12-2020

Stigma Reduction Programming in Monterey County

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December 10, 2020

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Abstract

Mental illness-related stigma is a barrier to societal inclusion and productivity. With nearly one in five individuals being impacted by mental illness in the United States (Substance Abuse and Mental Health Services Administration, 2019), there is a greater need for understanding through education to support those affected by mental illness. Stigma impacts those with mental illness in the realms of employment, housing, and incarceration. The Success Over Stigma Program located within the OMNI Resource Center in Salinas, California addresses the lack of education by offering contact-based community education delivered by those affected by mental illness. The project addressed the need through the creation and implementation of an online training program for bureau speakers that assisted them in the continued delivery of program services. The results concluded that 100% of project participants would apply what they learned in the training when connecting with program recipients. Continued training of existing speakers for online modality is recommended in addition to continued program expansion.

Keywords: Stigma, mental illness, peer contact-based education

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Agency & Communities Served

The OMNI Resource Center (OMNI) is a program overseen by Interim, Inc. (Interim) in Monterey County, California. As it is one of the Interim, Inc. programs, OMNI also holds nonprofit status under the auspices of the governing body. The mission of OMNI is to increase the mental health wellness of individuals and the community by providing wellness awareness and innovative programs (Interim, Inc., n.d.b.). OMNI subscribes to Interim's vision of a world in which people with mental health challenges are able to live, work, learn, and participate fully in the community (Interim, Inc., n.d.a.). Operated in part by peers and family members, the Center's staff and volunteers have personal experience with mental health challenges and recovery (Interim, Inc. n.d.b.). The OMNI program includes six primary staff, four secondary staff, and multiple volunteers serving approximately seventy-five participants daily (L. Corpuz, personal communication, May 24, 2019). The goal of the agency and its programs is to support those with mental illness strive for mental health recovery to live productive lives through peer-delivered services.

OMNI primarily serves the population demographics of Caucasians, Hispanics, and African Americans. Reported primary living situations of participants are independent living, homeless, board and care facilities, and Interim, Inc. housing programs. The majority of participants receive MediCal. Gender identity breakdowns are 54.5% male, 41.9% female, and 3.6% decline to state (Corpuz, 2019). The program is funded through the Mental Health Services Act approved by California voters in 2004, and amended in 2019 (L. Corpuz, personal

communication, May 24, 2019). While the ethnic breakdown or participants is varied, the majority of program participants require some form of social service to survive.

OMNI offers a variety of services to its participants through peer-led socialization, interaction, groups, and other planned activities. Services provided are leadership development classes, workshops, self-esteem and team-building activities, community outings and events, and freshly prepared breakfasts, lunches, and snacks. Bilingual support groups in Spanish are available (Interim, Inc. n.d.b.). The Center also provides internal case management and coordination with external county behavioral health services and other referrals (OMNI Resource Center, n.d.). OMNI also houses a speakers bureau known as the Success Over Stigma program that provides stigma reduction education to the community (Interim, Inc., n.d.c.). Agency services are geared to holistically address the health, well-being, and growth of the individual.

The Success Over Stigma (SOS) program is a speakers bureau that provides individual and panel speakers for public presentations to reduce mental illness-related stigma through contact-based education. This program was established in 2009 and is spearheaded by Peer Outreach and Advocacy Coordinator Kontrena McPheter. The program accommodates ten public speakers and services approximately fifty presentations per year (K. McPheter, personal communication, March 9, 2020). The SOS program contains the Coordinator as well as a part-time program assistant referred to as a Community Service Worker. Together they utilize networking and marketing strategies to connect speakers with public venues so that there is a narrowing in the gap of mental illness misunderstanding.

As of 2019, the Success Over Stigma program reached over five-thousand individuals through its educational program and subscribes to the same mission and vision as OMNI (K. McPheter, personal communication, March 6, 2020). The SOS program continues to promote wellness awareness to reduce mental illness-related stigma.

Problem Description

Mental illness-related stigma is a barrier to societal inclusion and productivity. The American Psychiatric Association refers to mental illnesses as health conditions involving changes in emotions, behaviors, or thinking that are associated with significant distress and/or problems functioning in work, social, or family activities (2018). Serious or severe mental illness (SMI) refers to substantial impairment that impacts or limits one or more major life activities (National Institute of Mental Health, 2019). Mental illness affects nearly 1 in 5 individuals in the United States, with severe mental illness impacting 1 in 24 (Substance Abuse and Mental Health Services Administration, 2019). Mental illness is prevalent within our society and lends itself to impaired functionality that affects an individual's ability to participate fully within that society.

