SELECT PROMISING AND BEST PRACTICES TO DRAW CULTURALLY APPROPRIATE MESSAGING TOWARDS STIGMA REDUCTION, PREVENTION AND TREATMENT IN MINORITY COMMUNITIES[1]

BACKGROUND

Efforts to reduce stigma associated with addiction and mental illness are challenging. Such efforts are further compounded by the limited availability of promising and best practices especially to address stigma in diverse race/ethnicities and special populations and groups in a culturally competent manner. As behavioral health stigma persists across all communities and can prevent people from seeking the help they need to stay or get well, the Governor's Office of Faith-Based and Community Initiatives and The Ohio Department of Mental Health and Addiction Services are driven by the goal to deliver repetitive and meaningful messages on stigma reduction, prevention and treatment to all of Ohio's communities. To achieve this goal, the focus is specifically on developing culturally appropriate messages targeting specific populations, who may not be as easily reached or moved by mass-media messaging efforts. These specialized efforts represent those with higher risk factors for behavioral health stress, those who have greater barriers to accessing traditional institutional behavioral health information, and those who are less likely to be impacted by mass-media messaging.[2]

Public health and behavioral health entities continue to explore culturally competent preventative, treatment and recovery interventions that help to address stigma especially surrounding mental illness. There is select previous literature that highlights mental illness stigma across diverse race/ethnicity. One systematic review of literature across multiple populations and with a focus on culturally-specific stigma-change interventions found mental illness stigma highly prevalent across these cultural communities as a whole and in comparison with Whites.[3] Interestingly, the study also found that stigma researchers have primarily sought to empirically measure the levels of stigma that exist within different cultural groups, rather than to identify and describe practices among ethnic groups that might by themselves reduce stigma. This hence points to the gap in literature especially as regards the disparate burden of stigma in different cultures and communities. This paper attempts to explore available promising and best practices to draw policy implications for developing culturally appropriate messaging towards stigma reduction, prevention and treatment in minority communities.

LITERATURE REVIEW METHODOLOGY

This brief paper pursued a web-based literature search using search strings such as: "promising and best practices on culturally competent stigma reduction"; and in conjunction with "minority communities."

At the outset, it would be apt to start with select definitions of *stigma* and *cultural competence*. Stigma can be defined as relationship between an attribute and a stereotype that assigns undesirable labels, qualities, and behaviors to a person.[4] World Health Organization succinctly states: "Stigma is a major cause of discrimination and exclusion: it affects people's self-esteem, helps disrupt their family relationships and limits their ability to socialize and obtain housing and jobs. It hampers the prevention of mental health disorders, the promotion of mental well-being and the provision of effective treatment and care."[5] As for *cultural competence, t*he Office of Minority Health (OMH 2000) states: "Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."[6] Health and human service organizations are recognizing the need to enhance services for culturally and linguistically diverse populations; and that providing culturally and linguistically appropriate healthcare services requires an understanding of cultural competence**.**[7]

RESULTS: PROMISING PRACTICES PROGRAM OVERVIEW

There is much previous literature that discuss mental illness stigma but a few stand out as promising and adaptable as available national promising or best practices on reducing mental illness and addiction related stigma in minority communities.

Mental Illness Related Stigma

The *CalMHSA (California Mental Health Services Authority) Promising Practices and Programs project* ("Promising Practices" or PPP) provides an enhanced understanding of culture-specific barriers that stigma associated with mental illness poses to treatment and recovery. *California Strategic Plan on Reducing Mental Health Stigma and Discrimination* is a comprehensive 10-year plan to "fight the stigma and discrimination associated with mental health challenges." The 25 multiple **s**tigma and discrimination

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[4] National Academies of Sciences, Engineering, and Medicine 2016. *Ending Discrimination against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*. Washington, DC: The National Academies Press. https://doi.org/10.17226/23442.

[5] World Health Organization (WHO), Regional Office for Europe. Stigma and Discrimination. Accessed on July 20, 2020 at: https://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/priority-areas/stigma-and-discrimination. As responses to the stigma and discrimination challenges, the WHO European Mental Health Action Plan (2013) proposes a three-pronged, interdependent, indivisible and mutually-enforcing approach: (1) improve the mental well-being of the population and reduce the burden of mental disorders, with a special focus on vulnerable groups, exposure to determinants and risk behaviors; (2) respect the rights of people with mental health problems and offer equitable opportunities to attain the highest quality of life, addressing stigma and discrimination; and (3) establish accessible, safe and effective services that meet people's mental, physical and social needs and the expectations of people with mental health problems and their families.

