Action Minded: Reducing Mental Health Stigma Using Digital Media Campaigns

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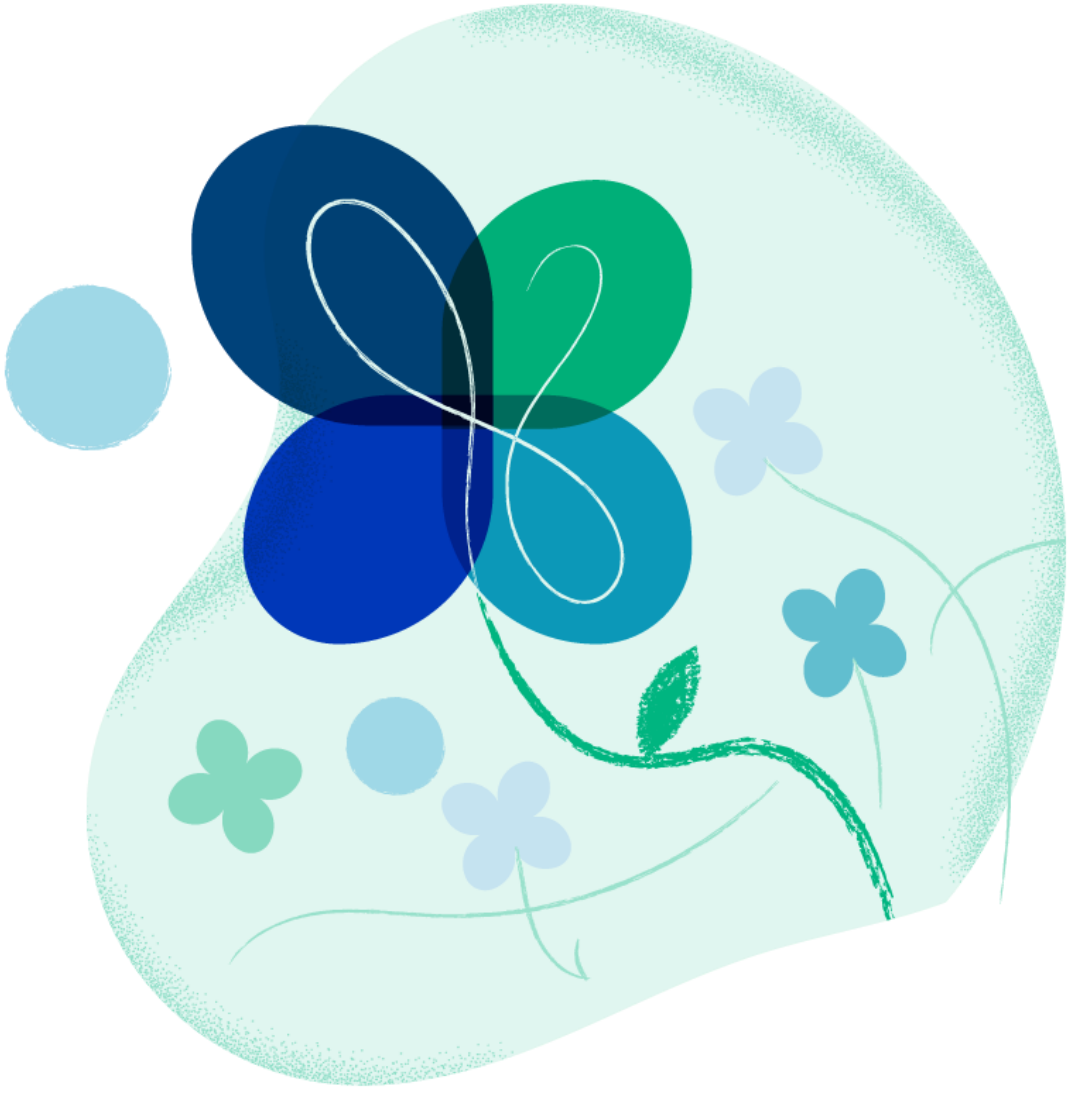


Project Background

Mental health stigma is defined as a set of negative beliefs and attitudes that affect the way people with mental health conditions are perceived by others.[1] For example, it has been widely acknowledged that people with mental health conditions are often portrayed as violent, dangerous or unstable, particularly in the media.[2] Individuals both with and without mental health conditions may also blame these problems on personal weakness or failings.[3] While knowledge and awareness of these conditions has increased over time among the general population, stigma represented by desire for social distance and a perception that individuals with mental health conditions are dangerous has not significantly decreased.[4,5] Levels of stigmatizing beliefs also vary by type of condition. Compared to depression and anxiety, schizophrenia is more likely to be perceived negatively, and those living with it are more often stereotyped as dangerous or violent.[6]

The consequences of stigma can be significant. Even when individuals have access to mental health treatment or care, stigma is one of the most common reasons why they do not engage in treatment.[7] For those who do engage in treatment, stigma is associated with worse outcomes, including less involvement in treatment and high rates of dropout.[8,9,10] Stigma also has profound adverse economic impacts for those living with mental health conditions, and affects employment, income, healthcare costs, and public perceptions regarding allocation of resources to mental health.