Stigma refers to negative stereotypes or social meanings assigned to people when their attributes are considered inferior or divergent from societal norms (Goffman, 1963 as cited in Dudley, 2000) with the potential to pervade into areas including race, gender, and sexual orientation (Ahmendani, 2011). When referring to mental illness-related stigma, we concentrate on the impact perception of mental illness has on an individual's ability to thrive in society. Three topics that reinforce stigma and impact social inclusion and productivity within society are myths, lack of education, and self-esteem and self-worth. The problem has a direct impact on

the clients and staff of the OMNI Resource Center and the Success Over Stigma programs as they are affected either directly or indirectly by mental illness.

Contributing Factors

Myths

Mental illness-related stigma is multidimensional and holds many "negative beliefs, attitudes, intentions, and behaviors towards mental illness and its treatment" (Wong et al., 2017, p. 1). Myths are examples of predetermined beliefs not always founded in fact. Historically, myths regarding mental illness have ranged from demonic possession, witchcraft, punishment or curses from divine entities, early childhood trauma, and poor parenting (Garske & Stewart, 1999, p. 5). Such beliefs support a misunderstanding of approaches to treatment as well as those affected by mental illness themselves.

Over time, myths have fed into current day misperceptions of individuals with mental illness. Public perceptions of those impacted by mental illness are that they are dangerous, are unable to recover, and to be avoided in many circumstances (Wong et al., 2017, p. 1). Avoidance of individuals with mental illness is a barrier to social inclusion and productivity within society. When there is a lack of interaction, there is a lack of understanding or lack of education.

Education

A lack of education supports stigma and enforces the barrier to inclusivity supporting myth-based narratives of those living with mental illness. Stuart (2016) reports that "negative societal responses to people with mental illnesses may be the single greatest barrier to the

development of mental health programs worldwide" (2016, p. 2). Stuart's attention to the obstacle highlights the need for education-based stigma reduction programs.

Utilization of contact-based mental illness educational programs assist in dispelling myths and bring a personal face-to-face connection with individuals diagnosed with a mental health condition. Wong et al. (2016) conveyed that contact-based presentations display "immediate reductions in mental illness stigma across a variety of sociodemographic groups" (2017, p. 299) and showed the greatest reduction in females (2017, p. 303) and racial-ethnic minorities including Asian Americans and Latinos (2017, p. 304). Through the storytelling process, there is a marked reduction in negative beliefs and social distancing.

In a separate study Wong et al. (2016) found that in addition to reductions in social distancing and perceived dangerousness of those with mental illness from others, there was a reduction in stigma and an increase in treatment-seeking behaviors of those with mental illness (p. 1). This study demonstrates that educational efforts are effective in stigma reduction and that stigma reduction education is beneficial to the goal of societal inclusion and productivity.

Impacts on Self-esteem and Self-worth

Self-esteem and perceived self-worth are barriers to seeking and continuing treatment. Wong et al. (2016) found that stigma impeded recovery-seeking behaviors by internalization of negative societal beliefs. Stigma evoked feelings of hopelessness and shame, and intensified distress, impeding individuals from seeking recovery (p. 1). The feelings of internalized shame prompted by the contribution of societal fears for having a mental illness create a barrier that prevents individuals from seeking treatment. Feelings such as these prompt a difference in how people with mental illness interact with the world around them. Thornicroft (2009) discovered

that of those with mental illness, "three quarters (72%) indicated they felt the need to conceal their diagnosis, 64% anticipated they would be discriminated against in applying for work training or education, and 55% anticipated discrimination in close relationships" (p. 408). Concealment of mental illness is indicative of a reaction to perceived, anticipated, felt, or internalized stigma.

Impacts of stigma on self-esteem and self-worth impact the individual's ability to follow through with recovery. Some individuals experience doubt in their beliefs in their abilities. Corrigan poses that in addition to avoiding treatment altogether for fear of being labeled, some individuals subscribe to the belief that they "are too weak and unable to care for themselves" and that the shame and lowered self-esteem lead to a state of "diminished self-efficacy" (2007, p. 32). By believing that one cannot or does not have the necessary skills to complete a task, the stigma-induced diminished self-esteem will impede the individual from completing tasks such as mental health recovery. Avoidance of or discontinuance from mental health recovery due to lowered self-esteem or self-worth acts as a barrier to social productivity.

Consequences

The effects of continuation of the mythical narratives and lack of education manifest in multiple areas of employment, criminal justice, and housing. These arenas hold the result of continued lack of interventions.

