Community Collaboration for Mental Health Education

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BACKGROUND

- Health Disparities remain a barrier to achieving mental health equity.
- Mental health stigma can be higher in ethnic minority populations compared to ethnic majority populations (1).
- Information-based approaches have been successfully used to address stigma (2).
- There are opportunities available to engage and collaborate with community stakeholders on educational interventions relevant to their communities.

RESEARCH OBJECTIVE

Collaboration with Community Stakeholders to create Mental Health Presentations to address Mental Health Stigma.

STUDY DESIGN AND METHODS

- A group of community stakeholders were identified who had a relationship(either living or working in the area) to the 3rd ward of Houston. Those stakeholders meet with the author to identify mental health topics relevant to the 3rd ward to create a series of presentations to address those topics.
- Five topics were identified: An Introduction to the Mental Health System, Parenting and Mental Health with a focus on Black youth suicide, Trauma, Neurocognitive disorders, and Coping Mechanisms and Resiliency, and a six session was provided for Mental Health First Aid Training.
- The Social distance stigma scale and the EMIC community stigma scales were used to evaluate community stigma related to individuals with mental health disorders.
- Likert Scales were used to obtain feedback about the content, style of the individual presentations as well as participants self reported knowledge about mental health and likelihood to recommend someone seek treatment

Figure 1. Presentation Evaluation scores

Presentation Evaluation Scores

Likert scale 1-5, 1 is very unhelpful, 5 is very helpful
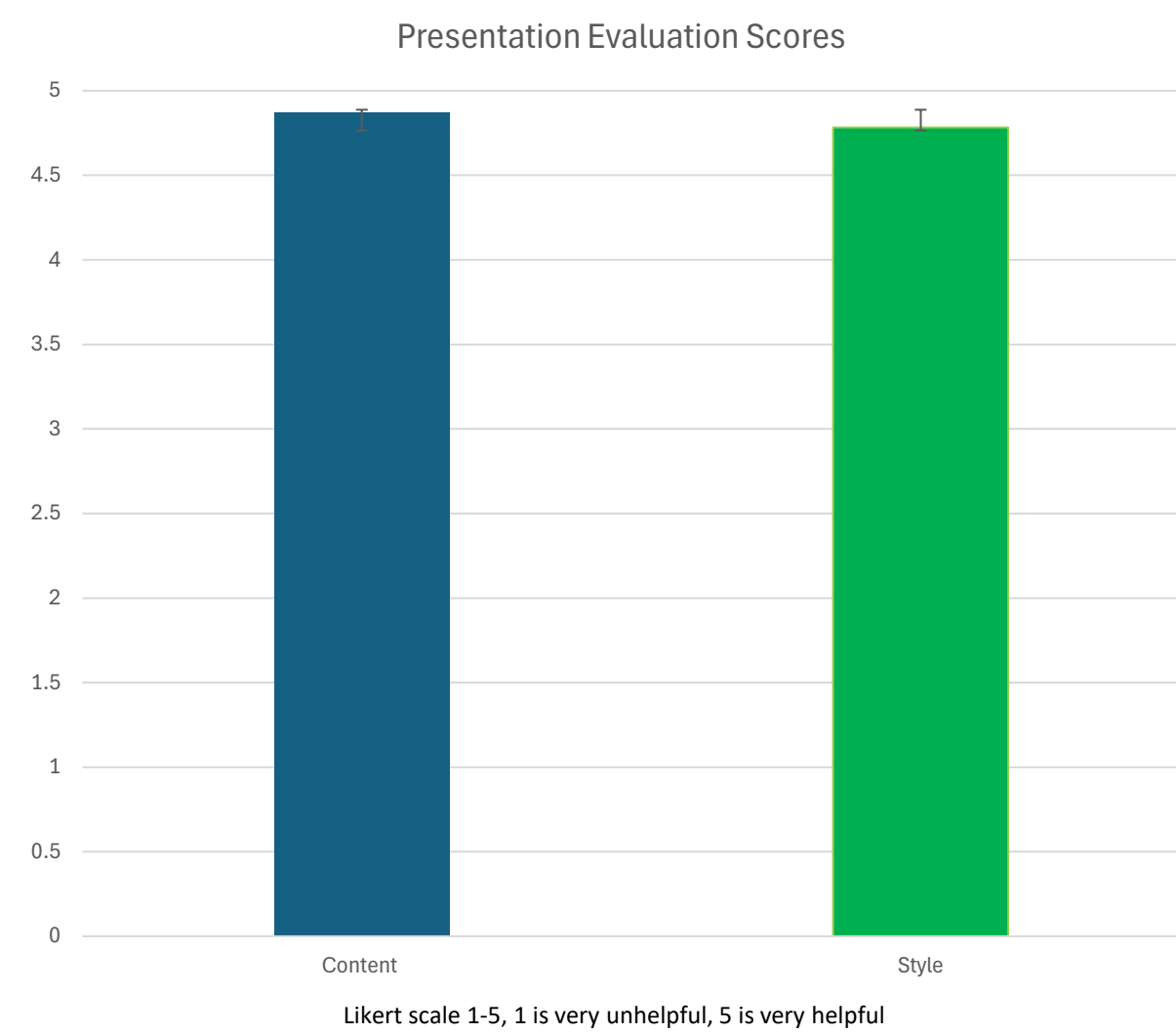
Figure 2. Initial Social Distance Scale Responses from participants

