



What Has the CalMHSA Statewide Mental Health Prevention and Early Intervention Program Done So Far?

Key Results from the Baseline RAND General Population Survey

The California Mental Health Services Authority (CalMHSA)*—a coalition of California counties designed to provide economic and administrative support to mental health service delivery—formed the statewide Prevention and Early Intervention (PEI) Program to reduce adverse outcomes for Californians who experience mental illness. CalMHSA’s focus is on three strategic initiatives: (1) reduce stigma and discrimination toward 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 to meet the initiative’s goals. In 2011, the RAND Corporation was asked to design and implement an evaluation of the CalMHSA PEI initiatives at the program, initiative, and statewide levels.

This fact sheet presents the results of a general population statewide survey of California adults. The survey is intended to provide a measure of the population-level knowledge, beliefs, attitudes, and behavioral intentions that are targets for change across the three PEI initiatives and program partners’ activities (see the list of survey topics in the table). The survey was administered in the spring of 2013 to (1) establish baselines for the items listed in the table and (2) examine early population-level exposure to CalMHSA PEI activities. The survey will be administered again approximately one year after it was first fielded in order to examine population-level changes across the items listed in the table and provide some insight into the degree to which these changes might be attributable to CalMHSA statewide PEI activities. The results presented here should be considered preliminary, as in-depth analysis of the survey data is ongoing.

RAND surveyed a random sample of 2,001 California adults age 18 and older who were reachable by telephone (landline or cell phone). The sample closely matches known California population characteristics in terms of sex, age, race, ethnicity, education, income, and employment. However, since our survey was among adults, it is possible that youth would have responded differently to the questions.

What Are Key Results Related to Baseline Levels of Knowledge, Attitudes, and Beliefs?

Stigma and Discrimination Reduction

- Over two-thirds of respondents felt that people with mental illness experience high levels of prejudice and discrimination. Only 41 percent believed that people are generally caring and sympathetic toward people with mental illness.
- One-third of respondents would be unwilling to move next door to someone with a serious mental illness, and roughly one-quarter would be unwilling to socialize with or work closely with such a person.
- About one-quarter of respondents thought that people with mental illness are dangerous. This varied by diagnosis; respondents were more likely to believe that people with schizophrenia would be violent toward others, as compared with people with depression or posttraumatic stress disorder (PTSD).
- But many also reported some positive beliefs about mentally ill individuals’ potential for recovery and contributing positively to society (e.g., 70 percent of respondents thought that a person with mental illness can recover).
- The vast majority (92 percent) of respondents expressed a willingness to support people experiencing a mental illness.
- The vast majority (91 percent) of respondents also reported that they would “definitely” or “probably” seek treatment if they had a “serious emotional problem” in the future, although 17 percent thought that they would put off seeking treatment for fear of letting others know about their problem.
- 19 percent of respondents reported that they would hide a mental health challenge from their friends or family, and 42 percent would conceal it from coworkers or classmates.

Table. General Population Survey Topics for Each PEI Initiative

Stigma and Discrimination Reduction	Suicide Prevention
<ul style="list-style-type: none"> • Awareness of mental health stigma and discrimination • Social distance from people with mental health challenges • Perceived dangerousness of people with mental health challenges • Beliefs about mental health recovery • Social inclusion of people with mental health challenges • Provision of support to people with mental health challenges • Self-labeling as a person with a mental health challenge 	<ul style="list-style-type: none"> • Knowledge about suicide • Self-efficacy for serving in a gatekeeper role • Potential exposure to CalMHSA suicide prevention activities • Attention to suicide prevention social marketing messages • Liking of suicide prevention social marketing messages • Resource preference
	<p>Student Mental Health</p> <ul style="list-style-type: none"> • K–12 mental health school climate • Higher education mental health school

Suicide Prevention

- About two-thirds of Californians surveyed believed that suicide is usually preventable.
- Although research suggests that talking about suicide is not harmful, 17 percent of respondents believed, *incorrectly*, that talking about suicide can cause suicide (and an additional 29 percent reported that they didn’t know).
- Most respondents did not know that men are at greater risk of dying by suicide than women (one-third incorrectly thought women were at greater risk, and almost half said they didn’t know).
- 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 (such as a crisis text line).

Student Mental Health

The survey focused on three subsamples: (1) parents or legal guardians of a child who attends a K–12 school in California (396 participants); (2) full-time and part-time students attending a college or university in California (226 participants); and (3) parents or guardians of a child who attends a college or university in California (191 participants). We found that:

- On average, parents of K–12 students and students in higher educational institutions said they “somewhat agree” that their child’s school helps students with social, emotional, and behavioral problems and provides quality counseling and other ways to help with these problems.
- On average, respondents who were themselves college students somewhat agreed that their institution helps students and provides quality counseling and other help with social, emotional, and behavioral problems.

What Do We Know About Early Exposure to CalMHSA Activities?

Our evaluation seeks to determine the reach of CalMHSA-sponsored activities—that is, who receives or is exposed to them—at both the activity level and the population level. The RAND General Population Survey focuses on *population-level* exposure. The survey’s results should be understood with the caveats that the data were collected early in CalMHSA program implementation and that people may not be reliable reporters of their exposure to activities. Key findings are as follows:

- Approximately 1 in 10 respondents reported being exposed to each of three key CalMHSA social marketing campaign slogans or advertisements. Specifically, 11 percent of respondents reported having seen or heard the slogan “Each Mind Matters,” 8 percent had seen or heard an ad for the website ReachOut.com, and 9 percent had seen or heard an ad for suicideispreventable.org.
- Larger numbers of Californians reported seeing or hearing an advertisement about recognizing the warning signs of suicide (31 percent), and even more (39 percent) reported seeing or hearing an advertisement with CalMHSA program partner AdEase’s slogans “Know the Signs,” “Pain isn’t always obvious,” or “Suicide is preventable.”
- Almost half of respondents reported seeing an advertisement for a suicide hotline or crisis line in the past 12 months.
- 16 percent of respondents reported having attended some sort of training about mental illness, but we cannot determine whether these trainings were among those implemented through CalMHSA’s PEI initiatives.

What Are the Plans for Future Evaluation Using the RAND General Population Survey?

The results presented here are based on our initial data collection effort with a representative sample of Californians. This sample did not include enough members of diverse groups to conduct subgroup analyses based on race/ethnicity. Thus, additional data were collected from Asian and black/African-American individuals, and further analyses in progress will

examine findings among these groups as well as among Hispanic/Latino Californians. A follow-up survey is planned of both the initial sample reported on here and the supplemental minority sample, and this survey will be conducted approximately one year after the baseline survey. The combined results of the baseline and follow-up survey will allow us to assess the reach and impact of the CalMHSA statewide PEI programs at a population level.

This fact sheet describes work done by RAND Health and documented in *Evaluation of the California Mental Health Services Authority's Prevention and Early Intervention Initiatives: Progress and Preliminary Findings*, by M. Audrey Burnam, Sandra H. Berry, Jennifer R. Cerully, and Nicole K. Eberhart, RR-438-CMHSA, 2014. (available at http://www.rand.org/pubs/research_reports/RR438.html) The RAND Corporation is a nonprofit research institution that helps improve policy and decisionmaking through research and analysis. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark. © RAND 2014

*The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families, and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.



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