

CalMHSA API Outreach

Post-Campaign Evaluation Report

Solsken Public Relations & Marketing (Solsken PR), a subcontractor to Runyon Saltzman Einhorn (RSE) conducted a post-campaign survey with support from the UC Davis Center for Reducing Health Disparities in order to ascertain the effect of a community-level public health intervention to reduce mental health stigma and discrimination among Hmong, Laotian and Cambodian communities in Sacramento, Long Beach, Fresno, Santa Ana, and Richmond areas. We created a two year campaign that included:

- **Video Stories** – we produced two 20-minute videos in Lao and Cambodian featuring Lao and Cambodian community members willing to speak up about their mental illnesses and what the community can do to help those who are also impacted by mental health conditions.
- **Public Service Announcements** – we produced six 60-second radio and TV PSAs in Lao, Hmong and Cambodian aimed at educating these communities about mental health, specifically depression and PTSD.
- **Talk Shows** – we worked with TV and radio media partners to air 30-minute talk shows featuring mental health specialist speakers who are in-language speakers.
- **Storytelling** – we held a year-long storytelling contest campaign for Mien and Hmong students in Sacramento and Fresno. This resulted in dozens of stories from young people and nine winners. The winning stories are featured at EachMindMatters.org. These stories are designed to inspire and inform the Hmong and Mien communities about mental health, dispelling myths.
- **Community Forums** – we collaborated with community based organizations to host mental health community forums for the Hmong, Lao and Cambodian communities featuring mental health specialist speakers and speakers with lived experience. These community forums provided a safe environment for the target communities to discuss and learn more about mental health.
- **Tools** – developed mental health vocabulary matrix detailing key mental health terms in all the target audiences' languages including a fact sheet in all the languages dispelling myths and educating the community.

Prior to launching outreach efforts, the Solsken PR team conducted a pre-campaign survey to determine the body of knowledge about mental illness among Hmong, Cambodian and Laotian audiences. Results from the survey enabled us to:

1. Design campaign messages to reduce stigma and discrimination in a culturally and linguistically tailored manner.
2. Collect data that can be used at the end of the campaign to determine any impact in improvements in knowledge and attitudes and acceptance of depression, PTSD and intergenerational conflict among the target audiences.

A post-campaign questionnaire/survey was developed that utilized the pre-campaign research survey measures, which specifically targeted stigma and discrimination, and accounted for cultural and linguistic nuances. Additionally, the post-survey contained questions regarding campaign penetration within the respective target communities. The post-campaign survey, consisting of demographic questions and 19 stigma items, the same questions administered in the pre-campaign survey, was administered to community members through six community-based organizations: Southeast Asian Assistance Center, Wat Lao Phosiesattanack, Fresno Center for

New Americans, Fresno Interdenominational Refugee Ministries, The Cambodian Family and United Cambodian Community. The survey was answered by 360 participants of the Hmong, Laotian and Cambodian communities. Members of the Solsken team collected and entered the survey data in a spreadsheet.

Who Participated

The 192 survey participants comprised of 27.8% men and 72.2% women between the ages of 18 and 88, (Mean = 50.8, Standard Deviation = 16.5). The survey participants self-identified as Cambodian (23.4%), Hmong (44.8%), and Laotian (31.8%). The questionnaire consisted of a series of statements and participants were asked to rate their level of agreement using a scale in which 1= *Strongly Disagree*, 2 = *Disagree*, 3 = *Neither Agree nor Disagree*, 4 = *Agree*, 5 = *Strongly Agree*.

Results

Survey participants were asked questions regarding exposure to the media component and direct exposure to the stigma-reduction campaign. Additionally, the following results describe selected themes identified to be relevant to the outreach and education campaign. These three themes, composed of a subset of the original 19 questions, include (1) Beliefs about Mental Illness, (2) Spirituality and Mental Illness, and (3) Beliefs about Treatment.

MEDIA AND DIRECT EXPOSURE

“Have you seen or heard information about the mental health wellness in [native language] on [media]?”

A majority of participants, 81.7%, reported being exposed to the stigma-reduction campaign through media; specifically: TV 47.2%, Radio 43.3%, and Print 40.6%.

Did you see the video “Our Story: Recovery and Mental Wellness” on [native language] community members?

Participants were asked questions regarding direct exposure to the video “Our Story: Recovery and Mental Wellness” tailored to their community. A majority of participants, 73.5%, reported viewing the video.

Did you attend a mental health wellness community meeting, conducted in [native language] where there were guest speakers who talked about mental health?

For this statement, over half of the participants, 57.2%, attended a community meeting in which mental health topics were discussed.

Did you read a mental health Myth vs. Fact sheet in [native language] regarding mental health and wellness?

For this statement, around a third of the participants (35.0%) read a Myth vs. Fact sheet in their native language on mental health topics.

BELIEFS ABOUT MENTAL ILLNESS

“Once a person is mentally ill, he or she will never get better.”

For this statement, a majority of participants, 65%, disagreed or strongly disagreed that mental illness is permanent. 11% agreed or strongly agreed. Those with direct exposure to the campaign, participated in both the pre- and post-campaign survey, and knew someone with a mental illness were more likely to disagree.

“People who suffer from depression only have themselves to blame.”

Of the participants, 48% disagreed or strongly disagreed that people with depression are at fault for mental illness. 30% agreed or strongly agreed. Those who knew someone with mental illness were more likely to disagree.

SPIRITUALITY AND MENTAL ILLNESS

“People who suffer from mental illness deserve it because they must have done something bad in their past life.”

A majority (72%) disagreed or strongly disagreed that mental illness is related to wrongs committed in past lives. A minority, 15% disagreed or strongly disagreed. Those with direct exposure to the campaign, participated in both the pre-and post-campaign survey, and knew someone with a mental illness were more likely to disagree.

“People who suffer from depression are possessed by evil spirits.”

A majority, 64% disagreed or strongly disagreed that spiritual forces play a role in depression. 18 % agreed or strongly agreed. Those with direct exposure to the campaign and knew someone with a mental illness were more likely to disagree.

BELIEFS ABOUT TREATMENT

“People with mental illness can get better if they see a doctor.”

A majority of participants, 75%, agreed or strongly agreed that a physician can play a role in treatment for mental illness. 13% disagreed or strongly disagreed. Those with direct exposure to the campaign, participated in both the pre-and post-campaign survey, and knew someone with a mental illness were more likely to disagree.

“People with mental illness can get better with medication.”

A majority, 57%, agreed or strongly agreed that medication can have a positive treatment effect on mental illness. 25% disagreed or strongly disagreed. Cambodians and Lao agreed more than Hmong. Those with direct exposure to the campaign, participated in both the pre-and post-campaign survey, and knew someone with a mental illness were more likely to disagree.

Conclusion

Overall, many participants held beliefs about mental illness in the desired direction (i.e., percentages of respondents who said they 'agree'/'agree strongly' with positive statements; and those who 'disagree'/'disagree strongly' with negative statements). Additionally, we found that factors such as direct exposure to the campaign, participating in the pre- and post-survey, and knowing someone with a mental illness were associated with holding beliefs in the desired direction. These data roughly suggest that exposure to educational stigma-reducing campaigns in these communities can play a role in shaping attitudes and beliefs regarding persons with mental illness (the high number of missing data requires caution against over interpreting the findings). Outreach efforts should focus on informing these communities on what mental illness is, how it occurs, and how it can be treated.

I. Descriptive Data Analysis

SAMPLE DEMOGRAPHIC CHARACTERISTICS	TOTAL SAMPLE		CAMBODIAN		HMONG		LAO	
	Count	%	Count	%	Count	%	Count	%
SEX								
Male	47	27.8%	9	23.7%	19	22.6%	19	40.4%
Female	122	72.2%	29	76.3%	65	77.4%	28	59.6%
TOTAL	169*	100.0%	38	100.0%	84	100.0%	47	100.0%
AGE								
18 to 29 years	22	12.1%	2	5.0%	20	23.5%	0	0.0%
30 to 64 years	124	68.1%	29	72.5%	60	70.6%	35	61.4%
65 to 88 years	36	19.8%	9	22.5%	5	5.9%	22	38.6%
TOTAL	182*	100.0%	40	100.0%	85	100.0%	57	100.0%

*There were a total of 192 participants. Twenty-three participants did not provide gender data. Ten participants were not included in the analysis on age because they were either younger than 18 years or did not provide age data.

LANGUAGE PREFERENCE								
Native	159	82.8%	39	86.7%	68	79.1%	52	85.2%
English or Mix	33	17.2%	6	13.3%	18	20.9%	9	14.8%
TOTAL	192	100.0%	45	100.0%	86	100.0%	61	100.0%

BIRTHPLACE							
Cambodia	44	22.9%	44	97.8%	0		0
Laos	116	60.4%	0		57	66.3%	59 96.7%
United States	23	12.0%	0		21	24.4%	2 3.3%
Thailand	9	4.7%	1	2.2	8	9.3%	0
TOTAL	192	100%	45	100%	86	100%	61 100%
KNOW A PERSON(S) WITH A MENTAL ILLNESS							
Yes	139	76.4%	32	74.4%	65	76.5%	42 77.8%
No	43	23.6%	11	25.6%	20	23.5%	12 22.2%
TOTAL	182	100.0%	43	100.0%	85	100.0%	54 100.0%
PARTICIPATED IN PRE-CAMPAIGN SURVEY							
Yes	57	30.5%	19	43.2%	6	7.1%	32 55.2%
No	130	69.5%	25	56.8%	79	92.9%	26 44.8%
TOTAL	187	100.0%	44	100.0%	85	100.0%	58 100.0%

II. Media Penetration and Frequency

Participants were asked the following questions regarding exposure to the media component of the stigma-reduction campaign:

- **Have you seen or heard information about mental health wellness in [native language] on [media]? (Please, check all that apply)**
- **If you answered yes, please rate how often you saw or heard information about mental health wellness in [native language] for each type of media.**

MEDIA	PARTICIPANTS	
	Count "Yes"	%
Any media	147	81.7
TV	85	47.2
Radio	78	43.3
Print	73	40.6
Missing N = 12.		

MEDIA TYPE BY	TV	PRINT	RADIO
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FREQUENCY	Count	%	Count	%	Count	%
FREQUENCY						
Never	1	1.5	0		1	1.5
Rarely	13	19.1	5	8.9	7	10.6
Sometimes	30	44.1	34	60.7	40	60.6
Often	15	22.1	13	23.2	12	18.2
Very Often	9	13.2	4	7.1	6	9.1
TOTAL	68	100.0	56	100.0	66	100.0

III. Direct Exposure

Participants were asked the following questions regarding direct exposure to the stigma-reduction campaign:

- Did you attend a mental health wellness community meeting, conducted in [native language] where there were guest speakers who talked about mental health?
- What topic(s) do you remember being discussed at the forum (please check all that apply)?
- Did you read a mental health Myth vs. Fact sheet in [native language] regarding mental health and wellness?
- Did you see the video “Our Story: Recovery and Mental Wellness” on [native language] community members?

	TOTAL SAMPLE		CAMBODIAN SAMPLE		HMONG SAMPLE		LAOTIAN SAMPLE	
	Count	%	Count	%	Count	%	Count	%
EXPOSURE: MEETING								
Yes (attended)	103	57.2	34	81.0	35	43.2	34	59.6
No (did not attend)	77	42.8	8	19.0	46	56.8	23	40.4
TOTAL	180*	100.0	42	100.0	81	100.0	57	100.0
EXPOSURE: FACTSHEET								
Yes	63	35.0	18	43.9	15	17.6	30	55.6
No	117	65.0	23	56.1	70	82.4	24	44.4
TOTAL	180*	100.0	41	100.0	85	100.0	54	100.0
EXPOSURE: VIDEO								
Yes	133	73.5	40	90.9	46	54.1	47	90.4
No	48	26.5	4	9.1	39	45.9	5	9.6
TOTAL	181	100.0	44	100.0	85	100.0	181	100.0

Missing N = 12.

	TOTAL SAMPLE	
	Count	%
MEETING TOPICS		
Depression	88	65.7
PTSD	80	59.7
Intergenerational Conflict	56	41.8
None of the Above	31	23.1

IV. Findings by 19 Stigma Statements (S.1 – S.19)

Participants were asked how much they agreed or disagreed with a series of attitudinal statements, using a 5-point scale (where 1 = *strongly disagree* and 5 = *strongly agree*). The results are presented as mean scores and end-point percentages for the desired response (percentages of respondents who said they 'agree'/'agree strongly' with positive statements; and those who 'disagree'/'disagree strongly' with negative statements).

We examined the participants' responses to the 19 stigma statements; as well as by ethnicity (Cambodian, Hmong, and Lao), and by direct exposure to the stigma reduction campaign. Group comparisons for *ethnicity* were conducted using ANOVA and post-hoc comparisons with Tukey HSD test for those items with significant mean differences.

We compared the effect of *direct exposure* to the stigma-reduction intervention by creating two groups based on participants answering “yes” or “no” to all three of the following exposure items: (1) attending at least one mental health wellness community meeting, (2) reading a mental health factsheet, and (3) viewing the video “Our Story: Recovery and Mental Wellness” on community members. Of the total 192 participants, 46 reported exposure to all three items, while 73 had no exposure.

Additionally, we examined the effects of *prior participation in the pre-campaign survey* and *knowing a person(s) with mental illness*. In the comparison of pre-campaign survey participation, we looked included only the Cambodian and Lao samples because the too few Hmong participants reported completing the pre-campaign survey. Group comparisons for *direct exposure*, *participation in the pre-campaign survey*, and *knowing a person with mental illness* were conducted using t-tests.

Item Mean Scores: Ethnicity, Exposure, and Pre-Campaign Survey Participation

	TOTAL SAMPLE			CAMBODIAN			HMONG			LAO			EXPOSURE			NO EXPOSURE		
	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD
STIGMA ITEMS																		
S1	167	2.26	1.57	39	1.74	1.12	82	2.76	1.79	46	1.83	1.18	43	1.74	1.26	25	2.92	1.63
S2	167	1.65	1.17	39	1.49	0.64	81	1.64	1.31	47	1.81	1.26	43	1.44	0.88	25	2.12	1.62
S3	166	2.09	1.28	39	1.59	0.82	80	2.29	1.40	47	2.17	1.29	44	1.91	1.16	25	3.00	1.41
S4	166	3.23	1.52	39	2.87	1.44	80	2.94	1.55	47	4.02	1.26	42	4.05	1.31	25	3.36	1.35
S5	162	2.42	1.41	35	1.80	1.11	81	2.51	1.29	46	2.74	1.68	43	2.49	1.58	24	2.58	1.28
S6	164	3.96	1.18	39	4.03	0.90	80	3.80	1.30	45	4.18	1.15	42	4.38	0.88	25	3.64	1.15
S7	167	2.57	1.37	40	2.13	1.14	81	3.02	1.40	46	2.15	1.28	43	1.84	1.07	25	3.52	1.16
S8	167	2.54	1.38	41	2.90	1.30	82	2.50	1.43	44	2.27	1.34	42	1.98	1.24	25	3.04	1.24
S9	171	2.70	1.28	43	2.93	1.33	81	2.54	1.30	47	2.77	1.18	43	2.65	1.07	25	2.88	1.42
S10	169	1.92	1.27	41	2.29	1.40	82	1.72	1.14	46	1.93	1.34	43	1.53	0.98	24	2.42	1.41
S11	168	3.47	1.41	42	3.55	1.21	81	3.16	1.48	45	3.96	1.33	43	4.12	1.24	24	3.08	1.44
S12	168	2.17	1.29	40	2.30	1.36	82	2.20	1.25	46	2.00	1.32	43	1.81	1.10	24	2.46	1.22
S13	166	2.23	1.19	41	2.05	1.09	82	2.04	1.21	43	2.79	1.08	43	2.40	1.14	23	2.65	1.27
S14	170	2.36	1.41	42	2.71	1.52	82	1.88	1.14	46	2.89	1.48	44	2.48	1.47	24	2.71	1.46
S15	165	2.59	1.48	40	3.65	1.39	80	1.89	1.27	45	2.91	1.24	43	2.95	1.46	23	2.30	1.26
S16	166	2.60	1.54	42	2.83	1.53	78	2.62	1.52	46	2.37	1.57	44	1.98	1.44	22	2.73	1.35
S17	163	2.41	1.45	39	3.00	1.45	79	2.09	1.37	45	2.47	1.46	43	2.21	1.41	22	2.68	1.43
S18	164	3.48	1.45	40	4.25	0.93	78	2.81	1.48	46	3.93	1.27	44	4.14	1.27	22	3.27	1.20
S19	165	3.01	1.41	41	3.22	1.21	78	3.12	1.60	46	2.63	1.18	44	2.52	1.21	22	2.68	1.29

Note: N = sample size, M = mean, SD = standard deviation.

