



**Office of
Mental Health**

Strategic Plan for Statewide Stigma Reduction

October 13, 2021

Stigma is Harmful and it Exists in Multiple Forms

Public Stigma: Stereotypes, prejudice, discrimination endorsed by the general population

Self Stigma: Shame, low self-esteem, lack of engagement in treatment

Structural Stigma: Prejudice and discrimination through policies, laws and constitutional practice



Stigma Types, Targets, and Interventions

Types

PUBLIC STIGMA: COMMUNITIES

Stereotypes, prejudice, and discrimination endorsed by the general population

Examples:

- Negative stereotypes, attitudes, beliefs, and behaviors about mental illness, persons with mental illness, their families, and their providers.
- Isolation and rejection of these groups
- Lack of public support for services, funding
- Support for coercive practices

SELF STIGMA: INDIVIDUALS

- Shame
- Low self-esteem/efficacy
- "Why-try" cycle
- Lack of engagement in treatment

STRUCTURAL STIGMA: INSTITUTIONS

Prejudice and discrimination by policies, laws, and constitutional practice (also called institutionalized stigma)

Examples:

- Discrimination in housing, employment opportunities
- Legal restrictions (in some states) for jury duty, political office, parental custody rights, marriage, reduced privacy rights
- Disparities in treatment, research, and policy support, and/or resources

Targets

The General Public

Target Groups

- Gender
- Age
- Racial/ethnic groups

People with Behavioral Disorders

Legislators

Policy Markers

Employers

Health Care Providers

Criminal Justice Professional

Interventions

Media Mass Messaging

Education

Community Programming

Contact Strategies

Education

Empowerment Strategies

Peer Support

Legal Strategies

Policy Strategies

Advocacy Strategies

Professional Education

Adapted from: Ending discrimination against people with mental and substance use disorders: the evidence for stigma change. *National Academies Press*. (2016).

<https://doi.org/10.17226/23442>



Approaches to Confronting Stigma: Definitions

Approach	Definition
Contact	Involves audio and/or video or direct in-person contact with people with mental illness who are delivering messages.
Education	Aims to provide factual information about mental illness and recovery to replace inaccurate stereotypes and beliefs and to increase affirming attitudes (e.g., about recovery, empowerment, social inclusion).
Protest	Involves identifying instances of prejudice or discrimination, publicizing them, and speaking out against them.

Adapted from: Collins, R., Wong, E., Cerully, J., Schultz, D., & Eberhart, N. (2012). Interventions to reduce mental health stigma and discrimination: A literature review to guide evaluation of California's mental health prevention and early intervention initiative. <https://doi.org/10.7249/tr1318>



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Effectiveness of Approaches to Confronting Stigma

Finding	Reference
<p>Contact-based anti-stigma programs seemingly have a larger and more sustained impact than educational strategies. These include:</p> <ul style="list-style-type: none"> ▪ Face-to-face presentations ▪ Presenters with lived experiences ▪ Include “way-up” stories 	<p>Corrigan, P. W., Michaels, P. J., Vega, E., Gause, M., Larson, J., Krzyzanowski, R., & Botcheva, L. (2014). Key ingredients to contact-based stigma change: A cross-validation. <i>Psychiatric Rehabilitation Journal</i>, 37(1), 62-64. https://doi.org/10.1037/prj0000038</p>
<p>Only a combination of different measures will have the most success in the long term. For the most part, it is the day-to-day work and contacts that help decrease stigma and discrimination.</p>	<p>Rössler, W. (2016). The stigma of mental disorders. <i>EMBO reports</i>, 17(9), 1250-1253. https://doi.org/10.15252/embr.201643041</p>

- When it comes to fighting stigma, Contact works better than either Education or Protest alone.
- A combination of interventions is likely best, and Contact is the foundation of a successful combination.



