

Highlights of the Final Report of the Evaluation of the Elimination of Barriers Initiative

December 31, 2005

The following provides information about the Elimination of Barriers Initiative and key findings and lessons learned from developing and implementing the initiative. For the complete report, contact the ADS Center at promoteacceptance@samhsa.hhs.gov or by telephone at 1-800-540-0320. The original report was submitted to the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration by James Bell, Anna Colangelo, and Michelle Pillen of James Bell Associates, Inc. December 2005.

Preface

In addition to the Final Report of the Evaluation of the Elimination of Barriers Initiative (EBI), there are ten other evaluation documents: Summary of the Elimination of Barriers Initiative Evaluation; Implementation of the Elimination of Barriers Initiative: A Compilation of Eight State Case Study Reports; and, eight individual State case study reports that are available separately for California, Florida, Massachusetts, North Carolina, Ohio, Pennsylvania, Texas and Wisconsin. These documents from the EBI Evaluation can be viewed and downloaded at http://www.jbassoc.com/EBI/EBI_main.htm.

For more comprehensive information on the EBI, see **Developing a Stigma Reduction Initiative** at http://download.ncadi.samhsa.gov/ken/pdf/SMA06-4176/Developing_a_Stigma_Reduction.pdf. This manual also assists in planning of statewide, regional, or local efforts that support the acceptance, dignity, and social inclusion of people with mental illnesses and assists in countering discrimination and other impediments to social inclusion. It is intended for use by local mental health advocates, consumers of mental health services and family members, community leaders, and organizations and individuals who dedicate themselves to eliminating barriers to social inclusion. The publication is accompanied by a Resource CD and may be ordered from the SAMHSA Health Information Network at 1-800-789-2647 or email nmhc-info@samhsa.hhs.gov. Use Inventory Code SMA06-4176 when ordering.

About the Elimination of Barriers Initiative

SAMHSA's Center for Mental Health Services (CMHS) launched the Elimination of Barriers Initiative (EBI) demonstration to identify effective approaches for addressing the stigma and discrimination faced by people with mental illnesses. The 2005 *Transforming Mental Health Care in America*—Federal Mental Health Action Agenda at http://www.samhsa.gov/Federalactionagenda/NFC_TOC.aspx, which articulates objectives for transformation of the Nation's mental health service delivery system, states, "Everyman, woman, and child with, or at risk for, mental disorders deserves a life in the community, with meaningful employment, interpersonal relationships, and community participation." Unfortunately, stigma and discrimination often stand in the way of opportunities for people with mental illnesses -- contributing to the economic poverty and social isolation of many consumers. Stigma and discrimination have a substantial impact on everything from mental health care utilization rates, to support for public mental health services. The EBI, launched in 2003, was a 3-year demonstration designed to test approaches to addressing discrimination and stigma in eight pilot States: California, Florida, Massachusetts, North Carolina, Ohio, Pennsylvania, Texas, and Wisconsin.

A. Social Marketing Approach to Stigma and Discrimination Reduction

Social marketing is similar to traditional marketing, but instead of encouraging the purchase of goods or services, social marketing encourages behavioral change. In the case of the EBI, social marketing strategies and tactics encouraged target audiences to adopt favorable attitudes toward, and be part of, an accepting environment for people with mental illnesses. The EBI was unique, in that it offered a voice to consumers for reducing stigma and discrimination in an effort to raise awareness about mental health issues. By communicating real stories of consumers, and by facilitating and encouraging personal contact with people who have mental illnesses, the EBI urged that people with mental illnesses be treated with respect and humanity. The application of social marketing strategies such as these, which serve as the foundation of the EBI, has proven to be effective in shifting public attitudes and behaviors. The EBI employed three distinct social marketing strategies that have been shown by researchers to effectively reduce discrimination and stigma:

- Public education
- Direct contact with mental health consumers
- Rewards for positive portrayals of people with mental health challenges

Based on feedback gathered from the eight pilot States, the EBI focused on three target audiences:

- The general public (adults age 25–54)
- The business community
- Secondary school educators

The EBI followed a classic social marketing implementation model, which typically includes the following steps:

- Conduct a situational analysis to determine prevailing attitudes about the issue to be addressed; investigate similar efforts, if any, that have been used to address the issue; identify potential program partners, stakeholders, and target audiences; establish message characteristics, communications strategies, and obstacles; and make recommendations regarding communications strategies, messages, training and technical assistance, and other activities.
- Develop a marketing plan that provides background on the issue; summarizes the situational analysis; describes the marketing and communications approach to be used in addressing the issue; identifies specific strategies and tactics to be undertaken; lays out a timeline of milestones to be achieved during the course of the initiative; and describes a means for evaluating the initiative's success -- as well as a means to make midcourse corrections.
- Implement the strategies and tactics described in the marketing plan within the stated timeframe.
- Evaluate the effectiveness of the strategies and tactics.
- Refine strategies and tactics, if necessary, according to evaluation findings.

One of the first actions in the EBI situational analysis—and the EBI as a whole—was to conduct discussion groups among a number of potential audiences about mental health awareness, stigma, and communications channels. The EBI also gathered background and feedback from the eight pilot States charged with implementing the effort. The result, the EBI situational analysis, provided a snapshot of the prevailing needs, attitudes, demographics, media environment, and opportunities in the areas to be served by the EBI. It identified potential opportunities—and challenges—as well as target audiences and media channels. This analysis served as a benchmark for evaluating the effectiveness of the EBI.

