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# **2011 Allegheny County DHS Local Government Case Competition: Reducing Stigma Among Individuals with Serious Mental Illness**

Shannon Fairchild and Katie Meehan Arvay



## **Allegheny County Department of Human Services**

The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, early intervention, crisis management and after-care services.

This report was prepared by the Office of Data Analysis, Research and Evaluation (DARE), an office within DHS. DARE supports and publishes research related to the activities of DHS offices, including: Aging; Behavioral Health; Children, Youth and Families; Community Services and Intellectual Disability.

DHS research products are available for viewing and download at the DHS Research and Evaluation webpage at [www.alleghenycounty.us/dhs/research.aspx](http://www.alleghenycounty.us/dhs/research.aspx).

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**Acronyms**

**ACRONYMS**

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### **2011 CASE COMPETITION**

The private sector has long held Case Competitions and invited graduate students to solve problems as a way to recruit new ideas as well as bright prospective employees; in 2007, DHS launched its Local Government Case Competition with the same objectives. Now in its fifth year, our focus continues to be on generating interest in local government issues and encouraging students to use what they learn in the classroom to assist DHS with some of the challenges inherent in human service delivery.

The 2011 Case Competition drew 43 students from a variety of academic disciplines including public policy, public health and social work. Judged by individuals from community organizations, local universities and DHS, the Case Competition began with an opening reception on the evening of October 26, 2011. At the opening reception, students met their teammates, learned about the stigma associated with mental illness and received their case challenge. Over the next two days, students developed a strategic plan that DHS could employ to improve the experiences of individuals living with serious mental illness, with a focus on public awareness and policy or legal change. Teams were asked to focus on a specific target population (e.g., senior citizens, females, etc.) and/or a community support/service (e.g., housing, employment). This resulted in a wide variety of plans addressing the needs of many consumers in Allegheny County.

#### **The Stigma of Mental Illness**

This year's competitors were asked to address the stigma associated with mental illness so that DHS could employ a plan to improve the experiences of individuals living with serious mental illness. Mental illness was defined as "medical or emotional conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning." Left untreated, mental illness can disrupt the ability to work, care for oneself and maintain family and social relationships. In fact, adults living with serious mental illness in the United States die, on average, 25 years earlier than other Americans and are more likely to be victims of violence.

Unfortunately, the negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness create barriers that prevent these individuals from living a meaningful life. Addressing an important issue for DHS and the community, the competition provided DHS with an opportunity to use local talent to develop compelling ideas for addressing stigma while allowing students to apply their academic learning in a tangible way.

### **Results**

Student teams approached the challenge from a variety of perspectives. This year's winning team targeted working-age adults with mental illness. The team suggested strategies to reduce public stigma, self-stigma and institutional stigma through a multifaceted plan focused on employment support strategies to increase self-sufficiency, as well as an innovative public awareness campaign. There were interesting and actionable ideas by all the teams, however, which are summarized in the Findings section of this report.

### **Conclusions And Recommendations**

In order to improve the event, DHS solicited opinions about all aspects of the 2011 competition from participants—judges, students and DHS staff. Feedback was received in surveys distributed and collected for the final day of the competition. A summary of these findings is contained in Conclusions and Recommendations and actual comments from participants are included in Appendix A.

### **DHS CASE COMPETITION HISTORY**

As part of its 10-year anniversary celebration in 2007, Allegheny County DHS recruited students from local universities pursuing graduate work in public policy and social work to envision how DHS might look on its 20-year anniversary. Students worked together over two days to research and present their findings and recommendations to a panel of academic and industry judges. Ultimately, one team was chosen as the winner, but innovative ideas were taken from each group.

This was the first DHS Local Government Case Competition, and in subsequent competitions students were asked for their ideas on how to position Allegheny County as a leader in the environmental sustainability movement, assist a new neighborhood collaborative called the Homewood Children's Village with its five-year strategic plan, and address academic performance for students attending Pittsburgh Public Schools who were also receiving human services. The Case Competition is an ideal way to engage graduate students in human services issues, make them aware of DHS's reach in the region and encourage them to consider future employment opportunities at DHS.

The 2011 competition included students pursuing degrees in a variety of academic disciplines including social work, public policy and public health. Again, the competition served as an opportunity to:

- Engage graduate students in local government issues (especially human services)
- Use local talent to provide community leaders with compelling ideas
- Build relationships among local graduate students
- Create a networking opportunity for judges and student participants
- Allow students to apply what they are learning in a tangible way

### **2011 CASE COMPETITION**

Participants in the 2011 Case Competition were assigned to teams of three or four students and were asked to develop a strategic plan that DHS could employ to improve the experiences of individuals living with serious mental illness. Teams were then tasked with formulating their plans under simulated business conditions (e.g., time deadlines) and presenting their results to judging panels comprised of community stakeholders and DHS staff.

### Participants

#### *Students*

Forty-three graduate students, divided among 11 teams, participated in the Case Competition. Participants included students from three local universities and six programs of study:

- Carnegie Mellon University
  - Heinz College (24)
- Duquesne University
  - Graduate Center for Social and Public Policy (7)
- University of Pittsburgh
  - School of Social Work (5)
  - Graduate School of Public and International Affairs (3)
  - Graduate School of Public Health (3)
  - Dual program between the Graduate School of Public Health and School of Social Work (1)

Students were divided into interdisciplinary teams, based primarily on academic programs, but also on demographic factors such as gender, race and age.

A demographic profile of the 2011 competition participants who responded to the DHS optional survey is listed below:

- Age: Students ranged in age from 22 to 31 years old (average age was 25)
- Gender: 29 women and 13 men participated
- Race:
  - Caucasian: 19
  - Asian/Pacific-Islander: 11
  - African American/Black: 6
  - Multiracial: 4
  - Latino: 1
  - Biracial: 1
  - Prefer not to Answer: 1

### *Judges*

The competition was judged by 18 individuals on four panels, representing community organizations, local universities, DHS staff members and winners from previous years. At least one subject matter expert from the DHS Office of Behavioral Health or a community mental health provider sat on each panel.

Organizations represented this year included:

- Allegheny County DHS
- University of Pittsburgh
- Duquesne University
- Allegheny Health Choices, Inc.
- Mercy Behavioral Health
- Milestone Centers, Inc.
- Mental Health America – Allegheny County
- Consumer Health Coalition
- National Alliance on Mental Illness

Eleven DHS staff members handled logistics and planning, ensuring that the event went smoothly.