Unemployment

While it is acknowledged that more severe mental illness prevents an individual from participating in gainful employment, the attitudes from stigma act as barriers in employment. Numerous studies indicate that negative beliefs hamper an individual with mental illness in

obtaining and sustaining gainful employment (Corrigan, 2007, p.32). Blocked employment opportunities prevent individuals with mental illness from contributing and prospering within the economy.

Trautmann, Rehm, and Wittchen (2016) report that there are substantial indirect impacts on the economy in lost economic output (p. 1246). Economic output depends on both labor and capital. When labor is impacted, the economic output of goods and services is lessened. According to Garske and Stewart (1999), although individuals with mental illness range in educational background, work history, intelligence, and career aspirations, it is estimated that those with mental illness have unemployment rates of up to eighty-five percent or higher and is due in part to societal stigmatic attitudes of family members, consumers, and employers (p. 1). Without employer and family support, the individual affected by mental illness will face challenges in both gaining and maintaining employment. With limited to no income, impacted individuals will have a difficult time contributing to the economy in both earnings and expenditures.

Imprisonment

The number of prisoners within the California prison system with serious mental illnesses reached about thirty-two percent in 2017 (Kokona-Dussau, 2019). Nearly one-third of prisoners within the California penal system are impacted by mental illness. Those that are paroled back into the general population, face additional challenges.

"The formerly incarcerated — ineligible for many public housing programs and frequently a target of discrimination in the rental housing market — often take refuge in emergency shelters or on the streets" (Levin and Botts, 2019). Incarceration creates a second

barrier in regards to societal inclusion and productivity. Not only do the individuals carry the effects of stigma of mental illness, they now face obstruction in obtaining a stable living environment that limits societal inclusion and productivity.

Homelessness

The National Law Center on Homelessness and Poverty reported that mental illness and lack of related services are the fourth leading cause of homelessness (2015). According to the United States Interagency Council on Homelessness, California had an estimated one-hundred and fifty-one thousand homeless individuals in 2019 (n.d.). These reports indicate an impact of homelessness on those with mental illness in California to be pervasive and profound.

The *Homeless Census and Survey* conducted by Monterey County in 2019 revealed that nineteen percent of homeless survey respondents reported having psychiatric or emotional conditions other than post-traumatic stress or substance use disorders (p. 9). Levin and Botts note that "addiction and psychological conditions are often inextricably intertwined, and present a complex case" (2019). Nearly one in five individuals experiencing homelessness in Monterey are also experiencing some form of mental illness. This may be compounded with the comorbid condition of addiction. While homelessness carries its own barriers, it is important to note that both homelessness and mental illness carry stigma that impacts both societal inclusion and productivity.

Problem Model

Contributing Factors	Problem	Consequences
Myths of mental illness	Mental illness-related stigma is a barrier to societal inclusion and productivity	Rise in unemployment
Lack of education regarding mental illness		Rise in imprisonment rates
Self-esteem and self-worth as a motivational factor in continuing treatment		Rise in homelessness

Capstone Project Description and Justification

Capstone Project

The capstone project will be to expand the existing Success Over Stigma Program into an online modality. While the program has the desire to expand into high schools to reduce mental health stigma with younger members of society (K. McPheter, personal communication, March 9, 2020), there is a more immediate need for program expansion into an online realm to increase online presentations, and train existing speakers for online modality to fulfill an increased online demand. By preparing speakers for online presentations, the program will have a greater capacity to fill online presentation requests. Expansion of the presentation modality will not only prepare the speakers for future high school presentations but also demonstrate an increase in the number of individuals receiving mental illness education.

Success Over Stigma will expand its speakers program into an online modality within a two-month period from September 1, 2020, to October 31, 2020, through cross-training existing speakers to meet increased online presentation needs.

Project Purpose

Expansion of the program through varied modalities will assist in dispelling myths regarding mental illness through contact-based education via storytelling. Through the storytelling process, the speaker will not only educate the public but lessen mental illness-related stigma through the public's new understanding of mental illness. The need for such a change is based upon research conducted by Corrigan (2007) that included the assertion that "people with mental illness are frequently unable to obtain good jobs [or find suitable housing] because of the prejudice of employers". As difficulty in obtaining employment is related in part to societal attitudes of employers, the need for mental illness-related education is paramount in assisting with dispelling the perpetual myths that impact decision-making in hiring or firing employees.

Moreover, mental health disorders "indirectly [cause] via proportionately high productivity losses and impact on economic growth" (Trautmann et al, 2016, p. 1247). The indirect costs include productivity losses due to early retirement and work absences as well as income losses due to disability, mortality, and seeking treatment. This is the opposite of what employers desire to thrive in business and has great potential in hiring someone without a mental health disorder. By educating employers, there is greater opportunity for placement and retention of employees with mental health conditions.

