FINAL REPORT

An Evaluation of A New State of Mind: Ending the Stigma of Mental Illness

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Executive Summary

This study involved the use of multiple methods to assess the effectiveness of the documentary *A New State of Mind: Ending the Stigma of Mental Illness*. The documentary was created by Runyon Saltzman & Einhorn as part of the California Mental Health Services Authority (CalMHSA) statewide mental illness stigma and discrimination reduction (SDR) campaign. Pre-test data were collected prior to participants attending an in-person viewing of the documentary with a post-test and additional data gathering following exposure. Data were collected in April of 2013 in two locations, Fresno and Los Angeles, California.

The main findings from the study are summarized below.

Reactions to the Documentary

Reactions to the documentary were positive. Respondents found it to be informative (92%), believable (95%), thought provoking (86%) and inspiring (73%). Most respondents reported that the documentary taught them something about people experiencing mental illness (86%) and that it made them want to learn more (74%). The overall reaction on a scale from 1 - 10, with 10 being very positive, was 8.1.

Real-time responses during the video showed that Los Angeles respondents had more positive responses with a high of 74.4 compared to Fresno at 70.1 out of 100 possible points, but respondents from both sites had positive reactions. Overcoming stigma was overwhelmingly reported as the main message of the documentary. One of its strengths is the diversity of people featured and the ease with which audiences can relate to them and their stories.

Evidence for Effectiveness

We found evidence that the documentary is effective in changing a number of SDR campaign outcomes:

Knowledge:

Pre-test knowledge levels reported by the decision makers were high prior to attending the viewing session. In spite of this, there was increased agreement that "everyone experiences mental illness at some point in their life" after viewing the program.

Attitudes:

After viewing the documentary, a significant increase was seen in the agreement to be supportive of people experiencing mental illness. There was also an increased agreement that participants could see the ways in which people are discriminated against, but the difference was not significant.

Acceptance and Willingness to Engage on Issue in Future:

After viewing the documentary, there was an increase in participant willingness to respectfully challenging a friend or coworker for making an insensitive comment, to discuss with a neighbor the challenges people with mental illness face, and to encourage someone with mental illness to seek help. There was also a significant increase in willingness to accept a person experiencing schizophrenia in a number of different social situations. This is particularly interesting given previous baseline findings that indicated ambivalence (neither willing nor unwilling) to accept a person experiencing schizophrenia in most social situations. Specific situations included as a coworker, as a resident in a halfway house in their neighborhood, as a babysitter, as a next-door neighbor, as a job applicant, as a tenant, and as a student in the classroom, assuming they were the teacher. There were similar increases with regard to people suffering from substance abuse.

Using data from real-time dial technology to collect responses during viewing of the documentary, it appears that the content in specific segments is responsible for the positive changes registered through the pre and post-test surveys. What is highly compelling about the findings is that these changes took place within a study population reporting relatively high levels of contact, knowledge about mental illness and positive SDR attitudes at the time of study enrollment.

Study Background and Purpose

The CalMHSA stigma and discrimination reduction (SDR) social marketing campaign being implemented by RS&E has multiple elements and target audiences. This study presents evaluation data on a part of the campaign designed to reach adult decision makers age twenty-five and over. The campaign has multiple elements but the centerpiece is a one-hour documentary, A New State of Mind: Ending the Stigma of Mental Illness, which was created for airing on California public broadcasting stations in the spring of 2013 and on the EachMindMatters.org website. The decision maker audience includes California landlords; caregivers to the elderly; e health care system professionals; teachers; criminal justice system professionals; people in the role of hiring and firing at their jobs; and individuals who have friends or family diagnosed with mental illness. The documentary presents a series of personal stories showing how individuals with mental illness have overcome struggles with their conditions and life circumstances. The eighteen stories feature a variety of situations and people from diverse backgrounds. These personal vignettes were designed to 1) reduce the stigma of mental illness by increasing knowledge about mental illness and 2) increase acceptance and willingness to support people with mental illness.

To assess the effectiveness of the documentary as an SDR intervention, two groups of adults identified as decision makers were convened to view the video and provide their impression of the documentary video in several ways. A pre-post survey design was implemented. A unique dial rating system also captured moment-to-moment reactions to the program. A group discussion followed. The sessions each had a minimum of 50 participants and lasted approximately two and a half hours. Recruitment of participants was completed by local market research agencies through a screening process: participants enrolled in the study were required to meet age and decision maker criteria and already be PBS viewers. Those who had already seen the documentary video were screened out. The sessions were also balanced in terms of demographic characteristics, such as race-ethnicity, income level, and gender. A quota of no more than 20 percent of the recruited participants having personally experienced a serious mental illness condition was also implemented. Contact information of recruited participants was transferred from the recruitment agency to NORC via secure file transfer protocol interface for NORC staff to provide the survey link to respondents and to confirm their participation in the session. Data were collected April 7–15, 2014. Sessions were conducted in Fresno, California, on April 14 and in Los Angeles, California, on April 15. An incentive of \$75 was provided for completion of the pre- and post-test and participation in the viewing session and discussion.

Both the pre-test and the post-test surveys assessed knowledge about mental illness and perceptions about people experiencing mental illness (e.g., the extent of agreement with myths and stereotypes). The surveys also evaluated the degree of acceptance of people experiencing mental illness and self-reported SDR behaviors and behavioral intentions. The study's main question is whether there are significant differences between the pre-test and post-test on these outcome measures and whether the differences suggest that *A New State of Mind: Ending the Stigma of Mental Illness* was effective in influencing the change. The moment-to-moment dial technology and the qualitative discussion sessions were conducted to learn which portions of the documentary were most compelling and to gather impressions about the stories featured in the context of stigma reduction.

Study Methodology

Pre & Post-Test Surveys of Adult Decision Makers

Participants recruited completed a self-administered online pre-test and an in-person, paper post-test. While 117 respondents completed the pre-test, 109 attended the sessions and completed the post-test and other study activities. Of the 117 respondents completing the pre-test, 80 percent completed the online pre-test two to six days prior to attending the viewing sessions. The online survey was used to reduce response bias such as a demand effect that could occur from a pre-test administered just prior to exposure and a post-test immediately following exposure. The online pre-test survey also reduced error, increased ease of completion among respondents, and minimized test-administration time. Preliminary pre-test results were also accessed to inform the planning of the moderated discussions which took place at the sessions. The post-test was administered using a paper format just following viewing of the documentary at the in-person sessions. Consent to participate was obtained at the time of the screener even though the NORC Institutional Review Board (IRB) approved the study as exempt from human subject protection requirements.

Pre & Post-Test Survey Measure Development

The survey measures used in this study were based on the ones developed for the larger evaluation of the SDR campaign targeted to the California adult decision maker audience. To assess the effectiveness of the entire effort pre and post surveys are being conducted with population-based samples of the decision maker audience. The pre-test survey was conducted in 2012. The post-test survey will be fielded in the summer of 2014. It was agreed that many of these same outcome measures were appropriate for the

documentary evaluation since the goal of the documentary was to address almost all of the same issues as the campaign in its entirety.

Once the objectives of the stigma and discrimination reduction campaigns were finalized for the respective audiences, the process of evaluation measure development commenced. As an initial step, a series of necessary measures for knowledge, attitude, and behavior was developed by Larry Bye at NORC and Lex Matteini then at RS&E. Then existing (preferably validated) measures were identified for each from scientific and grey literatures. Many of the items for the adult surveys were adapted from a New Zealand SDR campaign evaluation survey. Items assessing help-seeking behaviors and the willingness to accept people experiencing mental illness were devised by Dr. Susan Keyes, previously Director of Inspire USA and currently a member of the RS&E Strategic Council. The measure development process was led by Larry L. Bye of NORC. Other participants were Lex Matteini, RS&E; Susan Keyes, PhD RS&E Strategic Council; and Sergio Aguilar-Gaxiola, MD, PhD, Founding Director of UC Davis Center for Reducing Health Disparities (CRHD).

Additional Methods

Moment-to-Moment Dial Technology

A moment-to-moment dial technology collected ratings from each participant during every second of documentary viewing. Exhibit A provides an example image of the handheld dial that respondents used to react to the documentary. Respondents were instructed on how to use the dials and asked to provide their reaction to the content in the documentary on a scale of 0 to 100, with 50 being neutral, 1 being the most negative rating and 100 being the most positive rating. Requests were made not to interpret the production value of the video but to react to the content and information relayed. The collective dial data from participants in each session were displayed in real time for researchers at the session on a screen used to view reactions. The real-time responses provided insights to moderators for information-gathering and probing about various segments in the group discussion that took place at the sessions. The moment-to-moment dials were also able to capture a series of immediate reaction measures similar to survey measures with scaled ratings. The dials were programed with the codes for specific response options that participants could move their dials to depending on the question displayed on the screen.

Exhibit A: Handheld Moment-to-Moment Dial



Group Discussion

A qualitative discussion was conducted at each in-person session following exposure to the documentary and completion of the post-test. Questions posed during the discussion portion of the sessions were intended to explore issues emerging from an initial review of the post-test survey responses, the reasoning behind the reactions captured through the moment-to-moment dials and the group's general opinions about the program and the SDR issue.

Data Analysis

Screener and post-test survey data were double-entered with quality-control checks for errors. A crosswalk was created to match survey questions from the screener, pre-test, and post-test with each other for comparison analysis. Pre-test and post-test comparisons were conducted using chi-square and t-test where appropriate for the specific measure with significance testing at p < 0.05. No weighting was conducted. Moment-to-moment dial data was analyzed to obtain maximum combined ratings by moment to identify documentary segments with highest ratings for both locations. Basic frequencies were also computed without any significance testing for the immediate response scaled rating items. Group discussion data was analyzed for theme and to determine if verbal audience perception supported other findings.

