POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP)
BROOKLYN MENTAL HEALTH PUBLIC DELIBERATION

FINAL REPORT:
All public deliberations (Spanish & English)

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OVERVIEW

In 2016, The New York Academy of Medicine, working in close collaboration with the New York City Department of Health and Mental Hygiene (NYCDOHMH), the NYCDOHMH Center for Health Equity and the Brooklyn Neighborhood Health Action Center a.k.a. Brooklyn Action Center, conducted public deliberations on mental health stigma focused on four Brooklyn, New York communities: Bedford-Stuyvesant, Bushwick, Brownsville, and East New York. This work was carried out as part of the New York City Population Health Improvement Program (PHIP). The findings of these deliberations are meant to inform the activities of the PHIP and its partners in support of the Triple Aim: better care, lower health care costs and better health outcomes for New Yorkers.

BACKGROUND

The communities of Bedford-Stuyvesant, Bushwick, East New York and Brownsville are rich, with a history of community members coming together to realize more healthy and safe neighborhoods. The communities are diverse, including residents from across the African, Latin American and European diasporas. Unfortunately, people in these communities also experience disproportionately high rates of mental illness and psychiatric hospitalizations. While there are established institutions, organizations and resources available, as well as programming still under development, the stigma associated with mental illness may prevent community members from accessing the resources available to them.

Recently the NYCDOHMH launched a new initiative to place local health department offices and related services in high-need communities. These health department sites, known as Neighborhood Health Action Centers, a.k.a. “Action Centers,” are located in neighborhoods across the city, including Bedford-Stuyvesant, Bushwick, and Brownsville, which face high rates of chronic disease and premature death. Through a series of town hall meetings on *Take Care New York*—the City’s blueprint for improving the health of all New Yorkers—North and Central Brooklyn community members, including those from the communities targeted in these deliberations, reported that, from their perspective, mental health is a critical public health concern. The roll out of the Action Centers provided an opportunity for the NYCDOHMH to ask for community perspectives regarding the best ways to reduce mental health stigma in these communities so as to facilitate use of available resources.

The NYCDOHMH elected to use the public deliberation community engagement method to elicit this community input. Successfully executed in a variety of health care and other settings, public deliberation allows decision-makers to gain meaningful input from community members about decisions that will directly affect them. The activity itself is centered on one or more “deliberative questions” that an institution or organization is seeking to answer, and by which the community will be affected. Unlike more commonly used methods of community engagement, public deliberation allows community members to engage in deep exploration of the issues at the heart of the questions before giving their input. Specifically, during the process, participating community members receive relevant background information including balanced and/or neutral presentations from individuals with expertise relevant to the decision-making context. Participants also spend time interacting with group facilitators, presenters, and with one another as they consider case studies and/or exercises developed to facilitate discussion that will elucidate preferences, priorities and recommendations for the sponsoring institution or policy maker.[1]

The focus of the public deliberations described here was community preference regarding approaches to reduce mental health stigma in Bedford-Stuyvesant, Bushwick, Brownsville and East New York. This report describes the deliberations themselves, as well as the recommendations made by community members and the reasoning underlying those recommendations.

METHODS

Public deliberation activities

The public deliberations took place in Bushwick, Bedford-Stuyvesant, and Brownsville Brooklyn in the fall of 2016 and summer of 2017. Four deliberations were carried out—three in English and one in Spanish. The Spanish language deliberation took place in Bushwick, where there is a large population of Spanish speakers. Each deliberation was focused on engaging community members from the neighborhoods where the events were located, with the exception of the Brownsville deliberation which included participants from both Brownsville and neighboring East New York. Community members were recruited by staff from the DOHMH who conducted outreach through local community based organizations and institutions. Interested individuals were asked to fill out a brief screening questionnaire that gathered basic demographic information. Screening data were used to identify a diverse group of participants according to age, race and ethnicity, and educational attainment. Particular attention was paid to the residence of potential participants in order to ensure that individuals who participated in each group resided in the target neighborhood. The outreach team screened over 400 individuals. Twenty-two or 23 individuals, with a mix of demographic characteristics, were invited to each deliberation, and ultimately 20-21 people attended each. The events lasted a full day and participants were provided an incentive of $150 for their time.

All of the deliberations were centered on the same four deliberative questions, focused on preference regarding approaches to reducing mental health stigma in their communities. The questions were:

1. In order to have the greatest impact on the community at large, where do you think the Department of Health should focus these messages to <u>reduce stigma</u> first?
   a. Children (age 12 and under)
   b. Teens (13-18)
   c. Young adults (19-25)
   d. Working age adults (26-60)
   e. Older adults (61 and older)
   f. Particular ethnic/cultural groups where there is strong stigma regarding mental health
   g. People at increased risk of poor mental health because of life events (e.g., job loss, homelessness, traumatic events, childbirth/parenthood, etc.)
   h. Other (_____)

[1] Scherer, M., Weiss, L., Kamler, A., Realmuto, L., & Gold, M. (2016). *Public Deliberation: What is it and why do it?* New York, NY.

2. What kind of messages to reduce mental health stigma would resonate most with members of your community?
   a. Personal stories from someone who has dealt with mental health challenges and mental health related stigma
   b. Facts (including "it's common" and "it's no one's fault") and figures about mental health, mental health stigma, and their impacts

3. Who could most effectively share messages about reducing mental health stigma in your community?
   a. Community members like you
   b. Respected public figures (e.g., famous people)
   c. Respected leaders in your community (e.g., pastors, Council Members)

4. Where should messages to reduce stigma related to mental health come from?
   a. Faith and other community based institutions
   b. Businesses/employers
   c. Schools and colleges
   d. Media campaigns
   e. Health care providers

Each deliberation lasted for one full day, from 8:30am to 5:30pm. Participants were welcomed to the deliberation by a representative of the Brooklyn Action Center either Dr. Torian Easterling, Assistant Commissioner, or his colleague Ewel Napier, Deputy Director—to orient the group to the purpose of the deliberation and describe the DOHMH's plans to use the deliberation findings in the work of the Brooklyn Action Center. At each of the deliberations, staff from the Brooklyn Action Center also delivered presentations on neighborhood-level health indicators and factors that impact them.