### **Competition Logistics**

#### *Opening Reception—Wednesday, October 26, 2011*

DHS kicked off the 2011 Case Competition with a catered evening reception held at the Human Services Building in downtown Pittsburgh. DHS staff members introduced the case, announced the pre-assigned teams and answered questions. Each student received a USB/Flash drive loaded with case materials including background information about DHS, Behavioral Health services in Allegheny County and mental illness. Team assignments were given to students when they arrived at the reception so that they had an opportunity to get to know their team members before hearing the case challenge and strategizing for the next 48 hours.

## Background

### *Case Preparation—Wednesday, October 26, 2011 until Saturday, October 29, 2011*

Teams had all day Thursday and Friday to independently conduct their research and planning. Presentations had to be e-mailed by 7:00 a.m. Saturday morning to DHS staff and all team members were required to check in by 8:00 a.m. on Saturday at the Human Services Building.

### *Case Presentations—Saturday, October 29, 2011*

Participants and judges enjoyed a continental breakfast while rooms were assigned and presentation order was distributed. All 12 teams conducted their 20-minute presentations in front of one of four judging panels throughout the morning and first round winners were announced at lunch. DHS staff gave each team preliminary feedback that was obtained during judges' deliberations and prior to announcing first round finalists. The four judging panels then came together to hear the final four presentations, deliberate and announce the winning team which received a cash prize of \$3,000. Second and third place winners won cash prizes of \$1,500 and \$500, respectively. Fourth place team members each received a \$25 gift card.

Participants were judged on verbal presentation, technical presentation, content of presentation, scope of presentation, team performance, question and answer session, team demeanor and overall impression of presentation.

## **THE CASE: ADDRESSING STIGMA ASSOCIATED WITH MENTAL ILLNESS**

### **BACKGROUND**

Mental illness is a medical or emotional condition that disrupts a person's thinking, feeling, mood or ability to relate to others. For many, mental illness has a biological root, while for others it has both a psychological and biological component. Studies have shown that mental illnesses are among the most disabling illnesses, disrupting the ability to work, care for oneself and maintain relationships.

Mental illness is not limited to any particular race, age, religion or income. It can – and does – affect anyone. In fact, one in four American adults experiences mental illness in any given year and one in 17 lives with a serious mental illness. Children also suffer — one in 10 children in the United States lives with a serious mental or emotional disorder. Adults with mental illness also have poor life outcomes compared to other groups. On average, adults living with serious mental illness die 25 years earlier than other Americans, largely from treatable medical conditions. They are more likely to be the victims, not the perpetrators, of violence, and to experience high rates of unemployment. National studies indicate that 82 to 88 percent of people with serious mental illness are unemployed — the lowest rate of employment for any disability group.

In 2010, 51,205 adults and 23,875 children in Allegheny County received county-funded mental health services. About 15 percent of adults receiving mental health services also received drug and alcohol services. For most people diagnosed with a serious mental illness, treatment can relieve their symptoms for periods of time or permanently. The recovery process helps people to live, work, learn and participate fully in their communities. Unfortunately, negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness, otherwise known as stigma, can have an adverse effect on a person's recovery.

In addition to the lack of access to resources and proper treatment, stigma can lead others to avoid living, socializing, working with, renting to or employing people with mental disorders. The various dimensions of public and self-stigma can be experienced in all aspects of an individual's life and can lead to social isolation, economic hardship and poor health outcomes. Many individuals express that the challenges of dealing with stigma and discrimination are worse than the mental illness itself.

## **THE CHALLENGE**

Adrienne Walnoha is the Executive Director of Community Human Services (CHS), which provides human services and shelter services to individuals and families in the greater Pittsburgh area. At the opening night reception Ms. Walnoha spoke about her experiences serving the people that come through the doors of CHS, many of whom suffer from serious mental illness, and about the effects of self and public stigma. Since the stigma associated with mental illness is ingrained in our culture, participants were asked to develop a strategic plan that DHS could employ to begin to break down stigma and produce change that would improve the lives of individuals living with serious mental illness. The teams' plans had to address 1) public awareness/education and 2) policy or legal change, and include the following elements:

- Define the target population
- Objectives/goals
- Strategy, with specific action items and responsible parties
- Challenges/barriers and how to address them
- Business practice and legal implications
- Financial plan
- Evaluation plan

### **Considerations**

- Recent research indicates that the public's understanding of the biological nature of mental illness has increased. However, the increased understanding has not had a direct, measurable impact on people's attitudes or behaviors towards individuals with mental illness.
- Negative attitudes toward individuals with mental illness and acts of discrimination are not limited to experiences in the community, but occur among families, friends and social service agencies. This can prevent people from seeking treatment and receiving help with daily functioning.
- New and innovative ideas that challenge current standards and expectations will be necessary to facilitate a change in how people think about mental illness.
- As a government entity, DHS is legally forbidden from engaging in lobbying.



- Services provided by DHS are primarily administered by contracted community providers. These providers will be essential to any plan to facilitate change.
- The focus should be kept on stigma related to mental illness, not co-occurring disorders like substance abuse or intellectual disabilities.

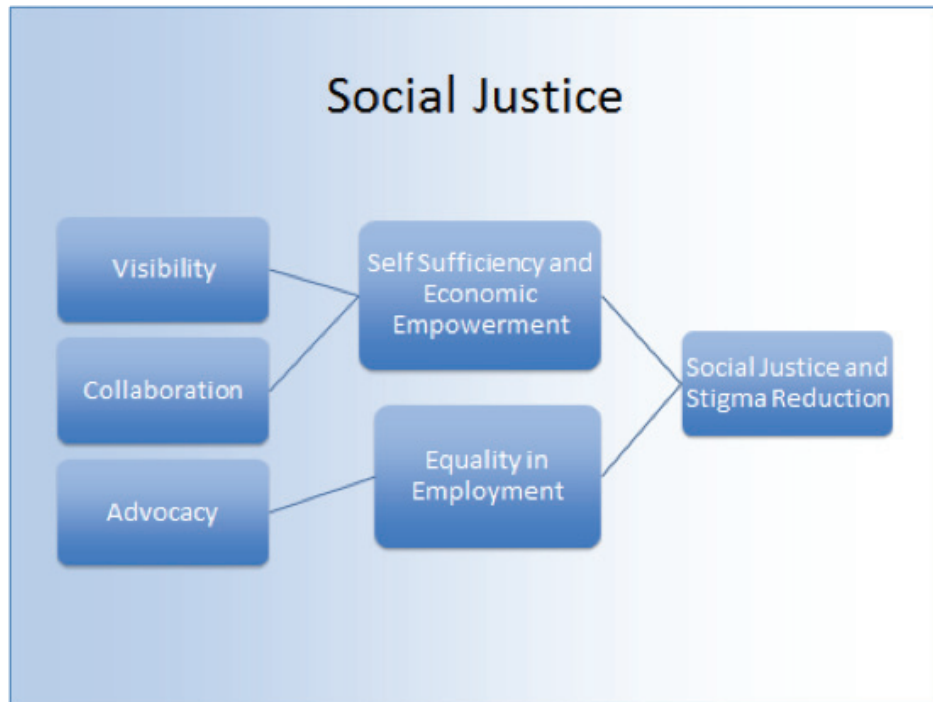
### **CASE FINDINGS**

#### **Winning Strategy To Address Stigma**

This year's winning team was the West End team, which targeted working age adults with mental illness. The team members included Michael Katrancha of Duquesne University School of Social and Public Policy, Ashley Basmajian of Carnegie Mellon University's Heinz College, and Samantha Mangino of the University of Pittsburgh School of Social Work. The team suggested strategies to reduce public stigma, self-stigma and institutional stigma through a multifaceted plan focused on employment support strategies to increase self-sufficiency, as well as advocacy and an innovative awareness campaign.