The call for mental illness-related stigma-reduction education was recommended in Thornicroft et al.'s (2009) study that found that rates of experienced discrimination of those with mental illness are high and consistent across countries in domains of work and personal relationships. The study highlighted the need for stigma reduction strategies that increase self-esteem of people with mental illness and for education of employers about mental illness (p.

7). Through employer education, understanding towards and acceptance of those with mental illness can be achieved. Through this understanding and acceptance, increased employment attainment and retention is possible.

Project Justification

According to Wong et al. (2016), peer contact-based programs are shown to "reduce the desire for social distance from, and in perception of the dangerousness of, individuals with mental health challenges" (p. 1). These programs have also been shown to provide greater awareness of stigma, increased communication in work and social settings, a reduction in treatment avoidance, and a decrease in concealment of a mental health problem from family, peers, and coworkers (pp. 1-9). By putting a face on mental illness through contact-based programs, there is a humanizing factor that reduces stigma. Understanding mental illness through contact-based education increases connectedness with those affected, which permeates into work and social settings through increased understanding of mental illness.

Project Implementation

In preparation, verification of access to resources and evaluation of current program parameters occurred in spring 2020. Tallies of the number of speakers and presentations were gathered for a six-month time period within the last year to establish baseline numbers. A review of current training materials was conducted. A list of current community partnerships was obtained in addition to a list of presentation sites over the last year.

Due to the COVID-19 pandemic in March of 2020, a shift in the implementation plan occurred. In-person training was not feasible due to state and local shelter-in-place guidelines prohibiting conjugation of groups. In late August 2020, the decision was made to transition

speaking presentations into an online Zoom format. This required revamping of the project to remove new speaker recruitment, gauging speaker comfort with online presenting, creating an online presentation, distributing training materials electronically, and creating an online survey. With a five-month loss in time frame due to the pandemic, the project needed to be reimagined and instituted within two months.

To implement this program, a service-learner was utilized to update the existing training materials. The service-learner and Peer Outreach Coordinator confirmed the primary criteria for program speakers are that they are actively pursuing a mental health recovery program and are willing and able to speak online to groups of people. Online training for existing speakers occurred in fall 2020 with the utilization of Zoom and existing space resourcing. The training presentation included a PowerPoint that was created between September 1, 2020, and October 4, 2020, and contained an overview of the online presentation process, speaker responsibilities, and guidelines for public and peer-contact presentations, and a review of speaker contracts.

A review of existing training practices and material commenced in November of 2019. A preliminary speaker manual had been previously created and was overhauled between September 1, 2020, and October 5, 2020. An email reminder was sent to Success Over Stigma speaker panel members on Monday, September 28, 2020.

The online speaker training was executed on October 2, 2020, via Zoom. Participants included three existing Success Over Stigma panel speakers. The training included a PowerPoint presentation which was screen shared and a question and answer platform. The presentation included online transition protocols, a review of presenter agreements, a narrative outline overview including recent changes, and provided space for conveyance of speaker needs and

questions. The training was facilitated by the service-learning intern with the support of the Coordinator for the question and answer portion. Speakers conveyed an appreciation of and continued need for check-ins during COVID-19. Participants also indicated a desire to participate in additional presentations.

The survey was distributed via email directly following the presentation on October 2, 2020. An updated SOS provider manual was distributed on October 8, 2020, to training participants via email. Later distribution was due to confirmation of the surveys being included within the manual.

A detailed implementation plan can be seen in the Scope of Work in Appendix A.

Assessment Plan

The Success Over Stigma Online Speaker Training Survey was created on Monday, September 28, 2020. The measurement tool was based on questions included from a previous agency assessment tool referred to as the MCBH MHSA PEI Stigma Reduction Outcome Survey (Appendix B). This survey was based in part on an adapted AQ-9 scale (Corrigan, 2008, pgs. 16-17). The AQ-9 rating scale is an abbreviated version of the Attribution Questionnaire or AQ-27 designed to measure nine stereotypical attributes towards those with mental illness including fear, pity, anger, coercion/segregation, personal responsibility, and helping/avoidant behavior (Brown, 2008, p. 2). A portion of the scale was incorporated into the post-test evaluation survey that was administered at the conclusion of the presentation. The survey (See Appendix C) included four statements with a three-point Likert response scale. The scale operated on a 3-point Likert scale ranging from disagree to agree (3=agree). Statement responses were geared to measure the usefulness and application potential of the presentation.