[6] Office of Minority Health. Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda. Rockville, MD: Office of Minority Health, 2000.

[7]Centers for Disease Control and Prevention, National Prevention Information Network (NPIN). Cultural Competence. Accessed on July 21, 2020 at: https://npin.cdc.gov/pages/cultural-competence

reduction projects funded (2011-2014) under the 2004 Mental Health Services Act (MHSA) of California serve as unique innovative practices.[8] A literature review article (Vega et al. 2013) on "culture and ethnicity in mental illness stigma" articulates how the PPP holds promise in culturally effective stigma reduction by: helping to understand the culture-specific barriers that stigma poses to treatment and recovery; and thereby to provide intervention guidelines for underserved populations.[9] It documents interesting illustrations of wellness and culture-specific stigma interventions such as: "acceptance by peers and at the community level appears key in reducing mental illness stigma in African American groups"; "Ritual Healing Meeting has great cultural salience in the Native American community and useful for reducing stigma among Native Americans with mental health challenges"; "interventions that promote positive contact and dialogue among family members have shown positive and stigma-reducing effects in Asian Pacific Islanders"; and "Latino Americans show that Latino culture and tradition greatly influences various forms of stigma associated with mental illness."

A review and comparison of interventions targeting mental health self-stigma. Yanos et al. (2015), in their review of published interventions designed to reduce self-stigma, identified and discussed six intervention approaches (Healthy Self-Concept, Self-Stigma Reduction Program, Ending Self-Stigma, Narrative Enhancement and Cognitive Therapy, Coming Out Proud, and Anti-Stigma Photo-Voice Intervention); and reviewed data on format, group-leader backgrounds, languages, number of sessions, primary mechanisms of action, and the current state of data on their efficacy (Table in Appendix).[10] Noting that social stigma regarding mental illness is a widespread problem and efforts should continue to combat it, Yanos et al. (2015) argue that it is critical to provide tools to people facing mental health stigma to protect themselves from internalizing these corrosive messages, given that many individuals impacted by self-stigma may experience diminished hope and self-esteem that may fundamentally impact their recovery. Yanos et al. (2015) found several common mechanisms employed by the six interventions, notably: (a) use of psychoeducation and information to counteract myths about mental illness, especially by acquiring corrective knowledge as an important tool with which to develop one's abilities to think critically and reject rather than internalize the prejudicial sentiments and behaviors one is subject to via societal stigma; (b) importance of cognitive techniques that offers opportunities to learn and practice skills to identify and combat self-stigmatizing thoughts and beliefs; (c) emphasis on narration and its potential to help persons make sense and create meaning out of past experiences and to help them experience themselves as active agents within their own life; and (d) opportunity for some degree of behavioral decision-making, and offer tools and experiences designed to increase or elicit hope, empowerment, and motivation to act towards one's goals and according to one's values.

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[8]Clark, W., Welch, S. N., Berry, S. H., Collentine, A. M., Collins, R., Lebron, D., & Shearer, A. L. (2013). California's historic effort to reduce the stigma of mental illness: the Mental Health Services Act. *American Journal of Public Health*, *103*(5), 786–794. https://doi.org/10.2105/AJPH.2013.301225. Accessed on July 20, 2020. Further CalMHSA information available at: https://calmhsa.org/. The 2004 law funds a comprehensive statewide prevention initiative that places stigma and

[9] Vega, Eduardo; Yang, Lawrence; and Wai-Yee Jackson, Valerie. 2013. *Culture and ethnicity in mental illness stigma: a literature review*. California Mental Health Services Authority: Sacramento, CA. Accessed July 20, 2020 at: https://pdfs.semanticscholar.org/7612/ac98f981a9e25f8c6a7ca7fb9650a2307956.pdf

[10] Yanos, P. T., Lucksted, A., Drapalski, A. L., Roe, D., & Lysaker, P. (2015). Interventions targeting mental health self-stigma: A review and comparison. *Psychiatric rehabilitation journal*, *38*(2), 171–178. https://doi.org/10.1037/prj0000100. Accessed on July 20, 2020 at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4395502/pdf/nihms632991.pdf

Stigma reduction Toolkit. In a global effort to compile and refine a coordinated package of "best practice" tools for health facilities, the United States Agency for International Development (USAID) and Health Policy Project (HPP) brought together a group of international experts to review, prioritize, adapt, and synthesize existing measures and programmatic tools for stigma reduction. The resulting intervention package supports an evidence-informed response in health facilities (Kidd et al. 2015).[11] Though designed with individual clients living with HIV, the toolkit could be adapted as a stigma reduction resource tailored to other illnesses or disease burden.