Participants heard two presentations from content experts on mental health—one focused on describing mental health and mental illness, the other on exploring mental health stigma. Dr. Keneca Boyce, a PhD and LMSW presented on mental health and mental illness at all of the English language deliberations, while three different mental health professionals gave the presentation on mental health stigma: Naimah Johnson, LMSW presented in Bushwick; Karinn Glover, MD presented in Bedford-Stuyvesant; and Teena Brooks, LMSW presented in Brownsville (the difference in presenters on mental health stigma was due to scheduling conflicts). For the Spanish language deliberation, Jose Arvizu provided the presentation on mental health and mental illness and Dianna Dragatsi presented on mental health stigma. Both are psychiatrists at New York Presbyterian Hospital and professors at Columbia University. Two lead facilitators led participants through the day's activities and oversaw large group discussion. The deliberations also had breakout discussion sessions, with three small groups, each facilitated by two small group facilitators (see Appendix I for a detailed agenda)

Data collection and analysis

Participant demographic data were captured in screening questionnaires administered by outreach staff of the NYCDOHMH (See Appendix II). These data were collected for the dual purpose of selecting a diverse group of participants and gathering information to describe the demographic characteristics of those selected and agreeing to participate (detailed in the findings section below). A pre-test questionnaire was administered at the beginning of the deliberative session assessing attitudes about mental health, and preferred approaches to reducing related stigma. A post-test repeated questions from the pre-test (to assess change) and elicited participant perspectives on the deliberative experience (See Appendix III for pre and post-tests). Assessment of attitudes about mental health were based on eight survey questions regarding blame, recovery, danger, and self-care. Participants were asked about their own beliefs, as well as their perceptions of community beliefs. Academy staff took detailed notes during the final activity of each deliberation, which involved voting on their preferred answers to the deliberative questions and rationale behind these perceptions. These detailed notes were supplemented by notes taken during the deliberation for the purposes of implementation and discussion.

Table 1 : Demographic Characteristics (N=83)

	n	(%)
Age		
18-34	18	(21.7%)
35-49	16	(19.3%)
50-59	30	(36.1%)
60-74	18	(21.7%)
75 and older	1	(1.2%)
Education		
Less than HS graduate	8	(9.6%)
HS graduate/GED	20	(24.1%)
Some college but no degree	24	(28.9%)
College degree or higher	30	(36.1%)
Prefer not to answer	1	(1.2%)
Gender		
Female	56	(67.5%)
Male	26	(31.3%)
Missing	1	(1.2%)
Race/Ethnicity (multiple responses)		
Black/African American	41	(49.4%)
Hispanic/Latino	32	(38.6%)
White	2	(2.4%)
Other	9	(10.8%)
Work status (multiple responses)		
Employed full time	24	(28.9%)
Employed part time	9	(10.8%)
Not working	23	(27.7%)
Retired	14	(16.9%)
Student	2	(2.4%)
Other	12	(14.5%)
Country of Birth		
USA	57	(68.7%)
Other	26	(31.3%)

Screening data and data from the pre-post tests were maintained and analyzed using SPSS. Frequency distributions are presented for demographic data and survey data regarding attitudes are displayed graphically. Notes taken during the deliberation were transcribed and qualitatively analyzed.

Responses to the deliberative questions

Participants in all three deliberations overwhelmingly chose young people—either children or teens—to be the initial focus of efforts to reduce mental health stigma.

They also uniformly chose personal stories as the preferred kind of message for reducing stigma, although some participants felt a combination of personal stories and facts (e.g., statistics regarding prevalence) would be most effective. Participant preferences regarding who should provide messages to reduce stigma, and where those messages should come from varied across the three groups. Below are the final group votes for each of the deliberative questions (Highlighted boxes indicate the most commonly chosen option). More detailed explanation of these findings by neighborhood are presented in the sections below.

DQ1: On which groups should the Brooklyn Action Center focus first to have greatest impact?

	Bedford-Stuyvesant	Brownsville/ENY§	Bushwick (English)	Bushwick (Spanish)§
Children	2	**11**	**9**	1
Teens	**13**	4	3	**14**
Young adults	2	2	2	0
Working age adults	1	1	1	0
Older adults	0	0	0	2
Particular ethnic/cultural groups	1	1	1	0
People at increased risk	0	1	5	1
Other	2*	0	0	0

**Community of Bedford-Stuyvesant*
§One or more participants declined to vote

DQ2: What kind of messages would resonate most?

	Bedford-Stuyvesant	Brownsville/East NY§	Bushwick (English)*	Bushwick (Spanish)
Personal stories	**19**	**19**	**12**	**17**
Facts and figures	2	1	4	3

**5 votes were placed on the line between the two options and are not represented in this table*
§One or more participants declined to vote

DQ3: Who could most effectively share messages?

	Bedford-Stuyvesant	Brownsville /East NY§	Bushwick (English)	Bushwick (Spanish)§
Community members like you	**10**	6	7	6
Well known public figures (e.g., government, entertainment, sports)	9	**13**	**11**	1
Respected leaders in my community	2	1	0	**13**

§One or more participants declined to vote

DQ4: Where should messages come from?	Bedford-Stuyvesant	Brownsville/ East NY§	Bushwick (English)	Bushwick (Spanish)§
Faith and other community based institutions	**11**	1	5	1
Businesses/employers	0	0	0	0
Schools and colleges	1	3	5	2
Media campaigns	8	**13**	**9**	6
Health care providers	1	3	1	**10**

§One or more participants declined to vote

Bedford-Stuyvesant

In Bedford-Stuyvesant, the majority of participants chose **teens** to be the initial focus of the Brooklyn Action Center's work to reduce mental health stigma. Overall, participants were most interested in focusing on young people ages 25 or lower, but most felt that starting with teens between the ages 13 and 18 (as identified in the "teen" answer option) was best because they were more likely to listen to these messages and to have the capacity to spread them within their peer group. In particular, it was noted that this age group was ideal because younger children (under age 13) may not remember the messages, and young adults (older than 18) are not likely to listen. Although only one participant voted to focus on working age adults, participants also noted that targeting the working age parents of young people with messages to reduce stigma could function to positively impact teens.

Bedford-Stuyvesant participants felt that the **personal stories** of individuals who had experienced mental health illness or challenges would resonate most with community members more than facts and figures about mental health and related stigma. In particular, they felt that if young people were to hear personal stories about mental health and mental health stigma from other young people they admire, that would help them to connect to the messages being shared. And although personal stories were heavily favored, participants suggested that it would be helpful to mix personal stories with facts, allowing numbers to support the information shared in testimonials.