The control questions to measure presentation effectiveness were questions regarding presentation usefulness (Statement 2) and application of the learned information presented (Statement 1). The third and fourth statements were utilized to indicate if additional follow-up was needed. An additional section was provided for speaker-driven responses to provide feedback for presentation improvement.

The project utilized the service-learner for the scoring of the survey responses. For the purpose of this analysis, focus was placed on both the application of material (Statement 1) and presentation usefulness (Statement 2) questions (Appendix C). Any positive or affirmative response to a survey question regarding usefulness or application will indicate the presence of increased knowledge and tallied as a positive response. The Program Coordinator will be ultimately responsible for oversight, monitoring, and results reporting.

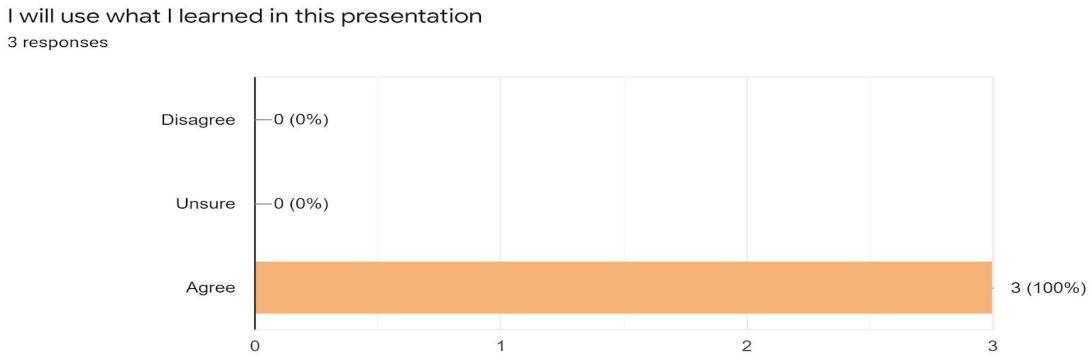
Expected Outcomes

The goal of retraining existing SOS speakers was to prepare them for online presentation modality and support program advancement to offer participating Monterey County residents an understanding of mental illness through mental illness stigma reduction education. Speakers were to report at least a 25% positive response in both usefulness of the presentation and application of learned concepts within the presentation. Outputs were to be measured in October of 2020 to verify the usefulness and the application potential of the presentation. In reviewing the outcome surveys, there is an expectation that the usefulness of presentation will reflect a positive response in Statement 2, and application of the learned information will yield a positive response on Statement on Appendix C.

Project Results

Surveys were received by email and tabulated by the service-learning intern on October 5, 2020. Of the three participants, all three responded, totaling a one hundred percent response rate. Of the three speakers in attendance, all three responded to the survey. For Statement 1 regarding application of learning, responses were recorded at one hundred percent in agreement, as noted in Figure 1 below. Statement 2 regarding usefulness yielded affirmative responses at one hundred percent. These response percentiles indicate that the information presented to the speakers was both useful and would be applied in the course of their speaking for the Success Over Stigma program through an online modality.

Figure 1. Responses to Application of Learned Information in Survey Statement 1



With a one-hundred percent response rate in the affirmative for Statement 1, the outcome of the project was reached. The majority of speakers trained for online modality concurred that they would apply the material they learned. This response rate was greater than the twenty-five percent target goal established. This rate exceeded the projected outcomes. Speakers who were

retrained for online modality will apply what they learned and are better prepared to speak in online presentations.

Project Obstacles

On the day of the event, the Zoom link provided by the Coordinator was linked to an Outlook Calendar invite. When opening the Zoom link, a calendar invite opened. There was no active link within the calendar invite. As a result, the training started late. Those in attendance possessed knowledge of Zoom meeting ID workarounds or were in the Success Over Stigma and OMNI offices to obtain assistance. This allowed for a select number of the membership to be retrained for online service delivery.

Conclusion & Recommendations

The interruption of the project due to a pandemic created challenges. Whereas the original project was to expand the number of in-person speakers and presentations and examine the subsequent impact of contact-based education in stigma reduction, the revised project held its own merit. Preparing existing speakers for presentations via an online modality was critical to the continuance of the Success Over Stigma program during the pandemic. The project results concluded that there is continued need for speaker training through modality expansion in the delivery of services within the Success Over Stigma program

Project Expansion

The presentation section on Zoom Etiquette can be expanded to include segments on lighting, background, eating, active engagement, and belaying of performing other non-presentation tasks.