Their strategy focused on three target areas:

- 1) **Visibility:** Promote positive image placement of community members who live with mental illness via local print media, web media, billboards and transit advertising. The team's public awareness campaign would feature local residents who live with mental illness who are not defined by their diagnosis, but rather by another aspect of their identity such as a job role, personal hobby or achievement. Feedback from focus groups will help guide the campaign as well as monitor public response over time.
- 2) **Collaboration:** Partner with provider service agencies and organizations to reduce self-stigma among those who have a mental illness through a peer-to-peer mentorship network and supported employment strategies. The team recommended that increasing employment opportunities via employer networking would decrease barriers to the personal empowerment needed to obtain and retain employment.
- 3) **Advocacy:** Advocate on behalf of individuals with mental illness individually, organizationally and politically. The winning team's campaign would educate the target population and their support network about rights associated with The Americans with Disabilities Act (ADA), The Health Insurance Portability and Accountability Act (HIPAA), and laws enforced by the Equal Opportunity Employment Commission (EEOC). The team would also connect individuals with legal services in cases of discrimination.



*Figure 1: Combatting Social, Institutional and Self Stigma: Improving the Experiences of Individuals Living with Mental Illness through an Employment-Based Approach (West End)*

*The West End Team's presentation can be found in its entirety at <http://www.alleghenycounty.us/dhs/casecompetition.aspx>*

The second place team was the Veteran's Team, which also focused on working age adults and sought to address stigma through hands-on training and an employer awareness campaign. Judges agreed that their phased approach would be manageable and realistic. Third place was awarded to the Birmingham Team for their plan to address stigma among elderly consumers. The Birmingham Team sought to utilize a bus poster campaign, peer groups and internal DHS policy change to impact their target population. The fourth place team, Smithfield, addressed stigma among children in foster care. The Smithfield Team's approach was comprehensive and included programs for children, their biological and foster families, and providers, to improve their understanding and acceptance of individuals with mental illness.

## SUMMARY OF RECOMMENDATIONS

Remaining teams approached the task of tackling stigma from a variety of perspectives. A summary of the teams' recommendations—organized by target population—are described over the next few pages.

### Target Population: School Age Children

A number of teams addressed stigma by targeting school age children and youth during their most impressionable years. The highlights of the teams' recommendations include:

- Developing an awareness campaign with the Pittsburgh Public School District (PPS) and key stakeholders (e.g., parents, students, teachers, etc.). Students of all ages in PPS would learn about historical and contemporary individuals with mental illness. The same team suggested hosting community activities like 5k races and basketball tournaments to bring attention and awareness to mental illness.

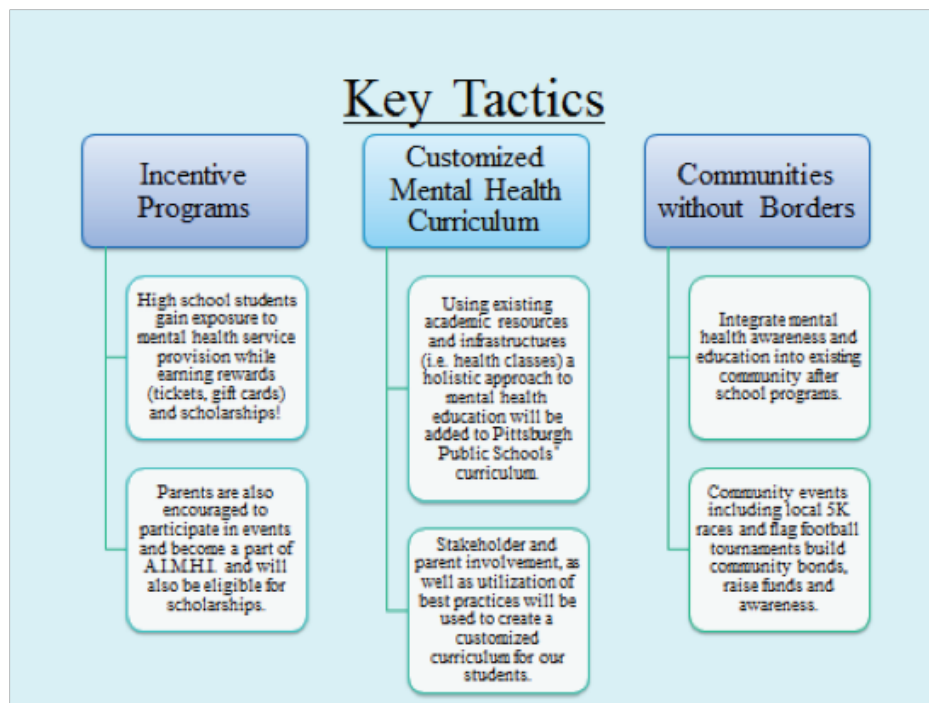


Figure 2: Allegheny Integrated Mental Health Initiative (A.I.M. H.I.): Improving Our Community from the Foundation Up (Highland Park)

- All the teams that targeted school aged children integrated mental health awareness into the curriculum. For example:
  - Mandating a formal community service learning component as part of graduation requirements



Figure 3: Take Me As I Am: Mental Illness Stigma Elimination in Child Welfare Settings (Smithfield)

## 2011 Case Competition

- Utilizing technology (e.g., streaming video/learning programs similar to Second Step) to educate students and measure their knowledge and attitudes toward individuals with mental health issues.