Anti-stigma Work in NYS: An Environmental Scan

Past and Present Work at OMH	Approach		
	Contact	Education	Protest
Spotlights		✓	✓
Infographics and Language Matters		✓	✓
Pandemic-related campaigns (targeted to certain populations such as LGBTQ IA)		✓	✓
Promoting anti-stigma and help seeking behavior		✓	
- in social media		✓	
- via press releases, messages to staff, advocates, and other stakeholders			
Amplifying messaging of partner organizations		✓	
Videos	✓	✓	
Billboards	✓	✓	
Hope Cards		✓	
Sesame Street ("You Can Ask" kits)	✓	✓	
Wal-Mart (Talk, Listen, Connect)	✓	✓	
Life Events Kits (divorce, incarceration)		✓	
Life Stress Kits		✓	
Helping Those Who Help Others		✓	
OpAd Message Tracking			
Staff as Role Models for Recovery	✓	✓	✓
Focus Group Activities as Part of the White Paperwork with Facilities	✓		
OCA Lunch & Learn		✓	

Work Elsewhere in New York	Approach		
	Contact	Education	Protest
NYS DOH AIDS Institute			
- Data Transparency		✓	
- Public Campaigns	✓	✓	
- Initiatives	✓	✓	
- Education and Training	✓	✓	
- Non-Physician Trainings	✓	✓	
NYSPI			
- Community Coalition		✓	
- Community Health Workers	✓	✓	
- Research by Doron/ Anti-stigma messaging	✓		
NAMI			
- In Our Own Voice	✓	✓	
- Ending the Silence	✓	✓	
OASAS extensive promotion and messaging		✓	
Project Hope		✓	
MHANYS			
- Anti-stigma Day	✓	✓	✓
- Siena College Survey		✓	
Erie and Niagara County Campaigns		✓	
Mental Health First Aid		✓	

- Most of the past and present OMH work relies on education and protest to confront stigma



Gaps in NYS and Potential Interventions

Gaps	Suggested Interventions to Address Gaps
Lack of audience analysis to guide Contact-based interventions	<ul style="list-style-type: none"> • Develop systematic approach to audience profiling • Invest in research and communications support to inform above approach • Establish community coalitions (Hankerson <i>et al.</i>, 2018)
Lack of OMH staff Education about stigma and how to promote acceptance and affirming attitudes	<ul style="list-style-type: none"> • Staff training: <ul style="list-style-type: none"> - Website, required reading, continuous loop messages on local office monitors - Courses/Videos/D&I training credit • Employ, contract with, pay more peers and service recipients as trainers, panelists, leaders at OMH
Lack of testing messages for efficacy and to prevent unintended consequences of Education and Contact	<ul style="list-style-type: none"> • Invest in research and communications resources to guide Contact: <ul style="list-style-type: none"> - Selecting people with lived experience and paying them to tell their stories about: <ul style="list-style-type: none"> - Accessing care and treatment - Positive changes, overcoming barriers - Better life circumstances, according to them • Develop media interface strategy to influence the portrayal of mental illness and people who live with mental illness
Lack of rigorous measurement of the impact of all interventions and campaigns	<ul style="list-style-type: none"> • Invest in professional communications support • Establish community coalitions (Hankerson <i>et al.</i>, 2018) • Engage OHPE for implementation science, large scale behavior change and measurement and evaluation expertise
Lack of coordinated efforts within OMH, and with AIDS Institute and OASAS	<ul style="list-style-type: none"> • Employ, contract with, pay more peers and service recipients as trainers, panelists, leaders • Apply best practices, bundle purchasing and resources wherever possible • Leverage successes to begin addressing Structural Stigma
Lack of understanding the feasibility of some OMH interventions	<ul style="list-style-type: none"> • Assess resource needs and constraints expressed in terms of time, effort and cost • Strategically leverage existing resources or apply “build vs. buy” analysis

Recommended Activities:

- **Initially applicable to public and self stigma**
- **People with lived experience are consulted at every step**
- Advance a rigorous and systematic approach for reducing stigma, focused on Contact
- Develop a workplan and timelines to guide Suggested Interventions on slide 7
- Collaborate with OPHE, NKI and NYSPI to develop a rigorous approach to measurement

Desired Outcomes:

- Increased help-seeking behavior among individuals living with mental illness
- Clear understanding of how stigma reduction activities and interventions impact the health and wellness of New Yorkers
- Open discussion of mental illness among New Yorkers, without judgement of those experiencing it and without fear of it

Measures of Success:

- Initially, process measures will drive understanding of the extent to which new stigma reduction activities reach New Yorkers (needs discussion)
- Greater prevalence of affirming attitudes among the general public (survey results)
- Improved representation of mental illness and people living with mental illness in media (reduced or eliminated discriminatory language and graphics)
- Reduced self-stigma (needs discussion)

