New Mexico Behavioral Health Stigma Evaluation

Purpose

The purpose of the project is to conduct a baseline survey of attitudes toward behavioral health in New Mexico. Such a survey is important to establish the existing attitudes and perspectives about behavioral health and stigma in order to determine needs for future campaign work. That is, if stigma is identified as a key issue limiting the seeking of mental health services, a campaign can be crafted to address stigma. Further, a baseline survey establishes a comparable attitudinal standpoint (i.e., where the population is at now) so that any changes or campaigns can be effectively evaluated (did they produce a significant change?).

Conducting the Survey

The baseline survey will be conducted in two phases:

I. Focus Groups, and
II. Population Survey

Phase I – Focus Groups

The first phases will consist of six focus groups. The purpose of these groups is twofold: (a) to explore cultural meanings of behavioral health stigma and other attitudes, and (b) get “buy-in” from key constituents about the survey used in phase two.

The focus groups will consist of approximately 10 participants from various cities/communities around the state. Participants will be compensated with $25 for participating in the group. We will want to ensure that cultural groups are equitably represented so we will have at least one group consisting of American Indians, one group of Hispanics, and one group of Anglos each in a rural and urban community. The groups will be composed of men and women. The number of focus groups is manageable and expected to produce saturation in the pool of ideas.

Phase II – Population Survey

The second phase will consist of population survey administered by phone. The purpose of this phase is to provide a general description of the awareness and attitudes about mental health of the citizens of New Mexico. The survey will include approximately 75 items. Given the results of the focus groups, we will likely assess participants’ awareness and attitudes of behavioral health stigma and their willingness to talk about mental health and substance abuse issues in general and with people with diagnosed with behavioral health. We will also explore media use to determine the best way to reach the target audience. All measures have been previously validated in prior research or will be derived directly from the focus groups. The survey will be offered in English and Spanish.

Participants will be approximately 400 citizens of NM. They will be randomly surveyed using random digit dialing so only households with a phone (or cell phone) will be included. We will sample at least 100 American Indians, Hispanics, and Anglos to be able to make group comparisons. We will weight the analysis to reflect the gender, ethnicity, and age of the population of the state using 2008 US Census projections. Weighting is a statistical technique that analyzes the data as if it was representative of the NM population. This sampling technique allows us to provide an accurate picture of the attitudes in the state, but also make accurate cultural comparisons. Only adults (18 or over will be included). The sample size is sufficient to for identifying population means and percentage with small variance.
Data Collection

Data will be collected by the Institute for Public Policy. This organization provides survey research services to a variety of on- and off-campus organizations. They have tremendous success at obtaining high response rates and have low attrition rates in panel studies (i.e., following individuals from pre to post-test as this evaluation study proposes). They have trained surveyors who will collect data using a Computer Aided Telephone Interview and data is automatically recorded in statistical software for analysis. This system eliminates mistakes in data entry.

Reporting

Each phase has a report as the primary deliverable. The report will include a brief statement of purpose, detailed description of the data collection procedures, detailed analysis of the data, and conclusions about the needs of the state. Recommendations as to the areas of greatest concern will be presented. Additionally, we will provide suggestions as to the next steps to address these concerns. We will consult with NMBHC/HSD to determine the preferred format of this report. An oral report of both evaluations is also included in the deliverables.

Timeline

- July 2008: Conduct focus groups and transcribe sessions; Complete analysis of focus group data and finalize population survey
- August 2008: Administer population survey (completing by August 31, 2008)
- September 2008: Complete data analysis and reports (all deliverables by Sept. 30, 2008)

Research Team

The research team consists of faculty, graduate students, and researchers from the Department of Communication & Journalism and the Department of Psychiatry. Collectively, this team has expertise in research/evaluation design, culture, mass communication campaigns, and mental health. John Oetzel is chair of C & J and has expertise in research design, data analysis, and culture. Other members from C & J include Patricia Covarrubias with expertise in culture, Olaf Werder with expertise in mass communication campaigns, and Virginia McDermott with expertise in research design. Steve Adelsheim is the director of the community outreach program in psychiatry. Melina Salvador and Deborah Altschul are members of the community outreach program. All have background in mental health research and services.

Funding

Funding for this survey is coming from the Transformation Grant. We have budgeted $65,000 for this project, which will cover everything described above.