Addiction Related Stigma

SAMHSA's Center for Substance Abuse Treatment in its National Treatment Plan Initiative highlights the importance of addiction-related stigma; and recommends a four-point approach to prevent stigma and change attitudes through the document "Changing the Conversation" (Center for Substance Abuse Treatment 2000).[12] The recommendations are: (1) conduct science-based marketing research, such as surveys and focus groups, to provide the basis for a social marketing plan; (2) implement a social marketing plan designed to change the knowledge, attitudes, beliefs, and behaviors of individuals and institutions to reduce stigma and its negative consequences; (3) facilitate and support grassroots efforts to build the capacity of the recovery community to participate in public dialogue about addiction, treatment, and recovery; and (4) promote the dignity of people in treatment and recovery, and promote stigma reduction and discrimination by encouraging the respect for their rights in a manner similar to people who have experienced other illnesses.

DISCUSSION AND SOCIAL MEDIA POLICY IMPLICATIONS

Why is the development of cultural competence and culturally responsive services important in the behavioral health field? Substance Abuse and Mental Health Services Administration (SAMHSA) states: "Culturally responsive skills can improve client engagement in services, therapeutic relationships between clients and providers, and treatment retention and outcomes. Cultural competence is an essential ingredient in decreasing disparities in behavioral health. The development of cultural competence can have far-reaching effects not only for clients, but also for providers and communities. Cultural competence improves an organization's sustainability by reinforcing the value of diversity, flexibility, and responsiveness in addressing the current and changing needs of clients, communities, and the healthcare environment. Culturally responsive organizational strategies and clinical services can help mitigate organizational risk and provide cost-effective treatment, in part by matching services to client needs more appropriately from the outset. So too, culturally responsive organizational policies and

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[11] Kidd R., S. Clay, M. Stockton, L. Nyblade. 2015. *Facilitator's training guide for a stigma-free health facility*. Washington, DC: Futures Group, Health Policy Project. Downloadable toolkit available at: http://www.healthpolicyproject.com/pubs/281_SDTrainingGuide.pdf. Accessed on July 21, 2020. Full toolkit available at: http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubId=281

[12] SAMHSA (CSAT) Anti-Stigma Toolkit. Accessed on July 21, 2020 at: https://attcnetwork.org/centers/central-east-attc/product/anti-stigma-toolkit-guide-reducing-addiction-related-stigma. Toolkit accessible at: https://attcnetwork.org/sites/default/files/2019-04/Anti-Stigma%20Toolkit.pdf

procedures support staff engagement in culturally responsive care by establishing access to training, supervision, and congruent policies and procedures that enable staff to respond in a culturally appropriate manner to clients' psychological, linguistic, and physical needs."[13]

Role of Social Media and Communications in Stigma Reduction

Mental health stigma reduction[14]. CalMHSA's Promising Practices seems to be a multi-pronged approach with great potentials for replication for behavioral health agencies making efforts to reduce mental health stigma (Table 1). RAND Corporation's evaluation of CalMHSA's Stigma and Discrimination Reduction (SDR) strategies and social marketing campaign found that a statewide SDR campaign can lead to more adults getting treatment for mental health challenges; and that investment in SDR efforts has a significant societal benefit as spending on behavioral health services is later recouped through increased wages.[15] The high potential return for investment in SDR social marketing campaigns was found driven by the relatively low cost of reaching a large population.

Table 1: Mental Illness Related Stigma Reduction: Promising and Best Practices (Sample Illustration)

Promising and Best Practices	*Social Marketing Samples and Media Campaign Evaluation Areas*
CalMHSA (California Mental Health Services Authority) Promising Practices and Programs project ("Promising Practices" or PPP)	1. Reduces stigma and discrimination through education, support, and social norm change with targeted campaigns in partnership with community organizations to deliver messages locally. 2. Mobilization campaign launches ReachOutHere.com, Web-based forums with a virtual contact strategy in which trained peer facilitators lead discussions about mental health topics and encourage help-seeking behavior. 3. "People with influence" campaign focuses local social marketing on power groups, such as landlords and employers. Tactics include a PBS-produced documentary, speaker's bureaus, ethnic press and outreach event in cultural communities, and parent and caregiver blogs.

Source: Compiled and excerpted from Clark et al. 2013 (see footnote # 8).