Social Distance Scale
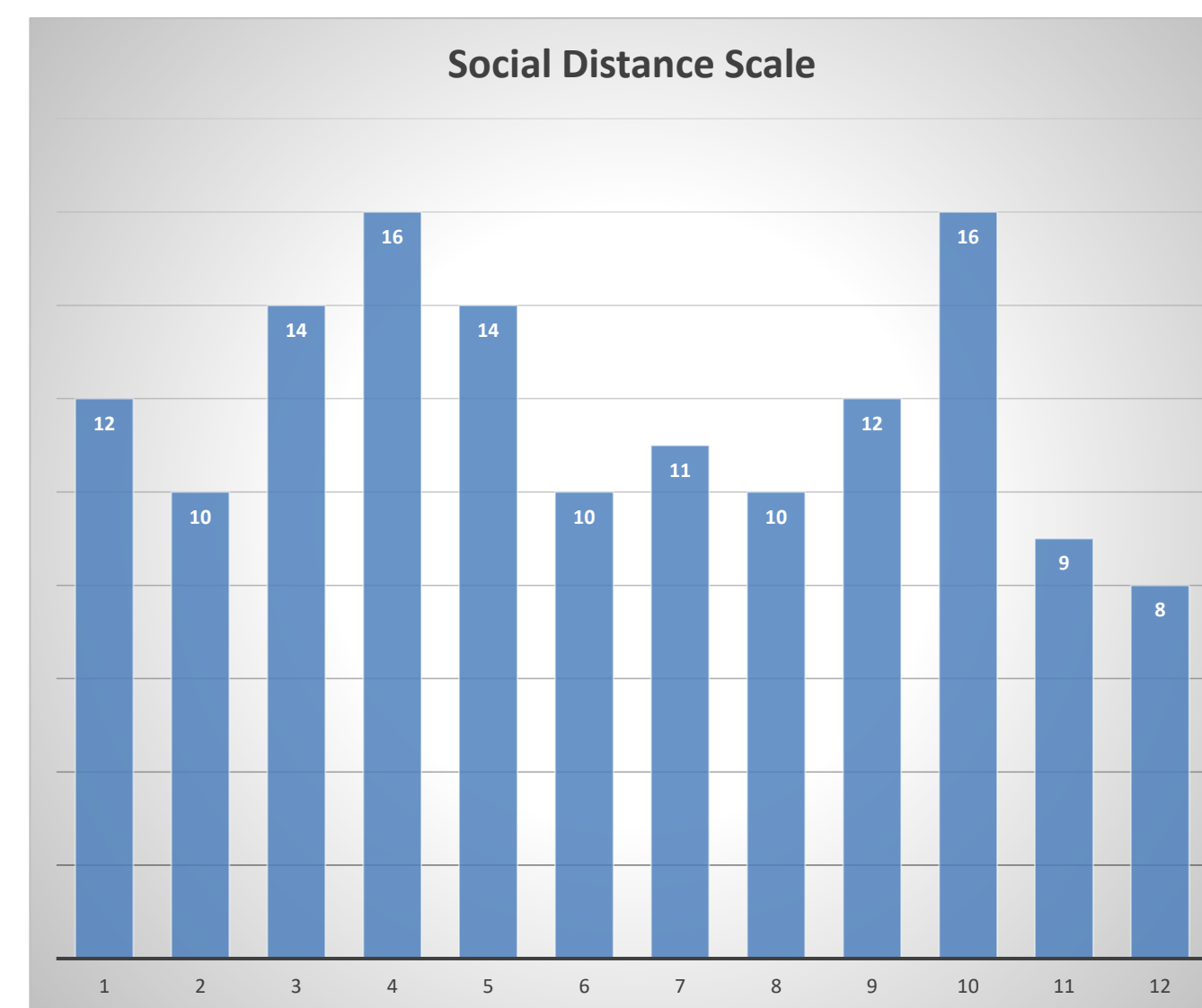
SDS scale from 7-21, with the lowest score suggesting the least amount of social distance and stigma