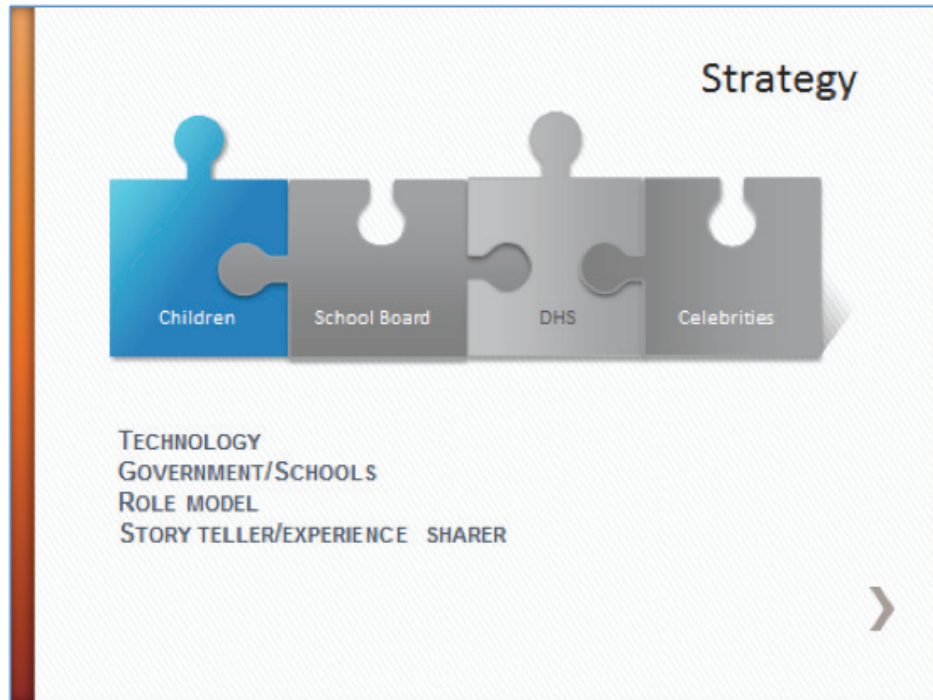


Figure 4: Educating Children On Mental Health (ECOM-H) Initiative: Reducing Stigma in the Public School System (Bloomfield)

**Target Population:** Transition Age Youth

Several teams chose transition age youth as their target groups; however, the teams adopted different approaches to address stigma.

Highlights of the teams' recommendations include:

- A system-wide reform plan to eliminate institutional stigma. This included creating a competitive grant process to fund organizations that provide services to transition age youth with mental illness. The grant would support evidenced-based standards to reduce stigma. Grant recipients would undergo a detailed evaluation to determine the success of their anti-stigma initiative. Organizations with the highest scores would receive financial incentives to continue to augment stigma-reducing practices and policies.

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**Competition will spur reform that reduces institutional stigma.**

**Objective:** Encourage service providers and non-DHS organizations to implement policies supportive of mental illness.

**Methods:**

- Distribute policy standards that combat stigma to service agencies, employers, leaving room for innovation and exceptional practices.
- Award organizations in categories (i.e. size, organization type).

**Considerations**

- Give awards large enough to act as a real incentive
- Include publicity campaign to generate awareness and public inclusion.
- Determine what funds can be used for.

Figure 5: Fighting Stigma through System Intervention (Roberto Clemente)

- An employment and life-skills program to combat stigma.
- “Advocate Brigades” of trained volunteers and experienced professionals would serve as representatives of the initiative and develop a training curriculum for businesses to teach them about and provide opportunities for transition age youth with mental illness.

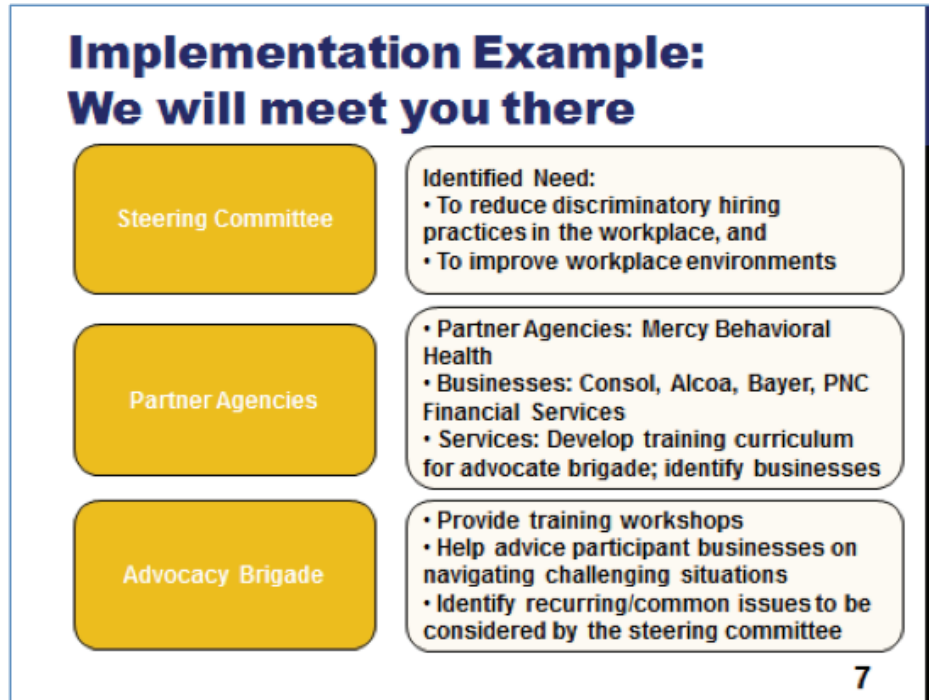


Figure 6: Steel Town, Still Family (Hot Metal)

- A multifaceted intervention that addresses transition age youth and their families. The team recommended integrating mental health awareness with the DHS Independent Living Initiative and developing a peer support network and mentor program for transition age youth with mental illness. For families with transition age youth (i.e., biological and foster parents), the team proposed integrating mental health awareness into a mandatory parenting class.