Item Mean Scores: Pre-Campaign Survey Participation (Cambodian and Lao)

	PRE & POST			POST ONLY		
	N	M	SD	N	M	SD
S1	44	1.52	1.00	40	2.10	1.24
S2	45	1.40	0.78	40	1.98	1.21
S3	45	1.58	0.87	40	2.28	1.30
S4	44	4.09	1.31	41	2.83	1.32
S5	44	2.27	1.60	37	2.41	1.44
S6	43	4.47	0.80	40	3.80	1.07
S7	44	1.86	1.25	42	2.43	1.11
S8	44	2.14	1.34	40	3.00	1.18
S9	46	2.91	1.19	43	2.74	1.33
S10	46	1.74	1.24	40	2.45	1.38
S11	46	4.22	1.11	41	3.24	1.28
S12	45	2.00	1.33	40	2.30	1.36
S13	44	2.52	1.21	39	2.33	1.08
S14	46	3.00	1.59	41	2.54	1.32
S15	45	3.33	1.38	40	3.18	1.34
S16	46	2.52	1.62	41	2.63	1.51
S17	45	2.76	1.57	38	2.63	1.36
S18	46	4.39	0.98	39	3.69	1.20
S19	46	2.59	1.18	40	3.23	1.17

Note: N = sample size, M = mean, SD = standard deviation.

Item Mean Scores: Knowing a Person(s) with a Mental Illness

	KNOW PWMI			DK PWMI			KNOW FAMILY			DK FAMILY			KNOW FRIEND			DK FRIEND		
	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD
S1	130	2.20	1.61	33	2.52	1.46	79	1.77	1.37	53	2.81	1.72	75	2.15	1.65	55	2.27	1.56
S2	129	1.64	1.22	33	1.73	1.07	78	1.29	0.84	54	2.13	1.47	74	1.53	1.14	55	1.80	1.31
S3	128	2.08	1.31	33	2.18	1.21	78	1.81	1.14	53	2.43	1.45	74	1.86	1.17	54	2.37	1.44
S4	128	3.38	1.53	33	2.58	1.35	80	3.56	1.54	52	3.15	1.49	73	3.55	1.58	55	3.16	1.45
S5	126	2.45	1.46	32	2.31	1.26	76	2.13	1.46	53	2.85	1.34	71	2.32	1.49	55	2.62	1.41
S6	126	4.00	1.17	34	3.76	1.26	76	4.11	1.13	53	3.85	1.25	71	4.30	1.05	55	3.62	1.22
S7	127	2.52	1.40	35	2.74	1.27	79	2.19	1.31	52	3.00	1.43	72	2.40	1.43	55	2.67	1.36
S8	128	2.49	1.44	34	2.76	1.18	80	2.40	1.35	52	2.67	1.59	72	2.21	1.40	56	2.86	1.42
S9	132	2.73	1.29	34	2.62	1.33	80	2.53	1.24	56	3.07	1.31	76	2.75	1.31	56	2.70	1.28
S10	132	1.83	1.27	32	2.19	1.26	81	1.68	1.22	55	2.15	1.37	76	1.63	1.22	56	2.09	1.30
S11	129	3.55	1.49	34	3.12	1.07	80	3.80	1.44	53	3.21	1.49	74	3.85	1.44	55	3.15	1.47
S12	129	2.09	1.32	34	2.35	1.18	79	1.87	1.25	54	2.48	1.38	75	1.87	1.29	54	2.41	1.31
S13	128	2.20	1.25	33	2.24	0.94	79	2.23	1.21	53	2.17	1.31	76	2.30	1.32	52	2.06	1.14
S14	131	2.37	1.46	34	2.21	1.17	80	2.34	1.50	55	2.49	1.45	75	2.36	1.53	56	2.39	1.37
S15	126	2.55	1.53	34	2.62	1.33	76	2.43	1.54	54	2.76	1.49	72	2.49	1.49	54	2.63	1.58
S16	127	2.61	1.59	34	2.53	1.40	80	2.41	1.59	51	2.96	1.55	72	2.31	1.56	55	3.02	1.55
S17	125	2.30	1.45	33	2.79	1.43	78	2.17	1.40	51	2.55	1.54	70	2.11	1.45	55	2.53	1.44
S18	126	3.44	1.52	33	3.48	1.25	78	3.76	1.40	52	3.02	1.58	70	3.59	1.50	56	3.27	1.53
S19	126	3.06	1.44	34	2.82	1.36	80	2.78	1.40	50	3.52	1.40	72	3.03	1.48	54	3.09	1.40

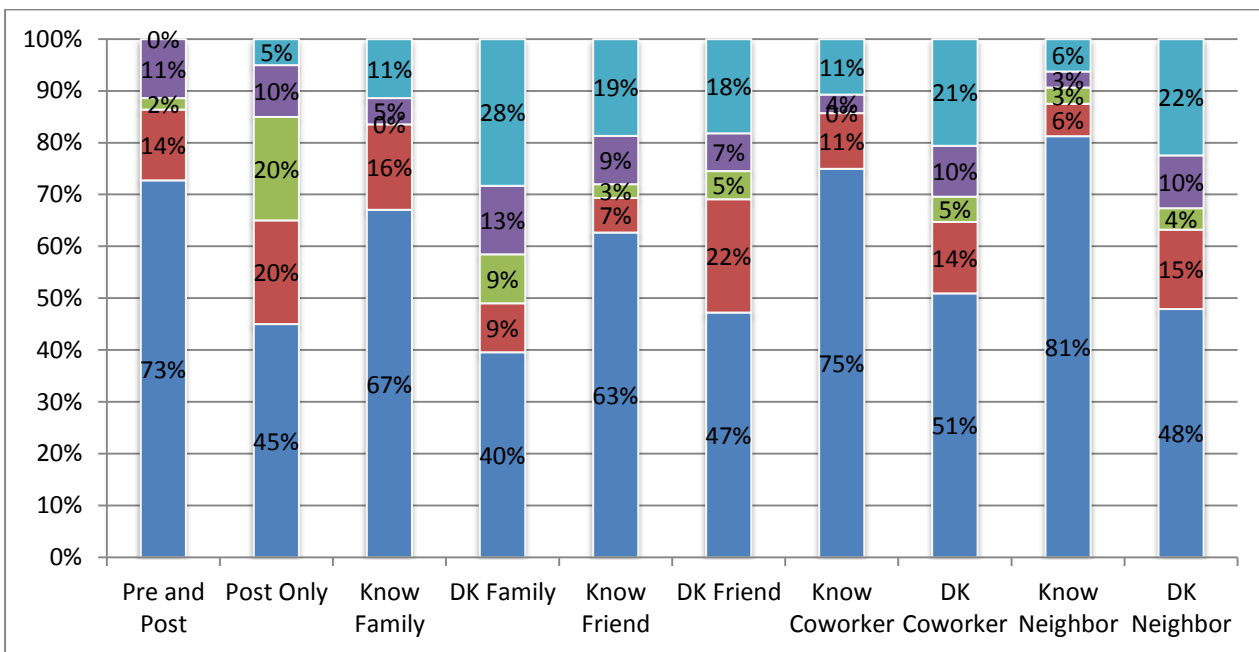
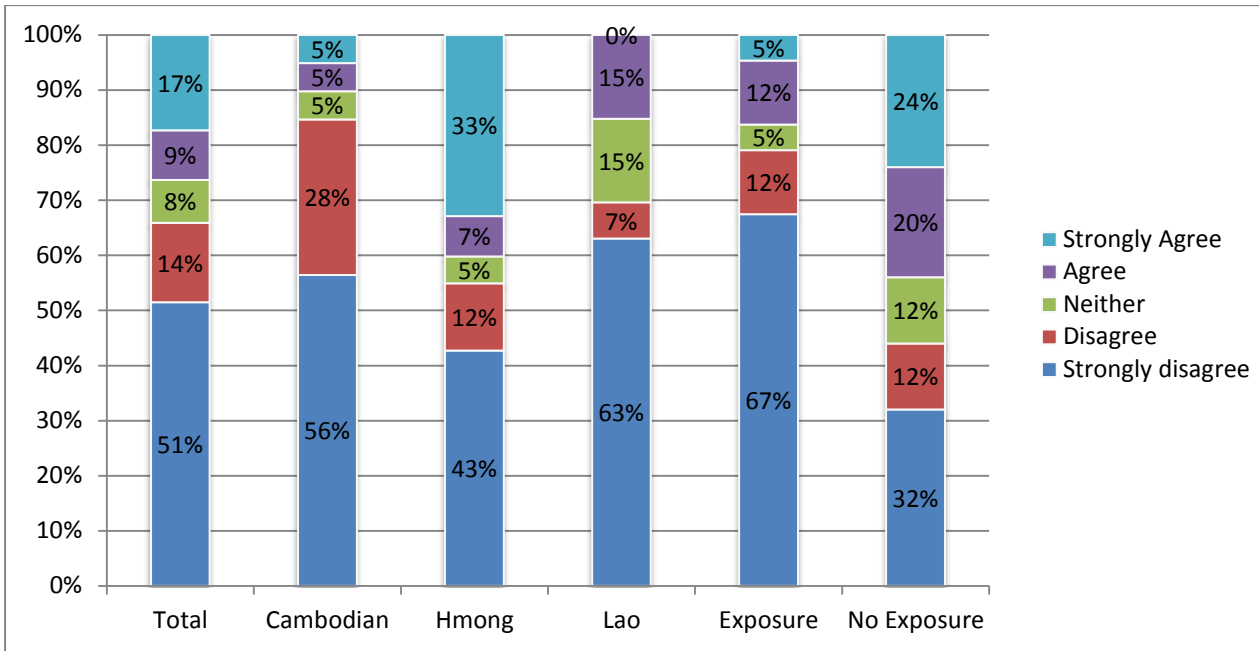
Note: PWMI = Person with mental illness. DK = "don't know".

	KNOW COWORKER			DK COWORKER			KNOW NEIGHBOR			DK NEIGHBOR			KNOW OTHER			DK OTHER		
	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD
S1	28	1.64	1.34	102	2.35	1.64	32	1.47	1.14	98	2.44	1.67	34	2.35	1.76	96	2.15	1.56
S2	28	1.07	0.26	101	1.80	1.33	33	1.18	0.46	96	1.80	1.35	34	1.71	1.31	95	1.62	1.19
S3	27	1.48	0.64	101	2.24	1.40	33	1.61	0.90	95	2.24	1.40	32	2.09	1.42	96	2.07	1.28
S4	28	4.00	1.59	100	3.21	1.48	33	4.27	1.40	95	3.07	1.46	32	3.53	1.65	96	3.33	1.50
S5	26	1.92	1.49	100	2.59	1.42	31	1.97	1.47	95	2.61	1.42	32	2.56	1.54	94	2.41	1.43
S6	25	4.08	1.35	101	3.98	1.13	30	4.43	0.90	96	3.86	1.22	33	3.85	1.37	93	4.05	1.10
S7	27	1.96	1.32	100	2.67	1.39	33	1.97	1.45	94	2.71	1.34	33	2.33	1.49	94	2.59	1.37
S8	26	2.00	1.36	102	2.62	1.44	32	1.94	1.39	96	2.68	1.42	34	2.35	1.57	94	2.54	1.40
S9	28	2.57	1.07	104	2.77	1.35	33	2.82	1.26	99	2.70	1.31	34	2.53	1.19	98	2.80	1.32
S10	28	1.50	1.26	104	1.91	1.26	33	1.39	1.03	99	1.97	1.31	34	1.79	1.30	98	1.84	1.27
S11	27	3.85	1.66	102	3.47	1.44	33	4.21	1.14	96	3.32	1.53	33	3.76	1.46	96	3.48	1.50
S12	28	1.54	1.14	101	2.25	1.33	33	1.64	1.08	96	2.25	1.36	33	1.97	1.45	96	2.14	1.28
S13	28	2.32	1.06	100	2.17	1.30	31	2.48	1.26	97	2.11	1.24	34	2.12	1.15	94	2.23	1.29
S14	28	2.29	1.61	103	2.40	1.42	32	2.69	1.67	99	2.27	1.38	34	2.38	1.54	97	2.37	1.44
S15	25	2.20	1.32	101	2.63	1.57	31	2.61	1.48	95	2.53	1.55	33	2.48	1.48	93	2.57	1.55
S16	27	1.89	1.37	100	2.81	1.59	32	1.84	1.42	95	2.87	1.57	33	2.36	1.60	94	2.70	1.59
S17	26	1.65	1.13	99	2.46	1.49	31	2.10	1.47	94	2.36	1.45	32	1.88	1.36	93	2.44	1.46
S18	27	4.11	1.31	99	3.26	1.52	32	4.19	1.00	94	3.19	1.58	34	3.47	1.64	92	3.43	1.48
S19	26	2.62	1.39	100	3.17	1.44	32	2.41	1.19	94	3.28	1.46	33	3.09	1.57	93	3.04	1.41

Note: PWMI = Person with mental illness. DK = "don't know".

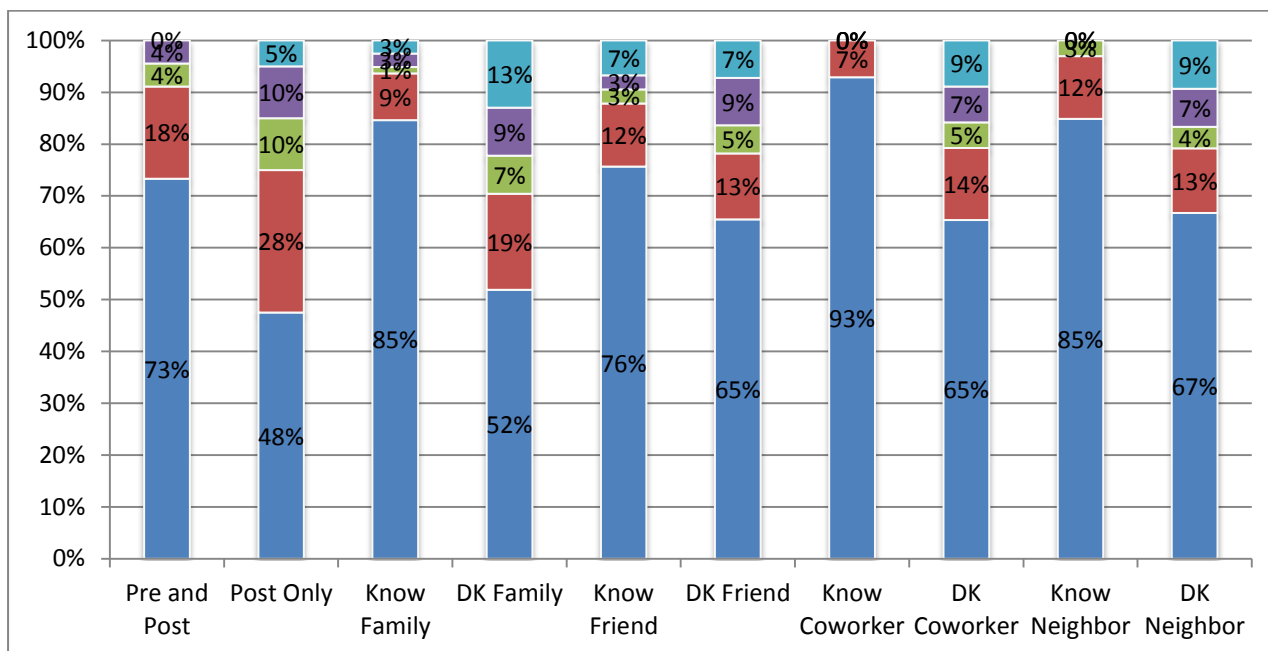
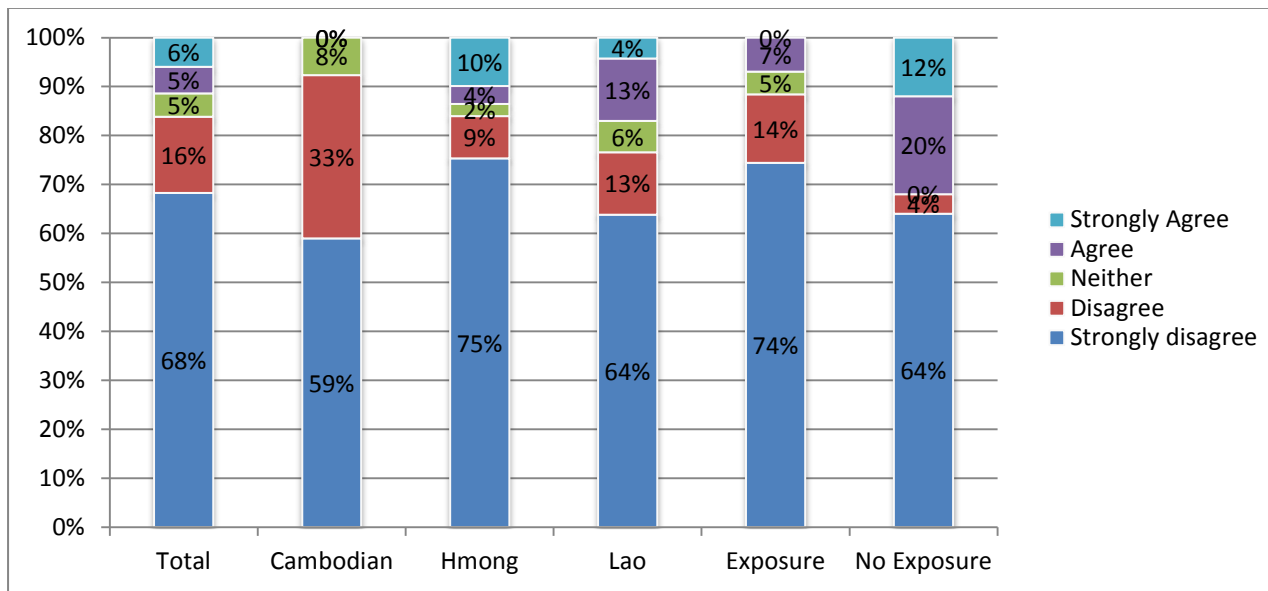
S.1 “There is no such thing as mental illness.”