### Figure 3A. Initial Mental Health Knowledge Responses
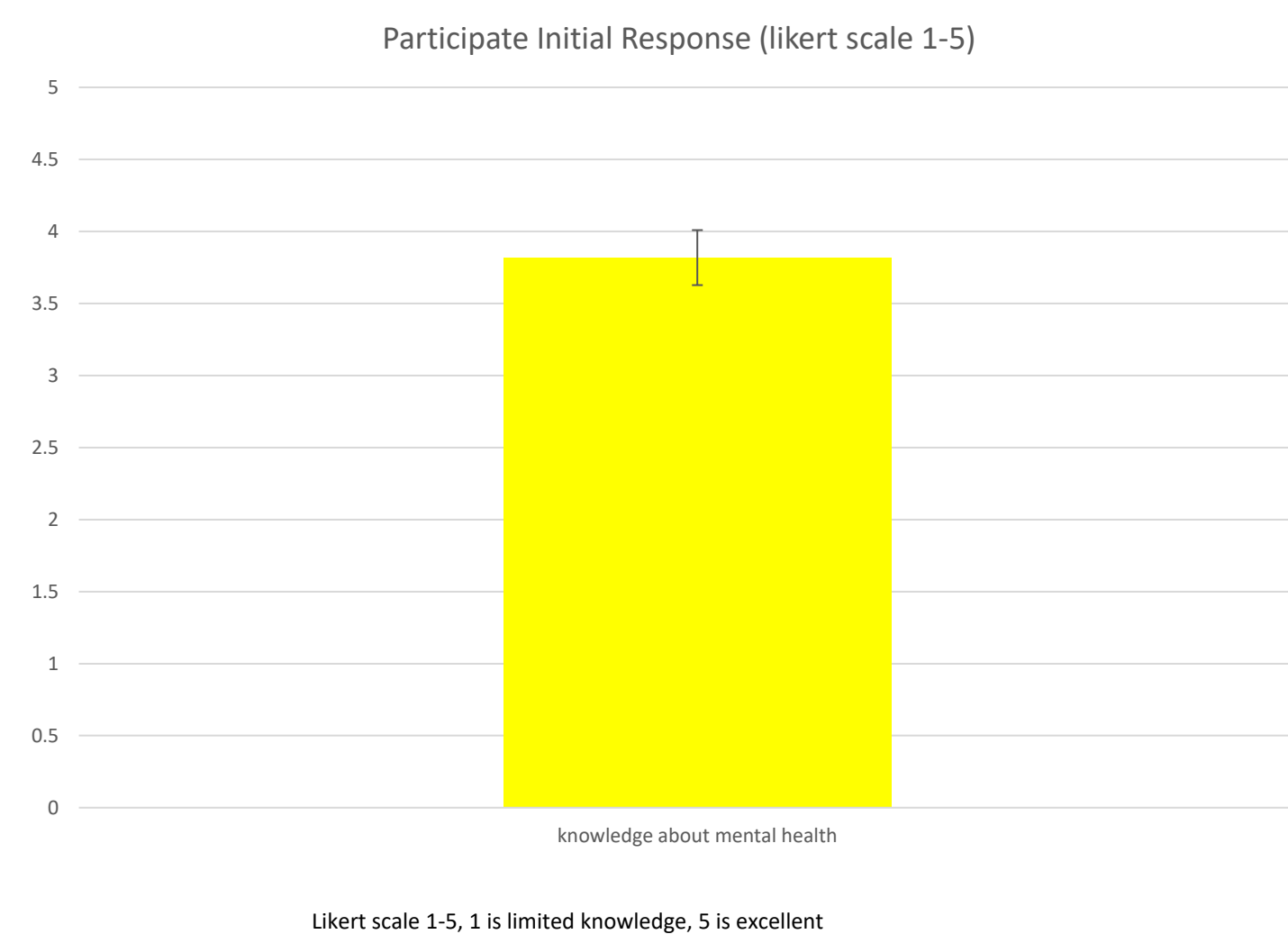
Participate Initial Response (likert scale 1-5)

Likert scale 1-5, 1 is limited knowledge, 5 is excellent

Table 1. Characteristics of the Participants

Variables		Individual Responses n=29
Sex	Male % (17)	5
	Female %(83)	24
Age (SD), Range		46.6(14.6), 22-74
Race	Black %(96)	27
	Biracial/Multiracial % (4)	1
Attended Multiple Sessions		4

RESULTS

- There were 29 individual responses (this includes multiple responses from participants who attended multiple sessions.
- There was a low level of participation and specifically participants who attended multiple sessions. There did not appear to be any statistically significant difference in the knowledge of mental health or likelihood of recommending someone for mental health treatment.
- There majority of participants were female and identify as Black, there ages ranged from 22-74.

