

# STIGMA Workgroup 1

Date: April 27, 2006

Time: 2:00-4:00

Convener: Jim Siemianowski

## Major Topics/Discussion Points:

- Discussed the revised draft recommendations:
  1. Anti-stigma task force and public relations campaign
    - First step is to organize an anti-stigma workforce that has the backing of the governor.
    - The work force will develop a comprehensive statewide plan
    - Existing anti-stigma efforts need to be coordinated across the state and to be examined for effectiveness.
    - Discussed effective campaign strategies. Research demonstrates that personal exposure to an individual with mental illness is the most effective at reducing/eliminating stigma. Possibility of the “Thurgood Marshall” effect, however, when celebrities are used as spokes people. Most effective when co-workers, neighbors, teachers, etc. self-disclose.
    - Discussed the challenges of reducing stigma among the elderly population. Often older folks will not admit to symptoms. A separate strategy is needed for this group such as conversational and educational meetings or educational entertainment, such as the Second Step players.
    - Additional staff training is needed among agencies that serve the elderly to increase case finding.
    - Campaign message should emphasize that mental health is a part of, and important to, overall health.
    - Policy changes are needed among the state agencies – currently anti-stigma training is not required, it should be required along with cultural competency trainings.
    - Public relations campaign should highlight the realities and burden of living in poverty when living with a serious mental disorder (e.g. low disability benefits, penalties for working, etc.)
    - The proposed Task force will need to look at current policies that contribute to stigma and hinder recovery (“Institutionalized stigma”) such as Federal and state benefit penalties that create disincentives to work including those that cut benefits to people with addictions while limiting treatment options.
  2. Suicide prevention strategies
    - Need to find creative ways to reach school aged children – they are interested. Students are inclined to get support for mental health symptoms from friends.
    - Must provide training on mental health signs and symptoms, resources and services to school staff on all levels including support staff and personnel.

### 3. Early screening and intervention

- Mental health screening should be conducted on a routine basis to all children at specified points (as with scoliosis and vision check ups). This would reduce the stigma students might feel if they were singled out.
- Must, however, ensure an informed workforce does not over-diagnose and over-medicate.
- Strategize on best way to present recommendations, including adding a policy/legislation recommendation section.

#### Barriers/Problems Identified: (those not included/discussed in major topics)

- Limited resources available to youth. Although 10.7% of students in CT made suicide attempts (higher than the national average), there are too few hospital beds to treat these children.
- Minors don't have the availability of full treatment without involving family members – a licensed professional can provide only up to 6 sessions before informing parents. This may discourage some students from seeking treatment.
- Mental health screening and intervention services are not available to elderly persons living independently.
- Teachers, as the first line of contact with students, are often untrained on how to respond.

#### Ideas/Recommendations:

- Implement integrated suicide prevention and anti-stigma curriculum within the overall health education curriculum.
- Place a greater emphasis on efforts that stress the importance of mental health to overall health.
- Catalog the existing programs that address stigma and early intervention, identify what works, and recommend additional funding to these existing programs.

#### Transformation Activities in Connecticut Discussed in the Meeting:

- Department of Education distributed the Guidelines for Suicide Prevention, Policy and Procedures manual and the Comprehensive School Health Education Curriculum Framework.

#### To Do/Tasks:

- Re-read the New Freedom Commission Report relative to the Goal one to discern more specifically the mandates.
- Identify policy and legislative recommendations.
- Further examine and refine of the recommendations.

Next Meeting: May 11, 2006, 2:00-4:00