Benefits to Agency

This project strengthened the agency's ability to deliver contact-based stigma reduction education through an online modality. By assessing speaker preparedness, the training program measured the readiness of its service providers and directed the outline of the training. By having prepared speakers, the program can continue to hold presentations to substantiate funding.

Agency Recommendations

Agency recommendations are to continue online training of existing speakers with the SOS program on a quarterly or semi-annual basis, with primary focus on those who were unable to attend the initial training. Secondary focus will be to recruit and formally train new Success Over Stigma speakers. Tertiary focus will be to expand the program through an initial email and telephone campaign to generate speaking engagements. An email media campaign is recommended to elicit presentation engagements beginning winter 2020. This campaign will include identification of past and newly targeted presentation sights as determined by the service-learner and Coordinator. A marketing flyer will be produced to accompany the email in addition to public distribution. The distribution of the e-campaign will be staggered to allow for timely notification of industry-specific presentations. In the absence of email, telephonic and in-person communication will be utilized to promote the speakers bureau. Flyers will be made available at community partner meetings.

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Appendix A

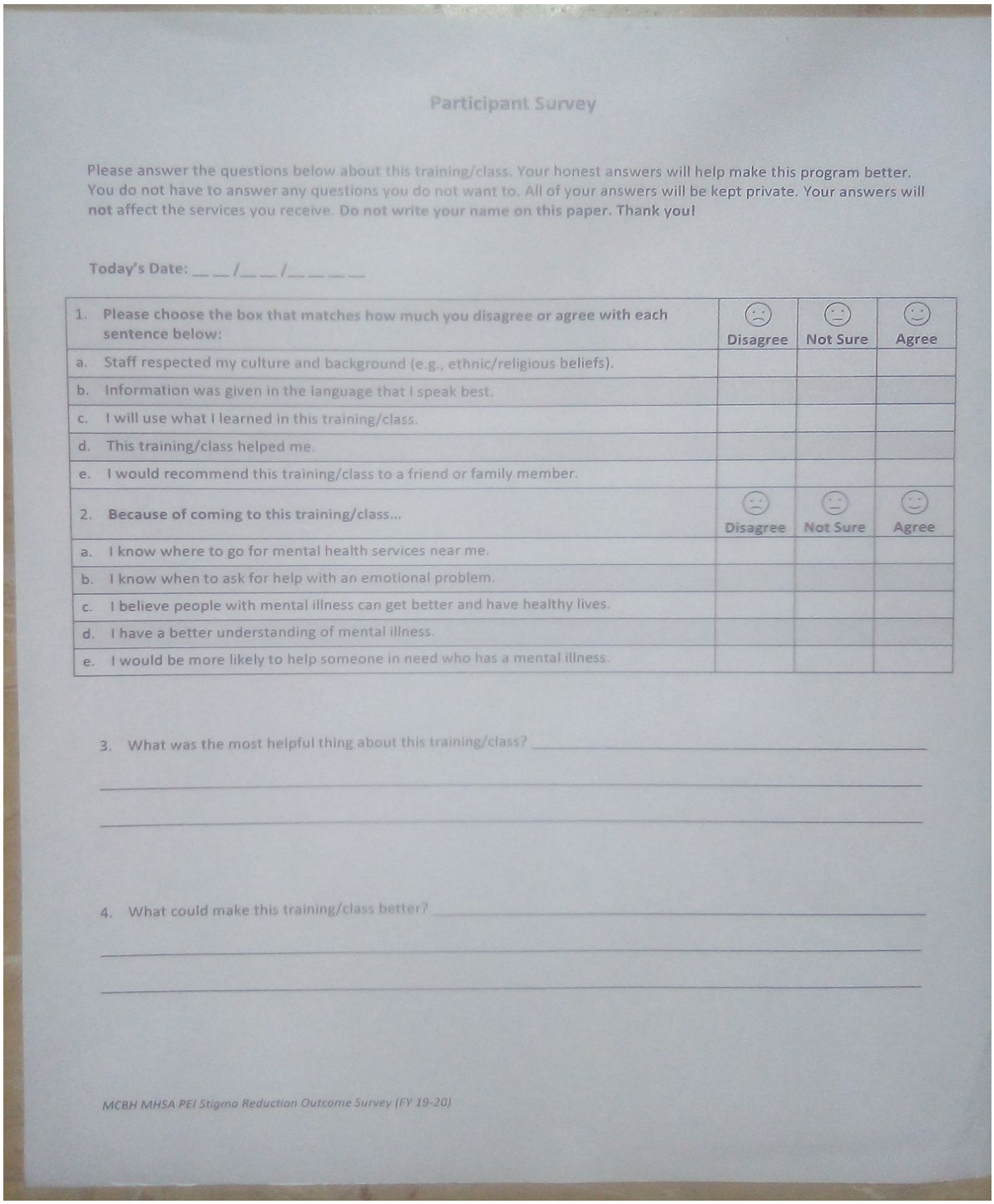
Scope of Work

Activities	Deliverables	Timeline/Deadlines	Supporting Staff
Primary Capstone Established		January 2020	Lisa and Kontrena
Planning for primary capstone	Tallies of number of speakers and previous community presentations; target lists of community partners and venues	January-March 15, 2020	Lisa and Kontrena
Pandemic/Shelter-in-place	Health and safety of the population	3/18/2020	N/A
Determine Secondary Capstone	Create a new capstone project for delivery within a two-month window	August-September 2020	N/A
Meeting with Site Mentor and Supervisor	Initiate semester goals and obtain agency restrictions on service delivery	August 2020	Lisa and Kontrena
Zoom link for SOS General Meeting	Create online meeting space to ensure Covid-19 adherence to health and safety protocols	8/10/2020	Kontrena
Send General Meeting email with Zoom link	Notification and testing of speakers ability to communicate electronically	8/13/2020	Kontrena
Reminder phone calls Zoom at General Meeting	Verification of email receipt, offer assistance, and resending information	9/3/2020	Kontrena
Poll speakers comfort with Zoom at General Meeting	Have speakers self gauge ability and see who was able to connect to Zoom and establish Speaker baseline number of speakers for Zoom presentations	9/4/2020	Kontena

