Outcomes from Prevention and Early Intervention Programs Reducing Stigma within Riverside County Communities

Riverside County
Programs Focused on Outreach and Engagement of Culturally Diverse Populations

- Prevention and Early Intervention
- Needs identified by Riverside County communities
- Programs identified by Riverside County communities
- Embedded in Riverside County communities
- Outcomes targeted by Riverside County communities
Presentation Focus

- Outreach programs
  - Promotion of community capacity
- Programs targeting culturally diverse communities
- Preference for evidence based practices
Outreach Programs

- Promotores de Salud Mental
- Transition Age Youth Peer-to-Peer
- NAMI Signature Programs
Program Goals and Objectives:

- Collaboration and partnership between RCDMH and key community leaders from the Latino population who are identified as Promotores(as).
- Promote awareness of mental health topics and resources to Latino communities.
- Increase community knowledge of available services such as Prevention and Early Intervention programs.
- Provide supervision and training to support the community-based work of the Promotores(as).
Promotores de Salud Mental

- Program Overview:
  - Addresses the needs of our culturally diverse Latino communities and provides temporary, short term supports through; education and information on mental health topics, and assistance on how to navigate the mental health system.
  - The Promotores(as) conduct educational presentations and perform community outreach activities, education and resources addressing Prevention and Early Intervention needs to groups and individuals within community organizations, such as schools, faith-based organizations, non-profit organizations, health centers, etc.
Promotores Outcomes

- Program Reach
  - 1,859 Presentations to 13,986 people
  - Health fair / Public Events with 3,057 contacts
Heavy Focus on Latino Community

- White: 95.67%
- Hispanic: 2.46%
- AA: 0.72%
- Other: 1.15%
Majority Spanish Speaking

- English: 79.74%
- Spanish: 19.92%
- Other: 0.35%
Increased Awareness of Mental Health

- 94.2% strongly agreed or agreed that the information presented made them more aware of prevention and early intervention for mental health and gave them a better understanding of the early signs of mental health issues.

- 89.8% strongly agreed or agreed that as a result of the presentation they are better able to talk about mental health issues with family and friends.
Reductions in Stigma

- Overwhelming majority (92.5%) strongly agreed or agreed that mental illness could be managed and treated.
- Just over half (53.8%) now disagree or strongly disagree that mental health is an illness of which to be ashamed.
Program Goals and Objectives:

- Increase community awareness regarding mental health information and resources
- To expand mental health stigma reducing activities to youth, transition age youth (TAY), adults, and older adults
- Increase outreach and collaboration with schools, businesses, community organizations, and faith-based organizations, etc.
- All NAMI Signature Programs were developed by the National Alliance on Mental Illness (NAMI).
NAMI Signature Programs

- Parents and Teachers as Allies (P&TA):
  - Designed to help families and school professionals identify the key warning signs of early-onset mental illness in children and adolescents in school.
  - An educator, a facilitator/presenter, a parents of a child with mental illness, and a TAY consumer provide a 1-2 hour presentation at school sites.
  - The information in each presentation helps educate school professionals and reduces stigma related to the mental health needs of children.
NAMI Signature Programs

- In Our Own Voice (IOOV):
  - Interactive public education program where 2 trained consumer speakers share their personal stories about living with mental illness and achieving recovery
  - Presentations are given to consumer groups, students, faith-based community members, interested civic groups, providers, politicians, law enforcement, and the public at large
  - Presenters of the program are reflective of the audience they are presenting too, whether that is to individuals within their own age group or to providers of service representing those age groups.
Parents and Teachers as Allies

<table>
<thead>
<tr>
<th>POST: After participating in the program...</th>
<th>Avg</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am less likely to blame a child with mental health problems.</td>
<td>1.30</td>
<td>2</td>
<td>0 (0%)</td>
<td>6</td>
<td>38</td>
<td>146</td>
<td>67</td>
</tr>
<tr>
<td>I am more convinced of the value of early intervention and treatment.</td>
<td>1.25</td>
<td>1</td>
<td>0 (0%)</td>
<td>5</td>
<td>35</td>
<td>152</td>
<td>66</td>
</tr>
<tr>
<td>I see the importance of knowing about symptomatic behaviors at home and collaborating with families.</td>
<td>1.26</td>
<td>2</td>
<td>0 (0%)</td>
<td>5</td>
<td>30</td>
<td>155</td>
<td>66</td>
</tr>
<tr>
<td>I am more aware of the emotional stresses that cause families to be difficult.</td>
<td>1.31</td>
<td>1</td>
<td>1 (0%)</td>
<td>6</td>
<td>40</td>
<td>142</td>
<td>69</td>
</tr>
<tr>
<td>I feel more compassionate and empathetic towards people with mental illness.</td>
<td>1.26</td>
<td>1</td>
<td>0 (0%)</td>
<td>7</td>
<td>31</td>
<td>151</td>
<td>69</td>
</tr>
</tbody>
</table>
**In Our Own Voice: Improved MH Awareness and Decreased Stigma**