Specific topics covered by the EBI Situational Analysis include the following:

- An overview of stigma and discrimination toward people with mental illnesses throughout the United States
- A discussion of strategies for countering stigma and discrimination.
- A statement of goals for the EBI.
- Pilot States' roles in the EBI.
- Portrayals of people with mental illnesses in the media.
- Existing national and statewide stigma reduction efforts.
- States' desired outcomes for the EBI.
- Overview of EBI target audiences.
- General and State-by-State goals for EBI messages.
- Communications strategies identified.
- Potential direct and indirect obstacles to success, both general and State-by-State.
- Potential EBI partners.
- Recommendations for the initiative.

The EBI marketing plan describes the social marketing approach to addressing the stigma and discrimination associated with mental illnesses. While the situational analysis identified a range of possible audiences and opportunities, the EBI marketing plan narrowed the audiences to a workable list of three. In addition, it identified the strategies and tactics for exploiting

opportunities and reaching those audiences. These strategies and tactics were synthesized into creative briefs for each audience. The document closes with a plan for implementation -- complete with target dates for achievement of milestones, a plan for technical assistance, and recommendations for evaluation.

After the situational analysis and marketing plan were completed for the EBI as a whole, each pilot State developed its own marketing plan. In addition, each State conducted its own EBI kickoff meeting with local partners and stakeholders. The meetings were similar to the EBI national kickoff meeting, but they were tailored to each State's experience in addressing stigma and discrimination on the local level. States took the lead in planning these meetings with the help of the EBI implementation team, finding them a good way to connect with stakeholders who would likely be tapped to help roll out the initiative in each State.

The next step was materials development. States and partners were consulted regularly over an 8-month period to comment on messages and materials. The result was a portfolio of EBI educational materials that had buy-in and support across the range of stakeholders.

States began implementing the campaign in May 2004 with a variety of activities -- including events, community outreach, consumer involvement, speaking engagements, and trainings in businesses and schools.

During the third year of the EBI, the Voice Awards were organized and held in Los Angeles to recognize film, TV, and radio writers and producers for dignified, accurate, and respectful depictions of people with mental illnesses. In addition, EBI States and consumers were recognized for their work in addressing discrimination and stigma on State and local levels.

In addition to communications materials developed specifically for each audience, the EBI also developed a training and technical assistance program with corresponding materials to assist States in launching their campaigns on the local level. Through the course of the EBI's implementation period, all strategies, tactics, and materials were evaluated to assess their reach, awareness, and utilization. For quantitative findings about what happened when EBI was implemented, see Chapter 4: Quantitative Findings, page 26 of the EBI Final Report at <http://www.jbassoc.com/EBI/final%20reports/EBI%20final%20report.pdf>.

Implications for Future Campaigns to Reduce Mental Health Stigma and Discrimination

The EBI was a milestone social marketing campaign to address the deep-rooted problem of mental health stigma and discrimination. What was learned from carrying out EBI? The following highlights key findings and anecdotal lessons.

A. Capitalize on High Quality PSAs

B. Optimize Media Saturation through Increased Distribution

C. Extend Audience Reach by Improving Placement Rates

D. Avoid the Side -Effects of Unsynchronized Tracks

E. Maintain Realistic Expectations about States' Resource Constraints

F. Accommodate Differences in States' Prior Experiences

G. Realize the Benefits of the Education and Business Training Materials

H. Strengthen Centralized Technical Assistance

I. Capitalize on Web Site Success

J. Bolster Performance Monitoring and Evaluation

Anecdotal Lessons

There are also a number of anecdotal lessons learned during the effort. As a pilot program, the EBI implemented a variety of activities to reduce the stigma and discrimination associated with mental illnesses including:

1. Use a multifaceted approach that includes public education, contact, and reward strategies.
2. Use a participatory process by developing a grassroots network of key stakeholders and program partners on local, State, and regional levels. Include representatives both within and outside of the mental health community, especially from target audiences. These can include education, the business community, State and local governments, communications professionals, law enforcement, local and national celebrities, sports figures, and others.
3. Involve consumers of mental health services in a meaningful way throughout the planning, implementation, and evaluation, including creative development.
4. Work closely with a smaller subgroup of key partners to promote buy-in, participation, and support among important voices in the mental health community.

5. Involve stakeholders early and often throughout the creative process, and allow time to implement feedback.
6. Identify your audience(s) and speak to them in their own language. For example, focus group testing revealed that the general public preferred the term “mental health problems” to “mental illnesses.”
7. Focus on positive, strength-based messages that demonstrate that recovery is both real and possible.
8. Localize and personalize educational strategies as much as possible, including providing personal stories from within States and localities.
9. Choose a campaign theme that can be tailored to specific audiences, such as “Mental Health: It’s Part of All Our Lives.”
10. Develop and implement a comprehensive evaluation and implement regular reporting on activities and successes. Provide PSA placement data to partners and stakeholders to encourage media outreach.
11. Use existing commemorative events, such as May Is Mental Health Month, as a springboard.
12. Generate and maintain enthusiasm among participants by celebrating achievements and moving beyond disappointments. Encourage partners to be creative and trendsetting.
13. Provide basic training and tools on media outreach to those who will be implementing the initiative. This equips and motivates advocates to support the public education effort through follow-up on the local level.
14. Utilize train-the-trainer opportunities to facilitate ownership of the initiative.
15. Provide forums for peer-to-peer information sharing.
16. Additional training may be required in the development and ongoing operation of speakers’ bureaus.
17. Recognize that messages directed at media gatekeepers may vary from those directed at the general public, and that those messages should address the impact of mental health issues on their individual communities.