Tally number of presentation requests	Count number of online presentations to measure increase in online modality usage	9/4/2020	Kontrena
Obtain current copy of speaker contract	To include information within in presentation	September 2020	Kontrena
Create Powerpoint with Contract Info and Agenda	To utilize online Zoom modality	September 2020	N/A
Update Training Manual	To improve formatting and readability and verify accuracy of information	September 2020	N/A
Set Zoom Training Date	To find time when most speakers available	September 2020	Kontrena
Contact Training Participants	To remind of the event	September 28, 2020	Kontrena
Request supervisory review of materials	To garner final input	September 21, 2020	Kontrena
Request supervisory review of PowerPoint	To garner final input	September 21, 2020	Kontrena
Presentation			
Hold Zoom Training	To present the retraining and provide space for speaker questions	October 2, 2020	Kontrena
Data Collection and Evaluation			
Sent out survey to participants	To gauge presentation effectiveness	October 2, 2020	N/A
Received surveys back	To receive material to synthesize	October 5, 2020	N/A
Presentation attendance count and data entry	Project statistics	October 2020	N/A
Synthesize data	To obtain project outcome effectiveness	October 5, 2020	N/A
Project Reporting			
Report findings	To complete capstone	November 2020	N/A
Update Capstone Paper		November-December 2020	N/A
Submit Capstone Paper		December 2020	N/A

Appendix B

MCBH MHSA PEI Stigma Reduction Outcome Survey



Participant Survey

Please answer the questions below about this training/class. Your honest answers will help make this program better. You do not have to answer any questions you do not want to. All of your answers will be kept private. Your answers will **not** affect the services you receive. **Do not write your name on this paper. Thank you!**

Today's Date: __ __ /__ __ /__ __ __ __

1. **Please choose the box that matches how much you disagree or agree with each sentence below:**	☹ Disagree	😐 Not Sure	☺ Agree
a. Staff respected my culture and background (e.g., ethnic/religious beliefs).			
b. Information was given in the language that I speak best.			
c. I will use what I learned in this training/class.			
d. This training/class helped me.			
e. I would recommend this training/class to a friend or family member.			
2. **Because of coming to this training/class...**	☹ Disagree	😐 Not Sure	☺ Agree
a. I know where to go for mental health services near me.			
b. I know when to ask for help with an emotional problem.			
c. I believe people with mental illness can get better and have healthy lives.			
d. I have a better understanding of mental illness.			
e. I would be more likely to help someone in need who has a mental illness.			