<table>
<thead>
<tr>
<th>Audience Perceptions</th>
<th>Countywide</th>
<th>Oasis</th>
<th>RI West</th>
<th>RI Mid-County</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a result of this presentation, I see recovery as a real possibility.</td>
<td>710 (65%)</td>
<td>162 (67%)</td>
<td>257 (63%)</td>
<td>291 (66%)</td>
</tr>
<tr>
<td>As a result of this presentation, I view mental illness as a physical illness, like diabetes.</td>
<td>526 (52%)</td>
<td>115 (47%)</td>
<td>178 (43%)</td>
<td>233 (53%)</td>
</tr>
<tr>
<td>As a result of this presentation, I would feel comfortable working with someone who has a mental illness.</td>
<td>686 (63%)</td>
<td>154 (63%)</td>
<td>247 (60%)</td>
<td>285 (65%)</td>
</tr>
</tbody>
</table>
Perspective Shift

Audience Perspective Shift Analysis

- Physical: Oasis (n=56) 46%, RI Mid (n=102) 67%, RI West (n=99) 51%
- Recovery: Oasis (n=56) 76%, RI Mid (n=102) 79%, RI West (n=99) 74%, Countywide 69%
- Comfort: Oasis (n=56) 82%, RI Mid (n=102) 75%, RI West (n=99) 64%
Program Goals and Objectives:

- Reduce risk factors and improve protective factors for the Transition Age Youth (TAY) population which is ages 16-25 years of age and target TAY that are LGBTQ, currently or have been in the foster care system, are transitioning into college, and/or are a runaway or homeless youth by:
  - increasing access to needed services including Prevention and Early Intervention programs
  - provide awareness of mental health topics to TAY, TAY Providers, and Families of TAY.
- Increase collaboration with colleges, universities, community and non-profit organizations, social service agencies, youth recreational services to engage the TAY population.
Peer to Peer

Program Description:
- Stigma Reduction, Outreach, Support Group Activities that involve educating the public about mental health, depression, and suicide (minimum of 30 minutes per event)
  - Example:
  - Peer to Peer services also functions as a referral source to link and refer TAY to other community specific resources, mental health services, or other natural TAY support services in their communities (ie. Stress in Your Mood and Seeking Safety)
It's On Us... to RESPECT each other.

It's On Us... to support the survivors of sexual assault.

YOU USE A CUP OF HA...

Brewed by SafeHouse
Funded by
The Riverside County Department of Mental Health
MHSA-PEI

www.operationsafehouse.org
951-351-4418
Geographic Spread

Events by Region

38% 31% 31%

- Desert
- Western
- Mid-County
### Over a Range of Topics

<table>
<thead>
<tr>
<th>Theme</th>
<th>Desert (n=339)</th>
<th>Western (n=410)</th>
<th>Mid-County (n=343)</th>
<th>Countywide (n=1,092)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping Skills Group</td>
<td>143 (42%)</td>
<td>95 (23%)</td>
<td>231 (67%)</td>
<td>469 (43%)</td>
</tr>
<tr>
<td>Stigma Reduction</td>
<td>90 (27%)</td>
<td>128 (31%)</td>
<td>55 (16%)</td>
<td>273 (25%)</td>
</tr>
<tr>
<td>Psycho Education</td>
<td>46 (14%)</td>
<td>139 (34%)</td>
<td>17 (5%)</td>
<td>202 (18%)</td>
</tr>
<tr>
<td>Program Marketing</td>
<td>53 (16%)</td>
<td>25 (6%)</td>
<td>28 (8%)</td>
<td>106 (10%)</td>
</tr>
<tr>
<td>LGBTQ Support</td>
<td>7 (2%)</td>
<td>23 (6%)</td>
<td>12 (3%)</td>
<td>42 (4%)</td>
</tr>
</tbody>
</table>
Diversity of Participants

**Ethnicity**
- Countywide (n=8,106)
- Desert (n=2,816)
- Western (n=3,189)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Caucasian</th>
<th>Hispanic</th>
<th>African American</th>
<th>Asian/Pacific Islander</th>
<th>Native American</th>
<th>Other</th>
<th>Multi-race</th>
<th>Unreported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countywide</td>
<td>43%</td>
<td>39%</td>
<td>9%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Desert</td>
<td>10%</td>
<td>27%</td>
<td>11%</td>
<td>8%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td>Western</td>
<td>39%</td>
<td>27%</td>
<td>11%</td>
<td>8%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Language**
- Countywide (n=8,106)
- Desert (n=2,816)
- Western (n=3,189)
- Mid-County (n=2,101)