Study Team

Larry L. Bye, NORC Senior Fellow, led study design and instrument development work and assisted with data analysis and reporting writing tasks. Alyssa Ghirardelli, NORC Research Scientist, provided a major contribution to instrument design, managed data collection activities, collaborated on data analysis, and served as principal writer of the report. Martin Barron, PhD, NORC Senior Research Scientist, conducted data analysis.

Demographic Composition of the Samples

The overall sample was comprised of 109 respondents that completed all elements of the study. Respondent demographic characteristics are provided below for the combined sample and for each of the two sites.

Exhibit B: Demographics of Respondents in General Population Sample

Demographic Characteristics	Fres	no	Los A	Angeles	All	
Age	n	%	n	%	n	%
<35	8	15	9	16	17	16
35–44	11	21	21	37	32	29
45–54	20	38	11	19	31	28
55–64	12	23	10	18	22	20
65+	1	2	4	7	5	5
Missing	0	0	2	3	2	2
Gender (self-reported)						
Male	30	58	29	51	59	54
Female	22	42	28	49	50	46
Race/Ethnicity						
White, Non-Hispanic	31	60	16	28	47	43
Black, Non-Hispanic	3	6	20	35	23	21
Other, Non-Hispanic	2	4	4	7	6	6
Hispanic	16	31	17	30	33	30
Education						
Less than High School	1	2	1	2	2	2
High School Graduate	0	0	3	5	3	3
Some College	15	29	18	32	33	30
College Graduate	20	38	23	40	43	39
Post-Graduate Degree	16	31	12	21	28	26
Income						
<\$20k	4	8	2	4	6	6
\$20k-\$40k	6	12	11	19	17	16
\$40k-\$60k	10	19	15	26	25	23
\$60k-\$80k	7	13	9	16	16	15
\$80k-\$100k	7	13	7	12	14	13
>\$100k	14	27	12	21	26	24
Missing	4	8	1	2	5	5
Region						
Fresno	52	100	0	0	52	48
Los Angeles	0	0	57	100	57	52

Demographic Characteristics	Fresno		Los Angeles		All	
Type of Decision Maker (individuals may fall into multiple categories)						
Landlord	10	19	9	16	19	17
Hiring/Firing	9	17	14	25	23	21
Family/Friend	26	50	33	58	59	54
Health Care System Professionals	10	19	6	11	16	15
Caregivers to the Elderly	5	10	12	21	17	16
Criminal Justice	1	2	3	5	4	4
Teacher	18	35	13	23	31	28
Type of PBS Viewer						
Regularly (2x/week)	28	54	37	65	65	60
Occasionally (1x/week)	24	46	20	35	44	40

- The majority of the sample was age 35–54, with the Fresno group having more respondents age 45– 54 and Los Angeles with more in the 35–44 age bracket.
- Gender was evenly split between males and females, but the Fresno group had a higher proportion of males (58 percent) than in Los Angeles (51 percent).
- Non-Hispanic Whites and Hispanics were more represented in the sample overall. Los Angles had a much higher proportion of non-Hispanic blacks (35 percent) compared to Fresno (6 percent).
- In both locations, respondents were highly educated, with most having a college degree or postgraduate degree (69 percent in Fresno and 61 percent in Los Angeles). Very few of the respondents had only a high school education or less (less than 2 percent overall).
- Income levels among respondents were fairly well distributed; however in both sites more than 20 percent made \$100,000 per year or more.
- Half or more of the sample reported having a family member or friend with mental illness. Nearly one-third overall reported being a teacher (28 percent), but Fresno had 35 percent that were teachers. Many reported making hiring and firing decisions (21 percent) or being a landlord (17 percent).

Major Findings

This section of the report presents the major findings from the study.

1.0 Contact with People Experiencing Mental Illness

Awareness and Experience with Mental Illness (MI)

Respondents were asked about closeness of contact with people experiencing mental illness and could mark all that applied to their situation, including any personal experience with having serious mental illness. Exhibit 1.0 shows results for study participants.

Exhibit 1.0: Contact with Persons Experiencing Mental Illness

The next statements are about serious mental illnesses. A serious mental illness is a mental, behavioral, or emotional disorder that lasts for some period of time. It seriously impairs a person's ability to function and limits their ability to take part in major life activities. Some examples of serious mental illness include major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, panic disorder, and borderline personality disorder. For each of the following statements, select whether it is true or false for you.

	n=537 Re	esponses
Family or Living Situations	sum	%
Personally have MI, now or in past	13	12
Have a relative with MI	60	55
I live with a person with MI.	15	14
Have a friend of the family who has MI	63	58
Work Situations		
My job involves providing services or treatment for persons with serious mental illness.	27	25
I have worked with a person who has a serious mental illness at a place of employment.	40	37
Social Situations		
I have observed persons with mental illness on a frequent basis.	52	48
I have observed in passing a person I believe may have had a serious mental illness.	96	88
I have watched a movie or television show in which a character had a serious mental illness.	92	84
I have watched a documentary on television about serious mental illness.	67	61
No Experience		
I have never observed a person that I was aware had a serious mental illness.	12	11

Note: Analysis was conducted by responses, not by respondent.

Twelve percent reported having personally experienced a serious mental illness now or in the past, and 14 percent reported living with someone who has a mental illness.

- More than half reported having either a relative (55 percent) or a friend of the family (58 percent) with a serious mental illness.
- A quarter of respondents reported having a job that provides treatment or services to persons with mental illness.
- More than one-third (37 percent) have worked with someone who has a serious mental illness.
- Few respondents (11 percent) reported having never observed a person that they were aware had a mental illness. In fact, most (88 percent) reported observing a person in passing that they believed had a mental illness.
- Similar distribution was found among a population based sample with the same respondent criteria of decision makers.

2.0 Reactions to the Documentary

Moment-to-Moment Dial Ratings

Real-time recorded dial ratings were overwhelmingly positive. On average, the two sites had readings of 62.2 out of 100 possible points with a maximum of 71.3 and a minimum of 40.0. Los Angeles respondents had more positive responses with a high of 74.4 compared to Fresno at 70.1, but—again both had positive reactions. The conditions and situations that each story presented in the flow of the documentary tended to be the low point on the dial reaction scale; however, this was typically followed by an increase in the scores as the challenges facing the individuals were resolved. This pattern was more common in Fresno than in Los Angeles where the scores remained higher throughout. In fact, Los Angeles dial scores tended to run about 10 percent higher moment to moment than in Fresno. This suggests that the SDR issue may play out differently in more socially and politically conservative areas, a pattern that is historically true on most civil rights issues.

Five segments received the highest dial ratings in the documentary for both Fresno and Los Angeles. The content that received the most positive responses by both sites included:

- Patrick Kennedy's discussion about health care reform and the coverage of mental health and addiction services through health insurance policies, as well as coverage about his One Mind for Research initiative to conduct brain research.
- Elena Lindsey's summary of her story describing how she feels productive and good about herself, giving her the ability to "share that with her family."
- Andrea Hillerman's portion of her vignette where she talks about how life got better when she had her daughter and that it "melts her heart" when she sees her baby's smiling face.
- Jennifer Price's success with getting housing for people recovering from mental illness when she states that they needed help and people "stepped up" as a team to provide the help that was needed, as well as the portion of her story that states how "many people who are working to stop the stigma of mental illness have themselves been hurt by it."
- Paul Gilmartin's section about his radio talk show *Mental Health Happy Hour*, when he describes who he thinks comprises his largest group of listeners—that they are people "who themselves are struggling with some type of battle in their head or in their emotions."

Immediate Response Dial Ratings

Immediately following viewing of the documentary, respondents were asked to provide ratings to a series of reaction questions. Very positive responses were provided for most of the items. The overall reaction on a scale from 1-10, with 10 being very positive, was 8.1. Participants reported through the dial ratings that they found the documentary to be informative (92%), believable (95%), thought provoking (86%) and inspiring (73%), Many respondents reported that the documentary taught them something about people experiencing mental illness (86%) and that it made them want to learn more (74%). The documentary was able to hold the attention of most participants with a mean score of 7.8 on a scale from 1-10, with 10 being very much and 1 not at all. The same scale was used to determine if the documentary will make viewers think differently about people with mental illness or treat them differently. Respondents reported a mean of 6.9 for thinking differently about people with mental illness and 6.5 for treating them differently.

Open Ended Responses from Post-Test Survey

The open-ended responses gathered on the post-test provided a wealth of information about respondent's reactions to the documentary. The data provided an in-depth perspective about who viewers related to in the video, their perceptions of the main message, and their emotional responses. Multiple responses were analyzed for each of the questions if they were provided.

Exhibit 2.1: Who Respondents Related To and Who Reminded Them of Someone They Know

Who were you able to relate to the most in the documentary video? Who reminded you most of someone you might know in your neighborhood or community?

	Who Related To		Who Rem	inded You
Person Featured in Video	sum	%	sum	%
Glenn Close	1	<1	0	0
Greg Louganis	10	9	4	4
Elena Lindsey	1	<1	1	<1
Andrea Hillerman	2	2	0	0
Steve Keyser	2	2	5	5
Monica Potts	3	3	12	11
Daniel Morris	0	0	2	2
Tony Aquilar	2	2	0	0
Jennifer Price	0	0	0	0
Benjamin Romero	13	12	14	13
Clayton Chau	7	6	0	0
Elyn Saks	2	2	0	0
Moeshe Johnson	4	4	9	8
Adalia Martinez	3	3	3	3
Chua Cher Yang	4	4	8	7
Albert Titman	4	4	3	3
Keris Myrick	10	9	5	5
Paul Gilmartin	9	8	1	<1
Patrick Kennedy	1	<1	2	2
No One	11	10	16	15
Someone Not In Video	9	8	18	17
Non-Specific People	8	7	9	8
Don't Know	8	7	1	<1

Notes: Analysis was conducted by responses, not by respondent. Cells may not add up to 100 percent due to rounding or missing data.