A slight majority of participants felt that "**community members like them"** were the best people to share messages about reducing mental health stigma. Those who made this selection in the final voting indicated that by having community members share their stories, others in the community in need of help would feel more supported in seeking care. They also described how their preference for this option was influenced by the experience of coming together with fellow community members to participate in the public deliberation. They commented that they had learned a lot by being part of the deliberation and wanted to share information about mental health with others.

Public figures were also a popular option, receiving only one fewer vote than "community members." Participants felt young people were very interested in people who were famous,

including musicians and sports figures, so they would be good messengers for this population. They also felt that working age adults would be influenced by famous public figures. However, the group cautioned that messages from public figures alone were insufficient—the messages had to be personal in nature in order for people to relate.

The most frequently selected choice regarding how messages to reduce stigma should be shared was through **faith-based institutions**. Many in the group felt strongly about the importance of God and that the Church provides an important space for gathering the community and sharing information. However, the group also acknowledged that not everyone in the community attends church, which limits the reach of that setting. The second most frequently selected option was through media campaigns. In contrast to the limitations of faith based settings, those who chose this option cited the media's broad reach and ubiquity. They also identified the media as a particularly good way to reach teens and working age adults, though not necessarily older adults, who were considered to be less likely to use technology and interact with the popular culture.

Brownsville/East New York

The majority of participants in the combined Brownsville/East New York deliberation felt **children** should be the initial focus of the Brooklyn Action Center's efforts to reduce mental health stigma. Reasons for this choice centered on children's ability to learn new things more effectively than adults, as well as the potential for preventing mental health-related problems that may arise for them in the future. Specifically, participants noted that traumatic experiences in childhood, such as bullying and abuse, can have long lasting effects on individuals, which would be mitigated by education on mental health and its related stigma at an early age.

When asked to vote on the kind of messages participants in Brownsville/East New York felt would be most effective in reducing mental health stigma, they overwhelmingly voted for **personal stories**. Similar to the other neighborhoods, participants felt that stories from individuals who had experienced mental health challenges or mental illness would resonate most with people in their community and would be most impactful. They also felt that personal stories would be the best way to reach children with messages to reduce mental health stigma, noting that story telling is an important and effective tool commonly used to communicate with children.

Well known **public figures**, like celebrities and athletes, were selected as the best messengers to reduce stigma. They felt such people would be particularly effective in reaching young people because of their broad consumption of television and social media. One participant gave the example of Magic Johnson sharing his personal experience with HIV and its impact on reducing the stigma of HIV&AIDS in the 1990's.

Finally, Brownsville and East New York participants felt that a **media** campaign would be the best way to send messages to reduce stigma among community members. Media was described as having the widest reach and therefore the ability to affect the most people. It was also stated that children very frequently engage with media, making it a compatible approach to match the group's desire to focus on that population. Not surprisingly, schools

were also mentioned (and tied for second in the voting) as a good option for disseminating messages about reducing mental health stigma among children. However, participants were convinced that if they were allowed only one choice, media campaigns represented the best approach.

Bushwick (English)

In Bushwick, **children** were the most commonly selected population. Participants felt that focusing on children first would be important because they are able to influence other populations – such as their working age parents and/or their older adult grandparents. They also felt that by changing attitudes among children, there would be greater potential for long term reductions in stigma. The second most commonly selected option was "people with increased risk," which participants described as individuals who may have experienced traumatic events such as rape, or those living in low income communities with high unemployment and homelessness. This category was appealing to participants because of its broad nature—consisting of many different populations, including those in the other answer categories (children, working age adults, etc.).

Participants largely preferred **personal stories** as the most effective kind of message to reduce mental health stigma. Reasons given included the power of the personal story to impact the listener and the validation one might feel after hearing a story similar to one's own. In contrast to facts, participants felt that stories could not be manipulated. Notably, five participants placed their votes on the line between the two options—personal stories and facts—noting that they could not choose one approach over the other and that together they would have the strongest impact on community members.

Well known **public figures** were the most popular choice for sharing messages to reduce stigma in Bushwick. Similar to the voting in other neighborhoods, well known public figures—and in particular, athletes—were thought to be an effective way to reach young people specifically. They also felt the public in general would be inspired by celebrities sharing messages—although they were careful to point out that messages delivered by celebrities would be most effective if the messages described personal experience addressing mental health issues. Interestingly, although no one selected respected community members as their first option, during the discussion, some said that this group would be more effective in connecting with their community because the challenges they face are likely to be similar, as compared to the problems of public figures. Additionally, they noted that community leaders were more likely to know what kind of resources were available within the community, increasing the possibility that individuals in need get connected to local services.

Media campaigns were the most popular choice with respect to where messages should be presented. Participants chose media campaigns because of their broad reach. They pointed out that media campaigns could be accessed and disseminated in multiple settings, including community sites. And, while they recognized that media campaigns do not allow for great depth of information, they noted that the repetitive exposure to messages about reducing stigma would lead to greater impact.

Bushwick (Spanish)

Participants in the Spanish language Bushwick group felt the Brooklyn Action Center should focus its efforts to reduce stigma on **teens**. They said teens would benefit most because they are young, at a stage of learning, and that reducing stigma among this group would have a long term impact. Participants also felt teens are at a particularly vulnerable age and need extra support regarding this issue. The second most commonly selected option was older adults (2 votes). Participants who chose this group said they did so because older adults experience depression, isolation and other life challenges that make them vulnerable to mental health challenges.

"Personal stories" was the most commonly selected answer category for the second deliberative question. Participants said this was because personal stories are relatable and more likely to have an impact on people who experience—or act on—stigma related to mental health.

Different from the other deliberations, participants in this group felt that **respected leaders** would be most appropriate to share messages to reduce mental health stigma in their community. They gave examples of who these leaders might be: City Council Members; school principals because of their influence over parents, who in turn educate their children; and church pastors because they are trusted and well known members of the community. They also identified staff at the Brooklyn Action Center as appropriate individuals to share these messages.