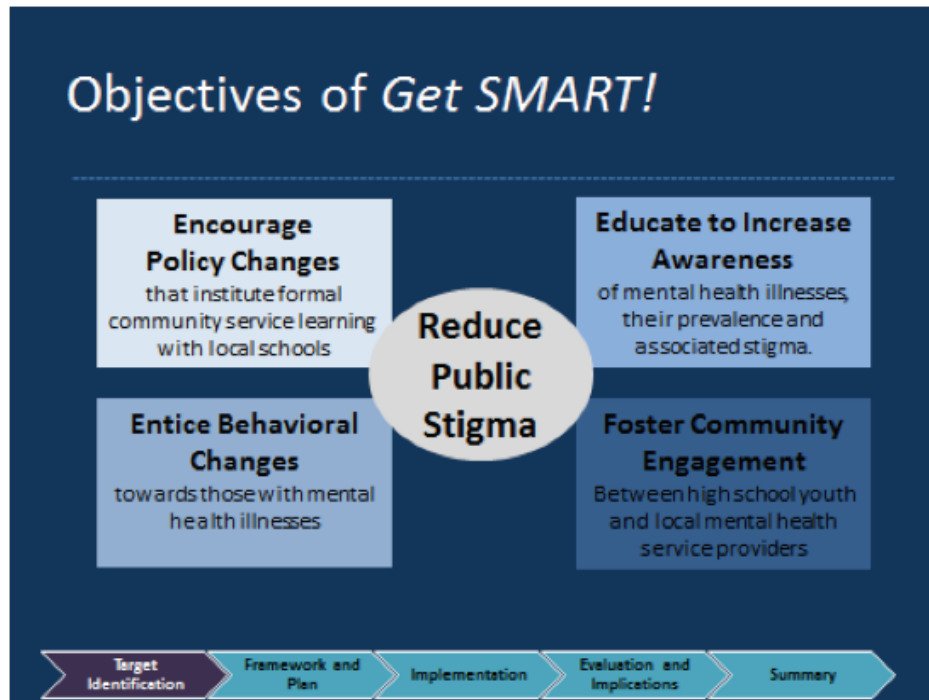


Figure 7: *Get SMART! Program (McKees Rocks)*



**Target Population:** Working Age Adults

In addition to the winning team, a number of teams addressed the problem of stigma for working age adults by recommending employment support for working age adults in order to improve the lives of these individuals living with mental illness. The teams emphasized the high rate of unemployment among individuals with serious mental health disorders and the importance of employment for overall mental wellness. By adopting an employment based approach, the teams felt that individuals would improve their mental health while increasing their self-sufficiency.

Highlights of the teams’ recommendations include:

- Utilizing various forms of media to raise awareness, including a poster campaign of public figures with mental illness.

Visibility				
Resources	Activities	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> <li>• Individuals with mental illness</li> <li>• Family</li> <li>• Friends</li> <li>• Community members</li> <li>• Service Providers</li> <li>• Advertising and Design Students</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Groups</li> <li>• Internship with local design school</li> <li>• Local advertising campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Education</li> <li>• Awareness</li> <li>• Low cost, high quality and creative content and imagery</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge transfer</li> <li>• Education and awareness raised about mental illness</li> </ul>	<ul style="list-style-type: none"> <li>• Social Stigma reduced</li> </ul>

*Figure 8: Combatting Social, Institutional and Self Stigma: Improving the Experiences of Individuals Living with Mental Illness through an Employment-Based Approach (West End)*

- Develop a mentorship network and partnerships to provide skill training, increase employment opportunities and help individuals retain employment.

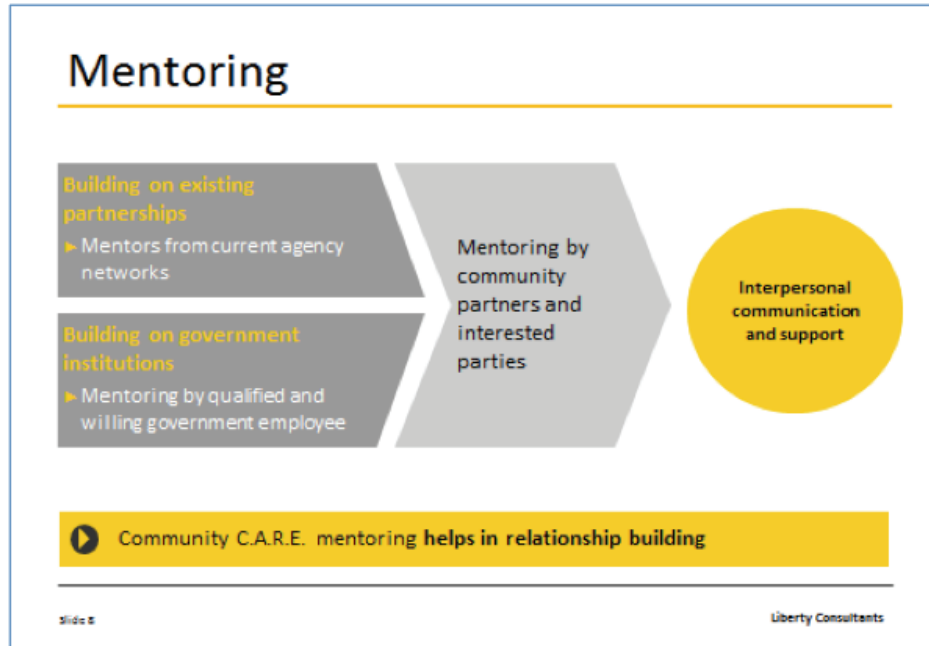


Figure 9: Community C.A.R.E (Liberty)

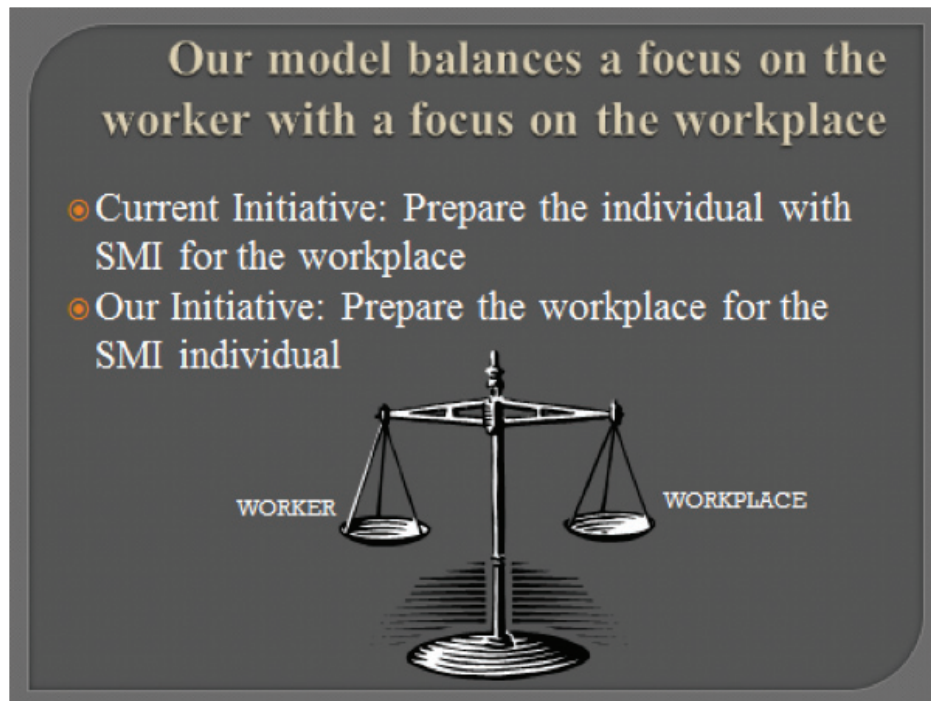
- Educate individuals with mental illness about their legal rights as well as government leaders about the Anti-Discriminatory Law, ADA regulations and various tax incentives.