Addiction-related stigma reduction. It is also important to provide a guide to the addiction treatment and recovering community with practical information and tools to enhance their capacity to engage in

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[13] Substance Abuse and Mental Health Services Administration. *Improving Cultural Competence.* Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. Accessed on July 20, 2020 at: https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf.

[14] Nice factsheet on "Stigma, Discrimination, and Mental Illness provided at: http://www.health.wa.gov.au/docreg/Education/Population/Health_Problems/Mental_Illness/Mentalhealth_stigma_fact.pdf

[15] Scott, Ashwood, J.; Briscombe, Brian; Collins, Rebecca L.; Wong, Eunice C.; Eberhart, Nicole K.; Cerully, Jennifer L.; May, Libby; Roth, Elizabeth; and Burnam, M. Audrey. 2016. *Investment in Social Marketing Campaign to Reduce Stigma and Discrimination Associated with Mental Illness Yields Positive Economic Benefits to California*. Santa Monica, CA: RAND Corporation, 2016. Accessed on July 21, 2020 at: https://www.rand.org/pubs/research_reports/RR1491.html.

effective stigma reduction efforts. With SAMHSA funding, the Central East Addiction Technology Transfer Center (ATTC) created a useful guide to provide the addiction treatment and recovering community with practical information and tools to enhance their capacity to engage in effective stigma reduction efforts.[16] Some insightful elements are presented in Table 2. The guide importantly discusses the need to use media advocacy to reduce stigma and to frame appropriate stigma prevention campaign messages arguing that media representatives provide certain perspectives and context to their stories, thus shaping news stories and events; and importantly stigma prevention campaigns can frame stories in ways that the focus shifts from the individual substance abuser to a larger social perspective.

Table 2: Addiction-Related Stigma Reduction: Promising and Best Practices (Sample Illustration)

Promising and Best Practices	*Social Marketing Samples and Media Campaign Evaluation Areas*
SAMHSA (CSAT) Anti-Stigma Toolkit	1. Information dissemination 2. Prevention education 3. Community-based approaches (e.g., community organizing, intervention planning, and networking) 4. Media-based approaches (using mass media to: draw attention to issues; promote supporting issues; frame messages and positions; provide information; change perceptions; promote debate and action; and support other prevention approaches. 5. Multicomponent approaches (integrating multiple components).

Source: Compiled and excerpted from SAMHSA (CSAT) Anti-Stigma Toolkit (see footnote #12).

A deeper investigation and understanding of what type of culture specific stigma interventions work with racial/ethnic minority communities will help to craft appropriate social media messaging. Table 3 provides snippets of some interventions.

Table 3: Wellness and Culture Specific Stigma Interventions: An Illustration

Race/Ethnic Minority Communities	Wellness and Culture-Specific Stigma Interventions
African Americans	Acceptance by peers and at the community level appears key in reducing mental illness stigma.
American Indians/Alaska Natives	Ritual Healing Meeting has great cultural salience and is useful for reducing stigma among those with mental health challenges.
Asian Americans and Pacific Islanders	Interventions that promote positive contact and dialogue among family members have shown positive and stigma-reducing effects.
Hispanic/Latinos	Latino culture and tradition greatly influences various forms of stigma associated with mental illness.

Source: Compiled and excerpted from Vega et al. (2013); ibid, footnote # 9

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[16] Ibid, footnote #12.

Recap. Social marketing can be a critical element in reduction of stigma, regardless of its association with mental illness or addiction. For example, individuals in need of treatment who were exposed to CalMHSA's social marketing campaign to reduce mental health stigma and discrimination associated with mental illness were found more likely to seek treatment.[17]

CONCLUSION

In this section, it would be relevant also to seek some learnings on international best practices on reducing mental illness stigma. One 2016 study provides a summary discussion of a select few national campaigns modeling successful interventions internationally.[18] One worth noting is "Time to Change" which is England's largest ever program to reduce stigma and discrimination against people with mental health problems with focuses on: (a) social marketing and mass media activity at the national level to raise awareness of mental health issues; (b) local community events to bring people with and without mental health problems together; (c) a grant program to fund grassroots projects led by people with mental health problems; (d) a program to empower a network of people with experience of mental health problems to challenge discrimination; and (e) targeted work with stakeholders, for example, medical students, teachers in training, employers, and young people. The study came to a conclusion that changing negative social norms that stigmatize people with mental and substance use disorders will require a coordinated and sustained effort.