- Respondents reported relating most to Greg Louganis, Benjamin Romero, Keris Myrick, and Paul Gilmartin.
- Monica Potts and Benjamin Romero reminded respondents most about someone they might know in their neighborhood or community.

Exhibit 2.2: Post-Test Main Message

What do you think the main message of the documentary was?

	n=151 R	esponses
The Main Message of the Video Was to:	n	%
Overcome stigma	50	46
Understand importance of connecting people with MI with treatment	22	20
Show that MI is common and can affect anyone	21	19
Raise awareness and knowledge about MI	15	14
Learn that people with MI can lead normal lives	14	13
Increase understanding and patience for people with MI	12	11
Learn to try to help and support people with MI	10	9
Encourage large scale change by supporting research and treatment	5	5
Be kind and encouraging towards people with mental illness	1	<1
Don't know	1	<1

Notes: Analysis was conducted by responses, not by respondent. Cells may not add up to 100 percent due to rounding or missing data.

- Overcoming stigma was the overwhelmingly reported as the main message of the video (46 percent).
- Other main messages reported by respondents included understanding the importance of connecting people with mental illness with treatment; showing that mental illness is common and can affect anyone; raising awareness and knowledge about mental illness; learning that people with mental illness can lead normal lives; increasing understanding and patience; and learning how to help and support people with mental illness.

Exhibit 2.3: Post-Test Emotional Reaction

How did the documentary make you feel?

	n=137 Re	sponses
	n	%
Optimistic or hopeful	28	26
Happy or positive	24	22
Sad or depressed	24	22
Informed or educated	22	20
Motivated	10	9
Bored, nothing	9	8
Sympathetic or empathetic	8	7
Interested with desire to learn more	5	5
Angry or negative	2	2
Guilty or uncomfortable	2	2
Other	3	3

Notes: Analysis was conducted by responses, not by respondent. Cells may not add up to 100 percent due to rounding or missing data.

- The majority of the responses reported as emotional reactions to the video were optimistic, hopeful, happy or positive (48 percent).
- However, there was a group of responses that mentioned people feeling sad or depressed (22 percent).
- Twenty percent of responses included reactions of feeling informed or educated and 9 percent included responses of feeling motivated.
- When asked,74% of participants responded positively that the documentary made them want to learn more, however this sentiment was not top of mind as only 5% reported this feeling when asked more generally to describe how the documentary made them feel.

Exhibit 2.4: Post-Test Overall Reaction

Describe your overall reaction to the video.

	n=135 Re	sponses
	sum	%
Informational, educational	43	39
Positive, good	39	36
Liked the diverse stories and individuals	15	14
Suggested future directions, self or society	14	13
Liked information on treatment and help seeking	6	6
Felt it was limited or inaccurate information	7	6
Neutral	4	4
Motivated	4	4
Boring or unenjoyable	2	2
Other	1	<1

Notes: Analysis was conducted by responses, not by respondent. Cells may not add up to 100 percent due to rounding or missing data.

- Most responses about an overall reaction were positive. Respondents felt the documentary was informational, educational, and they liked the diversity of the stories and people in them.
- A few responses included reactions stating that the information was limited, inaccurate, boring, or unenjoyable.

Themes from Group Discussions

The group discussions provided the opportunity to explore questions raised by viewing preliminary findings from the pre-test and from the real-time responses collected through the hand-held dial rating system. Below are the main themes that emerged from the discussions:

- One of strengths of the documentary is the diversity of people who are very relatable, as are their stories.
- The fact that all the people in the documentary with mental illness were willing to "come out" was impressive to many, as was the fact that they took steps to overcome their challenges and achieved positive outcomes.

- Many participants agreed that they learned from the documentary and that it held their attention. It also seemed to have changed their attitudes to at least some degree based on the comments of some participants in both sites.
- Whether people with mental illness are in treatment or not seems to make a difference in how easy it is for some to accept them.
- When presented with information about how ambiguous their views were on some SDR issues based on pre-test survey data, most participants indicated that the documentary did not remove this ambiguity. Some respondents raised the point that a documentary may not have the ability to change their minds about issues they felt unsure about. For this reason, significant changes that are present in the quantitative data are important to recognize.
- Overall, the group discussion data indicated that the program was a powerful eye-opener, thought-provoker, and conversation-starter for most participants.

3.0 Evidence of Effectiveness: Pre & Post-Test Survey Results

The evidence for the effectiveness of A New State of Mind: Ending the Stigma of Mental Illness is presented in the next section of the report. The outcome measures assess the knowledge, attitudes, and behaviors that the documentary and the SDR campaign have sought to promote. The tables below provide quantitative findings from the pre-test survey administered before attending the viewing session and post-test survey completed after respondents watched the documentary. Also provided is the difference between those measures and if that difference is significant.

Understanding Mental Illness

Table 3.1 provides data on respondent agreement levels for statements related to knowledge and social norms. Differences were analyzed at the individual level with scores being compared for each person pre to post and then an average of the mean difference computed.

Exhibit 3.1: Knowledge and Social Norms about Mental Illness

Tell us how much you agree or disagree with each of the statements below on mental illness:

- 1) strongly disagree, 2) disagree, 3) somewhat disagree, 4) neither agree nor disagree,
- 5) somewhat agree, 6) agree, 7) strongly agree

	Pre-test		Post-test		Difference	
No Recovery	n	mean	n	mean	n	mean
Once have mental illness, you will always be ill.	107	3.64	109	3.46	107	-0.16
People with MI can't contribute to society.	108	1.89	109	1.89	108	0.00
Norms						
People are more accepting now.	108	5.12	108	5.15	107	0.00
Perception of Danger						
People with MI are dangerous.	109	4.01	108	3.71	108	-0.28
Universal Experience						
Everyone experiences MI at some point in life.	106	5.65	109	6.06	106	0.42*
Except for having MI, people with MI are just like everyone else.	105	5.71	108	5.99	104	0.26

^{*} Significant at .05 level

- A significant difference was found among respondent perceptions about how common the experience
 of mental illness is among people in general. Respondents had more agreement that everyone
 experiences mental illness at some point in their life after watching the documentary.
- After viewing the documentary, respondents also more strongly agreed that people with mental illness
 are just like everyone else, but this change was not significant.
- There was no movement in agreement regarding the contribution people can make to society or social norms i.e. the idea that people are more accepting now.
- The degree of agreement regarding the perception of dangerousness declined after watching the video, but the difference was not significant. Respondents unsure about this at both points in time,
- Respondents were also not sure if they agree or disagree with the idea that once someone has mental
 illness, they will always be ill. The scores improved a small amount after documentary exposure and
 the change is not significant.

Exhibit 3.2 presents an array of mental illness conditions provided by respondents. Results are presented from frequency comparisons without statistical testing.

Exhibit 3.2: Awareness of Specific Mental Illnesses

Mental illnesses are health conditions that cause problems with a person's thinking, feelings, and mood. They can also affect a person's ability to do things throughout the day. What types of mental illnesses have you heard of? (List as many or as few as you want.)

	Pre-test		Post-				
	n =	429	n = 4	170	Aggregat	e Change	
	n	%	n	%	n	%	
Bipolar/Manic Depression	68	62	91	83	23	21	
Schizophrenia	72	66	91	83	19	17	
Autism/Asperger's	22	21	3	3	-19	-18	
ADD/ADHD	22	20	14	13	-8	-7	
Depression	68	62	78	72	10	10	
Anxiety/Panic Disorder	30	28	26	24	-4	-4	
OCD	31	28	30	28	-1	0	
PTSD	21	19	46	42	25	23	
Alzheimer's	6	6	5	5	-1	-1	
Defiant Disorder/Antisocial	4	4	1	<1	-3	-3	
Downs Syndrome	4	4	0	0	-4	-4	
Substance Use/Abuse	7	6	27	25	20	19	
Dementia	13	12	10	9	-3	-3	
Phobia (general or specific)	7	6	1	<1	-6	-5	
Multiple/Split Personality	7	6	5	5	-2	-1	
Mental Retardation	4	4	1	<1	-3	-3	
Tourette's	4	4	1	<1	-3	-3	
Narcissism	6	6	10	9	4	3	
Symptom, not disorder	17	16	18	17	1	1	
Other	16	15	10	9	-6	-6	
Don't know/not sure	0	0	2	2	2	2	
Refused	0	0	0	0	0	0	

Notes: Analysis was conducted by responses, not by respondent.

Significance testing not conducted.

- Respondents were asked what mental illnesses they were aware of after the term was defined. .
- Not much change was seen among the types of mental illnesses recalled by respondents before and after seeing the documentary.
- Conditions recalled at noticeably higher frequency after viewing the documentary were bipolar or manic depression, schizophrenia, depression, post-traumatic stress disorder, and dementia.
- Autism/Asperger's and Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) were recalled less often after viewing.

Other Attitudes

There have been a number of other attitudes that the SDR campaign has sought to change. Survey results on shame and rejection, discomfort, discrimination, and support are presented below.