Advocacy			
Resources	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> <li>• Clients</li> <li>• Family</li> <li>• Friends</li> <li>• Service Providers</li> <li>• Political Officials</li> <li>• Legal Aid Providers</li> <li>• Foundations</li> <li>• Educational Material</li> </ul>	<ul style="list-style-type: none"> <li>• Educational Classes</li> <li>• Virtual Resources</li> <li>• Connect Ind. to legal aid resources</li> <li>• Develop campaign:               <ol style="list-style-type: none"> <li>1. Write Letters</li> <li>2. Phone Calls</li> <li>3. Schedule Meetings</li> <li>4. Personal Stories</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Clients know their legal rights</li> <li>• Clients connected with legal resources</li> <li>• Educate politicians:               <ol style="list-style-type: none"> <li>1. Anti-Discriminatory Law</li> <li>2. ADA regulations</li> <li>3. Tax incentive</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Self advocacy</li> <li>• Social Justice</li> <li>• Opportunity for Policy Change</li> </ul> <p style="text-align: center;"><b><u>IMPACT</u></b></p> <ul style="list-style-type: none"> <li>• Social justice and equal employment treatment of individuals with mental illness</li> </ul>

*Figure 10: Combatting Social, Institutional and Self Stigma: Improving the Experiences of Individuals Living with Mental Illness through an Employment-Based Approach (West End)*

## 2011 Case Competition

Despite the teams' similar strategies on how to reduce stigma, the teams differed significantly in their area of focus. One team recommended an employee-centric approach to increase employability. This included providing skill training, mentoring services, employment empowerment workshops, job fairs and support groups to prepare the individual for the workplace. The other teams adopted an employer-centric approach; instead of preparing the individual for the workplace, the teams recommended ways to prepare the workplace for the individual. This was accomplished by creating workplace awareness through extensive employer training, a job placement program with sponsoring companies and the development of office policies supportive of adults with mental illness.



*Figure 11: Partners in New Freedom: The Mental Health Collaborative Workplace Initiative (Veterans)*

**Target Population:** Older Adults

One team addressed the problem of stigma in the elderly population. The team created a "Bridge the Gap" campaign to eliminate thinking about physical and mental illness as distinct illnesses. The team strove to "Bridge the Gap" in the following ways:

- A bus poster campaign to challenge the thinking that mental and physical health are separate issues

**Prior Success of Bus Campaigns**

- **American Medicine Chest Challenge**
  - 60% of NJ residents were exposed to the AMCC Media Campaign
  - 28% of those exposed to the campaign discussed the issue of safe prescription drug disposal with others

[http://www.drugfreenj.org/\\_userfiles/file/rutgersnjreport.pdf](http://www.drugfreenj.org/_userfiles/file/rutgersnjreport.pdf)

*Figure 12: Bridging the Gap between the Perceptions of Mental and Physical Illness (Birmingham)*

- Assembling a group of older adults with mental and physical illnesses together to go to schools, public events and other venues to talk about their situation

### “Bridge Builders” Peer Group

- ∞ **Who:** Elderly members with both mental and physical illnesses
- ∞ **What:** A group to demonstrate that people with all types of illnesses are capable of living meaningful lives
- ∞ **Why:** To challenge the stigma that mental illness in the elderly is shameful, inevitable, or not recoverable
- ∞ **How:** Holding conversations with members of the community

Figure 13: Bridging the Gap between the Perceptions of Mental and Physical Illness (Birmingham)

- Including mental and physical wellness in DHS health programs and initiatives. The team asserted that by doing so, DHS would set a good example for the community to follow as well as reach older adults with mental illness.

### **Why Should DHS Implement this Policy?**

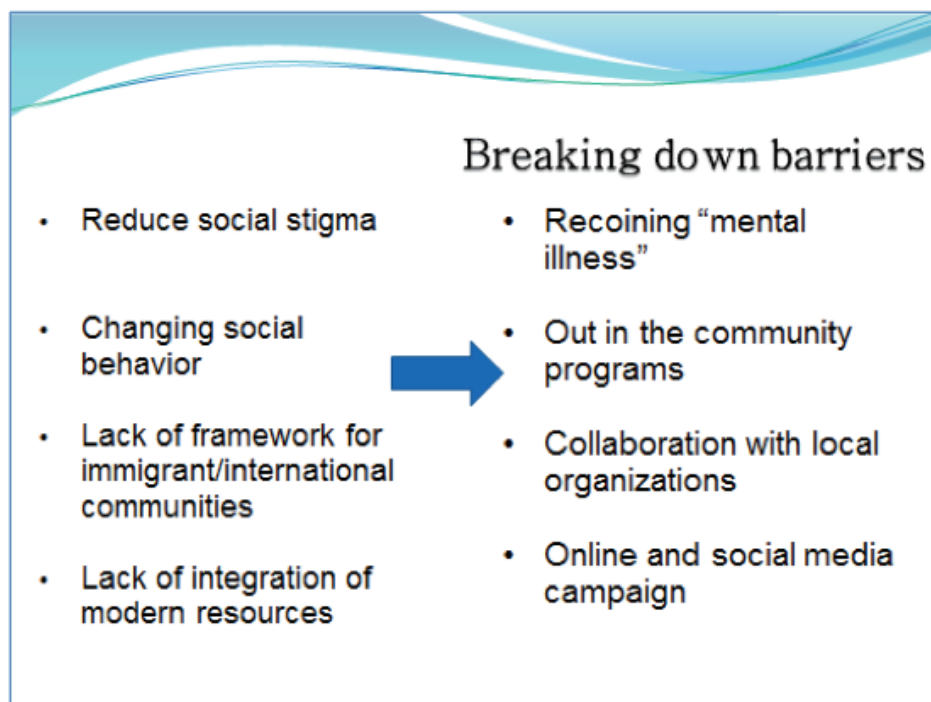
- ∞ **DHS policy should reflect the change it wants to see in society**
- ∞ **Stigmatization is the current reality**
  - **Example of unsuccessful memory screening in Ann Arbor, MI**
  - **People are more likely to attend programs that they do not feel stigmatized for attending**

*Figure 14: Bridging the Gap between the Perceptions of Mental and Physical Illness (Birmingham)*

**Target Population:** Immigrants and Internationals

One team identified immigrants and internationals as an important population for whom mental illness stigma needs to be addressed. Their plan took a layered and culturally competent approach to reduce stigma. The plan included the following components:

- Refer to “mental health needs” instead of mental illness to reduce existing stigma
- Provide culturally-sensitive training to health care providers and outreach to community leaders, and ensure that resources are available in several languages
- Reach a wider audience by disseminating videos of celebrities and average people discussing their struggles with mental illness and providing online counseling advice.