- A majority of participants disagreed (65%), while 26% agreed.
- **Cambodians and Lao disagreed more than Hmong.**
- Participants with **direct exposure disagreed much more (79%)** than those without exposure (44%).
- Participants who **participated in the pre- and post-campaign survey disagreed more** than those who participated in only the post-survey.
- Participants who knew of a **family member, coworker, or neighbor with mental illness disagreed more** than those who did not.



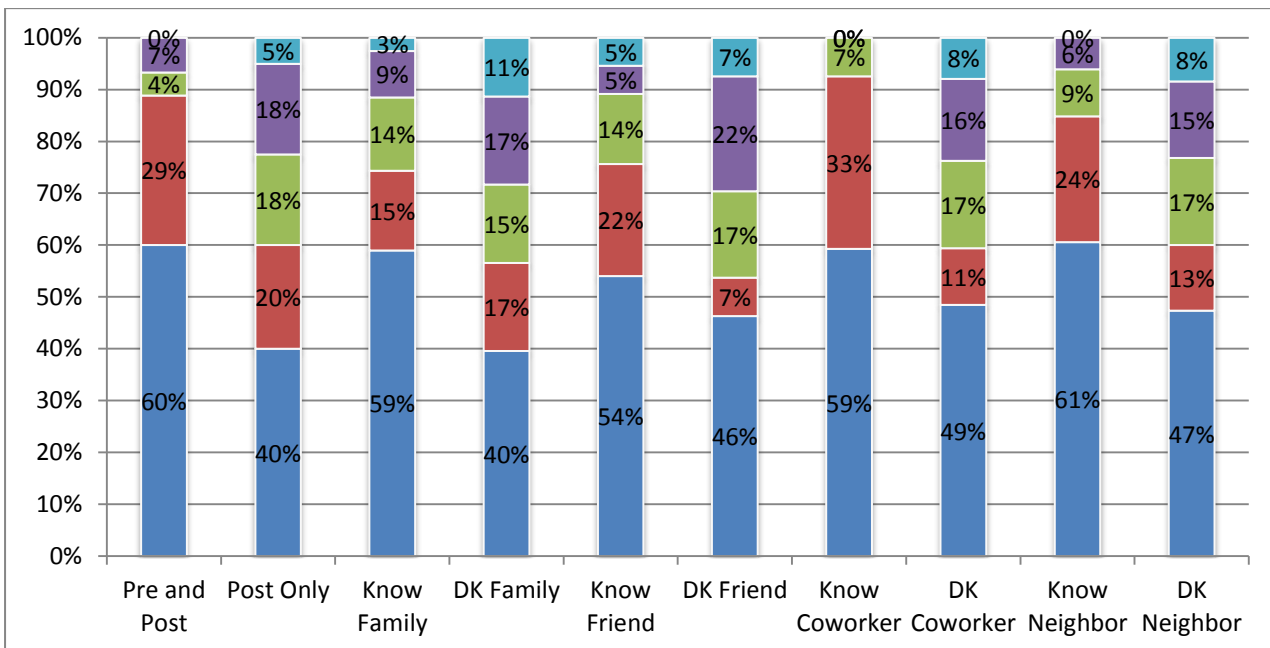
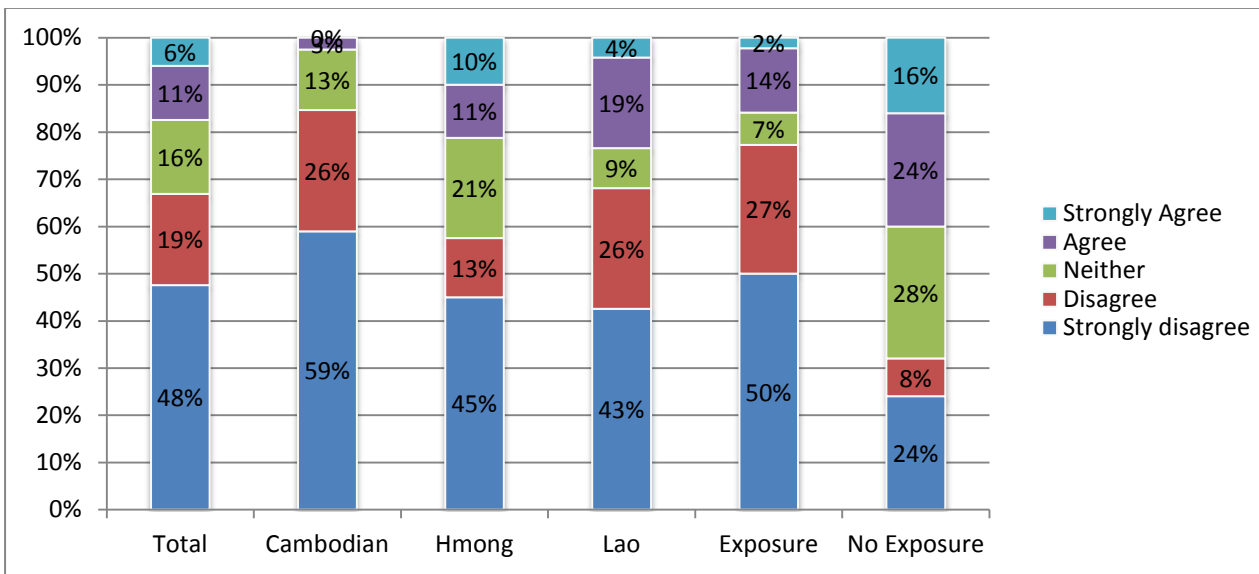
S.2 “[Cambodian/Hmong/Lao] people do not suffer from mental illness, only Americans do.”

- A majority of participants disagreed (65%), while 11% agreed.
- There were no statistically significant ethnic group differences.
- Participants with **direct exposure disagreed more** than those without exposure.
- Participants who **participated in the pre- and post-campaign survey disagreed more** than those who participated in only the post-survey.
- Participants who knew of a **family member, coworker, or neighbor with mental illness disagreed more** than those who did not.



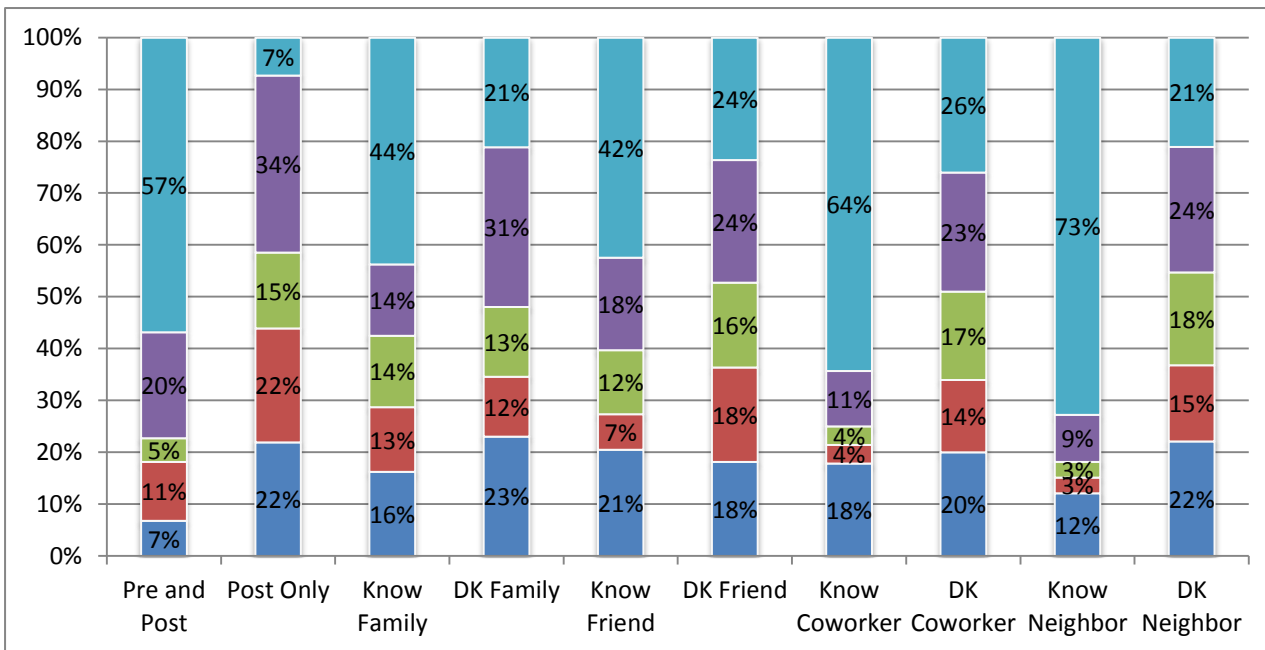
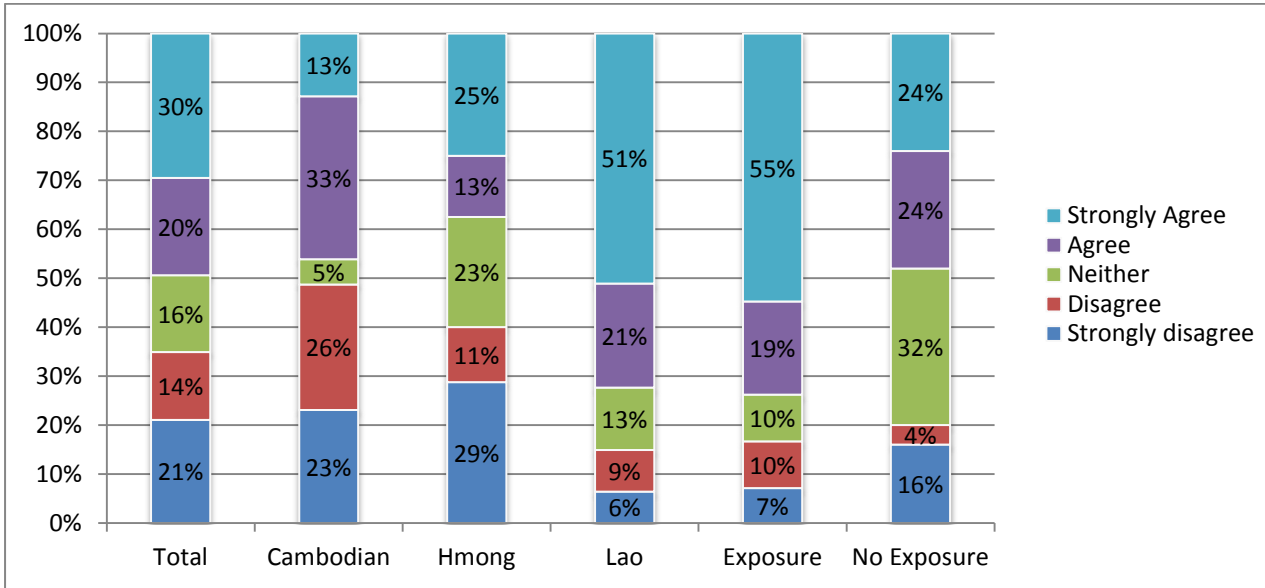
S.3 “Americans just label people mentally ill because they don’t know how to handle them.”

- A majority of participants disagreed (57%), while 17% agreed.
- **Cambodians disagreed more than Hmong.**
- Participants with **direct exposure disagreed much more (77%)** than those without exposure (32%).
- Participants who **participated in the pre- and post-campaign survey disagreed more** than those who participated in only the post-survey.
- Participants who knew of a **family member, friend, coworker, or neighbor with mental illness disagreed more** than those who did not.



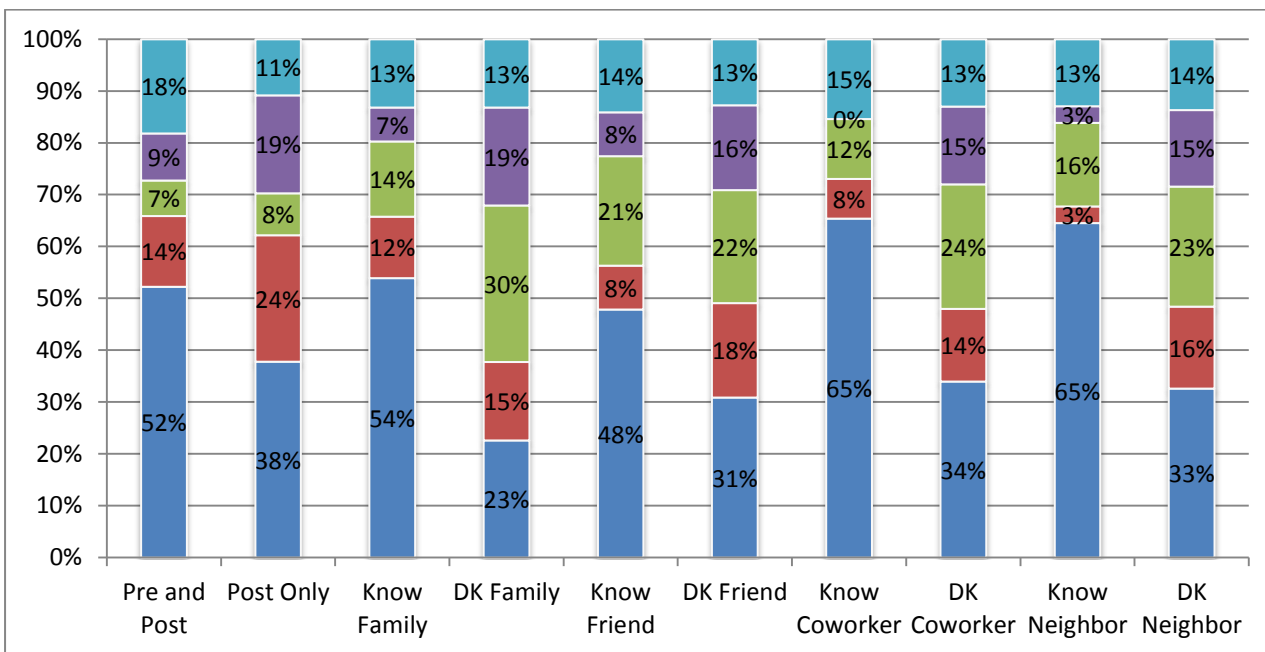
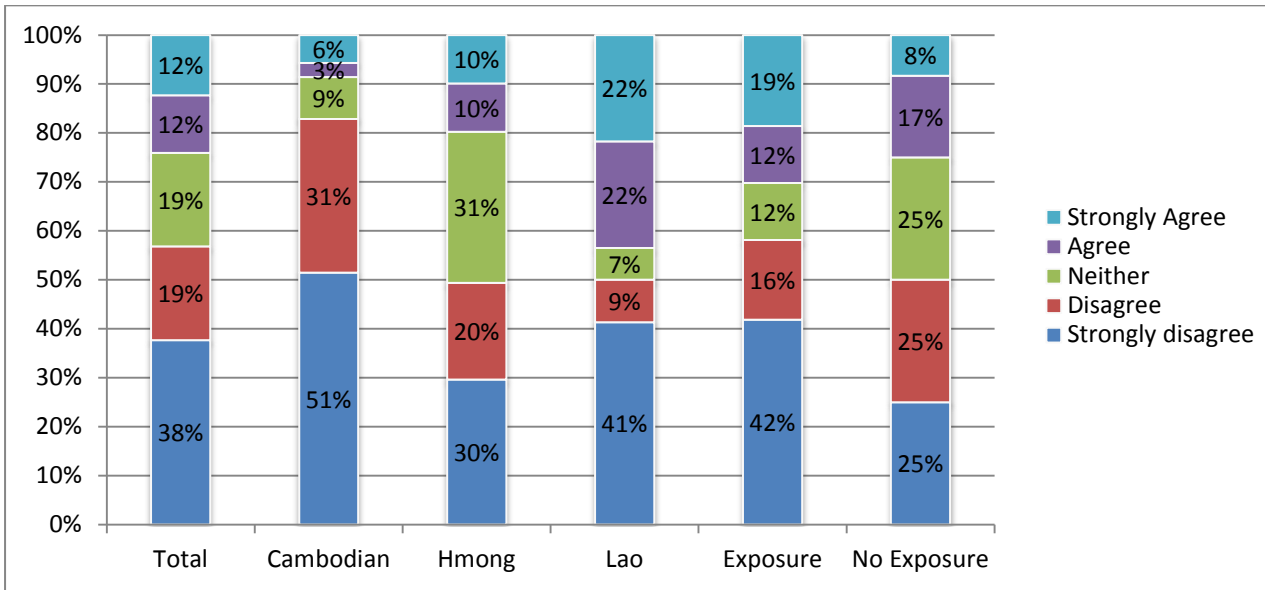
S.4 “In my country, we are ashamed of people with mental illness.”