<table>
<thead>
<tr>
<th>Language</th>
<th>English</th>
<th>Spanish</th>
<th>Other</th>
<th>Bilingual</th>
<th>Unreported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countywide</td>
<td>39%</td>
<td>36%</td>
<td>37%</td>
<td>36%</td>
<td>37%</td>
</tr>
<tr>
<td>Desert</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Western</td>
<td>23%</td>
<td>24%</td>
<td>14%</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>Mid-County</td>
<td>23%</td>
<td>24%</td>
<td>14%</td>
<td>27%</td>
<td>27%</td>
</tr>
</tbody>
</table>
# Satisfaction, MH Awareness, Stigma

<table>
<thead>
<tr>
<th>Countywide Survey Items &amp; Results</th>
<th>Avg</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>M*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The information discussed was easy to understand.</td>
<td>4.60</td>
<td>1%</td>
<td>1%</td>
<td>7%</td>
<td>18%</td>
<td>72%</td>
<td>1%</td>
</tr>
<tr>
<td>2. The peer leader was enthusiastic when sharing the information.</td>
<td>4.54</td>
<td>1%</td>
<td>2%</td>
<td>8%</td>
<td>20%</td>
<td>68%</td>
<td>1%</td>
</tr>
<tr>
<td>3. I would recommend to my friends and family members who are a similar age that they attend an activity like this.</td>
<td>4.35</td>
<td>2%</td>
<td>3%</td>
<td>13%</td>
<td>23%</td>
<td>58%</td>
<td>1%</td>
</tr>
<tr>
<td>4. This activity and the topics discussed made me aware of prevention and early intervention for mental health issues experienced by youth.</td>
<td>4.31</td>
<td>2%</td>
<td>3%</td>
<td>14%</td>
<td>25%</td>
<td>55%</td>
<td>2%</td>
</tr>
<tr>
<td>5. This activity and the topics discussed gave me a better understanding of the early signs of mental health issues experienced by youth.</td>
<td>4.28</td>
<td>2%</td>
<td>3%</td>
<td>15%</td>
<td>24%</td>
<td>54%</td>
<td>2%</td>
</tr>
<tr>
<td>6. As a result of participating in this activity I feel I am better able to talk about mental health issues with my family and friends.</td>
<td>4.13</td>
<td>3%</td>
<td>5%</td>
<td>17%</td>
<td>24%</td>
<td>49%</td>
<td>2%</td>
</tr>
<tr>
<td>7. I understand that there is help for people with mental health problems.</td>
<td>4.51</td>
<td>2%</td>
<td>1%</td>
<td>9%</td>
<td>21%</td>
<td>67%</td>
<td>1%</td>
</tr>
<tr>
<td>8. I would feel comfortable seeking help for myself, a family member or friends, regarding mental health issues.</td>
<td>4.24</td>
<td>4%</td>
<td>4%</td>
<td>14%</td>
<td>21%</td>
<td>56%</td>
<td>1%</td>
</tr>
<tr>
<td>9. As a result of this presentation, I better understand stigma surrounding mental health issues ( Question only on new form).</td>
<td>4.28</td>
<td>1%</td>
<td>1%</td>
<td>7%</td>
<td>11%</td>
<td>25%</td>
<td>56%</td>
</tr>
</tbody>
</table>
Prevention and Early Intervention in Culturally Diverse Populations

- Mamás y Bebés
- Building Resilience in African American Families Program
Building Resilience in African American Families (BRAAF)

- **Goals and Objectives:**
  - Reduce the risk of developing mental health problems and to increase resiliency and positive skill development for the African American population in Riverside County.
  - Collaborate with schools, community organizations, faith-based organizations, and other individuals, groups, and/or services that have the trust of and connection with the African American population.
  - Prevention and Early Intervention programs focus on parents/guardians of African American youth ages 2-18 years old, and African American males between the ages of 11-15 years old.
Building Resilience in African American Families (BRAAF)

- Africentric Youth and Family Rites of Passage Program
  - Developed by the MAAT (an ancient Egyptian word meaning an ethical way of life) and is designed for African American males between ages 11 to 15.
  - Goal is empowerment of black adolescents through a 9 month Rites of Passage Program, held after school for 3 hours per day, and 3 days per week.
  - The curriculum are in modules that focus on Knowledge and Skills, Creative Arts, and Learning Motivation
  - Consists of 2 outings/retreats, the Initiation Ceremony, and a Graduation Ceremony
Building Resilience in African American Families (BRAAF)