Exhibit 3.3: Other Attitudes

For each of the following statements, tell us whether you agree or disagree with each:

- 1) Strongly Disagree, 2) Disagree, 3) Somewhat Disagree, 4) Neither Agree Nor Disagree,
- 5) Somewhat Agree, 6) Agree, 7) Strongly Agree

	Pre-test		Post	-test	Difference	
Knowledge	n	mean	n	mean	n	mean
Desire to know more about mental illness	109	5.79	109	5.76	109	-0.03
Shame and Rejection						
If I had MI, I would feel ashamed.	107	3.97	106	4.00	105	-0.03
If I had MI, friends would reject me.	104	4.19	105	4.02	103	-0.18
Discomfort						
I feel uncomfortable talking with people who have MI.	109	2.74	109	2.90	109	0.16
Discrimination						
I see ways people with MI are discriminated against.	107	5.79	108	6.02	107	0.22
Support						
I could be supportive of people with MI.	108	5.19	107	5.53	106	0.35*
I want to be supportive of people with MI.	107	6.17	108	6.19	106	0.03
Personal Change						
I am more accepting of people with MI.	109	5.46	109	5.52	109	0.06

^{*} Significant at .05 level

- A significant increase was seen in the mean level of agreement what the "I could be supportive" measure.
- There was increase in agreement that respondents can see the ways in which people are discriminated against, but the difference was not significant. Agreement levels were high at 6.02 in the post-test survey.
- A desire to know more, and to provide support, were quite prevalent in both surveys as was the sense that respondents were more accepting of people with mental illness. There was no change over time though.
- Ambiguity still exists at post-test regarding the shame and rejection associated with mental illness.

Beliefs about How to Give Support

Participants provided open-ended responses about what they can do to support someone experiencing mental illness. Responses were coded and categorized based on constructs of active engagement through listening and talking, emotional and non-emotional support, help-seeking, advocacy, and judgment.

Exhibit 3.4 presents the types of descriptions provided by respondents on how to give support to someone experiencing mental illness. Results are presented from frequency comparisons without statistical testing.

Exhibit 3.4: Respondent Descriptions of How to Give Support

What can individuals do to be supportive of people who are experiencing mental illness?

	Pre-test		Post-test		Aggregate Change	
Supportive Attitudes and Behaviors	sum	%	sum	%	difference	%
Listen or talk with them	36	33	40	37	4	4
Learn more about MI, gain awareness, knowledge	36	33	25	23	-11	-10
Provide direct care or emotional support	31	28	40	37	9	8
Treat them as normal	29	27	26	24	-3	-3
Be non-judgmental or accept them for who they are	29	27	26	24	-3	-3
Be understanding, patient, tolerant	25	23	27	25	2	2
Connect to professional or medical help	16	15	28	26	12	11
Be compassionate, concerned, or empathetic	11	10	16	15	5	5
Connect to resources, be supportive in the community, be an advocate	11	10	16	15	5	5
Be nice, provide friendship, other non- emotional supportive role	10	9	13	12	3	3
Protect them from stigmatization—"stand up for them"	3	3	2	2	-1	-1
Unsupportive Attitudes and Behaviors						
Directly unsupportive or counteractive behavior	1	<1	1	<1	0	0

^{*} Significance testing not conducted.

- Not much change was seen in these responses from the pre-test and post-test surveys.
- The greatest change was an increase in the number of respondents suggesting that they would connect individuals to professional or medical help.
- Respondents offered many appropriate ways to be supportive of people experiencing mental illness in both the pre-test and post-test surveys.

Top of mind responses showed a subtle shift from the pre-test to post-test. Ideas provided in the pre-test that included knowledge acquisition and general acceptance dropped and thoughts about direct support such as emotional support, direct care or connecting to professional or medical help increased in the post-test..

SDR Behavior Change

Willingness to engage with people experiencing mental illness and the adoption of other supportive behaviors have been a critical part of the campaign. Survey results bearing on this issue are presented below. Exhibit 3.5 provides two different measures before and after the viewing of the documentary. During the pre-test, respondents were asked if they made any specific changes in the past year and at the post-test, they were asked if they intended to make any in the upcoming year. Respondents were then analyzed by what they reported having done or not done in their behavior at the time of the pre-test. The pre-test response option was yes/no/not sure and the post-test response option was likeliness on a scale of 1-7. Because the two different measures could not be compared, analysis was conducted to determine if respondents who had already reported doing the behavior in the past had higher levels of intention than those who didn't. Significance testing was not conducted, so only general assumptions can be made about any differences present.

Exhibit 3.5: Support Behaviors Reported

In the last 12 months have you done any of the following?

1) Yes, 2) No, 3) Not Sure

In the next 12 months how likely are you to do any of the following?

- 1) Very Unlikely, 2) Unlikely, 3) Somewhat Unlikely, 4) Neither Likely Nor Unlikely,
- 5) Somewhat Likely, 6) Likely, 7) Very Likely

	Pre-test Behavior		Post-test Intention		Post-test Mean Intention by Behavior at Pre-test	
Knowledge Seeking	N	% yes	N	mean	pre-test not yes	pre-test yes
Making effort to learn more such as visiting website	109	47	109	5.62	5.16	6.16
Direct Support						
Contact with someone experiencing MI, which increased awareness	109	71	108	5.99	5.48	6.19
Provided actual support	109	68	106	5.91	5.55	6.07
Respectful behavior toward someone with MI	109	67	109	6.28	5.97	6.42
Encourage someone with MI to seek help from a website, helpline, or other resource	109	54	107	6.30	6.14	6.43
Encourage someone with MI needing support to seek help from a counselor or health professional	109	56	107	6.30	6.13	6.43
Indirect Support						
Looked for signs of depression or suicide among family or friends	109	54	109	6.08	5.50	6.56

^{*} Significance testing not conducted

- Prior to viewing the documentary, many respondents reported having contact with someone experiencing mental illness that helped them to increase their awareness (71 percent), allowed them to provide direct support (68 percent), and were able to be respectful to someone with mental illness (67 percent).
- More than half reported at the pre-test encouraging someone to seek help from a website, helpline, or other resource (54 percent) or to seek help from a counselor (56 percent). More than half also reported looking for signs of depression or suicide among friends (54 percent).
- Intentions for knowledge-seeking and to provide support were high for all the measures with average likelihood at "likely" or nearing "very likely."

- Respondents reporting that they engaged in knowledge-seeking and support at the pre-test had noticeably higher levels of likelihood to engage in those behaviors after viewing the documentary.
- Respondents who reported support behaviors in the past showed higher mean scores for intention to
 provide support in the future, although these differences were not tested for significance.

Respondents were asked to provide written descriptions of the specific ways they had changed in the past five years regarding how they treat people with mental illness. Exhibit 3.6 provides an overview of those responses using categories identified through review of the responses. These data were only collected in the pre-test survey.

Exhibit 3.6: Respondent Descriptions of Changes within the Past Five Years, Pre-test

Compared with five years ago, in what ways, if any, have you changed your behavior in relation to people with mental illness?

Supportive Attitudes and Behaviors	Responses	%
Be understanding, patient, tolerant	19	17
Be nonjudgmental or accept them for who they are	14	13
Learn more about MI, gain awareness, knowledge	12	11
Be compassionate, concerned, or empathetic	11	10
Provide direct care or emotional support	7	6
Listen or talk with them	3	3
Be nice, provide friendship, other nonemotional supportive role	2	2
Protect them from stigmatization—"stand up for them"	2	2
Connect to professional or medical help, resources, other community advocacy	1	1
Unsupportive Attitudes and Behaviors		
No change	52	48
Nothing	1	<1
Don't know/Other	6	6

- Most respondents reported at the pre-test that they had not made any changes in how they related to people with mental illness (48 percent).
- Those that did specify the kinds of changes they have made in the past five years included responses such as, being understanding, patient, and tolerant (17 percent); being non-judgmental and accepting them for who they are (13 percent); learning more about mental illness and gaining awareness or knowledge (11 percent); and being compassionate, concerned, or empathetic (10 percent).

Advocacy and Willingness to Engage on Issue of Stigma and Discrimination

Encouraging a willingness to engage and advocate for SDR has been an important goal of the campaign. To learn if the documentary supported this goal, the survey included measures focusing on the types of actions related to advocacy and engagement. Results are presented in the exhibits below.

Exhibit 3.7: Willingness to Engage on the Issue of SDR

Here are some different types of actions you might take on behalf of people who experience mental illnesses. Please tell us how willing you would be to ...

- 1) Totally Unwilling, 2) Unwilling, 3) Somewhat Unwilling, 4) Neither Willing nor Unwilling,
- 5) Somewhat Willing, 6) Willing, 7) Totally Willing

	Pre-test		Post-test		Difference	
	n	mean	n	mean	n	mean
Respectfully challenge a friend or coworker who makes insensitive comment	105	5.77	109	6.06	105	0.32*
Find out if your workplace has policies that promote mental wellness and that support employees who feel anxious, stressed, depressed, or suicidal	104	5.73	108	5.85	103	0.17
Write a letter or posting online about negative stereotypes	107	4.93	104	5.11	102	0.16
Verbally encourage friends and family to treat people with MI with respect	108	6.02	108	6.11	107	0.10
Sign a petition requiring local landlords to provide equal housing opportunities for people experiencing mental illness	106	5.00	107	5.17	105	0.16
Discuss with a neighbor the challenges that people experiencing mental illness sometimes face in society	108	5.25	108	5.56	107	0.29*
Encourage someone with mental illness to seek professional help or resources	106	5.97	108	6.34	106	0.38*
Stop using words such as "crazy" or "nuts" to describe someone with a mental illness	105	6.03	108	6.10	104	0.07
Discuss with a neighbor something from the documentary video about mental illness ⁺	N/A	N/A	108	5.94	N/A	NA

^{*} Significant at .05 level

- Significant, positive rating increases were reported from pre- to post-test on several engagement measures including; respectfully challenging a co-worker or friend for making an insensitive comment, discussing with a neighbor the challenges people with mental illness sometimes face, and encouraging someone with mental illness to seek professional help or resources.
- All the willingness measures showed some positive movement after watching the documentary. However, many of these measures were already relatively high with respondents reporting "somewhat willing" or "willing" to engage in the behavior.