- **Lao agreed more than Cambodians and Hmong.**
- Participants with **direct exposure** agreed more than those without exposure.
- Participants who **participated in the pre- and post-campaign survey** agreed more than those who participated in only the post-survey.
- Participants who knew of a **coworker or neighbor with mental illness** agreed more than those who did not.



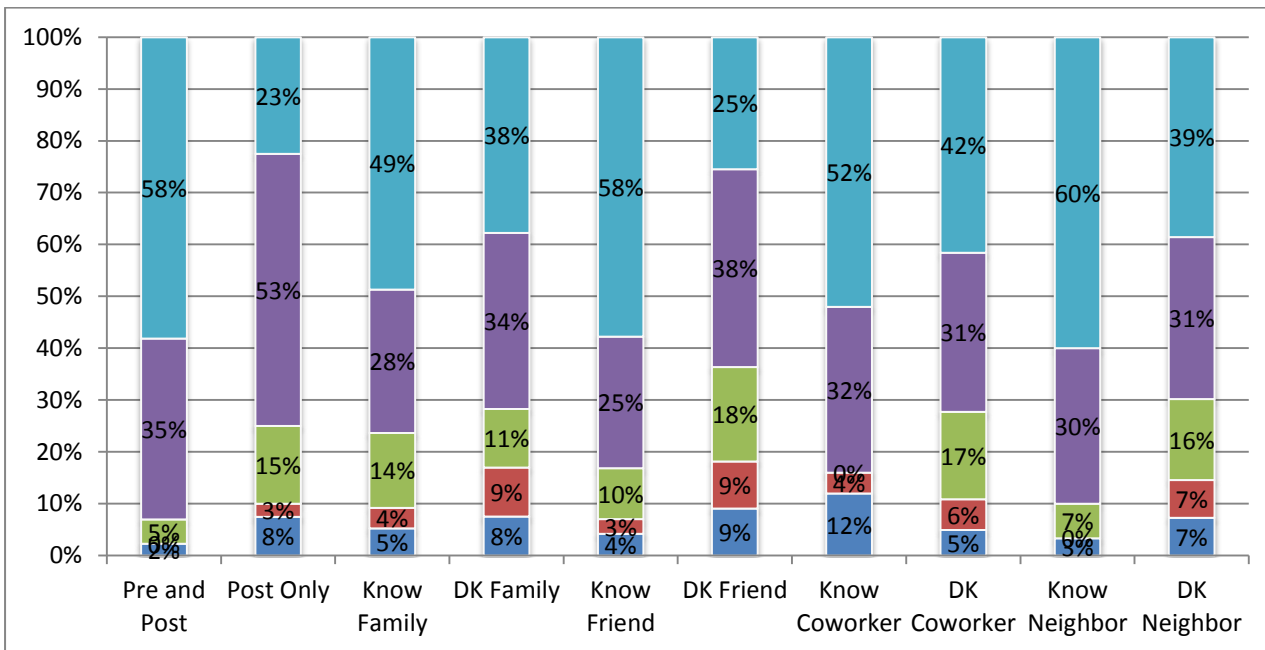
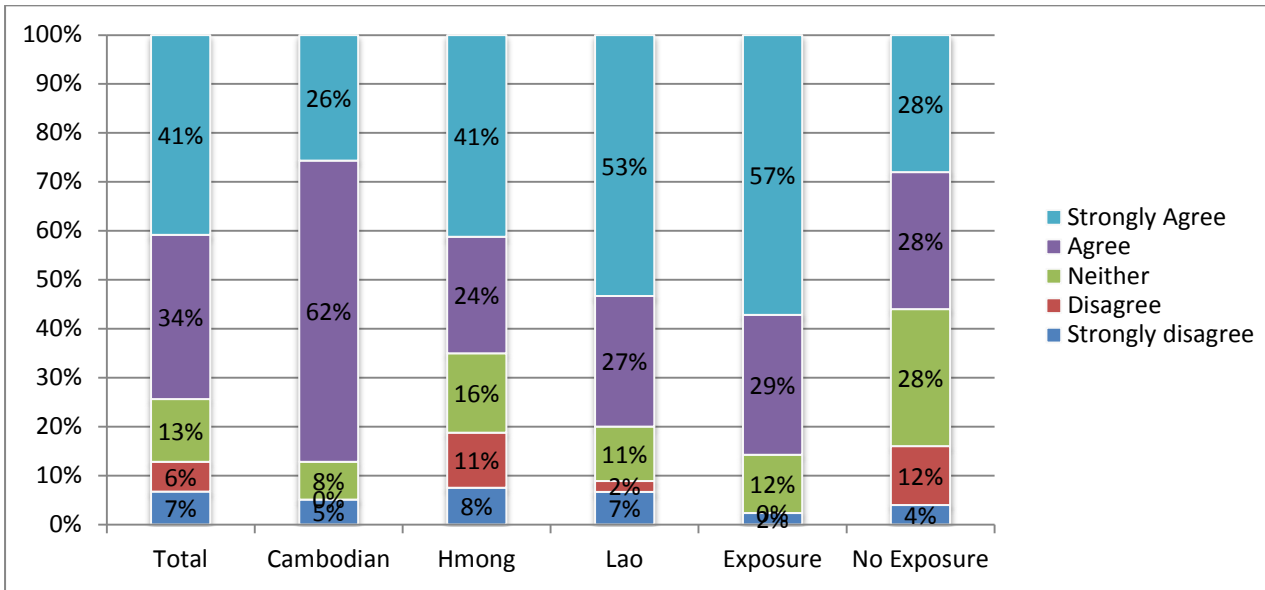
S.5 “Once a person is mentally ill, he or she will never get better.”

- A majority of participants disagreed (57%), while 24% agreed.
- **Cambodians disagreed more than Hmong and Lao.**
- There were no statistically significant exposure group differences.
- There were no statistically significant pre-survey participation group differences.
- Participants who knew of a **family member, coworker, or neighbor with mental illness disagreed more** than those who did not.



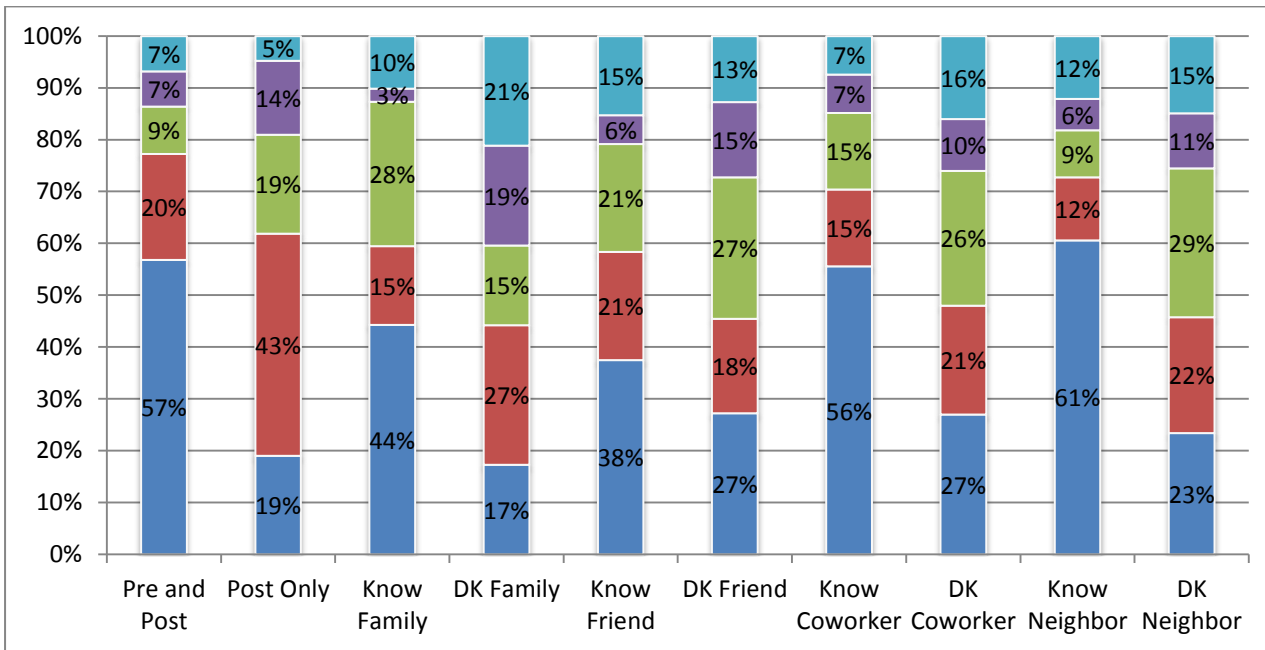
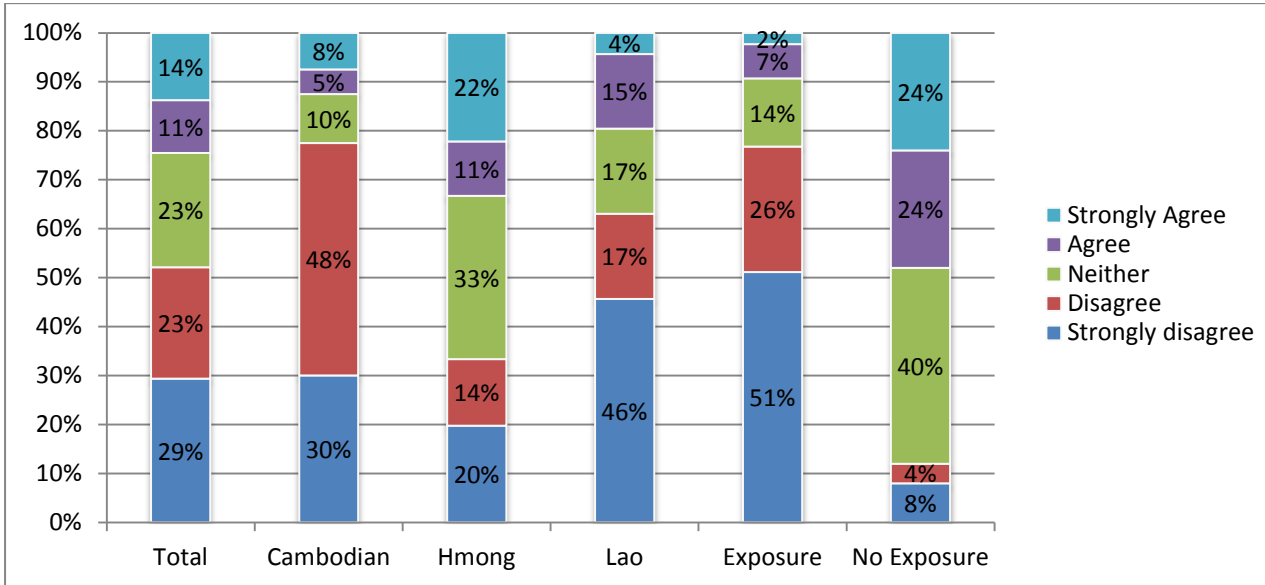
S.6 “People with mental illness can get better if they see a doctor.”

- A majority of participants agreed (75%), while 13% disagreed.
- There were no statistically significant ethnic group differences.
- Participants with **direct exposure** agreed more than those without exposure.
- Participants who **participated in the pre- and post-campaign survey** agreed more than those who participated in only the post-survey.
- Participants who knew of a **friend or neighbor with mental illness** agreed more than those who did not.



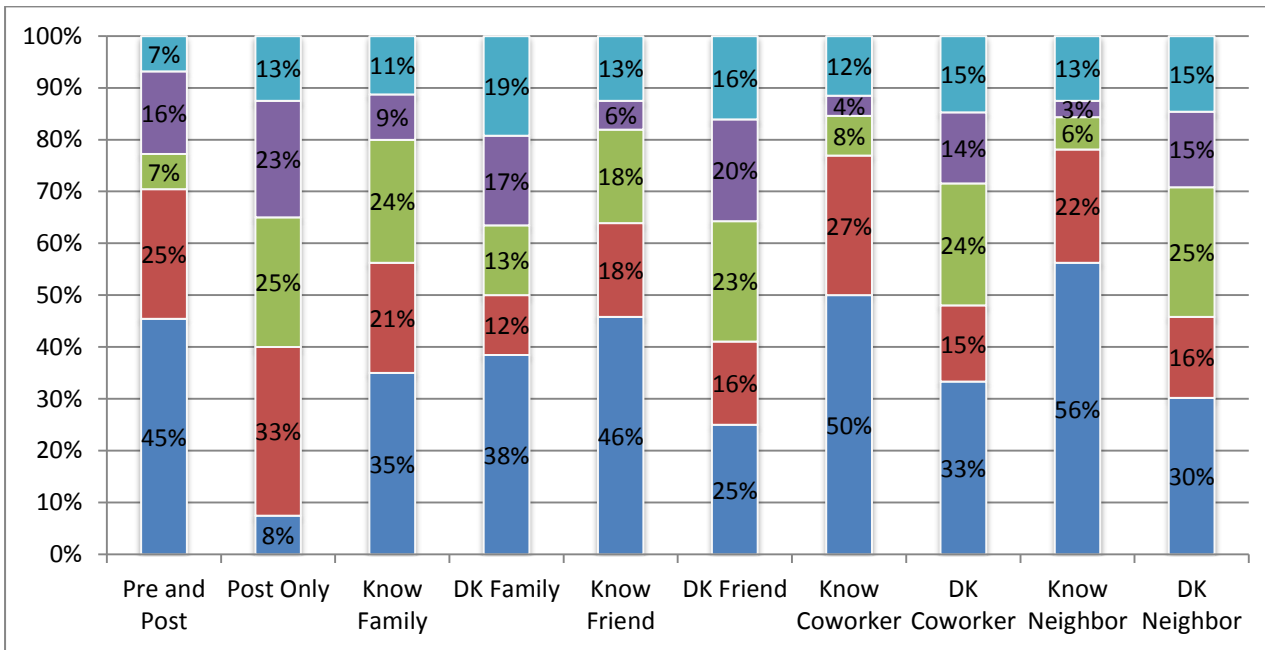
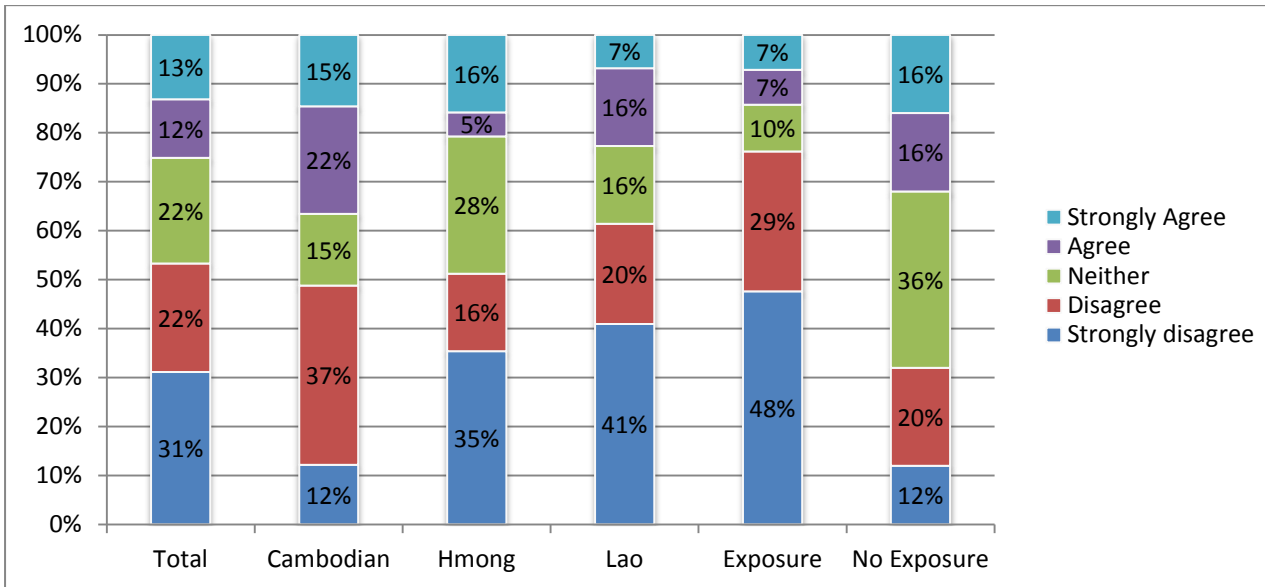
S.7 “People with mental illness just need to stop feeling sorry for themselves.”