*Figure 15: Breaking the Silence: De-stigmatizing Mental Illness in the Immigrant and International Communities of Allegheny County (Andy Warhol)*



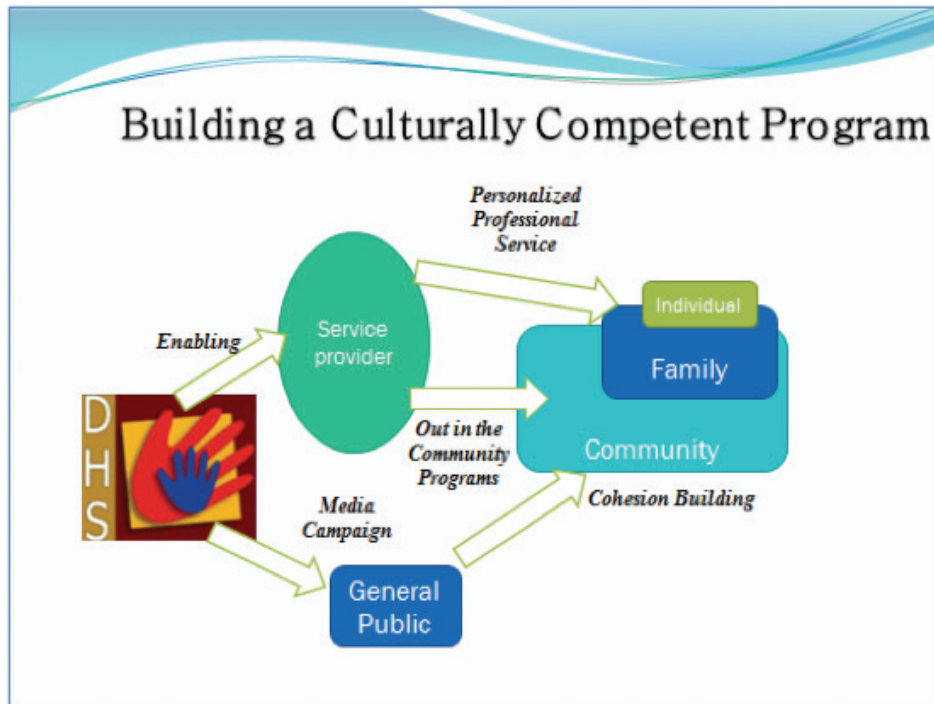


Figure 16: *Breaking the Silence: De-stigmatizing Mental Illness in the Immigrant and International Communities of Allegheny County (Andy Warhol)*

**Target Population:** School-age children and older adults

One team sought to address stigma in both school-age children and older adults through the university community. The plan included the following components:

- Provide an avenue for children and older adults with mental illness to share activities, including preparing events for their neighbors and the overall community.
- Develop video campaigns to educate the public about the initiative's efforts from the perspectives of children, older adults, their families and volunteers.
- Measure the outcomes of the pilot program using formative, summative and social impact evaluation.

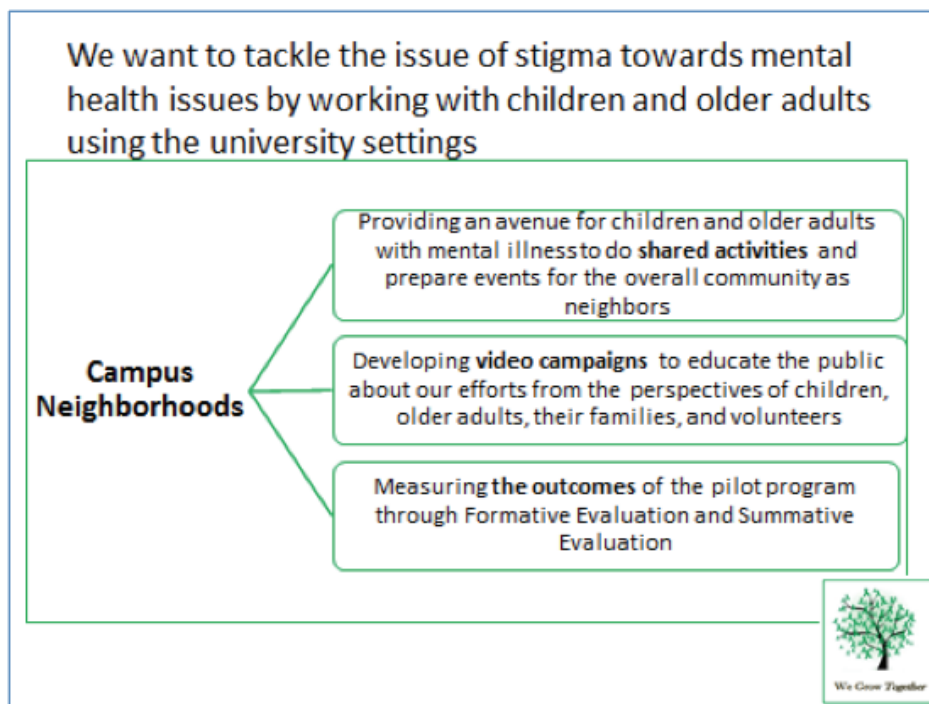


Figure 17: We Grow Together: Campus Neighborhoods (Homestead Grays)