It's also encouraging to see now more attention being given to stigma. The State of Ohio also has stepped up efforts towards reduction of stigma. "Promoting Mental Wellness & Support during COVID-19 Funding Opportunity" marks one recent effort of Ohio Governor's Office of Faith-Based and Community Initiatives and the Ohio Department of Mental Health and Addiction Services. The grant specifically includes key eligible activities such as: (1) engagement of targeted communities in culturally competent stigma reduction activities; (2) assistance to faith communities in reducing stigma among faith community members; and (3) development of community stigma reduction campaign.[19]
One study highlights that the awareness of the fact that stigmatization is one of the major—if not the major—obstacles to the improvement of care for people with stigmatized illnesses is gradually growing; and that in a number of countries governments, non-governmental organizations, and health institutions have launched campaigns to reduce stigma related to illness. They display posters and distribute leaflets, as well as organize radio and television programs.[20]

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[17] Ibid, Clark et al. 2013, footnote #8

[18] NASEM (National Academies of Sciences, Engineering, and Medicine). 2016. *Ending Discrimination against People with Mental and Substance Use Disorders: The Evidence for Stigma Change.* Washington, DC: The National Academies Press. Accessed on July 21, 2020 at: https://doi.org/10.17226/23442. This report explores stigma and discrimination faced by individuals with mental or substance use disorders and recommends effective strategies for reducing stigma.

[19] Ibid. https://mha.ohio.gov/Portals/0/assets/SchoolsAndCommunities/Funding%20Opportunities/GOFBI/Community-Faithbased-Application-Guidance-Ohio_Governor_Mike_DeWine-5-20-20.pdf?ver=2020-05-21-080232-073

[20] Lumen. Culture, beliefs, attitudes, and stigmatized illnesses. Accessed on July 21, 2020 at: https://courses.lumenlearning.com/diseaseprevention/chapter/culture-beliefs-attitudes-and-stigmatized-illnesses/

To conclude, NASEM report (2016) puts it succinctly: "Changing stigma in a lasting way will require coordinated efforts, based on the best possible evidence, which are supported at the national level and planned and implemented by a representative coalition of stakeholders. Engaging a wide range of stakeholders would facilitate consensus building and provide the support needed to overcome major obstacles to the implementation of effective anti-stigma programs in the United States. Barriers and challenges include, but are not limited to, conflict among major stakeholder groups regarding best practices and priorities, resource constraints, and the need to target multiple audiences with variable perceptions and priorities, as well as shifting priorities at the national level."[21]

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[21] Ibid, footnote #17.

APPENDIX: COMPARISON OF INTERVENTIONS TARGETING MENTAL HEALTH SELF-STIGMA

Treatment Approach/Authors	Format	Peer or Professionally Run?	Languages	# of Sessions	Primary Mechanisms of Action	State of Data on Efficacy
Healthy Self-Concept McCay et al. ([2006](#); [2007](#))	Group	Professional	English	12	Psychoeducation, Support, Emphasis on Positive Attributes	Significant impact on self-stigma, hope and self-esteem from medium RCT
Self-Stigma Reduction Program [Fung et al. (2011)](#)	Group and Individual	Professional	Mandarin Chinese	12 Group, 4 Individual	Psychoeducation, Cognitive Restructuring, Motivational Interview, Social Skills Training	Significant impact on self-esteem and treatment participation from small RCT
Ending Self-Stigma (ESS) [Lucksted et al, (2011)](#)	Group	Either	English	9	Psychoeducation, Cognitive Restructuring	Significant impact on self-stigma, recovery, perceived social support and self-esteem from uncontrolled pilot; Large RCT in progress
Narrative Enhancement and Cognitive Therapy (NECT) [Yanos, Roe & Lysaker, (2011)](#) [Yanos et al., (2012)](#) Roe et al. ([2010](#); [2014](#))	Group	Professional	English; Hebrew; Russian; Swedish	20	Psycho-education, Cognitive Restructuring, Narrative Enhancement	Significant impact on self-stigma, hope, self-esteem and subjective quality of life from quasi-experimental study; non-significant impact from small RCT; Large RCT in progress
Coming Out Proud [Corrigan et al. (2013)](#); [Rusch et al. (In Press)](#)	Group	Peer	English, German	3	Discussion of pros and cons of disclosure; Telling one's story	Significant impact on stigma stress, secrecy and disclosure stress from medium RCT
Anti-Stigma Photovoice Intervention [Russinova et al. (2014)](#)	Group	Peer	English	10	Psycho-education; Taking and sharing of photographs; writing narrative relating to photographs	Significant impact on self-stigma, coping with societal stigma, greater increase in a sense of community activism, and perceived recovery and growth from medium RCT

Source: Yanos et al. 2015; see footnote #10.