competent Workforce: Within the specialty fields of geriatric and children's mental health specifically, a void exists of a sufficient supply of mental health professionals available, and a void of culturally competent trained work force across Wisconsin.

Equitable, Adequate, and Stable Financing: The lack of healthcare financing continues as a major barrier to persons with mental disorders and mental health issues due to a lack of parity in health insurance coverage especially for ethnic/racial populations in Wisconsin. Stigma and discrimination continue to be leading contributors.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: Improved access to mental health services will allow better control of the negative impact of mental disorders, prevent on-going difficulties and mitigate other health problems (since persons with mental illness have poorer health outcomes).

Educate the public about current and emerging health issues: A key aspect of Wisconsin United for Mental Health, a coalition of public and private stakeholders and partners, is the elimination of stigma in a multi-faceted effort to educate the public that mental illnesses are real, common, and treatable. The education awareness initiative will present the benefits of eliminating stigma through a sustained, ten-year plan of anti-stigma initiatives.

Promote community partnerships to identify and solve health problems: Wisconsin United for Mental Health (WUMH) is developing initiatives, which will work to promote a wide variety of community and corporate partnerships working collaboratively to combat and eliminate stigma and discrimination.

Create policies and plans that support individual and community health efforts: The planned activities of the anti-stigma/discrimination initiative (WUMH) will seek to create a variety of legislative and policy changes to effectively initiate regulatory, societal, and political change, which will benefit persons with mental illness, their families, the communities in which they live and the companies in which they work.

Enforce laws and regulations that protect health and insure safety: Link people to needed health services. Limitations on health insurance generally, and on insurance coverage for mental healthcare in particular, are major barriers to individuals receiving mental healthcare. This objective seeks to remove those barriers across all ethnic/racial populations and the life cycle.

Link people to needed health services: An integral component of the activities of the anti-stigma initiative (WUMH) will direct efforts promoting recovery, to educate the public that mental illnesses are real, common, and treatable, and to eliminate self stigma that occurs among consumers and their families. Educational awareness activities will work with many different target groups, such as health providers, educators, employers, police officers, attorneys, judges, corrections officers, emergency personnel, to maintain consumers in the community and to link them with treatment services so as to sustain consumers in their recovery. Another component of the initiative is to link people with health care services. Identification, screening, access, and treatment are critical to linking people to health services.

Conduct research to seek new insights and innovative solutions to health problems: Discrimination and stigma will be measured to assist in data collection and analysis to help identify and better understand the prevalence of discrimination and the effects of stigma for persons with mental disorders and their families in various systems including public perception, media distortion and news reporting.

Assure a diverse, adequate, and competent workforce to support the public health system: Improved access to mental healthcare inclusive of increased access to primary care that has expanded the supply of effective, evidence-based, recovery-oriented services provided by a culturally competent, trained and educated workforce.

Assure access to primary healthcare for all: An integral component of the anti-stigma initiative to help persons with mental illness (directly through the elimination of self-stigma or indirectly through the efforts of many different target groups) enter into sustained treatment regimens.

Foster the understanding and promotion of social and economic conditions that support good health: Success in this objective will require that the general public understands the relationship between current limitations in health insurance for mental illness and poor health outcomes, inclusive of a better

understanding of the effects of stigma and discrimination for individuals with these disorders and their families and poverty being a factor for many ethnic/racial groups.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: This goal can be best achieved by recognizing the need to provide recovery-oriented, culturally competent, and appropriate services, by recognizing the need for effective outreach to all eligible populations, and by understanding and addressing the effects of stigma, especially self-stigma, when designing and providing services.

Eliminate health disparities: If effective, equitable services are to be provided to all populations, accurate and contextual data must be collected, analyzed and used for the purpose of identifying needs, gaps and available/necessary resources.

Transform Wisconsin's public health system: Wisconsin's public health system will be transformed if it acknowledges the impact of stigma and discrimination on persons with mental illness and their families with differing and similar needs of various populations. Providers in the system must engage in a sustained dialogue and relationships with stakeholders and leaders of all communities. Managers within the system must analyze data and outcomes in order to review their policies, procedures and protocols. Those within and outside the system must work together to make modification, expansion and/or specific change in order to eliminate stigma and discrimination and to effectively and equitably provide Best Practice treatment and recovery-oriented, culturally competent and stigma-free services to all persons.

Key Interventions and/or Strategies Planned:

- Establish a three-module Anti-Discrimination/Anti-Stigma Campaign.
- Create Wisconsin United for Mental Health, a web site, and engage high level, visible spokespersons.
- Pass parity legislation in Wisconsin.
- Promote best practice models throughout Wisconsin.
- Increase capacity of current and future workforce to understand stigma, discrimination, and recovery and be better able to identify and respond to persons with mental disorders.
- Increase the number of state residents who know their rights to mental health services through their health insurance plans.
- Target identified sectors and the general public with campaign materials.
- Develop school-based anti-stigma curriculum modules.
- Develop and launch job development module.
- Create baseline measures.
- Celebrate achievement.

References:

Senate Bill 2639, House of Representatives Bill 5091. *Mental Health Early Intervention, Treatment, and Prevention Act of 2000*.

U.S. Department of Health and Human Services (2000). *Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health*. 2 vols. Washington DC: US Government Printing Office.

U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Washington DC: US Government Printing Office.

U.S. Department of Health and Human Services, National Institutes of Health. (1997). *National Institute on Drug Abuse Research*, p. 58.

Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Wisconsin Deaths 1999, p. 278.

Wisconsin Department of Health and Family Services, Division of Supportive Living, Bureau of Community Mental Health. *FFY Community Mental Health Block Grant: Wisconsin Adult Mental Health State Plan*. p.86-88.

Wisconsin State Statutes, Mental Health Act: s.51.032 Wis. Stats. Revisor of Statutes Bureau. Madison, WI.

APPENDIX A

Healthy People 2010, November 2000, United States Department of Health and Human Services, cites the following baseline and target data:

Objective: Increase in Adults with Mental Disorders Receiving Treatment	1997 Baseline (unless noted)	2010 Target
	Percent	
18-9a Adults aged 18 to 54 years with serious mental illness	47 (1991)	55
18-9b Adults aged 18 years and older with recognized depression	23	50
18-9c Adults aged 18 years and older with schizophrenia	60 (1984)	75
18-9d Adults aged 18 years and older with generalized anxiety disorder	38	50