Participants in this group felt that **health care providers** would be the best setting for people to receive information to reduce mental health stigma. Reasons for selecting this answer category were varied and largely centered on mental health providers. One person felt mental health care professionals, like those who presented during the deliberation, could provide effective information about mental health stigma. Others said they had seen the positive impact mental health professionals had on family members facing mental health challenges. It is notable, however, that these responses appear to focus on who can help individuals facing mental health challenges rather than which setting is best for presenting messages to reduce stigma, and it is possible that the fundamental nature of the question was not accurately addressed in this voting session. Media was the second most commonly chosen answer category. Participants who supported this option felt it was effective because it allowed for repetitive exposure to messages.

Participant Perspectives on Mental Health

Although public deliberations are designed to elicit concrete responses to specific questions, they also prompt rich and informed discussions that provide important context for the implementation of recommendations and related initiatives. Below, we describe a number of themes relevant to mental health that arose relatively consistently across the three deliberations.

1. Participants often expressed concern for narrowly-defined populations they perceived to be at highest risk. Specifically, they noted the importance of focusing on:

    - African Americans, due to an extensive history of—and continuing need to confront— racism, trauma and disadvantage;
    - African American men, due to pressures regarding familial responsibility despite limited economic options, mass incarceration of men from particular communities, and societal and cultural expectations regarding perceived strength and weakness;
    - African American women, given the pressures of commonly serving as head of households and cultural expectations regarding broad responsibilities for women and acceptance thereof;
    - People living in low income communities, given the stresses of poverty and discrimination;
    - Veterans, given their exposure to wartime trauma and lack of sufficient resources upon returning home;
    - Homeless populations, given their high numbers in particular neighborhoods, their apparent need for mental health services, and their impact on other community members; and
    - Immigrants, given the stresses associated with finding work and making a life in a new country, in addition to the fear of deportation experienced by those lacking documentation.

    Gentrification exacerbated concerns about these populations, and made inequities more evident. As a result, participants noted the importance of focusing efforts to reduce mental health related stigma on these groups.

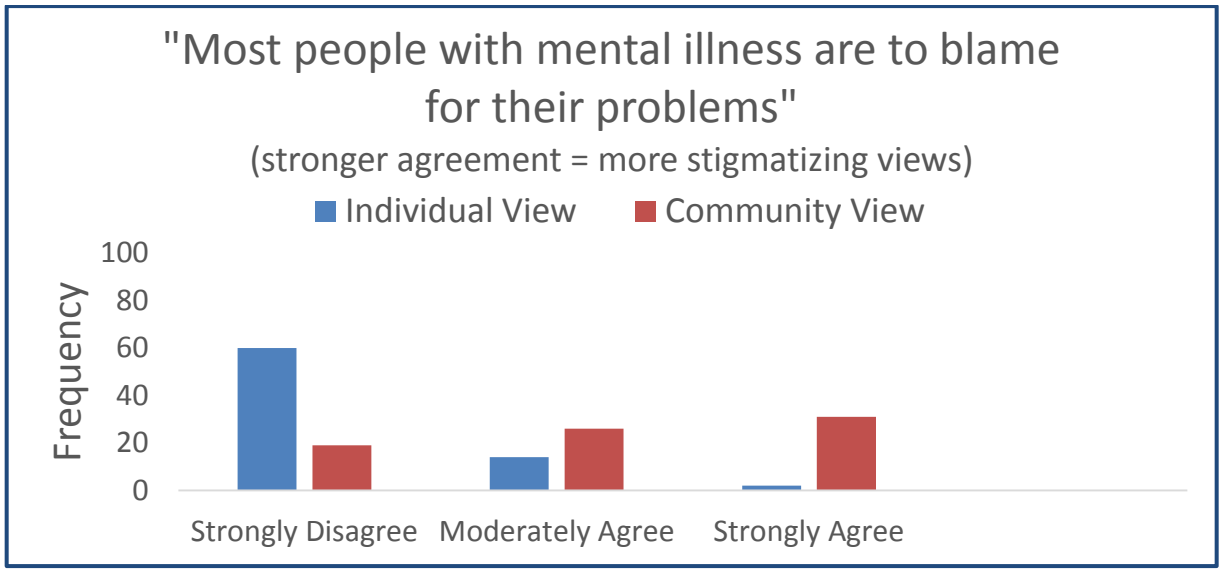
2. In each of the deliberations, employers and businesses were rebuffed as environments in which messages to reduce mental health stigma could be shared. The perception that employer priorities naturally clashed with those of individuals facing mental health challenges was pervasive. Participants felt that discussing mental health in the workplace would lead to ostracism or unemployment.

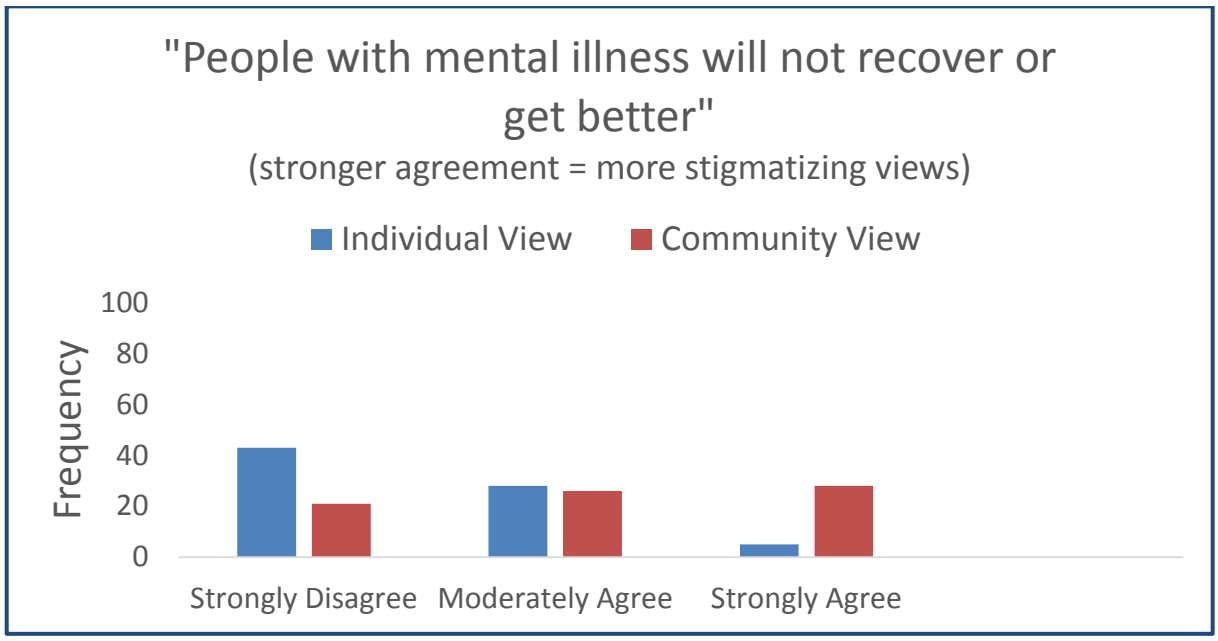
3. There was relatively similar consensus in the English language groups regarding excluding older adults as the priority population. Reasons for this focused largely on a perceived inability of older adults to change their views at such a late stage in life. Some participants did point out that they recognized the health challenges of older adults who are increasingly isolated but noted if only one population could be chosen, they would opt for those younger.