Figure 3B. Initial Likelihood to recommend someone seek mental health treatment responses

Participate Initial Response (Likert Scale 1-5)

Likert scale 1-5, 1 is least likely to recommend someone seek mental health treatment
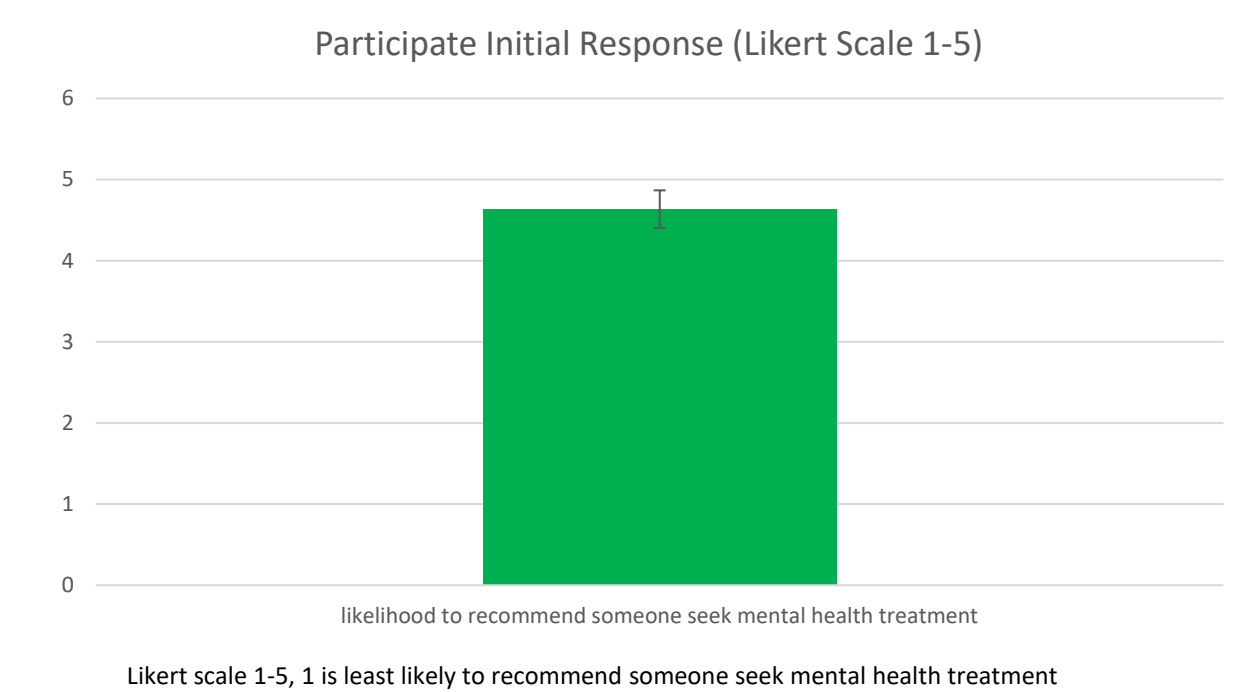
CONCLUSIONS

- Given the low number of participants, we can not draw specific conclusions about the effectiveness of mental health education in decreasing stigma.
- The sessions appeared to have been positively received based on the high evaluations on the content and style of the presentations.
- The number of participants generally increased for the educational sessions in the later part of the curriculum

Future Directions

- We plan to have another listening session with community stakeholders to evaluate the results and better understand ways to increase participation
- These mental health events will be combined with other events as it is possible that participation will be a challenge if these are stand-alone mental health education events.
- We anticipate considering other tools for evaluating stigma to decrease limited and partial responses.

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References

1. Eylem O, de Wit L, van Straten A, Steubl L, Melissourgaki Z, Danışman GT, de Vries R, Kerkhof AJFM, Bhui K, Cuijpers P. Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis. BMC Public Health. 2020 Jun 8;20(1):879. doi: 10.1186/s12889-020-08964-3. Erratum in: BMC Public Health. 2020 Sep 1;20(1):1326. doi: 10.1186/s12889-020-09199-y. PMID: 32513215; PMCID: PMC7278062.
2. van Brakel WH, Cataldo J, Grover S, Kohrt BA, Nyblade L, Stockton M, Wouters E, Yang LH. Out of the silos: identifying cross-cutting features of health-related stigma to advance measurement and intervention. BMC Med. 2019 Feb 15;17(1):13. doi: 10.1186/s12916-018-1245-x. PMID: 30764817; PMCID: PMC6376667