- Effective Black Parenting Program (EBPP):
  - A culturally adapted fifteen (15) week parenting program that consists of 3-hour group sessions to usually about 8-20 parents/guardians per group
  - Parents/guardians that participate in EBPP are usually the parents/guardians of the African American males in the Rites of Passage program but is also opened up to the community as a whole
  - This parent group is based upon Confident Parenting by Dr. Kerby T. Alvy and focuses on parenting from an Africentric perspective
Building Resilience in African American Families (BRAAF)

- Cognitive-Behavioral Intervention for Trauma in Schools (CBITS):
  - Group intervention for youth ages 11-15 years old who have exposure to violence, trauma, and are experiencing symptoms of PTSD.
  - 10 weekly group sessions of 6-8 youth per group, with 1-3 individual sessions per youth, 2 parent/guardian education sessions, and one teacher education session.
  - Teaches youth cognitive behavioral skills to reduce the symptoms of PTSD, and only offered to the youth enrolled in the Rites of Passage afterschool program.
Outcome Measures: Rites of Passage

- Resiliency Scale for Children and Adolescents
- Multidimensional Inventory of Black Identity
- Family Attachment and Changeability Index 8
Outcome Measures: CBITS

- Children’s Depression Inventory
- Strength and Difficulties Questionnaire
- Child Post-Traumatic Stress Disorder & Symptom Screener
Outcome Measures:
Effective Black Parenting

- Effective Black Parenting Class Survey
On Resiliency Scale, Improvements in Relatedness

Resiliency Scale Scores

- **MASTERY (n=21):**
  - Pre: 51.05
  - Post: 50.19

- **RELATEDNESS (n=21):**
  - Pre: 46.29
  - Post: 49.38

- **REACTIVITY (n=21):**
  - Pre: 51.19
  - Post: 50.81

Relatedness (t=2.229, df=20, p<.05)
Youth Entered Program with High Levels on MIBI

MIBI Scale Scores (n=24)

- Centrality: Pre 3.52, Post 3.55
- Private Regard: Pre 4.3, Post 4.31
**FACI8 Scores**

Only slight changes on average scores

26% of families demonstrated an improvement in family style

Families changed from Extreme or Moderate family types to Midrange and Balanced.
Children’s Depression Inventory (CDI-II)

CDI-II Pre to Post Scores (N=14)

Improvements across all scales

$p < .06$ with N of 14
Strengths and Difficulties Questionnaire (SDQ)

- Decreases in behavioral difficulties and an increase in pro-social behavior from pre to post.
- The overall total score also showed improvement decreasing by 32% pre to post.
- Six out of 14 participants moved from Abnormal range to Normal range from pre to post.
- Peer Relationship Problems and the overall Total Score were the only two scales to show a statistically significant change from pre to post.
Decreases in Post-Traumatic Stress Disorder Symptoms

Symptom Screener Mean Scores (n=14)

Total Score

pre: 23.57
post: 11.71
Effective Black Positive Parenting

Parents knowledge also increased in the area of normal child development, modeling behavior, and parenting practices from pre to post.

On average parents knowledge in the area of skills, reinforcement, and cultural awareness increased from pre to post.

**Parenting Knowledge Part A (n=43)**

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>44.21</td>
<td></td>
<td>47.07</td>
</tr>
</tbody>
</table>

**Parenting Knowledge Part B (n=42)**

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.74</td>
<td></td>
<td>18.79</td>
</tr>
</tbody>
</table>
Mamás y Bebés Program

Program Goals and Objectives:

- Identify pregnant women and/or new mothers up to 12 month postpartum at high risk for developing depression
- To teach and enhance mood-management skills in mothers-to-be to help prevent the onset of major depressive episodes
- Program originally was developed and targeted mono-lingual Spanish-speaking Latina women, but has been found to also be effective to all pregnant and new mothers of all race and ethnicities.
Mamás y Bebés Program

- **Program Description:**
  - 8 week course during pregnancy and 3 “booster sessions” that take place during the first postpartum year
  - 8 week course focuses on mood management which teaches participants to recognize which thoughts, behaviors, and social contacts have influence on their mood, the effect of mood on health and the benefits of strengthening maternal-infant bonding
  - Groups consist of usually about 10 participants and is facilitated by two providers and child care is offered during group if needed by the participant.
Measures

- Major Depressive Episode Status (MDE) screening
- CES-D Depression measure
2/3 Experiencing Depressive Episodes at Screening

- 66% MDE Score Over 5
- 34% MDE Score Under 5
A score $\geq 16$ suggests a clinically significant level of psychological distress

Average post scores were well below clinically significant distress