⁺ Only included on post-test

Exhibit 3.8: Willingness to Accept a Person Experiencing MI

For each of the following situations how willing would you be to accept a person who is experiencing a mental illness:

- 1) Totally Unwilling, 2) Unwilling, 3) Somewhat Unwilling, 4) Neither Willing nor Unwilling,
- 5) Somewhat Willing, 6) Willing, 7) Totally Willing

	Pre-test		Post-test		Difference	
	n	mean	n	mean	n	mean
As a coworker	108	5.80	109	5.84	108	0.06
As a resident in a halfway house on your street	105	5.26	108	5.41	104	0.13
As a babysitter for your children, assuming you had children	102	3.29	108	3.13	101	-0.19
As a next-door neighbor	108	5.26	108	5.31	107	0.06
As a job applicant, assuming you were the one hiring	106	5.05	106	5.36	104	0.31*
As a tenant, assuming you had an apartment or house to rent out	105	4.90	107	5.10	104	0.21
As someone coming in for treatment, assuming you were a health care worker	107	6.47	109	6.41	107	-0.06
As a student in your child's classroom, assuming you had a child	108	6.05	109	6.24	108	0.19
As a teacher in your child's classroom, assuming you had a child	102	5.17	108	4.92	102	-0.22
As a friend	108	6.17	108	6.17	107	0.01
As a family member	109	6.46	109	6.52	109	0.06

^{*} Significant at .05 level

- The only situation where respondents reported a significant change in their willingness to accept a person experiencing mental illness was as a job applicant with the assumption that they were able to hire.
- There was minimal movement in the willingness measures for other situations.
- Respondents were less willing to accept someone experiencing mental illness as a babysitter than for any other situation. Among most other situations, respondents were either "somewhat willing" or "willing" to accept someone with mental illness.

Exhibit 3.9: Willingness to Accept a Person Experiencing Schizophrenia

For each of the following situations, how willing would you be to accept a person who is experiencing schizophrenia:

- 1) Totally Unwilling, 2) Unwilling, 3) Somewhat Unwilling, 4) Neither Willing nor Unwilling,
- 5) Somewhat Willing, 6) Willing, 7) Totally Willing

	Pre-test		Post-test		Difference	
	n	mean	n	mean	n	mean
As a coworker	106	4.62	106	4.95	104	0.41*
As a resident in a halfway house on your street	103	4.59	107	4.93	101	0.37*
As a babysitter for your children, assuming you had children	105	2.33	106	2.65	103	0.27*
As a next-door neighbor	107	4.29	106	4.79	104	0.54*
As a job applicant, assuming you were the one hiring	107	4.15	106	4.64	104	0.49*
As a tenant, assuming you had an apartment or house to rent out	105	4.15	106	4.61	103	0.50*
As someone coming in for treatment, assuming you were a health care worker	108	6.06	108	6.19	107	0.13
As a student in your child's classroom, assuming you had a child	107	5.37	108	5.80	106	0.45*
As a teacher in your child's classroom, assuming you had a child	103	4.22	107	4.36	101	0.09
As a friend	104	5.69	108	5.84	103	0.15
As a family member	103	6.18	109	6.22	103	0.03

^{*} Significant at .05 level

- Respondents reported a significant change in willingness to accept a person experiencing schizophrenia for most situations provided in the survey. Specific situations included as a coworker, as a resident in a halfway house in their neighborhood, as a babysitter, as a next-door neighbor, as a job applicant, as a tenant, and as a student in the classroom, assuming they were the teacher.
- Respondents were still less willing to accept someone as a babysitter than for any other situation. Among most other situations, respondents were either "somewhat willing" or "willing" to accept someone with mental illness.
- Respondents were already highly accepting of situations where a person might be a friend or a family member, so minimal movement was seen in these conditions.

Exhibit 3.10: Willingness to Accept a Person Experiencing Substance Abuse

For each of the following situations, how willing would you be to accept a person who is experiencing substance abuse:

- 1) Totally Unwilling, 2) Unwilling, 3) Somewhat Unwilling, 4) Neither Willing nor Unwilling,
- 5) Somewhat Willing, 6) Willing, 7) Totally Willing

	Pre-test		Post-test		Difference	
	n	mean	n	mean	n	mean
As a coworker	106	4.62	109	5.06	106	0.42*
As a resident in a halfway house on your street	106	4.77	109	5.34	106	0.56*
As a babysitter for your children, assuming you had children	105	2.30	107	2.85	104	0.49*
As a next-door neighbor	108	4.37	107	4.93	106	0.58*
As a job applicant, assuming you were the one hiring	105	3.60	109	4.52	105	0.90*
As a tenant, assuming you had an apartment or house to rent out	106	3.53	109	4.51	106	0.97*
As someone coming in for treatment, assuming you were a health care worker	108	6.05	108	6.31	107	0.27*
As a student in your child's classroom, assuming you had a child	107	5.18	109	5.61	107	0.43*
As a teacher in your child's classroom, assuming you had a child	106	3.68	107	4.36	104	0.66*
As a friend	107	5.35	109	5.93	107	0.58*
As a family member	105	5.66	109	6.22	105	0.55*

^{*} Significant at .05 level

- Respondents reported a significant change in willingness to accept a person experiencing substance abuse for all situations provided in the survey. The greatest change was seen in the situations of being a job applicant or a tenant.
- Respondents were again less willing to accept someone as a babysitter than for any other situation.
 Among most other situations, respondents were either "somewhat willing" or "willing" to accept someone with mental illness.

Discussion of Evaluation Findings

Overall, the documentary tested well and study participants responded positively to the content. They felt informed by it, were clear about its main messages and offered appropriate insights into how to support people facing mental health challenges. Respondents liked the diversity of the stories presented. They had a natural tendency to react positively to the resolution of challenges faced by each of the featured individuals as well as the content presented about their family relationships. Although several of the segments that received the highest ratings did not feature people that respondents related to the most, high ratings for specific content of their stories were reflected through significant attitudinal shifts detected in the pre and post-test surveys. Changes that appear to be specifically connected to the stories presented include:

- More acceptance of people with mental illness as a job applicant
- Greater acceptance of people experiencing schizophrenia as a coworker, resident in a half-way house on their street, as a next door neighbor, as a job applicant and as a student
- More acceptance of all situations of people experiencing substance abuse, but specifically as a job applicant or a tenant

Study participants reported high rates of contact with persons experiencing mental illness upon study enrollment, although rates were comparable to those reported in a population-based sample of the decision maker audience, the baseline survey conducted prior to the launch of the SDR campaign targeted to this audience. They also reported rather high levels of knowledge as well as positive attitudes and behaviors in the pre-test survey. Therefore, the positive movement on important outcome measures is all the more impressive.

Documentary exposure seems to be associated with greater acceptance and willingness to support people experiencing mental illness. There were significant increases in agreement that "everyone experiences mental illness at some point in their life" and an increase in their feeling that they could be supportive of people with mental illness. After viewing the documentary, respondents reported increased willingness to respectfully challenge a friend or coworker for making an insensitive comment, to discuss with a neighbor the challenges people with mental illness face, and to encourage someone with mental illness to seek professional help or resources. Although not statistically significant, respondents who reported minimal contact with people experiencing mental illness showed decreases in the perception that such people are more likely to be dangerous. They also reported increased understanding about the ways in which people with mental illness are discriminated against.

Many reported an intention to provide support and a desire to learn more about mental illness. Respondents who reported providing support in the past had higher rates of willingness to do so in the future. Most importantly, among all the possible things that they could intend to do, participants in the study had the greatest intention to encourage people with mental illness to seek help through a counselor, health professional or other resources. Readers are cautioned that while this evidence is highly suggestive of documentary effectiveness, our study design does not allow for the definitive attribution of the positive changes from pre to post-test to documentary exposure. It is possible that other factors are also involved, factors that our research design did not take into account. Finding significant change from pre-test to post-test even among small sample sizes additionally provides support for these meaningful results. Although many of these differences were small, they still show that interventions of this kind are important as part of a comprehensive approach to SDR.