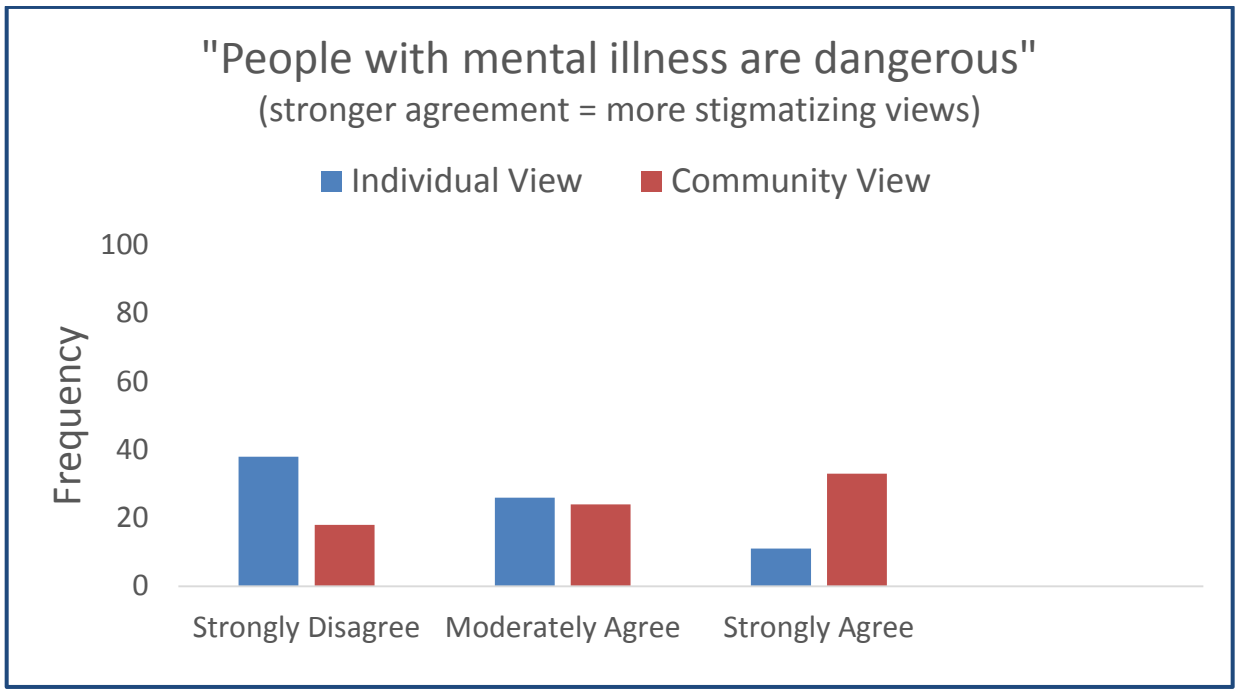
4. Across all groups participants noted a lack of quality mental health services within their communities. Though they acknowledged that some services were available, these were perceived to be of relatively poor quality, so they preferred to seek mental health care elsewhere. In the Brownsville deliberation, there was discussion around the impact of over-prescribing or inappropriate prescribing of psychotropic medications, which exacerbates—rather than reduces—dysfunction, compounding the stigma of the original illness.