- A majority of participants disagreed (52%), while 25% agreed.
- **Cambodians and Lao disagreed more than Hmong.**
- Participants with **direct exposure disagreed much more (77%)** than those without exposure (12%).
- Participants who **participated in the pre- and post-campaign survey disagreed more** than those who participated in only the post-survey.
- Participants who knew of a **family member, coworker, or neighbor with mental illness disagreed more** than those who did not.



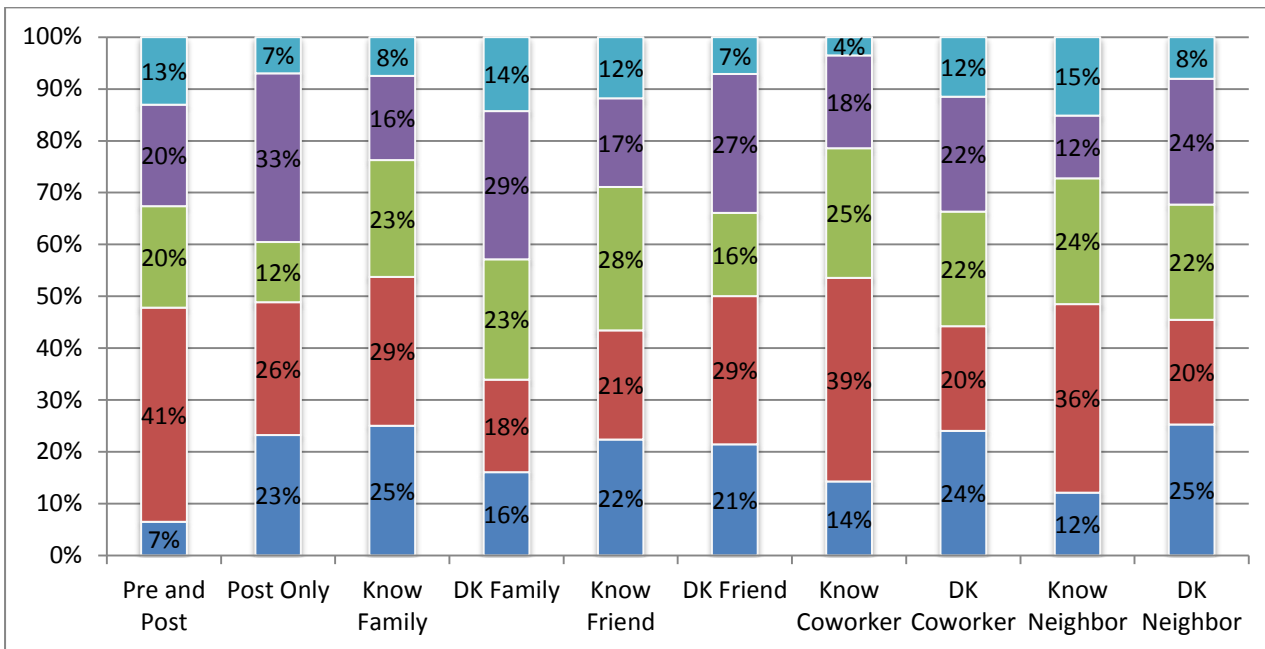
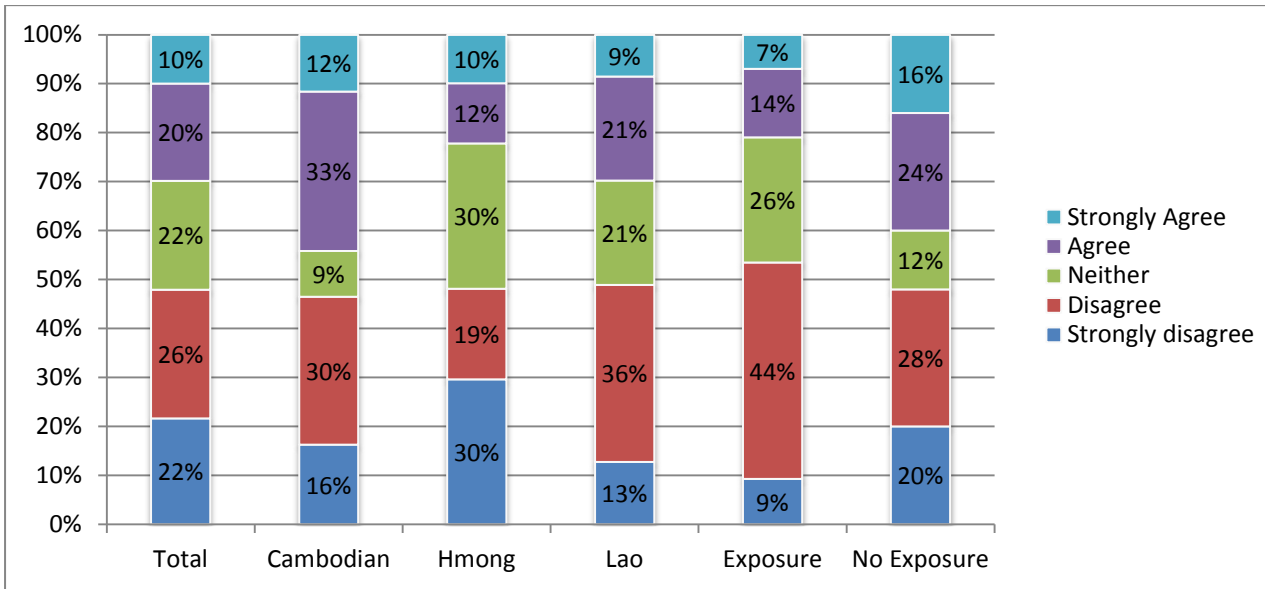
S.8 “People with mental illness are violent.”

- A majority of participants disagreed (53%), while 25% agreed.
- There were no statistically significant ethnic group differences.
- Participants with **direct exposure disagreed much more (77%)** than those without exposure (14%).
- Participants who **participated in the pre- and post-campaign survey disagreed more** than those who participated in only the post-survey.
- Participants who knew of a **friend, coworker, or neighbor with mental illness disagreed more** than those who did not.



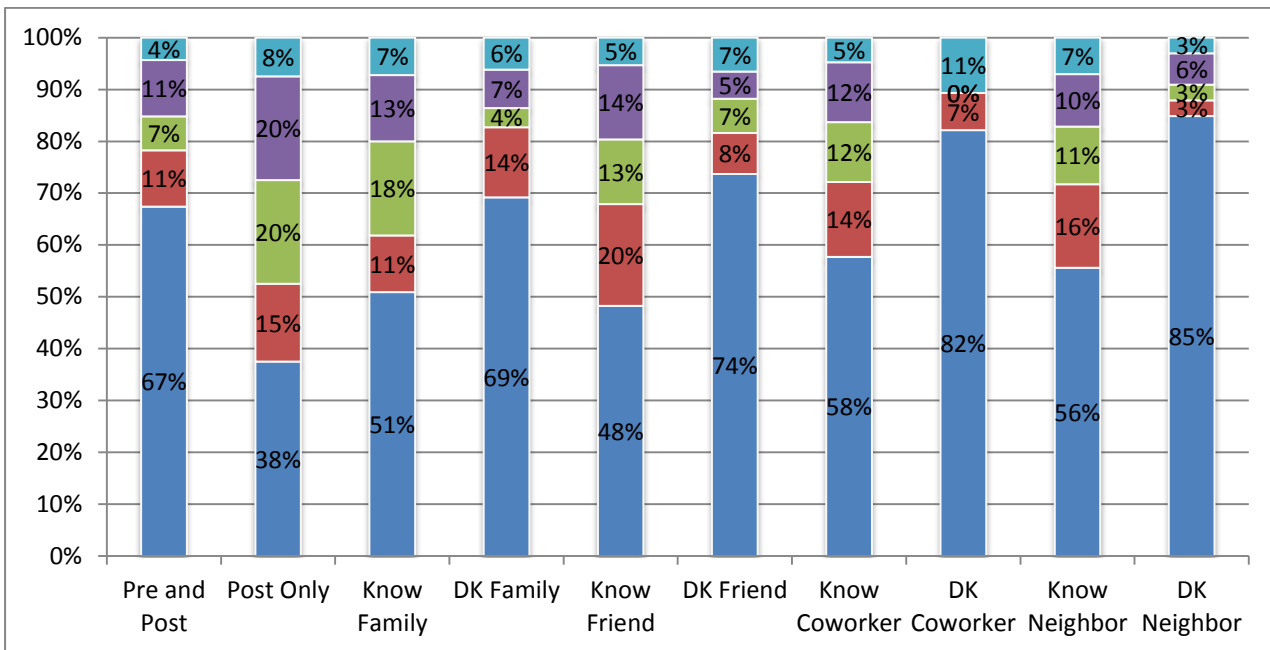
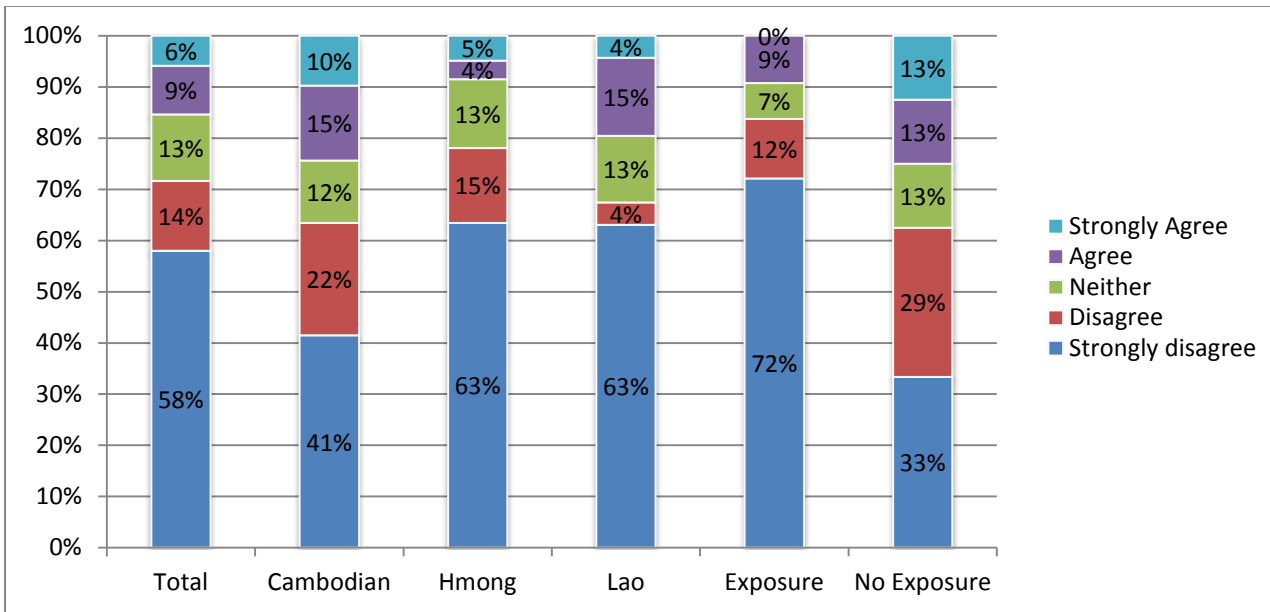
S.9 “People who suffer from depression only have themselves to blame.”

- There were no statistically significant ethnic group differences.
- There were no statistically significant exposure group differences.
- There were no statistically significant pre-survey participation group differences.
- Participants who knew of a **family member with mental illness disagreed more** than those who did not.



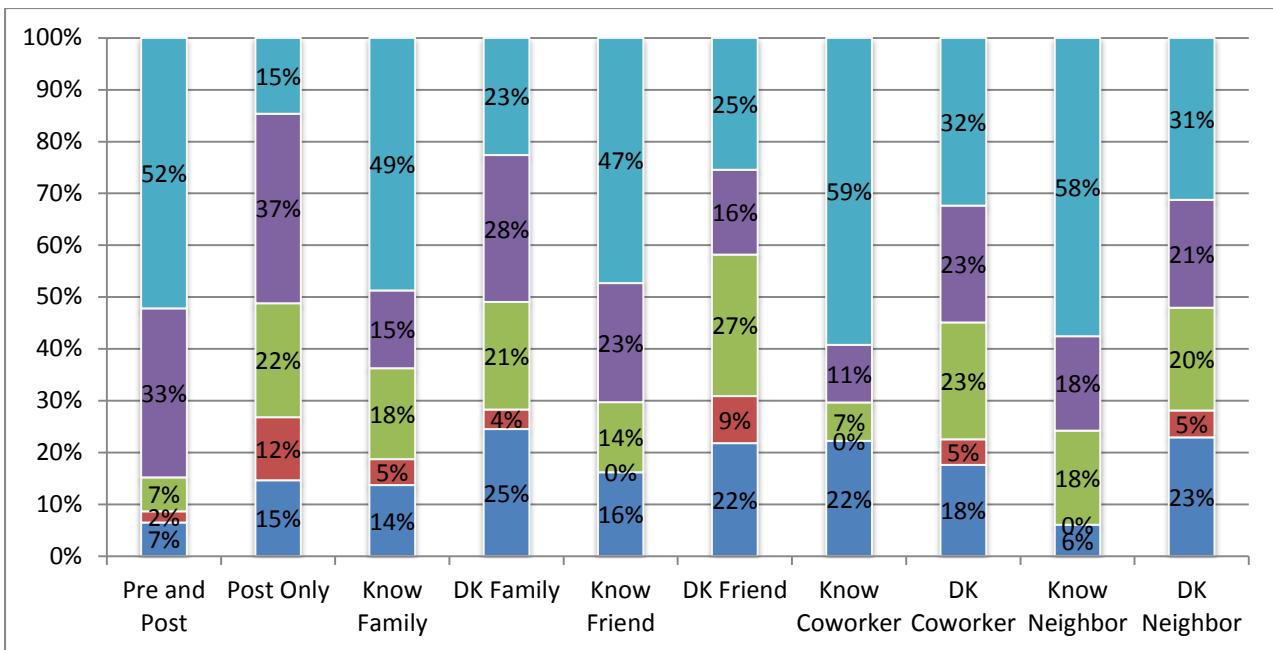
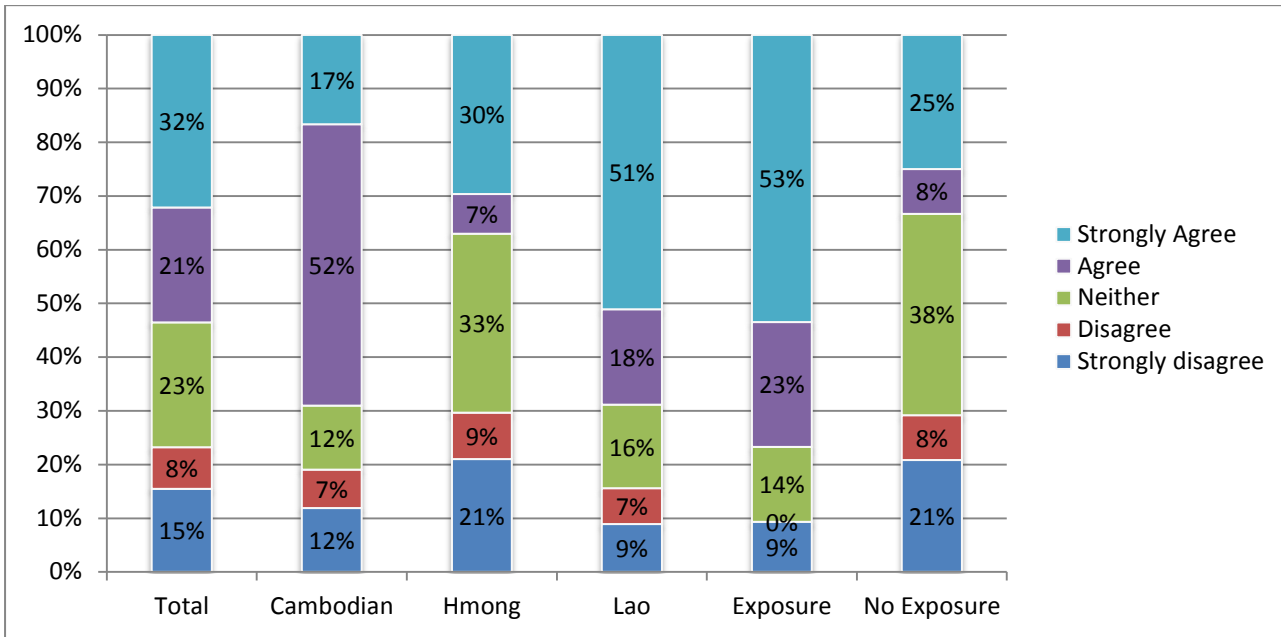
S.10 “People who suffer from mental illnesses deserve it because they must have done something bad in their past life.”