3. What was the most helpful thing about this training/class? _____

_____

_____

4. What could make this training/class better? _____

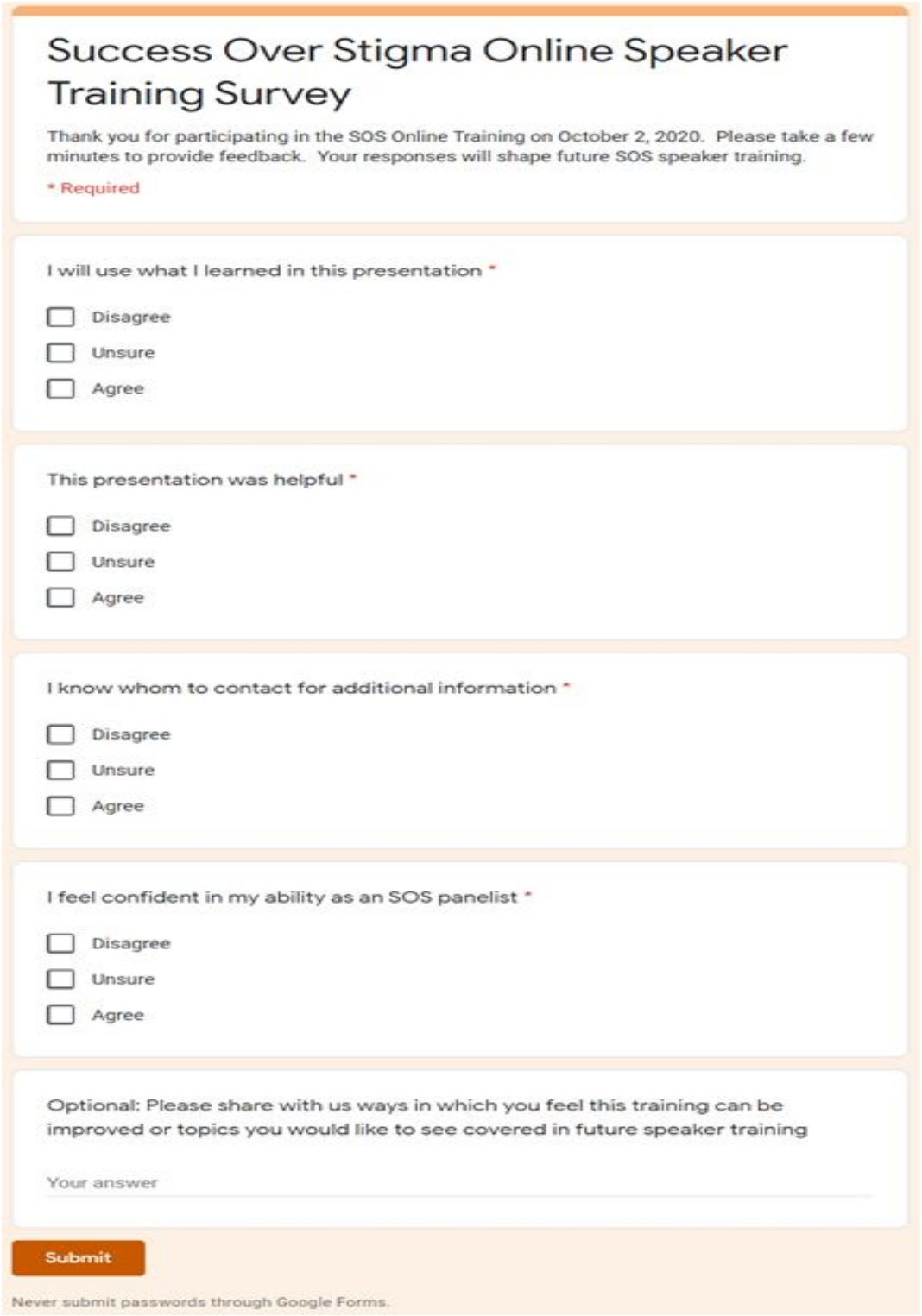
_____

_____

MCBH MHSA PEI Stigma Reduction Outcome Survey (FY 19-20)

Appendix C

Success Over Stigma Post Training Survey



Success Over Stigma Online Speaker Training Survey

Thank you for participating in the SOS Online Training on October 2, 2020. Please take a few minutes to provide feedback. Your responses will shape future SOS speaker training.

* Required

I will use what I learned in this presentation *

- [ ] Disagree
- [ ] Unsure
- [ ] Agree

This presentation was helpful *

- [ ] Disagree
- [ ] Unsure
- [ ] Agree

I know whom to contact for additional information *

- [ ] Disagree
- [ ] Unsure
- [ ] Agree

I feel confident in my ability as an SOS panelist *

- [ ] Disagree
- [ ] Unsure
- [ ] Agree

Optional: Please share with us ways in which you feel this training can be improved or topics you would like to see covered in future speaker training

Your answer

Submit

Never submit passwords through Google Forms.

Figure 1

Figure 1. Responses to Application of Learned Information in Survey Statement 1