**2011 Case Competition**

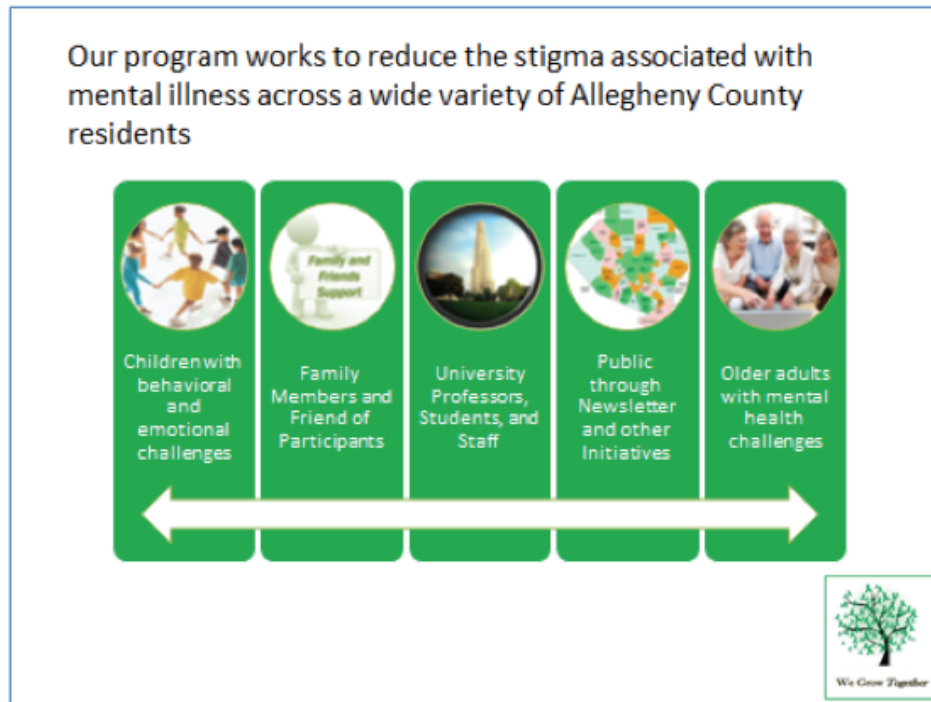


Figure 18: We Grow Together: Campus Neighborhoods (Homestead Grays)

### **SURVEY RESULTS**

DHS values input about the Case Competition and regularly solicits feedback from students and judges via surveys. The feedback provided by the surveys helped to inform the design of this year's competition.

Surveys completed by this year's participants contained questions about the content and depth of the case, logistics and timing of the competition, team formation, judging criteria and scoring, and prizes for participants. DHS will use the feedback to capitalize on the strengths of the 2011 competition and make improvements in some of the areas where survey respondents identified a need.

#### **Student Feedback**

Students reported that the Case Competition was an excellent opportunity:

- Ninety-eight percent of students felt that the Case Competition experience was positive
- Over 90 percent liked being assigned to an interdisciplinary team
- Students felt the case was challenging (90%) and interesting (93%)
- Nearly 100 percent of students felt that the judges asked relevant and challenging questions

Students also felt that the event was effectively planned and managed:

- Students felt the locations of competition events were adequate (90%) and that the refreshments provided were sufficient (95%)
- Ninety-five percent of students reported that DHS staff was effective in managing the competition

Despite generally positive feedback, students noted some areas where improvements could be made:

- Fifteen percent of students felt that the prizes were not appropriate
- Fourteen percent of students disagreed that the interaction with judges was positive

### Judges Feedback

Judges were also positive in regard to the competition:

- One hundred percent of judges agreed the competition was a positive experience
- One hundred percent of judges also agreed that the challenge was both interesting and challenging
- Over ninety percent of judges said they would participate in another competition (94%)
- One hundred percent of judges felt that students presented compelling and creative solutions to the case challenge

Judges gave generally positive feedback in regard to competition logistics as well:

- Ninety-four percent felt DHS staff was effective in managing the event
- Judges also felt that the location of the competition was appropriate (94%) and the refreshments sufficient (94%)

Despite the generally positive feedback, judges felt that the competition did not recruit students from a wide enough variety of academic disciplines. Though outreach occurred with all applicable local graduate schools (business, law, etc.), only students in public policy, social work and public health programs participated. Several students also identified this concern in their written comments. Further attention to more concerted outreach to all schools will occur in 2012.

### Written Comments

In addition to the aforementioned responses, judges provided written comments which are detailed in Appendix A.

### CONCLUSION

Judging by this year's positive feedback, the 2011 Case Competition can be considered a success. However, it has been and will continue to be our practice to use the survey results and comments, both positive and negative, to improve next year's experience for students and judges alike.

### SURVEY FEEDBACK

#### Students' Comments

- The money enticed me. The case was VERY interesting. I loved how open and broad the question at hand was. Unclear though, the level of detail DHS desired. But I still wouldn't change the case- great!
- I really loved my group experience and I think it is really positive to have students from different graduate programs work together to solve social problems. It helps get us ready to work with other professionals involved in human services.
- Working with interdisciplinary students from other universities was very interesting and challenging. Both coordination and different paradigms.
- The competition was rather mind-provoking, stimulating. I should admit I've lost more energy messing over issues related to the case than all my classes taken together.
- The experience was very positive and highly collaborative. It was well-organized and I was satisfied with the content provided, and though exhausting, it was fun. One suggestion might be to recruit more proportional participation from the universities.
- The event was very well-organized. On the last day of presentation, however, some organized activities would make the waiting easier.
- I think the Case Competition is a really great experience for me. It is my first time doing something like this. I had always felt nervous speaking in front of a group I do not know. This competition has really given me confidence and different attitude against those with mental illness. I knew there are different mental disorders, but then I also believed people with mental illness are serious people. I have a different idea now, thanks to DHS Case Competition.
- The instructions for expectation of the financial analysis were too vague.
- I think this is a really great opportunity for students from different schools to get together and work together. The fact that DHS really takes the projects into consideration for policy makes working all the crazy hours more relevant. I know it's difficult to plan around everyone's schedules but I think it's important to note that Duquesne's program is more night class based so many of us had to miss class to attend the first session.

## Appendix A

- This was a really positive experience. I've never done anything like this, so I learned a lot, especially about mental illness. Great group, great topic, great food.
- Tough but fun! Loved meeting new people!
- When I first heard about the Case Competition, I didn't want to participate but I'm glad I did. Great learning experience, got to use my mind, felt what it was like to work under pressure.
- This was a very broad topic and "grand" ideas were asked for but then there was a problem with thinking big by the judges.
- Capability to use own laptop would be appreciated. Well-organized, friendly staff. Thank you for accommodating our irregularities. Flash drive with data was an excellent addition. Panel/judges were friendly, knowledgeable.
- I loved the entire experience during Case Competition. Thank you for putting all this together.
- Timing of competition was rough, with midterms and assignments for classes.
- Working with people I'd never met was a challenging but ultimately rewarding experience.

### Judges' Comments

- Did you advertise to all local universities? e.g. Chatham?
- It was great for me to see DHS working toward new and innovative ideas.
- This is a great event!
- This has been a great experience!
- The event was very well run. Last year there seemed to be more of cross-functional approach with the students (business, policy, social work) that seemed to be lacking this year. I would work to include more non-policy participants next year.
- Thank you for the consideration to providing guidance, judging information and opportunities. Well worth the time.
- A great program that is mutually beneficial to the students, provider agencies, and overall communities. Something I would want to participate in annually. Is there consideration given to trying to balance the teams with persons for whom English is not their first language?
- Staff did a wonderful job organizing and motivating.