Appendices

Appendix A:



CalMHSA: SCREENER

DATE//							
ID#PLEASE ASSIGN ID NUMBER TO BOTH QUESTIONS SEPARATE.	PAGES IF ELIGIB	LE AND KEEP THIS PAGE AND SCREENER					
SESSION CURRENTLY SCHEDULED FOR 4/14/14 OR 4/15/14 RECRUIT 65 FOR 50. INCENTIVE: \$75							
FIRST NAME	LAST NAM	ME					
ADDRESS	CITY	ZIP					
PHONE (HOME)	_ (WORK/CELL)						
NTERVIEWER	DATE//_	CONFIRMED BY					



CalMHSA: SCREENER

ID #	-	
Hello, my name i	s with	, a marketing research firm.
some screening	g on a study about television viewing, health and way questions to see if you qualify to participate. Evento answer any question and you can stop the scr	erything you say is private. You
a. <i>i</i> b. <i>i</i> c. <i>i</i>	or any member of your household, a close friend, or related advertising or marketing agency	NO YES 0 1 0 1
months? a. I	None()	
	1 or more() T ASK- RECORD GENDER.() RECRUIT A 50/50 M	ERMINATE IIX.
4. How ofte	en do you watch public broadcasting on PBS?	
b. (Occasionally (1X/week)() CON	CRUIT 25 or more NTINUE RMINATE
5. What is	your income level? RECRUIT A MIX.	
b. <i>1</i> c. (<25K	ECRUIT APPROX. 12-15
6. What sta	atements apply to you? ALL RESPONDENTS MUST IN	
b. c. d. e. f.	'm a landlord who rents property to tenants	0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1

ACE/	ETHNICITY- RECRUIT A MIX, AT LEAST 1/3 HISPANIC	-
8.	Are you of Latino or Hispanic origin? (IF NEED South American, or Spanish-American?)	DED: such as Mexican-American, Latin American,
	YES, HISPANICNO, NON-HISPANIC	
9.		ries. Please choose one or more races that you lack/African American, Asian, Pacific Islander, er race? (ALLOW MULTIPLE ANSWERS)
	WHITE/CAUCASIAN BLACK/AFRICAN AMERICAN ASIAN PACIFIC ISLANDER AMERICAN INDIAN OR ALASKAN NATIVE	
pa as ar eli Tr	efore I continue, I would like to let you know that y inticipation is voluntary and you may choose not to issess your eligibility for the study. We will take all isswers. We just have a few more questions that we gible. This is for a research study being sponsore the purpose of the study is to improve programs all iestions about the rights of participants you may of	your answers will be kept confidential. Your o answer, but the following questions are designed to possible steps to protect your privacy and your will take about 5 minutes to determine if you are led by the California Mental Health Services Agency. Soout mental health in California. If you have any

7. Are you over age 25? 0

NO YES

person's ability to function and limits their ability to take part in major life activities serious mental illness include major depression, schizophrenia, bipolar disorded disorder, panic disorder and borderline personality disorder. For each of the folloplease tell me whether it is true or false for you.	r, obse	ssive c	ompulsive
please tell file whether it is true of false for you.	TRUE	FALSE	NOT SURE
a. My job involves providing services or treatment for persons with serious mental illness		2	
b. I have worked with a person who has a serious mental illness at a place of employment	1	2	3
c. I have a friend of the family has a serious mental illness	1	2	3
d. I have a relative who has a serious mental illness	1	2	3
e. I live with a person who has a serious mental illness f. I have no contact with a person that I was aware had a serious	1	2	3
mental illnessg. I have watched a documentary about serious mental illness	1	2	3
on PBS or the internet	1	2	3
h. I have a serious mental illness now, or did in the past IF 10h = 1, RECRUIT NO MORE THAN 13 IF 10g = 1 OR 3, GO TO 11 IF 10g = 2 GO TO END	1	2	3

Next I'm going to read some statements about serious mental illnesses. A serious mental illness is a mental, behavioral or emotional disorder that lasts for some period of time. It seriously impairs a

IF Q10g = TRUE (HAVE WATCHED DOCUMENTARY), ASK:

Ending the Stigma of Mental Illness"?	Yes [NOT ELIGIBLE-TERMINATE]1
Litting the Stigina of Mental liness !	
	No2
	Not Sure [GO TO 12]3
	Decline to answer [TERMINATE]9
with an introduction by Glen Close and an interview with Greg Louganis?	Yes [NOT ELIGIBLE-TERMINATE]1
	No2
	Nat Owne
	Not Sure3

END:

10.

IF ELIGIBLE:

"Thank you for answering our questions. We will be gathering a group of people like you together to share their thoughts about a video. The session would be in the evening and last about 2 ½ hours. You would receive \$75 if you take part in the study. If there is an onsite fee for parking, it would be covered. Would you be interested in participating?"

ID#	



Appendix B:

CalMHSA Documentary PreTest

[Please note: survey will be online]

This survey is sponsored by the California Mental Health Services Authority. The information will be used to plan better mental health programs in California. Your answers will be kept confidential. We will take all possible steps to protect your privacy and your answers. Your answers will be kept separate from your name and everyone's answers will be combined at the end of the study. Your responses are important, so please do your best to answer each question. Your participation is voluntary and you may choose not to answer any question. If you choose not to answer a question, you will need to select "prefer not to answer" to continue to the next page of the survey. The survey should take about 20 minutes to complete and you will be asked to attend a 2 ½ hour session to review a video. If you have any questions about the rights of participants you may contact the NORC IRB at 1-866-309-0542.

- 1. Mental illnesses are health conditions that disrupt a person's thinking, feeling, mood and ability to relate to others. They also disrupt daily functioning. What types of mental illness have you heard of? (LIST ALL THOSE THAT COME TO MIND)
- 2. How much you agree or disagree with each of the statements below on mental illness.

		STRONGLY DISAGREE	NEITHER AGREE NOR DISAGREE	STRONGLY AGREE
a.	Once a person gets a mental illness they are always ill	1 2	3 4 5	6 7
b.	People who have had a mental illness are never going to be able to contribute much to society	1 2	3 4 5	6 7
C.	People are more accepting of people with a mental illness than they used to be	1 2	3 4 5	6 7
d.	People experiencing a mental illness are more likely than other people to be dangerous	1 2	3 4 5	6 7
e.	Anyone can experience a mental illness at some point in their lives	1 2	3 4 5	6 7
f.	Except for their illness, people with a mental illness are just like			
	everyone else	—	3 4 5 = 77, REF = 99 FO	•

3. Next are some different statements. Select whether you agree or disagree with each, using the same agree-disagree options as before.

STRONGLY NEITHER AGREE STRONGLY
<u>DISAGREE</u> <u>NOR DISAGREE</u> <u>AGREE</u>
1 2 3 4 5 6 7
1 2 3 4 5 6 7
ness
1 2 3 4 5 6 7
mental
1 2 3 4 5 6 7
an I used
1 2 3 4 5 6 7
reject
1 2 3 4 5 6 7
scriminated
1 2 3 4 5 6 7
cing a
1 2 3 4 5 6 7
[DK = 77, REF = 99 FOR ALL]
. r

ID#	DIAL#	DATE:		
4.	What can individuals do to be supportive of people who are experiencir	ng mental illne	sses?	
5. mental	Compared with 5 years ago, in what ways, if any, have you changed youllness? (IF YOU HAVE NOT CHANGED, PLEASE CHECK THE "NO CHANGES" BO		n relation to	people with
6.	NO CHANGES For each of the following situations, how willing would you be to	accept a pers	on who is e	experiencinç
a ment	al illness?		THER WILLING R UNWILLING	TOTALLY WILLING
respons	As a coworker	. 1 2 3. . 1 2 3.	4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 9 4 5 1 15 1 15 15 16 15 17 15 17 15 18 15 18 15 18 15	6 7 6 7
a. b. c. d. e. f. g. h. i. j. k.	As a coworker	UNWILLING NOI . 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3.	THER WILLING R UNWILLING 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 5	6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7



ID#	DIAL#	DATE:		
8.	This question applies to a different mental illness, substance abo	use. Substanc	e abuse is t	he
-	ive use of a substance, especially alcohol or a drug, leading to significant			
	you be to accept a person who is ill from substance abuse?	•		
-		UNWILLING NO	THER WILLING R UNWILLING	TOTALLY WILLING
a.	As a coworker		4 5 (
b.	As a resident in a half-way house on your street		4 5 (
C.	As a babysitter for your children, assuming you had children		4 5 (
d.	As a next-door neighbor		4 5 (
e.	As a job applicant, assuming you were the one hiring		4 5 (
f.	As a tenant, assuming you had an apartment or house to rent out	1 2 3.	4 5 (b /
g.	As someone coming in for treatment, assuming you were a health care worker		4 5 (
h.	As a student in the classroom, assuming you were a teacher		4 5 0	
i.	As a teacher in your child's classroom, assuming you had a child		4 5 (
j.	As a friend		4 5 (
k.	As a family member		4 5 (
		[DK = //,	REF = 99 FOR	(ALL]
9.	In the last 12 months have you done any of the following?	YES	NO NOT SUI	RE REF
a.	Made a personal effort to find out more about mental illness, such as from			
	a website		23	9
b.	Had a level of contact with someone who was experiencing a menta			
	illness that increased your understanding of their experience		23	9
C.	Provided support to someone experiencing a mental illness			
d.	Behaved in a way that ensured someone with mental illness was			
	treated with respect	1	23	9
e.	Looked for signs of depression or suicide risk among family membe			
•	or friends		23	9
f.	Encouraged someone with mental illness needing support		2	
	to seek help from a website, help line or other resource	1	2 3	9
g.	Encouraged someone with mental illness needing support		2	
9.	to seek help from a counselor or health professional	1	23	9
	·			
10.	Here are some different types of actions you might take on behalf of peo	ople who expe	rience ment	tal illness.
How wi	lling you would be to			
			THER WILLING R UNWILLING	TOTALLY WILLING
a.	Respectfully challenge a friend or coworker who makes an insensitive	<u>ONVILLINO</u> INOI	CONVILLING	WILLING
σ.	comment about people experiencing mental illness	1 2 3	4 5 (6 7
b.	Find out if your workplace has policies that promote mental wellness	2 0.		····· /
٠.	and that support employees who feel anxious, stressed, depressed			
	or suicidal	1 2 3	4 5 (6 7
C.	Write a letter, or post comments online, objecting to negative media	2 0.		O 1
0.	stereotypes of people with mental illness	1 2 3	4 5 (6 7
d.	Verbally encourage friends and family members to treat people with	1 2 0.	4 0	o <i>i</i>
u.	mental illness with respect	1 2 3	4 5 (6 7
0	Sign a petition requiring local landlords to provide equal housing	1 2 0.	4 0	O 1
e.	opportunities for people experiencing mental illness	1 2 2	4 5 (6 7
f	Discuss with a neighbor the challenges that people experiencing	1 2 3.	4 5 (0 1
f.		1 2 2	4 5 (6 7
~	mental illness sometimes face in society	1 2 3.	4 5 (0 /
g.	Encourage someone with mental illness to seek professional help or	1 2 2	1 5	6 7
h	resources	1 2 3.	4 5 (o <i>1</i>
h.	Stop using words such as "crazy" or "nuts" to describe	4 0 0	3 4 5	6 7
	someone with mental illness	. I Z 3	o 4 O	U /
		[DK = 77,	REF = 99 FOR	RALL]