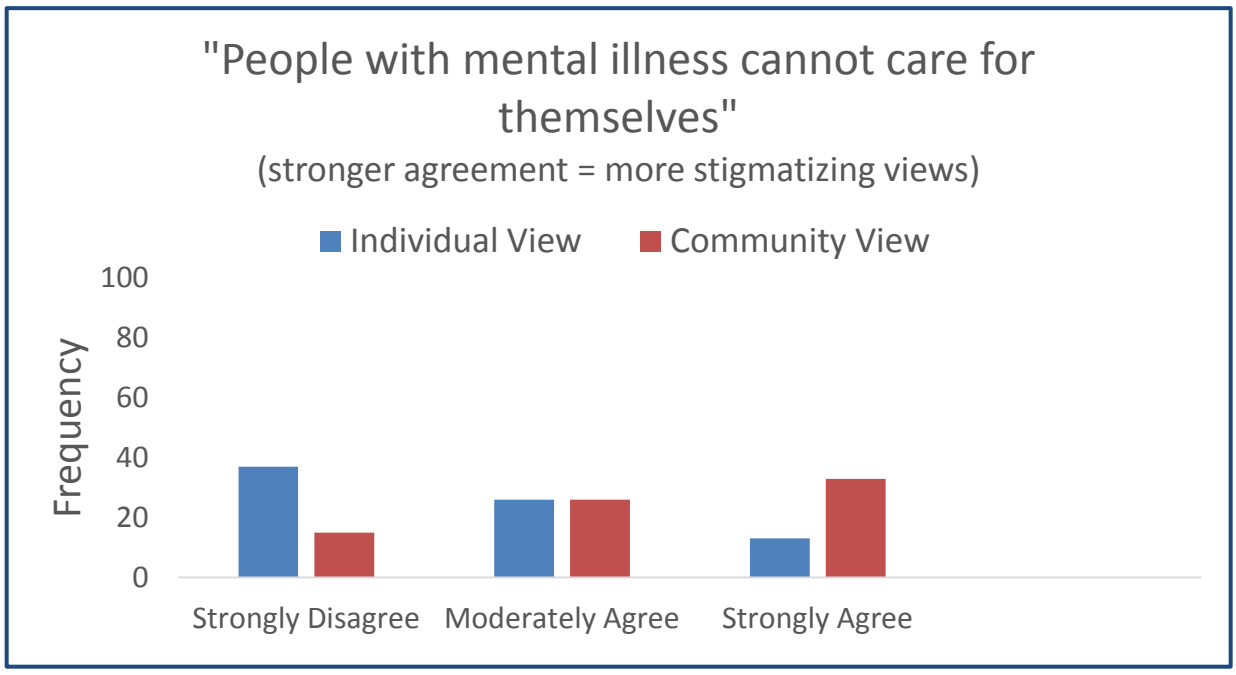
Mental Health Stigma

Participants completed surveys at the start and end of the deliberation, focused on assessing mental health stigma. Questions were framed in terms of their own perceptions around mental health, as well as their sense of community perceptions. As described earlier, assessment of attitudes about mental health was based on eight survey questions regarding blame, recovery, danger, and self-care. Participants were asked to state their level of agreement with a statement about each of these topics as they relate to people living with mental illness, where stronger agreement indicated more stigmatizing views. The majority of participants reported that their own attitudes toward people living with mental illness were less stigmatizing than their perceived attitudes of the public. The graphics below show the frequency distribution of answers for each question and the difference between participant attitudes (Individual View) and their perceptions of community attitudes (Community View). We opted to display findings from the pre-test only, because statistical analysis showed no overall significant difference between pre and post-tests.






"People with mental illness are dangerous"
(stronger agreement = more stigmatizing views)
Individual View
Community View
Frequency
100
80
60
40
20
0
Strongly Disagree
Moderately Agree
Strongly Agree


"People with mental illness cannot care for themselves"
(stronger agreement = more stigmatizing views)
Individual View
Community View
Frequency
100
80
60
40
20
0
Strongly Disagree
Moderately Agree
Strongly Agree

Participant experience

As shown in Table 2, participants, overwhelmingly, had positive views of their experience in the public deliberations. The great majority (98%) indicated they would want to participate in a similar activity in the future. Similarly, most reported that they found the content to be "interesting" or "very interesting" (96%) and that they learned new information (84%). The following are written comments from the surveys that reflect these positive perceptions:

> *I was pleasantly surprised by this event! It was great to see people in the community come out and the facilitators were great! Everyone was very friendly!*
>
> *It was a very good experience.*
>
> *It was a fun way to spend Saturday.*
>
> *Again, I would like to thank the whole staff for such a wonderful environment and a learning experience. Thank you for opening our minds to what mental health is and the work that facilitators goes through to get these actions done. Thank you.*
>
> *It was very informative and interesting, a lot of new information I learned today.*

Eighty-eight percent of participants said they thought it was "likely" or "very likely" they will change the way they think about mental health and mental illness as a result of what they heard in the public deliberation. They also expressed an interest in sharing what they learned about mental health with others in their community. In response to a survey question, 85% said they were "likely" or "very likely" to share what they learned with friends or family. This sentiment was also noted in participant responses to an open-ended survey question regarding their experience in the deliberation:

> *It was greatly appreciated. It feels good to know we have not been forgotten. I learned so much and will be passing it on to friends as well as family.*
>
> *I really am grateful to discuss and have the opportunity to affect change in my community. This experience will certainly be a positive and lasting approach to removing the stigmas surrounding MH. Hopefully!!*

Finally, survey results were consistent with participant comments during the deliberations themselves, in which they noted how valuable they felt the experience was to them. In particular, they said having the opportunity to hear from, and interact with, mental health professionals and discuss mental health issues with their fellow community members, was a rarity. They reported they were inspired to learn more—and to go back to their friends and family to continue these conversations about mental health. These positive reports were consistent with observations, including a high level of engagement, despite the length of each day; numerous questions for the presenters; and apparent appreciation for the information they provided.

Table 2
Public Deliberation Participant Experiences

	Neighborhood									
	Bedford-Stuyvesant N = 21		Brownsville/ East NY N = 20		Bushwick (English) N = 20		Bushwick (Spanish) N= 20		Total N = 81*	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
I would participate in a process like this again.										
Agree strongly	19	(90.5%)	17	(85.0%)	17	(85.0%)	12	(60.0%)	65	(80.2%)
Agree	1	(4.8%)	3	(15.0%)	3	(15.0%)	7	(35.0%)	14	(17.3%)
Disagree	0	(0.0%)	0	(0.0%)	0	(0.0%)	1	(5.0%)	1	(1.2%)
Missing	1	(4.8%)	0	(0.0%)	0	(0.0%)	0	(0.0%)	1	(1.2%)
In your opinion, how interesting was today's session?										
Very interesting	19	(90.5%)	18	(90.0%)	18	(90.0%)	19	(95.0%)	74	(91.4%)
Interesting	0	(0.0%)	2	(10.0%)	1	(5.0%)	1	(5.0%)	4	(4.9%)
Not that interesting	1	(4.8%)	0	(0.0%)	1	(5.0%)	0	(0.0%)	2	(2.5%)
Missing	1	(4.8%)	0	(0.0%)	0	(0.0%)	0	(0.0%)	1	(1.2%)
How much of the info was new to you?										
All of it	2	(9.5%)	0	(0.0%)	2	(10.0%)	8	(40.0%)	12	(14.8%)
Most of it	2	(9.5%)	7	(35.0%)	9	(45.0%)	7	(35.0%)	25	(30.9%)
Some of it	9	(42.9%)	8	(40.0%)	9	(45.0%)	5	(25.0%)	31	(38.3%)
None of it	4	(19.0%)	2	(10.0%)	0	(0.0%)	0	(0.0%)	6	(7.4%)
Missing	4	(19.0%)	3	(15.0%)	0	(0.0%)	0	(0.0%)	7	(8.6%)
How likely is it that you will change the way you think about MH & MI b/c of what you heard today?										
Very likely	8	(38.1%)	7	(35.0%)	11	(55.0%)	9	(45.0%)	35	(43.2%)
Likely	4	(19.0%)	8	(40.0%)	6	(30.0%)	8	(40.0%)	26	(32.1%)
Unlikely	2	(9.5%)	1	(5.0%)	3	(15.0%)	2	(10.0%)	8	(9.9%)
Very unlikely	1	(4.8%)	1	(5.0%)	0	(0.0%)	0	(0.0%)	2	(2.5%)
Missing	6	(28.6%)	3	(15.0%)	0	(0.0%)	1	(5.0%)	10	(12.3%)
How likely is it that you will tell friends/family about what you learned today?										
Very likely	15	(71.4%)	12	(60.0%)	17	(85.0%)	18	(90.0%)	62	(76.5%)
Likely	1	(4.8%)	4	(20.0%)	3	(15.0%)	1	(5.0%)	9	(11.1%)
Unlikely	1	(4.8%)	0	(0.0%)	0	(0.0%)	0	(0.0%)	1	(1.2%)
Very unlikely	0	(0.0%)	1	(5.0%)	0	(0.0%)	0	(0.0%)	1	(1.2%)
Missing	4	(19.0%)	3	(15.0%)	0	(0.0%)	1	(5.0%)	8	(9.9%)