- A majority of participants disagreed (72%), while 15% agreed.
- There were no statistically significant ethnic group differences.
- Participants with **direct exposure disagreed more** than those without exposure.
- Participants who **participated in the pre- and post-campaign survey disagreed more** than those who participated in only the post-survey.
- Participants who knew of a **family member, friend, or neighbor with mental illness disagreed more** than those who did not.



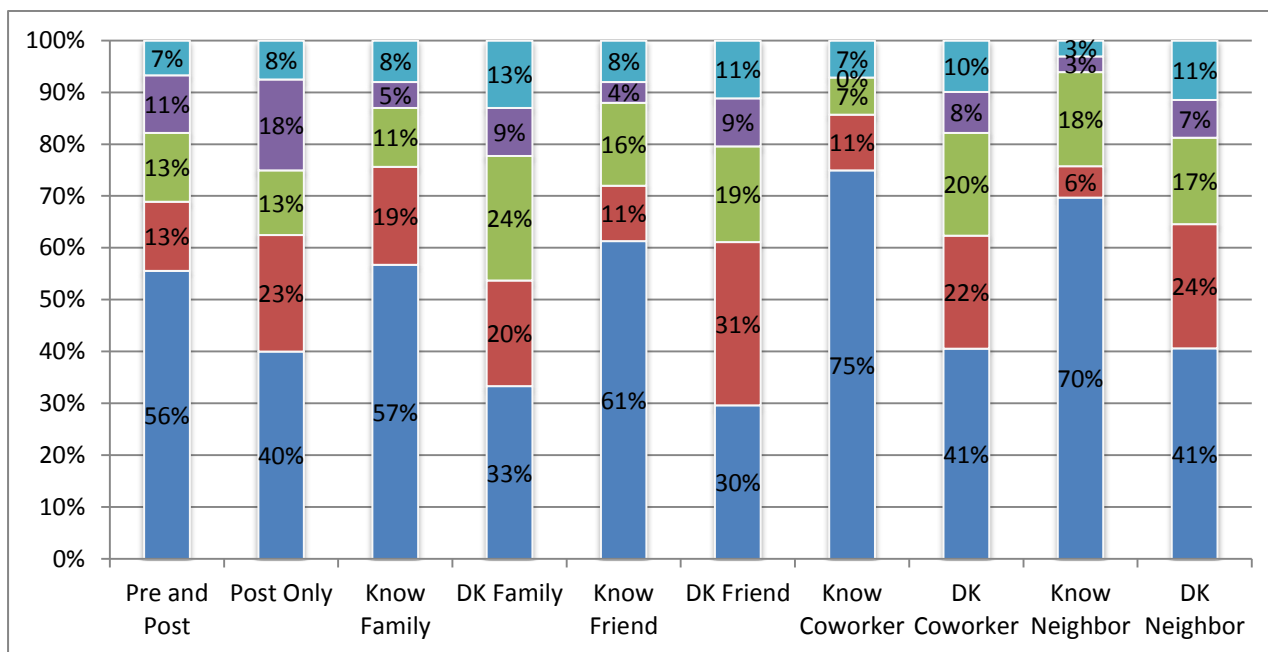
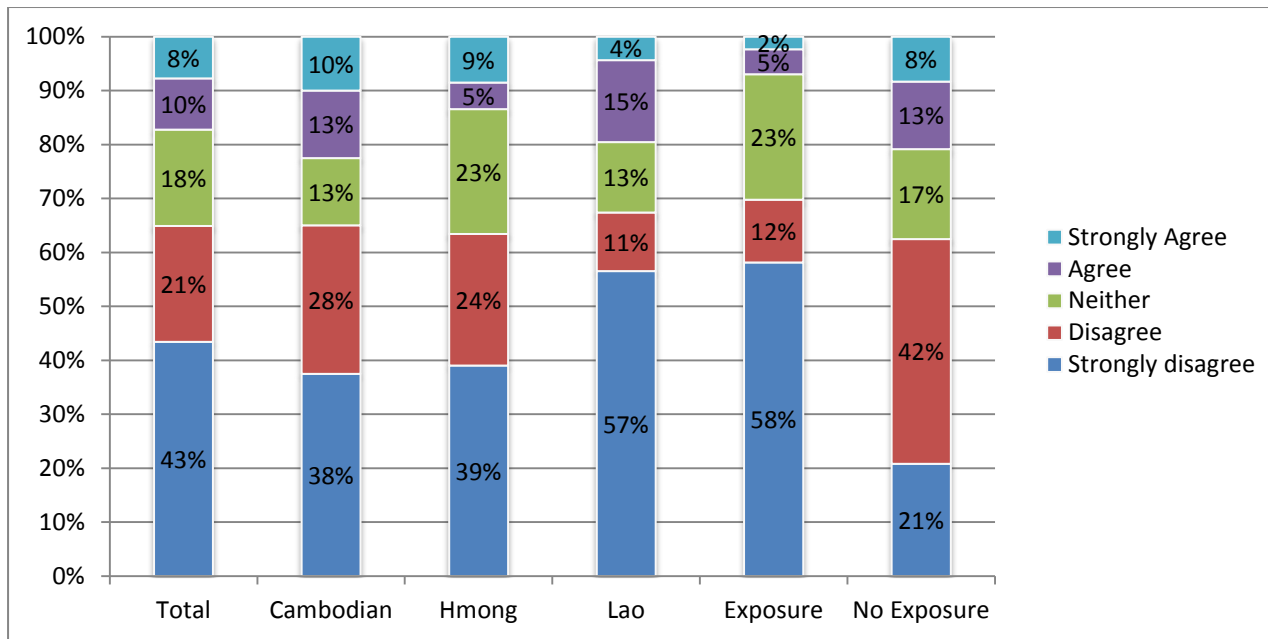
S.11 “I can see ways in which people with mental illness are discriminated against.”

- A majority of the participants agreed (53%), while 23% disagreed.
- **Lao agreed more than Hmong.**
- Participants with **direct exposure agreed much more (76%)** than those without exposure (32%).
- Participants who **participated in the pre- and post-campaign survey agreed more** than those who participated in only the post-survey.
- Participants who knew of a **family member, friend, or neighbor with mental illness agreed more** than those who did not.



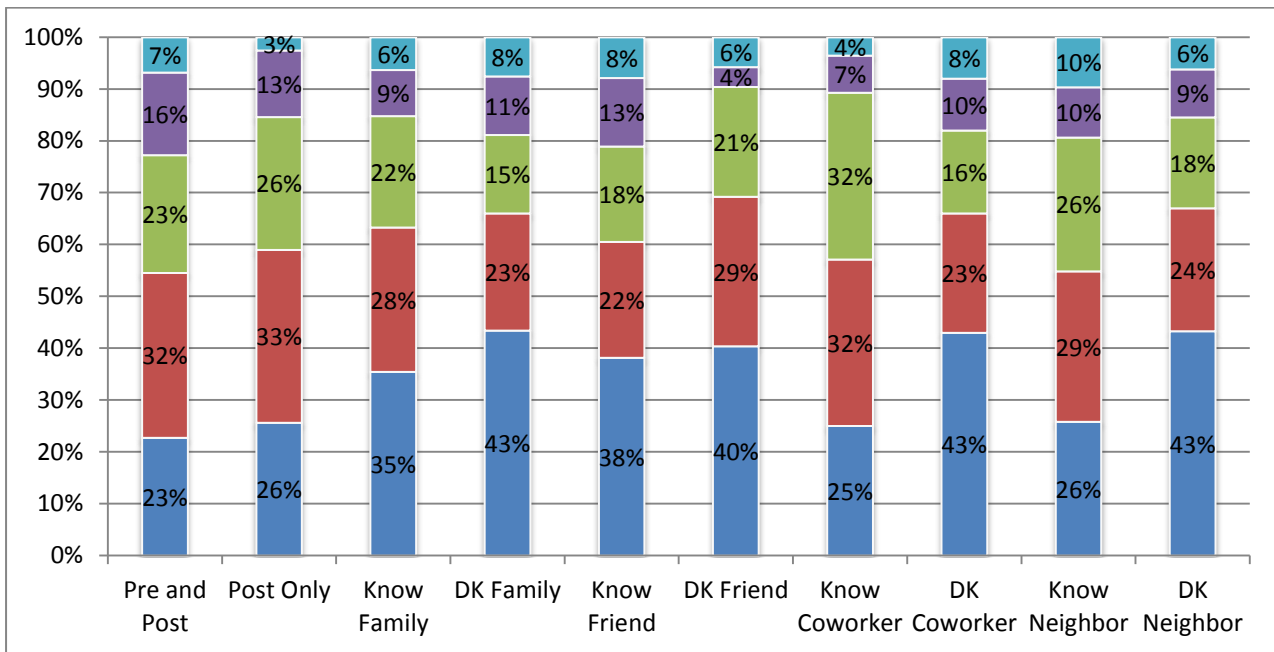
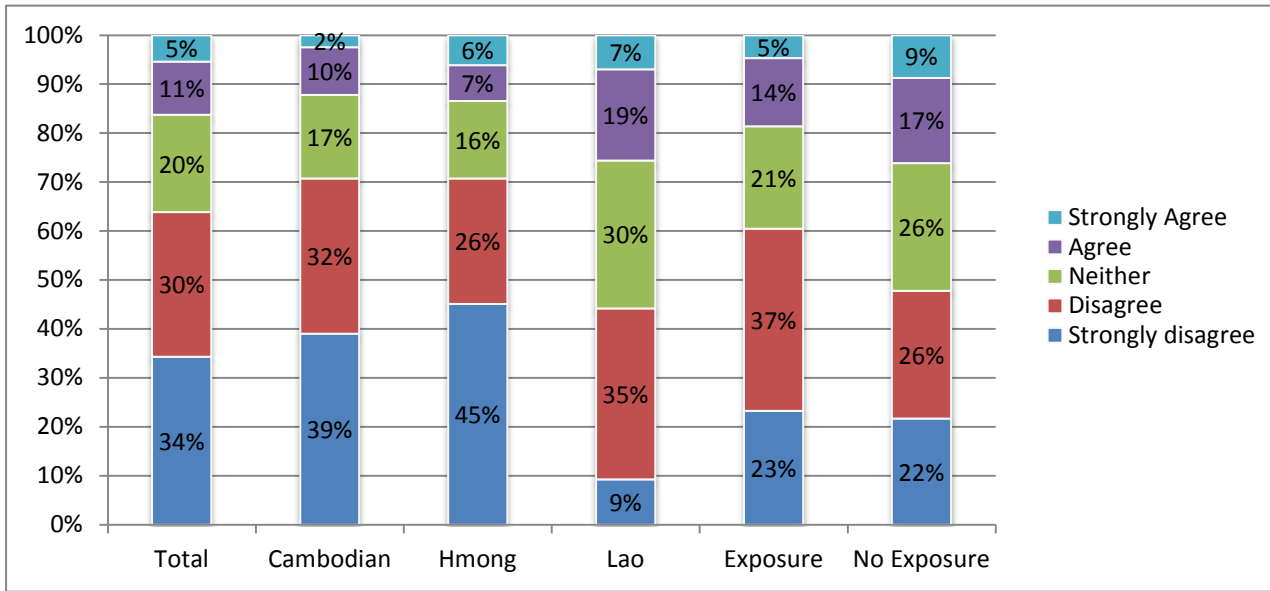
S.12 “People who suffer from depression are possessed by evil spirits.”

- A majority of participants disagreed (64%), while 18% agreed.
- There were no statistically significant ethnic group differences.
- Participants with **direct exposure disagreed more** than those without exposure.
- There were no statistically significant pre-survey participation group differences.
- Participants who knew of a **family member, friend, coworker, or neighbor with mental illness disagreed more** than those who did not.



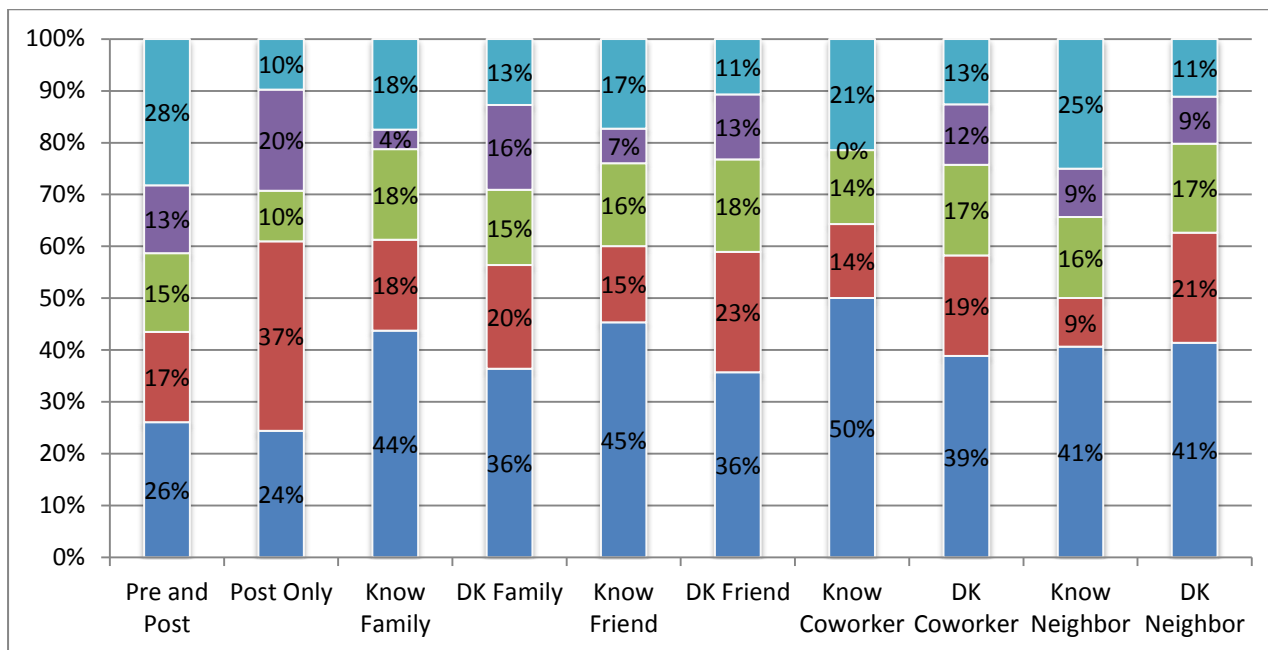
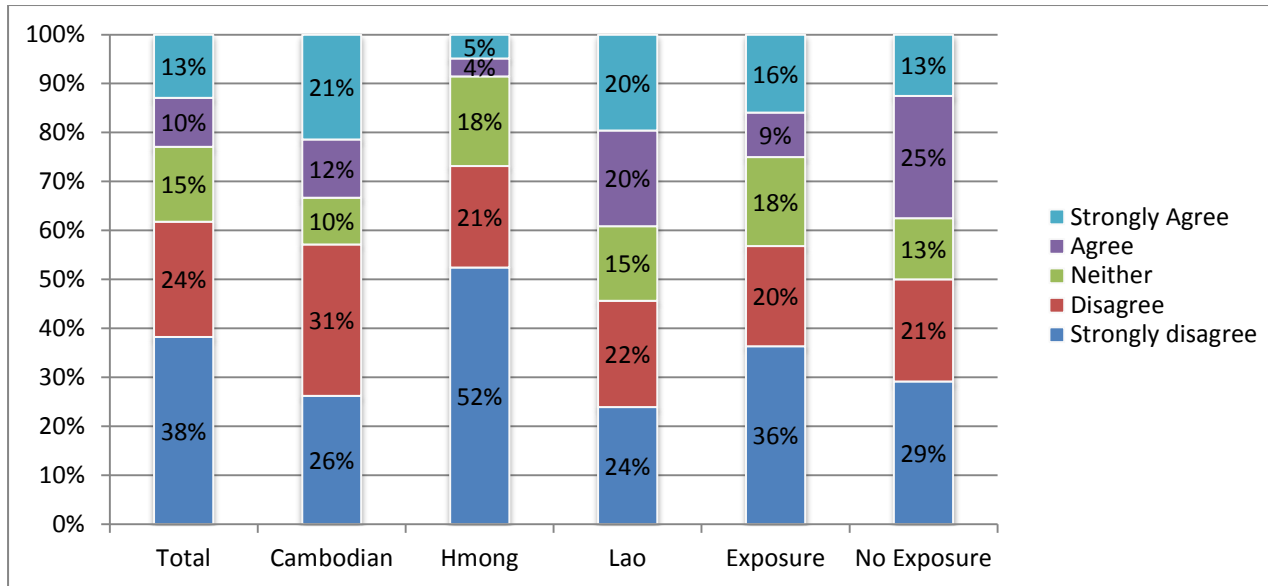
S.13 “I don't know how to act around people with mental illness.”