ID#	DIAL#		DAT	E:			
disorder part in r disorder	next statements are about serious mental illnesses. A serior that lasts for some period of time. It seriously impairs a period life activities. Some examples of serious mental illnesser, obsessive compulsive disorder, panic disorder and bordents, select whether it is true or false for you.	erson's ability to fur s include major de	nction a pression isorder.	nd limits n, schize For ea	s their a ophrenia ch of the	bility to tak a, bipolar e following	
a.	I have watched a movie or television show in which a character had a			<u>FALSE</u>	NOT SU	RE REF	
	serious mental illness		1	2	3	9	
b.	My job involves providing services or treatment for p serious mental illness	ersons with	1	2	3	9	
C.	I have observed in passing a person I believe may h	ave had a					
	serious mental illness		1	2	3	9	
d.	I have observed persons with a serious mental illnes		4	2	2	0	
•	frequent basis I have a serious mental illness now, or did in the pas	 .4	T 1	∠	3	9	
e. f.	I have worked with a person who has a serious mental ill		1	∠	3	9	
1.	of employment		1	2	3	g	
g.	I have never observed a person that I was aware ha	d a serious	1	∠			
9.	mental illness		1	2	3	9	
h.	A friend of the family has a serious mental illness						
i.	I have a relative who has a serious mental illness						
j.	I have watched a documentary on television about s						
•	illness		1	2	3	9	
k.	I live with a person who has a serious mental illness		1	2	3	9	
IF Q11e	=TRUE (HAVE OR HAD A SERIOUS MENTAL ILLNESS), ASK:						
12. Hov	v recent was the illness? (Pick the single						
best an	,	I have it now			1		
boot an	owor.,	I had in in the last					
		I had it in the last 6					
		I had it more than	-				
		Don't know	-	-			
		Prefer not to answ					
12 \//0	uld you gov you have fully recovered partially	i leter flot to arisw	GI				
	uld you say you have fully recovered, partially						
recover	ed or not recovered? (Pick the single best answer.)	Fully					
		Partially					
		Not recovered					
		Don't know					
		Prefer not to answ	er		5		
The las	t few questions will help us to compare your answers to th	ose of others.					
14.	How old are you?						
		(ENTER	YOUR AG	E IN YEA	RS)		
		Prefer not to ans	wer		9		
15. Are	you Hispanic or Latino?						
		Yes					
		No Don't Know					
		Prefer not to ans					
					•		



ID#		DIAL#		DATE:			
	nich best describes your racial ba	ackground?	WhiteAfrican American AsianPacific Islander Native American/A Mixed Other (please spe Don't know Prefer not to answ	American I			
17. Wh	nat is your ZIP code?		(ENTER Y Prefer not to answ		ΤΖΙΡ CODE) 9		
18. We	re you born in the U.S. or someplad	Someplace else Don't Know	United States				
19. If yo	ou were not born in the U.S. what c	country were you born	in? (ENTER THE NAME C	OF THE COU	INTRY)		
	the last year, what was your fame before taxes?	ily's total	Less than \$20, \$20,000 - \$40, \$40,000 - \$60, \$60,000 - \$80, \$80,000 - \$100 More than \$100 Don't know	000 000 000 0,000 0,000	2 4 5 6		
21.Wha	at is your level of education?		Less than high High school gra Some college College graduate Post-graduate of Don't know Prefer not to ar	aduate itedegree	2 4 5		
22. Are	e you male or female?		Male Female Prefer not to ar		2		
23. Wh	nat term best describes your sex	ual orientation?	Heterosexual o Bisexual Gay or lesbian. Other (<i>please</i> s Prefer not to ar	specify:	2 3)4		

Those are all the questions we have. Thank you very much!



ID#	DIAL#	DATE:		
1D #	DIAL #	DATE.		

Appendix C:

CalMHSA Documentary PostTest

This survey is sponsored by the California Mental Health Services Authority. The information will be used to plan better mental health programs in California. Your answers will be kept confidential. We will take all possible steps to protect your privacy and your answers. Your answers will be kept separate from your name and everyone's answers will be combined at the end of the study. Your participation is voluntary and you may choose not to answer any question. The survey should take about 20 minutes to complete. If you have any questions about the rights of participants you may contact the NORC IRB at 1-866-309-0542.

These first few questions will help us to confirm your answers from the first survey. Please circle the number that matches your answer.

EX	1. Sample question
	ANSWER 1
	ANSWER 22
	PREFER NOT TO ANSWER9
A1.	Are you male or female?
	MALE1
	FEMALE2
	PREFER NOT TO ANSWER9
A2.	What is your level of education? (SELECT ONE ONLY)
	LESS THAN HIGH SCHOOL1
	HIGH SCHOOL GRADUATE2
	SOME COLLEGE3
	COLLEGE GRADUATE4
	POST-GRADUATE DEGREE5
	DON'T KNOW6
	PREFER NOT TO ANSWER9
A3.	How old are you?
	(ENTER YOUR AGE IN YEARS)
	PREFER NOT TO ANSWER9
A4.	Are you Hispanic or Latino?
	YES1
	NO2
	DON'T KNOW3
	PREFER NOT TO ANSWER9
A5.	Which best describes your racial background? (SELECT ONE ONLY)
	WHITE1
	AFRICAN AMERICAN2
	ASIAN3
	PACIFIC ISLANDER4
	NATIVE AMERICAN/AMERICAN INDIAN5
	MIXED6
	OTHER (PLEASE SPECIFY:)
	DON'T KNOW8
	PREFER NOT TO ANSWER9
A6.	What is your ZIP code?
	(ENTED VOLID & DIGIT 7/D CODE)
	(ENTER YOUR 5-DIGIT ZIP CODE) PREFER NOT TO ANSWER 9



	xt are some questions to get your thoughts and opinions. Your responses are portant, so please do your best to answer each question.
1.	Mental illnesses are health conditions that disrupt a person's thinking, feeling, mood and ability to
	relate to others. They also disrupt daily functioning. What types of mental illness have you heard of? (LIST ALL THOSE THAT COME TO MIND)

DATE:

2. How much do you agree or disagree with each of the statements below on mental illness? Mark an "x" in the box for each statement.

DIAL#

		STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW	PREFER NOT TO ANSWER
a.	Once a person gets a mental illness they are always ill	1□	2□	3□	4□	5□	6□	7□	77□	99□
b.	People who have had a mental illness are never going to be able to contribute much to society	1□	2□	3□	4□	5□	6□	7□	77□	99□
C.	People are more accepting of people with a mental illness than they used to be	1□	2□	3□	4□	5□	6□	7□	77□	99□
d.	People experiencing a mental illness are more likely than other people to be dangerous	1□	2□	3□	4□	5□	6□	7□	77□	99□
e.	Anyone can experience a mental illness at some point in their lives	1□	2□	3□	4□	5□	6	7□	77□	99□
f.	Except for their illness, people with a mental illness are just like everyone else	1□	2□	3□	4□	5□	6□	7□	77□	99□

ID#

		STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW	PRE NOT ANS
a.	illness	1□	2□	3□	4□	5□	6□	7□	77□	99
	If I had a mental illness, I would feel ashamed	1□	2□	3□	4□	5□	6□	7□	77□	99
	I know how I could be supportive of people with mental illness if I wanted to be	1□	2□	3□	4□	5□	6□	7□	77□	9
	I would feel uncomfortable talking to someone who had a mental illness	1□	2□	3□	4□	5□	6□	7□	77□	9:
	I feel I am more accepting of people with mental illness than I used to be	1□	2□	3□	4□	5□	6□	7□	77□	9:
f.	my friends would reject me	1□	2□	3□	4□	5□	6□	7□	77□	9:
	I can see ways in which people with mental illness are discriminated against I want to be as supportive as possible	1□	2□	3□	4□	5□	6□	7□	77□	99
n	i wani iu de as suppuliive as pussible									
	to people experiencing a mental illness /hat can individuals do to be supportiv	1□	2□ ople who	are exp	4□ eriencin	g mental	6□ illness	7□ ses?	77□	9
	to people experiencing a mental illness								770	9:
W	to people experiencing a mental illness	e of peo	ople who	are exp	eriencin				770	91
W	to people experiencing a mental illness /hat can individuals do to be supportiv	e of peo	ople who	are exp	eriencin				770	99
W	to people experiencing a mental illness /hat can individuals do to be supportiv	e of peo	ople who	are exp	eriencin				770	91
W	to people experiencing a mental illness /hat can individuals do to be supportiv	e of peo	ople who	are exp	eriencin				770	9'
W	to people experiencing a mental illness /hat can individuals do to be supportiv	e of peo	ople who	are exp	eriencin				770	99
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	to people experiencing a mental illness /hat can individuals do to be supportiv	t in the	ople who	are expo	eriencin	g mental	illness		770	99

	5.			
ID#	DIAL #	DATE.		
ID#	DIAL#	DATE:		

6. For each of the following situations, how willing would you be to accept a person who is experiencing a mental illness?