**Missing data from 2 participants*

Conclusions

Findings from the public deliberations were generally consistent across neighborhoods. Younger people—specifically children and teens—were the preferred populations on which to first focus efforts to reduce stigma. This choice was largely based on perceptions regarding the efficacy of reaching people early in life, while they are still learning and have many years to apply what they learned. A focus on children also reflected their connections to other community members, and the perceived impact they can have on adult family members. Also, there was a desire to mitigate the negative impacts of traumatic events that can take place in childhood such as bullying or abuse.

Public figures were most commonly identified as the best vehicle for sharing messages because of their broad influence and particular impact on young people—the most commonly prioritized group. Personal stories were favored over numerical facts, because they were seen to be more impactful and relatable, although facts were notably described as helpful supplements to personal stories. And finally, media campaigns were the preferred approach to sharing messages. They were described as desirable for their broad reach and potential to be presented across ubiquitous mediums such as television and other social media platforms (e.g., Facebook and Twitter).

The findings presented here represent important insight into the preferences and perceptions of community members in Bedford-Stuyvesant, Bushwick, East New York, and Brownsville regarding the best ways to address mental health stigma in these communities. However, these findings should be considered a starting point—rather than an endpoint—for the development of tailored approaches to reducing stigma in these neighborhoods. Community members recommended that detailed plans for future work in this area be returned to them for continued feedback, input and guidance—in particular with respect to the wording of messages, the specific individuals who can share the messages, and the neighborhood specific locations where media campaigns and other activities should be focused.

Finally, participants reported positive perceptions of the public deliberation experience. They indicated that they learned a great deal, and that they would like to participate in similar events in the future. In conversations throughout the deliberative sessions, participants noted the importance of having spaces within the community to discuss mental health and related stigma. The NYCDOHMH and its affiliated Neighborhood Health Action Centers may want to consider investing resources in continuing these conversations with and among community members as a means to provide information and promote dialogue about such a stigmatized topic.

Appendix I: Agenda

Time	Activity
8:30-9:00	Breakfast & Opening
9:00-9:10	Welcome from the Department of Health and Mental Hygiene
9:10-9:35	Welcome & Group Introductions
9:35 -9:45	Introduction to the Deliberation
9:45-10:10	Neighborhood Health Overview
10:10-10:30	*Large Group Activity:* Reflections on Neighborhood Health
10:30-10:40	***Break***
10:40-10:45	***Videos***
10:45-11:25	*Presentation:* What are Mental Health and Mental Illness?
11:25-12:10	*Small Group Activity:* Exploring Mental Health and Mental Illness
12:10-12:25	*Large Group Report Back of Small Group Activity*
12:25-1:15	***Lunch***
1:15-1:20	***Videos***
1:20-2:00	*Presentation:* Introduction to Mental Health Stigma
2:00-2:45	*Small Group Activity:* Approaches to Addressing Mental Health Stigma (Part 1)
2:45 –3:00	*Large Group Report Back of Small Group Activity*
3:00 – 3:10	***Break***
3:10 – 3:15	***Videos***
3:15 – 4:00	*Small Group Activity:* Approaches to Addressing Mental Health Stigma (Part 2)
4:00-5:00	*Large Group Activity:* Revisiting the deliberative questions and group voting
5:00 – 5:30	Closing

Appendix II: Screening Tool

PUBLIC INPUT FOR NEW YORK CITY MENTAL HEALTH AWARENESS CAMPAIGN

Screening Tool

INTRODUCTION:

Hello, my name is _____. Thank you for your interest in participating in a group discussion about mental health coordinated by the NYC Department of Health and Mental Hygiene in collaboration with the New York Academy of Medicine. The discussion will help the City shape their messaging and services related to mental health and the stigma that often surrounds it.

This is a unique opportunity for community members to learn about programs that have been effective in reducing stigma around mental health concerns and to give their opinions of programs and messages that would be most effective in their community. Participants will join with others from their neighborhood to exchange views and to discuss best approaches.

To have a rich discussion that includes many views, we plan to bring together people of different gender, age, race, and ethnicity. To help us select people who represent such a mix, we are asking interested community members to complete a brief survey. Answers to survey questions will be kept completely confidential and will only be used to help us identify a diverse group of participants for this project.

Individuals who participate will meet together for a full day (8:30am to 5:30pm) and will receive $150 in appreciation of their time.

If you're interested, I will go ahead and ask you the screening questions now. We will likely screen more people than we can include, so please be aware that completing a screening form does not guarantee your participation.

Do you want to continue with the screening questions?

- ☐ Yes
- ☐ No [READ*: OK, thank you very much for your time*]

PUBLIC INPUT FOR NEW YORK CITY MENTAL HEALTH AWARENESS CAMPAIGN

Screening Questionnaire

The first set of questions focus on your eligibility for participation.

1. **What is your age? [READ OPTIONS]**
   - ☐ Under 18 [READ: *I'm sorry, you are not eligible. This activity is only for individuals 18 and over.*]
   - ☐ 18-34
   - ☐ 35-49
   - ☐ 50-59
   - ☐ 60-74
   - ☐ 75 or older

2. **What neighborhood do you live in?**
   - ☐ Bedford-Stuyvesant
   - ☐ Brownsville
   - ☐ Bushwick
   - ☐ East New York
   - ☐ Other, please specify _____

3. **What is your address?**
   Street address: _____
   City: _____
   Zip code: _____

4. **How well do you speak English? Do you speak…? [READ OPTIONS]**
   - ☐ Very well
   - ☐ Well
   - ☐ Not well [READ: *I'm sorry, you are not eligible. This activity will take place in English so we can only include people who speak English well.*]

The following set of questions ask for some background information.