- A majority of participants disagreed (64%), while 16% agreed.
- **Cambodians and Hmong disagreed more than Lao.**
- There were no statistically significant exposure group differences.
- There were no statistically significant pre-survey participation group differences.
- There were no statistically significant differences in participants who knew a person with mental illness compared to those that did not.



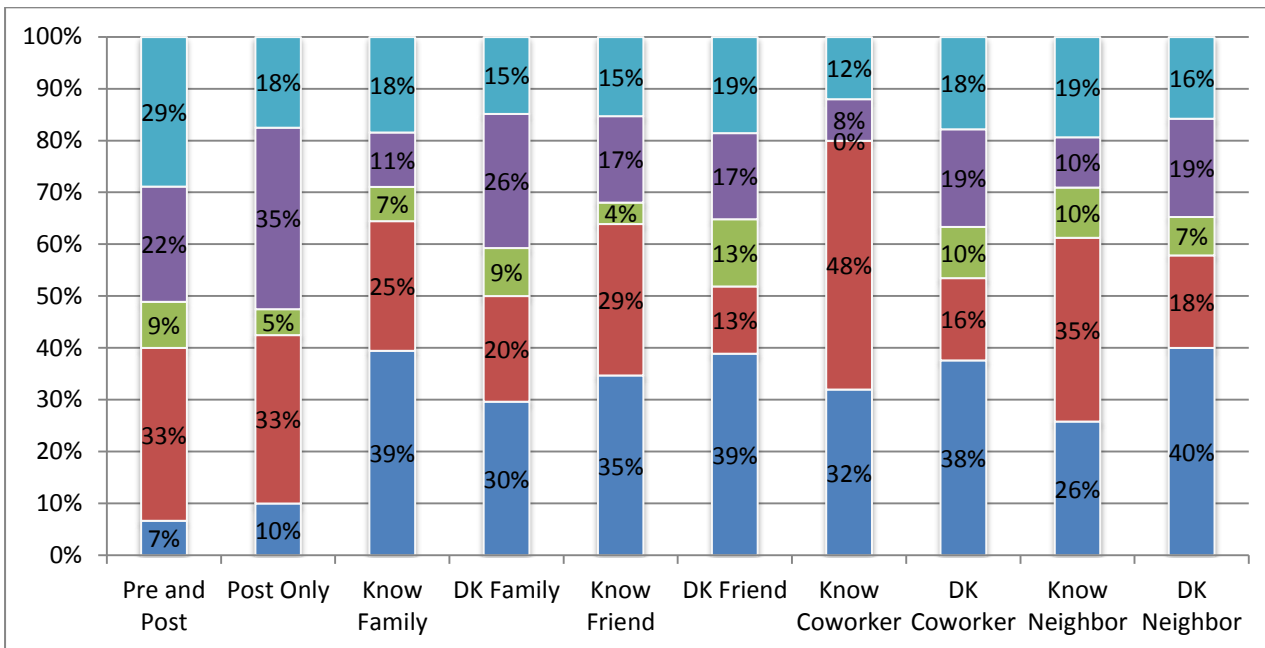
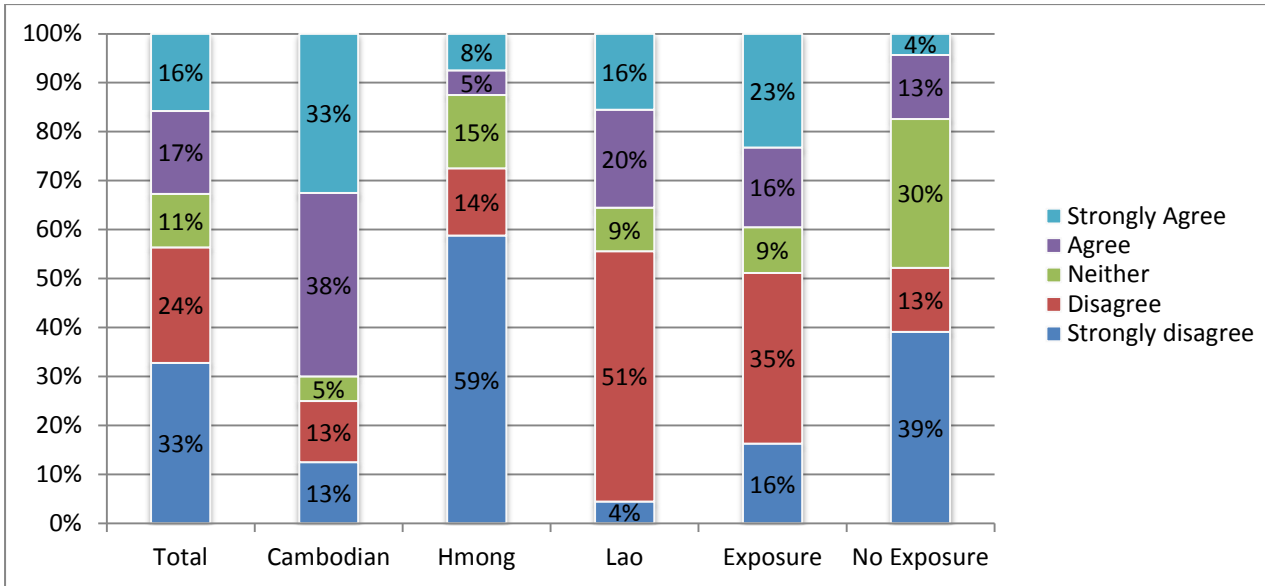
S.14 “I would feel uncomfortable talking to someone with a mental illness.”

- A majority of participants disagreed (62%), while 23% agreed.
- **Hmong disagreed more than Cambodians and Lao.**
- There were no statistically significant exposure group differences.
- There were no statistically significant pre-survey participation group differences.
- There were no statistically significant differences in participants who knew a person with mental illness compared to those that did not.



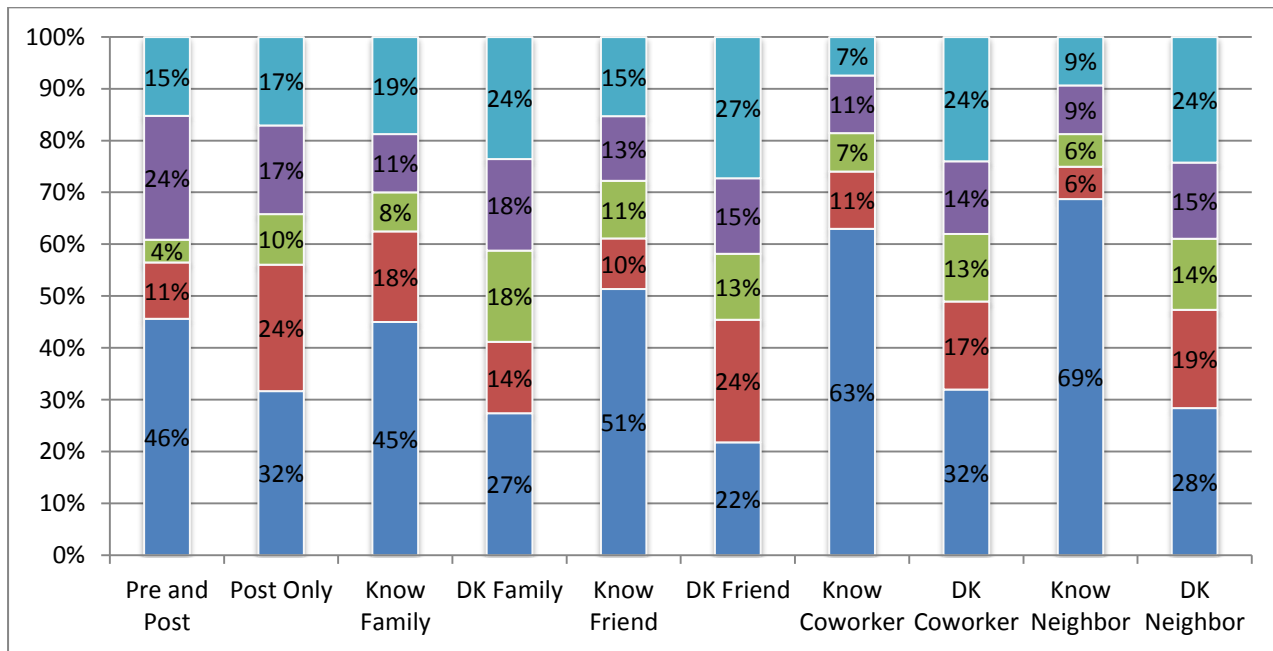
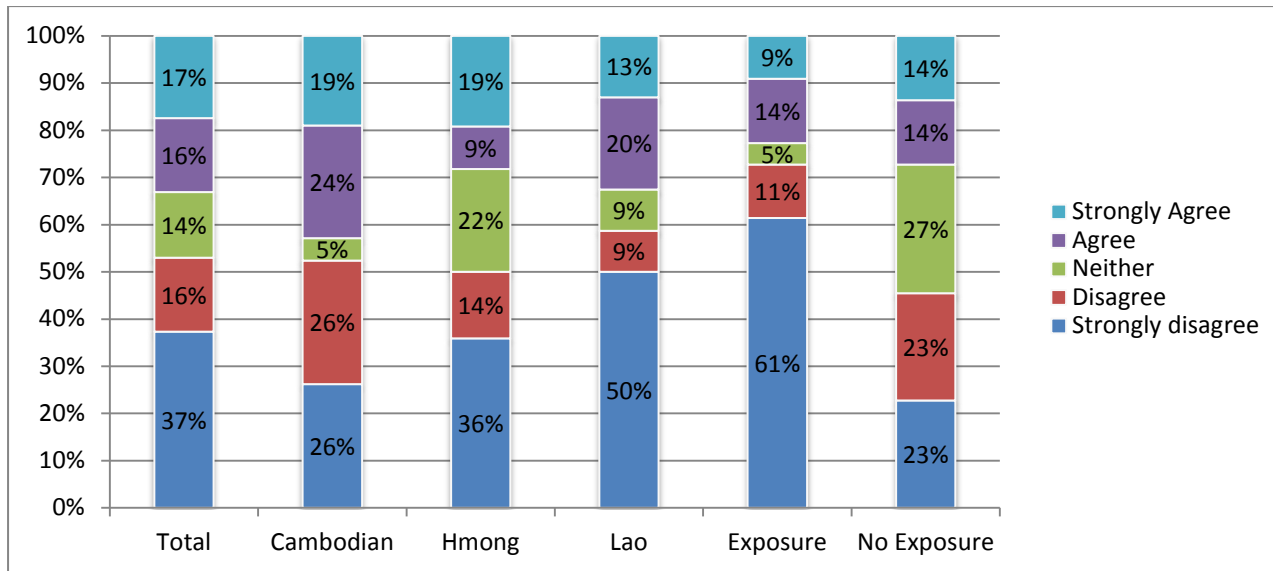
S.15 “People with mental illness will never be able to do much in life or contribute to society.”

- A majority of participants disagreed (57%), while 33% agreed.
- **Hmong disagreed more than Cambodians and Lao; and Lao disagreed more than Cambodians.**
- There were no statistically significant exposure group differences.
- There were no statistically significant pre-survey participation group differences.
- There were no statistically significant differences in participants who knew a person with mental illness compared to those that did not.



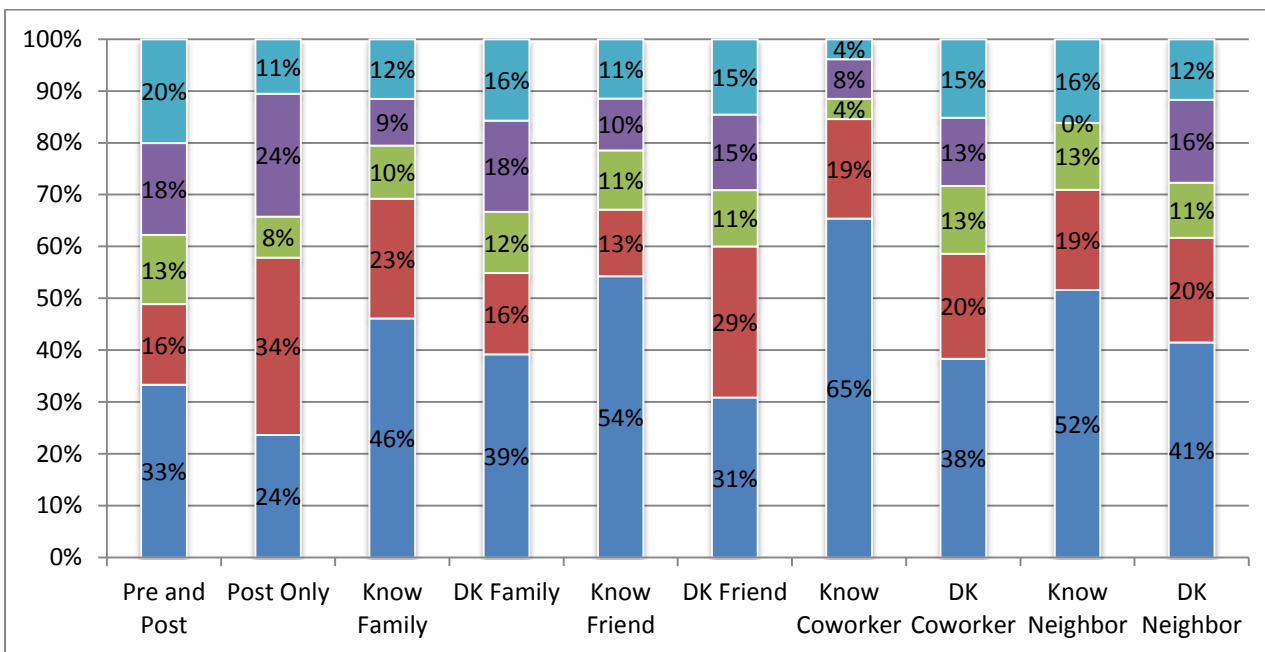
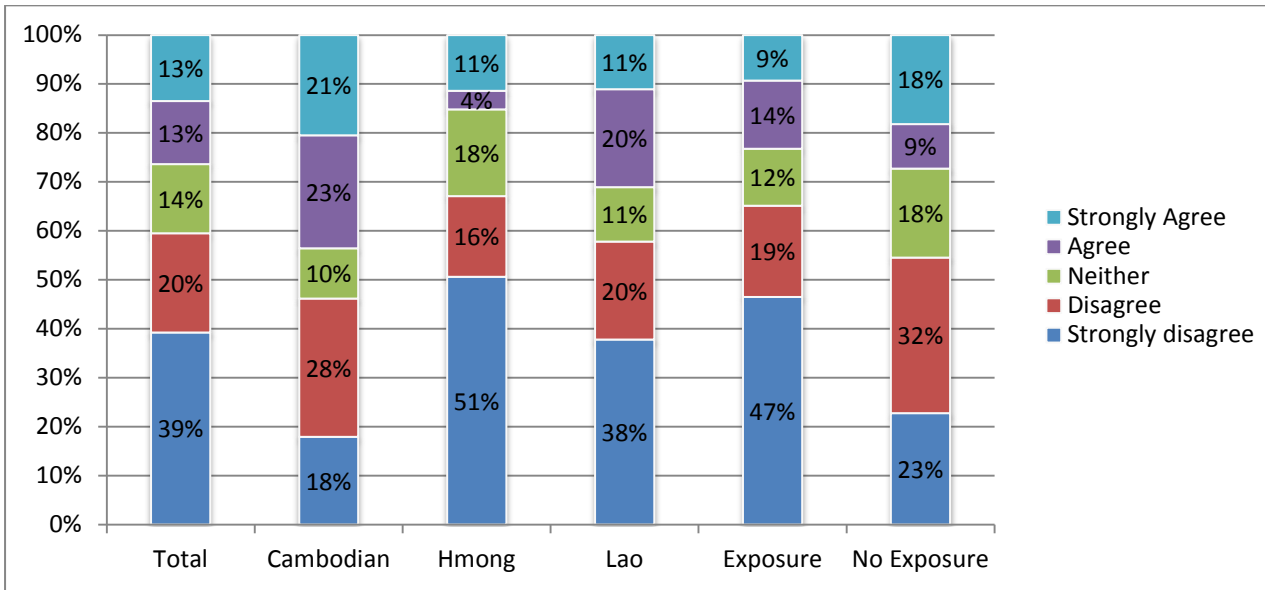
S.16 “People with mental illness cannot rent homes like everyone else because they can't be responsible.”