		TOTALLY UNWILLING	UNWILLING	SOMEWHAT UNWILLING	NEITHER WILLING NOR UNWILLING	SOMEWHAT WILLING	WILLING	TOTALLY WILLING	DON'T KNOW	PREFER NOT TO ANSWER
a.	As a coworker	1□	2□	3□	4□	5□	6□	7□	77□	99□
b.	As a resident in a half-way house on your street	1□	2□	3□	4□	5□	6□	7□	77□	99□
C.	As a babysitter for your children, assuming you had children	1□	2□	3□	4□	5□	6□	7□	77□	99□
d.	As a next-door neighbor	1□	2□	3□	4□	5□	6□	7□	77□	99□
e.	As a job applicant, assuming you were the one hiring	1□	2□	3□	4□	5□	6□	7□	77□	99□
f.	As a tenant, assuming you had an apartment or house to rent out	1□	2□	3□	4□	5□	6□	7□	77□	99□
g.	As someone coming in for treatment, assuming you were a health care worker	1□	2□	3□	4□	5□	6□	7□	77□	99□
h.	As a student in the classroom, assuming you were a teacher	1□	2□	3□	4□	5□	6	7□	77□	99□
i.	As a teacher in your child's classroom, assuming you had a child	1□	2□	3□	4□	5□	6□	7□	77□	99□
j.	As a friend	1□	2□	3□	4□	5□	6□	7□	77□	99□
k.	As a family member	1□	2□	3□	4□	5□	6□	7□	77□	99□

7. This question applies to one specific mental illness, schizophrenia. Schizophrenia is a complex disorder that makes it difficult to tell the difference between real and unreal experiences, think logically, have normal emotional responses and behave normally in social situations. How willing would you be to accept a person who is experiencing schizophrenia?

		TOTALLY UNWILLING	UNWILLING	SOMEWHAT UNWILLING	NEITHER WILLING NOR UNWILLING	SOMEWHAT WILLING	WILLING	TOTALLY WILLING	DON'T KNOW	PREFER NOT TO ANSWER
a.	As a coworker	1□	2□	3□	4□	5□	6□	7□	77□	99□
b.	As a resident in a half-way house on your street	1□	2	3□	4□	5□	6□	7□	77□	99□
c.	As a babysitter for your children, assuming you had children	1□	2□	3□	4□	5□	6□	7□	77□	99□
d.	As a next-door neighbor	1□	2□	3□	4□	5□	6	7	77□	99□
e.	As a job applicant, assuming you were the one hiring	1□	2	3□	4□	5□	6	7□	77□	99□
f.	As a tenant, assuming you had an apartment or house to rent out	1□	2	3□	4□	5□	6	7□	77□	99□
g.	As someone coming in for treatment, assuming you were a health care worker	1□	2□	3□	4□	5□	6□	7□	77□	99□
h.	As a student in the classroom, assuming you were a teacher	1□	2□	3□	4□	5□	6	7□	77□	99□
i.	As a teacher in your child's classroom, assuming you had a child	1□	2□	3□	4□	5□	6□	7□	77□	99□
j.	As a friend	1□	2□	3□	4□	5□	6	7□	77□	99□
k.	As a family member	1□	2□	3□	4□	5□	6□	7□	77□	99□

ID#	DIAL#	DATE:		

8. This question applies to a different mental illness, substance abuse. Substance abuse is the excessive use of a substance, especially alcohol or a drug, leading to significant impairment or distress. How willing would you be to accept a person who is ill from substance abuse?

		TOTALLY UNWILLING	UNWILLING	SOMEWHAT UNWILLING	NEITHER WILLING NOR UNWILLING	SOMEWHAT WILLING	WILLING	TOTALLY WILLING	DON'T KNOW	PREFER NOT TO ANSWER
a.	As a coworker	1□	2□	3□	4□	5□	6□	7□	77□	99□
b.	As a resident in a half-way house on your street	1□	2□	3□	4□	5□	6□	7□	77□	99□
c.	As a babysitter for your children, assuming you had children	1□	2□	3□	4□	5□	6□	7□	77□	99□
d.	As a next-door neighbor	1□	2□	3□	4□	5□	6□	7□	77□	99□
e.	As a job applicant, assuming you were the one hiring	1□	2□	3□	4□	5□	6□	7□	77□	99□
f.	As a tenant, assuming you had an apartment or house to rent out	1□	2□	3□	4□	5□	6□	7□	77□	99□
g.	As someone coming in for treatment, assuming you were a health care worker	1□	2□	3□	4□	5□	6□	7□	77□	99□
h.	As a student in the classroom, assuming you were a teacher	1□	2□	3□	4□	5□	6□	7□	77□	99□
i.	As a teacher in your child's classroom, assuming you had a child	1□	2□	3□	4□	5□	6□	7□	77□	99□
j.	As a friend	1□	2□	3□	4□	5□	6□	7□	77□	99□
k.	As a family member	1□	2□	3□	4□	5□	6□	7□	77□	99□

9. In the next 12 months how likely are you to do any of the following?

		VERY UNLIKELY	UNLIKELY	SOMEWHAT UNLIKELY	NEITHER LIKELY NOR UNLIKELY	SOMEWHAT LIKELY	LIKELY	VERY LIKELY	DON'T KNOW	PREFER NOT TO ANSWER
a.	Make a personal effort to find out more about mental illness, such as from a website	1□	2□	3□	4□	5□	6□	7□	77□	99□
b.	Have contact with someone experiencing a mental illness and now be more understanding of their experience	1□	2□	3□	4□	5□	6□	7□	77□	99□
C.	Provide support to someone experiencing a mental illness	1□	2□	3□	4□	5□	6□	7□	77□	99□
d.	Behave in a way that ensures someone with mental illness is treated with respect	1□	2□	3□	4□	5□	6□	7□	77□	99□
e.	Look for signs of depression or suicide risk among family members or friends	1□	2□	3□	4□	5□	6□	7□	77□	99□
f.	Encourage someone with mental illness needing support to seek help from a website, help line or other resource	1□	2□	3□	4□	5□	6□	7□	77□	99□
g.	Encourage someone with mental illness needing support to seek help from a counselor or health professional	1□	2□	3□	4□	5□	6□	7□	77□	99□

	5.			
ID#	DIAL #	DATE.		
ID#	DIAL#	DATE:		

10. Here are some different types of actions you might take on behalf of people who experience mental illness. How willing you would be to ...

		TOTALLY UNWILLING	UNWILLING	SOMEWHAT UNWILLING	NEITHER WILLING NOR UNWILLING	SOMEWHAT WILLING	WILLING	TOTALLY WILLING	DON'T KNOW	PREFER NOT TO ANSWER
a.	Respectfully challenge a friend or coworker who makes an insensitive comment about people experiencing mental illness	1□	2□	3□	4□	5□	6	7□	77□	99□
b.	Find out if your workplace has policies that promote mental wellness and that support employees who feel anxious, stressed, depressed or suicidal	1□	2□	3□	4□	5□	6□	7□	77□	99□
C.	Write a letter, or post comments online, objecting to negative media stereotypes of people with mental illness	1□	2□	3□	4□	5□	6□	7□	77□	99□
d.	Verbally encourage friends and family members to treat people with mental illness with respect	1□	2□	3□	4□	5□	6□	7□	77□	99□
e.	Sign a petition requiring local landlords to provide equal housing opportunities for people experiencing mental illness	1□	2□	3□	4□	5□	6□	7□	77□	99□
f.	Discuss with a neighbor the challenges that people experiencing mental illness sometimes face in society	1□	2□	3□	4□	5□	6□	7□	77□	99□
g.	Encourage someone with mental illness to seek professional help or resources	1□	2□	3□	4□	5□	6□	7□	77□	99□
	Stop using words such as "crazy" or "nuts" to describe someone with mental illness	1□	2□	3□	4□	5□	6□	7□	77□	99□
i.	Discuss with a neighbor something from the documentary video about mental illness	1□	2□	3□	4□	5□	6□	7□	77□	99□

be ab mo	ne next statements are about serious mental illnesses. A serious havioral or emotional disorder that lasts for some period of tibility to function and limits their ability to take part in major life ental illness include major depression, schizophrenia, bipolar sorder, panic disorder and borderline personality disorder. Foelect whether it is true or false for you.	me. It serior activities. S disorder, o	usly impairs Some exam bsessive co	a person's ples of serion ompulsive	ous
		TRUE	FALSE	NOT SURE	PREFER N
	I have watched a movie or television show in which a character had a serious mental illness	1□	2□	3□	9□
	My job involves providing services or treatment for persons with serious mental illness	1□	2□	3□	9□
	I have observed in passing a person I believe may have had a serious mental illness	1□	2□	3□	9□
	I have observed persons with a serious mental illness on a frequent basis	1□	2□	3□	9□
	I have a serious mental illness now, or did in the past	1□	2□	3□	9□
f.	I have worked with a person who has a serious mental illness at a place of employment	1□	2□	3□	9□
g.	mental illness	1□	2□	3□	9□
	A friend of the family has a serious mental illness	1□	2□	3□	9□
i.	I have a relative who has a serious mental illness	1□	2□	3□	9□
j.	I have watched a documentary on television about serious mental illness	1□	2□	3□	9□
k.	I live with a person who has a serious mental illness	1□	2□	3□	9□
Δf	ter watching the documentary video, what might you do differ	rently when	VOLLENCOLI	nter neonle	
	ter watching the documentary video, what might you do differ th mental illness?	rently when	you encou	nter people	
wi		rently when	you encou	nter people	
wi	th mental illness?	rently when	you encour	nter people	
wi	th mental illness?	rently when	you encour	nter people	

D#	DIAL #	DATE:		
14.	How did the documentary make you feel?			
15.	Briefly describe your overall reaction to the video.			
10.	blichy describe your overall reaction to the video.			

Those are all the questions we have. Thank you very much!