5. **What is your gender?** _____

6. **How would you describe your race or ethnicity?** ***You may say more than one thing.***
   - ☐ American Indian or Alaskan Native
   - ☐ Arab or Arab American
   - ☐ Asian or Asian American
   - ☐ Black or African American
   - ☐ Hispanic/Latino
   - ☐ Native Hawaiian or Pacific Islander
   - ☐ White/Caucasian
   - ☐ Other, specify: _____

☐ Prefer not to answer

7. What country were you born in? _____

8. What is the highest level of school you completed?

☐ Less than high school graduate
☐ High school graduate or GED
☐ Some college but no degree
☐ College degree or higher
☐ Prefer not to answer

9. Which of the following best represents your current employment status? ***You may select more than one. Are you…?*** **[READ OPTIONS]**

☐ Employed full-time
☐ Employed part-time
☐ Student
☐ Retired
☐ Unemployed
☐ Unable to work
☐ Homemaker or caregiver
☐ Other, specify:
_____
☐ Prefer not to answer

10. On a scale from 1 – 6, how involved are you in community activities, with 1 being not at all involved and 6 being very involved?

1	2	3	4	5	6
Not at all involved					Very involved

These final questions are about your availability and any special needs you might have in order to participate in this project.

11. Are you available from 8:30am to 5:30pm on any of the following dates? ***Please tell me as many dates as you are available, though if you are selected, you will only have to participate on one date.*** **[READ OPTIONS]**

- ☐ Thursday, November 17th
- ☐ Friday, November 18th
- ☐ Saturday, November 19th
- ☐ Thursday, December 1st
- ☐ Friday, December 2nd
- ☐ Saturday, December 3rd
- ☐ Wednesday, December 8th

12. Do you have any dietary restrictions? ***We ask because meals will be provided.***

- ☐ Yes, specify: _____
- ☐ No

13. Do you have any religious restrictions or beliefs that would need to be accommodated in order for you to participate in this discussion?

- ☐ Yes, [READ: *Please specify*]: _____
- ☐ No

14. Is there any reason you might have trouble committing to a discussion that runs for a full day?

- ☐ Yes, specify: _____
- ☐ No

15. Are you interested in participating in the discussion?

- ☐ No, please do not contact me about participating in this project.
- ☐ Yes, I am interested.

Contact information:

- Name: _____
- Email address: _____
- Phone number: _____

THANK YOU FOR COMPLETING THE SCREENING SURVEY!
If you expressed interest and are able to participate, we will be contacting selected participants soon.

Questions?

Contact: Ewel Napier, Deputy Director
Brooklyn Neighborhood Health Action Center
485 Throop Avenue, Brooklyn, NY 11221
enapier@health.nyc.gov
dpho@health.nyc.gov
(718) 637-5321

or

Maya Scherer, Project Director
Center for Evaluation and Applied Research
The New York Academy of Medicine
1216 Fifth Avenue, New York, NY 10029
mscherer@nyam.org, (212) 822-7253

Appendix III: Pre- and Post-Survey Questionnaires

Brooklyn Public Deliberation
Pre-Survey Questionnaire

Please answer the questions below. Thank you!

Attitudes about mental health

We would like to know what you think about mental health and mental illness. Please answer the following questions by circling the <u>one</u> number on the answer scale that best represents your response.

1. I believe most people with mental illness are to blame for their problems. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

2. I believe most people with mental illness will not recover or get better. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

3. I believe most people with mental illness are dangerous. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

4. I believe most people with mental illness cannot care for themselves. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

Continue →

Now we would like to know what you think <u>the public (or most people)</u> think about mental health and mental illness. Please answer the following questions by circling the number on the answer scale that best represents your response.

5. I think <u>the public</u> believes that most people with mental illness are to blame for their problems. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

6. I think the <u>public</u> believes that most **people with mental illness will not recover or get better. (Circle only <u>one</u> number)**

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

7. I **think the <u>public</u> believes** most **people with mental illness are dangerous. (Circle only <u>one</u> number)**

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

8. I think the <u>public</u> believes most people with mental illness cannot care for themselves. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

Thank you!

Brooklyn Public Deliberation
Post-Survey Questionnaire

Please answer the questions below. Thank you!

We would like to know what you think about mental health and mental illness. Please answer the following questions by circling the number on the answer scale that best represents your response.

1. I believe most people with mental illness are to blame for their problems. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

2. I believe most people with mental illness will not recover or get better. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

3. I believe most people with mental illness are dangerous. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

4. I believe most people with mental illness cannot care for themselves. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

Now we would like to know what you think <u>the public (or most people)</u> think about mental health and mental illness. Please answer the following questions by circling the number on the answer scale that best represents your response.

5. I think the <u>public</u> believes that most people with mental illness are to blame for their problems. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

6. I think the <u>public</u> believes that most people with mental illness will not recover or get better. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

7. I think the <u>public</u> believes most people with mental illness are dangerous. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

8. I think the <u>public</u> believes most people with mental illness cannot care for themselves. (Circle only <u>one</u> number)

1	2	3	4	5	6	7	8	9
Strongly Disagree								Strongly Agree

Continue →

The final questions ask about your opinions of today's session. Please select <u>one</u> answer for each question.

9. I would participate in a process like this again. (Select <u>one</u>)

- ☐ Agree strongly
- ☐ Agree
- ☐ Disagree
- ☐ Disagree strongly

10. In your opinion, how interesting was today's session? (Select <u>one</u>)

- ☐ Very interesting
- ☐ Interesting
- ☐ Not that interesting
- ☐ Not at all interesting

11. How much of the information was new to you? (Select <u>one</u>)

- ☐ All of it
- ☐ Most if it
- ☐ Some of it
- ☐ None of it

12. How likely is it that you will change the way you think about mental health and mental illness because of what you heard today? (Select <u>one</u>)

- ☐ Very likely to change
- ☐ Likely to change
- ☐ Unlikely to change
- ☐ Very unlikely to change

13. How likely is it that you will tell your friends or family members about what you learned today? (Select <u>one</u>)

- ☐ Very likely to tell friends or family
- ☐ Likely to tell friends or family
- ☐ Unlikely to tell friends or family
- ☐ Very unlikely to tell friends or family

14. Is there anything else you would like to tell us about your experience today?

_____

_____

_____

_____

Thank you!