- A majority of participants disagreed (53%), while 33% agreed.
- There were no statistically significant ethnic group differences.
- Participants with **direct exposure disagreed more** than those without exposure.
- There were no statistically significant pre-survey participation group differences.
- Participants who knew of a **family member, friend, coworker, or neighbor with mental illness disagreed more** than those who did not.



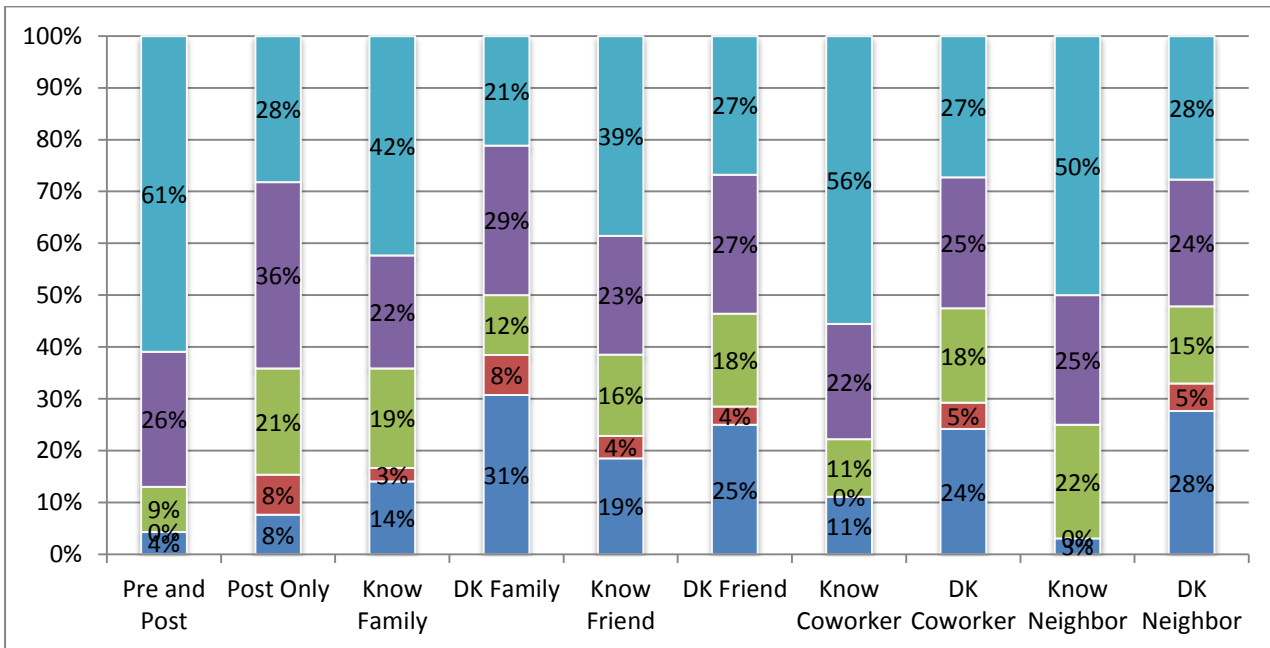
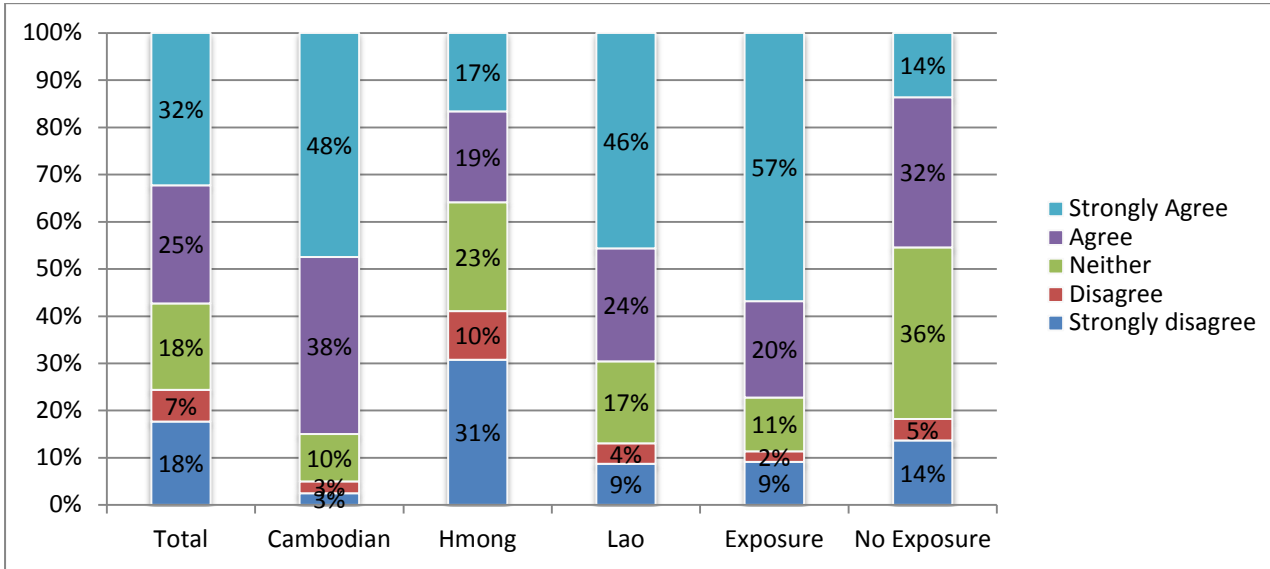
S.17 “People with mental illness always get in trouble with the law.”

- A majority of participants disagreed (59%), while 26% agreed.
- **Hmong disagreed more than Cambodians.**
- There were no statistically significant exposure group differences.
- There were no statistically significant pre-survey participation group differences.
- Participants who knew of a **friend or coworker with mental illness disagreed more** than those who did not.



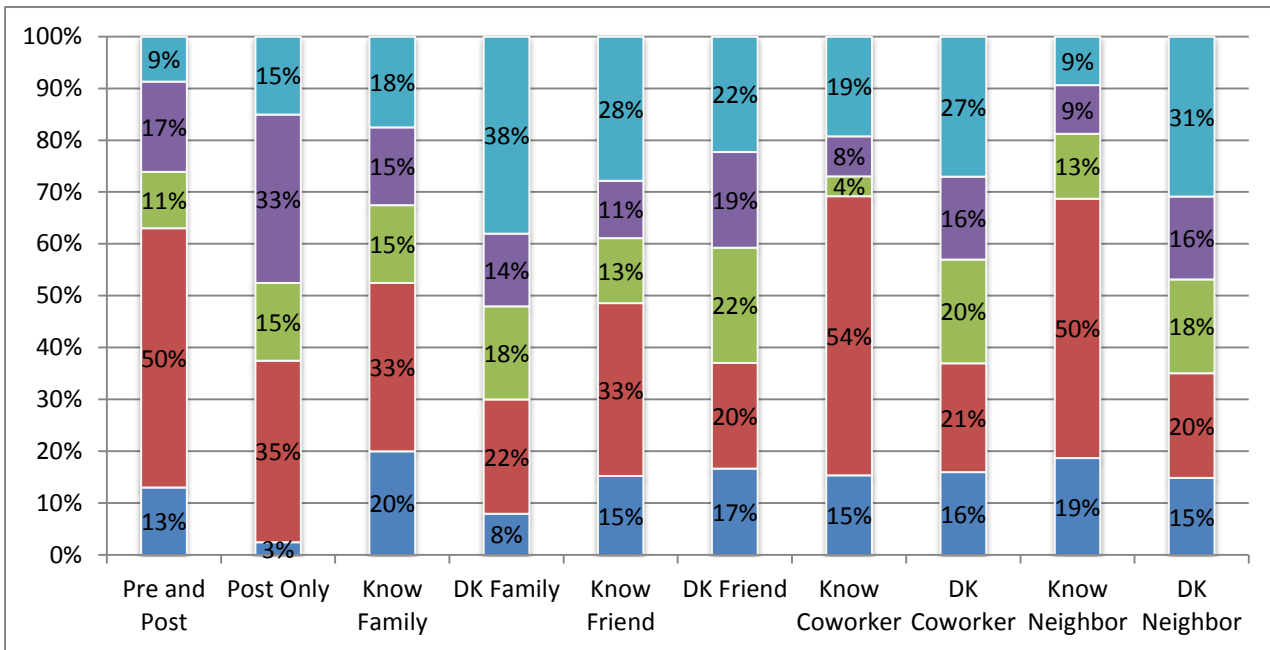
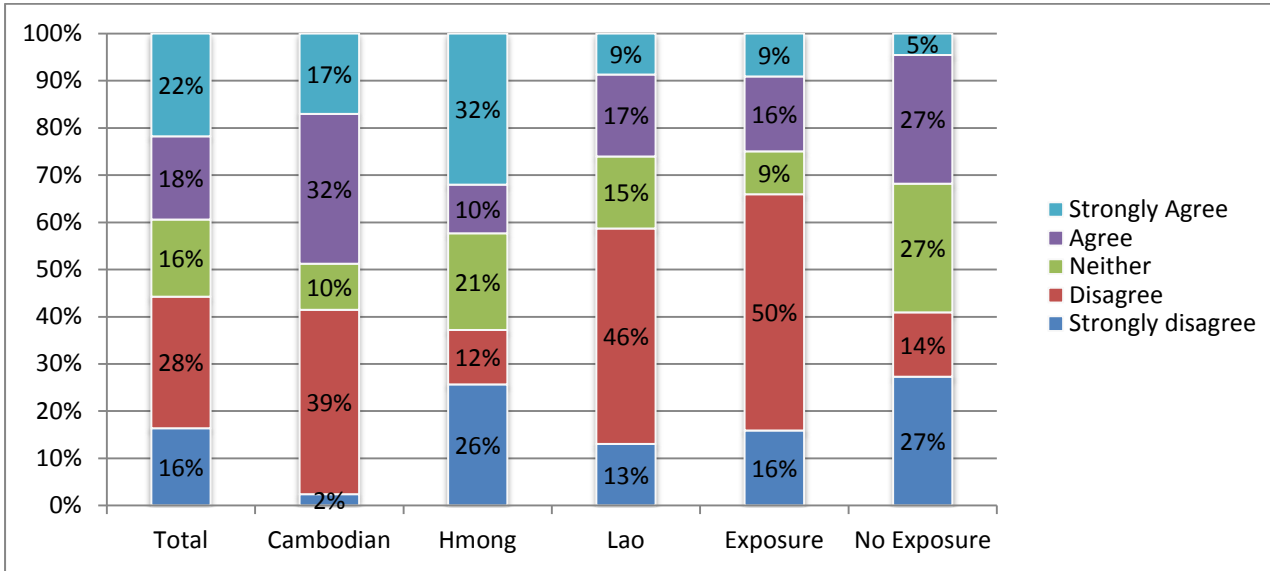
S.18 “People with mental illness can get better with medication.”

- A majority of participants agreed (57%), while 25% disagreed.
- **Cambodians and Lao agreed more than Hmong.**
- Participants with **direct exposure agreed more** than those without exposure.
- Participants who **participated in the pre- and post-campaign survey agreed more** than those who participated in **only the post-survey**.
- Participants who knew of a **family member, coworker, or neighbor with mental illness agreed more** than those who did not.



S.19 “I think I know all I need to know about mental illness.”

- There were no statistically significant ethnic group differences.
- There were no statistically significant exposure group differences.
- Participants who **participated in the pre- and post-campaign survey disagreed more** than those who participated in **only the post-survey**.
- Participants who knew of a **family member, coworker, or neighbor with mental illness disagreed more** than those who did not.



Addendum I. Missing Responses on 19 Stigma Items Differ Significantly by Ethnicity

The % of missing responses for the 19 stigma items ranged accordingly for the ethnic groups:

Cambodian (n=45): 4-22%

Hmong (n=86): 5-9%

Lao (n=61): 23-30%

Overall, the % with missing data for the 19 stigma items of the combined sample (n=192) ranged from 13-16%.

The high percent of the sample for Cambodian and Laotian with missing data to specific items is a cause for concern.

19 Stigma Items

Ethnic			Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
Cambodian	N	Valid	39	39	39	39	35	39	40	41	43	41	42	40	41	42	40	42	39	40	41
		Missing	6	6	6	6	10	6	5	4	2	4	3	5	4	3	5	3	6	5	4
		% Missing	13%	13%	13%	13%	22%	13%	11%	9%	4%	9%	7%	11%	9%	7%	11%	7%	13%	11%	9%
Hmong	N	Valid	82	81	80	80	81	80	81	82	81	82	81	82	82	82	80	78	79	78	78
		Missing	4	5	6	6	5	6	5	4	5	4	5	4	4	4	6	8	7	8	8
		% Missing	5%	6%	7%	7%	6%	7%	6%	5%	6%	5%	6%	5%	5%	5%	7%	9%	8%	9%	9%
Lao	N	Valid	46	47	47	47	46	45	46	44	47	46	45	46	43	46	45	46	45	46	46
		Missing	15	14	14	14	15	16	15	17	14	15	16	15	18	15	16	15	16	15	15
		% Missing	25%	23%	23%	23%	25%	26%	25%	28%	23%	25%	26%	25%	30%	25%	26%	25%	26%	25%	25%

			Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
All Ethnicities	N	Valid	167	167	166	166	162	164	167	167	171	169	168	168	166	170	165	166	163	164	165
		Missing	25	25	26	26	30	28	25	25	21	23	24	24	26	22	27	26	29	28	27
		Total	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192
		% Missing	13%	13%	14%	14%	16%	15%	13%	13%	11%	12%	13%	13%	14%	11%	14%	14%	15%	15%	14%

Addendum II. Responses to Exposure Questions (3, 5, 6) Differ Significantly by Ethnicity

Results of chi-square tests on the exposure questions suggest that the three ethnic groups differ significantly in their responses to the questions, and differ significantly in their exposure to the campaign.

3. Did you attend a mental health wellness community meeting, conducted in [Khmer/Lao] where there were guest speakers who talked about mental health?

3(Ethnic Group) x 2(Attendance) chi-square test, $X^2(2, N = 180) = 16.30, p < .001$.

Cambodians (n valid=42, missing = 3): 81% Yes, 19% No

Hmong (n valid=81, missing=5): 43.2% Yes, 56.8% No

Laotian (n valid=57, missing = 4): 59.6% Yes, 40.4% No

5. Did you read a mental health Myth vs. Fact sheet in [Khmer/Lao] regarding mental health and wellness?

3(Ethnic Group) x 2(Read Factsheet) chi-square test, $X^2(2, N = 180) = 22.71, p < .001$.

Cambodians (n valid=41, missing = 4): 43.9% Yes, 56.1% No

Hmong (n valid=85, missing=1): 17.6% Yes, 82.4% No

Laotian (n valid=54, missing = 7): 55.6% Yes, 44.4% No

6. Did you see the video “Our Story: Recovery and Mental Wellness” on [Khmer/Lao] community members?

3(Ethnic Group) x 2(Saw Video) chi-square test, $X^2(2, N = 181) = 30.84, p < .001$.

Cambodians (n valid=44, missing = 1): 90.9% Yes, 9.1% No

Hmong (n valid=85, missing=1): 54.1% Yes, 45.9% No

Laotian (n valid=52, missing = 9): 90.4% Yes, 9.6% No