



## Mental Health Stigma & Discrimination Project Training Evaluation

*The Stigma & Discrimination Reduction Advancing Policy to Eliminate Discrimination Program (APEDP), administered by CalMHSA, is funded by the voter approved Mental Health Services Act (Prop. 63).*

**Name of Training:** \_\_\_\_\_

**Date of Training:** 06/19/14

*Please circle the answer below that best describes your satisfaction level with the topic discussed:*

**1. After this training, did you learn more about ways that people with mental health disabilities experience stigma and discrimination with relation to mental health parity?**

1                      2                      3                      4                      5  
Less than helpful                      More than helpful

**2. After this training, did you learn more about legal policies, practices and procedures that foster or perpetuate stigma and discrimination against people with mental health disabilities?**

1                      2                      3                      4                      5  
Less than helpful                      More than helpful



**Optional Information:**

What is your age? 52

What is your gender?

- Male
- Female
- Other: \_\_\_\_\_

What is your race?

- White
- Black or African American
- Asian
- American Indian / Native American / Alaska Native
- Native Hawaiian / Pacific Islander
- Other: \_\_\_\_\_

What is your ethnicity?

- Latino / Hispanic
- Not Latino / Hispanic

Primary Language:

- English
- Spanish
- Vietnamese
- Cantonese
- Mandarin
- Tagalog
- Khmer
- Hmong
- Russian
- Farsi
- Arabic
- Other: \_\_\_\_\_

Are you a:

- Person with a mental health disability or have a family member with a mental health disability
- K-12 Student
- Higher Education, Undergraduate Student
- Graduate/Professional Student
- Hotline caller
- Warmline caller
- Other (please specify): case manager

**Please check if you are part of any of these communities:**

- LGBTQ
- Veteran
- Foster Care Youth

**I want to discuss my comments. Please contact me.**

**Name:** \_\_\_\_\_

**Your address:** \_\_\_\_\_

**Your email address:** \_\_\_\_\_

**The phone number I would like you to contact me at:** \_\_\_\_\_

**I prefer that you text me at this number:** \_\_\_\_\_

*The California Mental Health Services Authority (CaMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CaMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.*