Successful campaigns to address stigma against mental health conditions have grouped the most effective interventions into three categories, as follows:[11]

1) Education-based strategies: Educational strategies include mental health literacy and awareness campaigns. They focus on raising awareness, correcting misinformation, and contradicting stereotypes. Interventions that include an education component have been shown to reduce public stigma related to mental health conditions, as well as reduce self-stigma and increase self esteem.[12,13]

2) Contact-based strategies: A lack of contact with individuals who have mental health conditions leads to increased distrust, fear, and desire for social distance. Contact-based

programs raise awareness of mental health issues through contact. Repeated contact is more effective than one-time or limited contact. Peers can play an integral role in campaigns to reduce stigma, because they can act as inspirational figures and role models for mental health management and long-term recovery.[14,15,16] The use of personal stories and testimonials can be particularly powerful, and these "example" strategies can be more effective at changing behavior than simply sharing statistics or facts alone. In some studies, peer support systems have been shown to increase utilization of behavioral health services.[17]

3). Advocacy: Advocacy strategies can include letter writing campaigns, protesting, and reaching out to policy makers.[18] The World Health Organization highlights advocacy as an important method of eliminating mental health stigma and supporting those with mental health conditions.[19] Advocacy for mental health conditions began over 30 years ago as a way for those with mental health conditions and their families to correct misinformation about mental health and lobby for policy change and protections for their loved ones.[20] It is often used with the aim of impacting policy decisions on both the local and national level. Historically, stigmatized groups have found protection due to changes at the legislative level, such as those enacted in the United States by the Civil Rights Act or the Americans with Disabilities Act, which were led by advocacy efforts.[21] Aside from its legislative and policy impacts, advocacy can also increase awareness of mental health among the general population, empower individuals to become mental health champions, and encourage contact between those with and without mental health conditions.[22] This strategy is useful for expanding and energizing an existing base of individuals who are already interested in an issue and can be used to create online groups of people who are interested in or concerned about a particular topic. Advocacy strategies have been an important component of many programs working on mental health stigma reduction.

In order to address stigma against mental health conditions, The Public Good Projects (PGP) created a community health intervention consisting of three complementary digital media campaigns to reduce mental health stigma. Campaign strategy was rooted in evidence-based best practices in reducing mental health stigma. For this project, PGP created "Action Minded," a collective of three digital campaigns designed to address stigma using each of the strategies described above. This report will present the results from an evaluation of differences in knowledge, attitudes, and behaviors that examine trends pre-campaign and at a 9-month follow-up, as well as by campaign awareness.

What We Did

PGP's three campaigns, which started in August 2018, were designed to be integrated with one another, with complementary calls-to-action that allow for differing levels of engagement. Campaign message themes changed month by month, starting with the basics and building knowledge incrementally. Themes applied to content across each of the campaigns.

The contact-based campaign invited individuals with mental health conditions to share video and photo testimonials of their personal experiences with mental health and stigma, to promote the idea that people with mental health conditions are just like people without them. Given that repeated contact increases effectiveness of contact-based programs, this strategy lends itself well to a media campaign, with new individuals being featured on a daily basis and repeatedly exposing the public to "contact" with individuals with mental health conditions. Through a combination of machine learning and natural language processing, PGP tracked all publicly available online conversation regarding mental health. This process identified hundreds of thousands of individuals posting publicly about their experiences with a mental health condition. PGP staff then vetted a selection of these individuals to ensure that their social media pages do not contain controversial content, like nudity or hate speech, and invited them to share their story through the campaign. All individuals participated free of charge.

The advocacy-focused strategy for Action Minded aimed to create a movement of advocates in the digital space. The target audience was people who were already engaged in the mental health stigma sphere, and were interested in getting more involved. Each week, people who signed up were sent two images containing mental health art & messages they shared with their own network.

Each of these campaigns was complemented by a community engagement aspect, which was designed to strengthen and leverage existing partnerships among organizations working on mental health and stigma. Each month, community-based organizations in intervention regions received images and videos that were tailored for them, including logos and calls to action for each organization, with each month focusing on a new theme related to mental health stigma. This approach was utilized to grow and

strengthen the network of organizations working in this sphere and reach more individuals through a collective impact model.

To evaluate differences in knowledge, attitudes, and behaviors related to mental health stigma before and after the campaign, pre- and post-intervention cross-sectional surveys were conducted, with baseline from May 15 to June 18, 2018 and follow-up from April 24 to June 5, 2019. The 8 intervention regions corresponded to the areas where Kaiser Permanente is active. Regions corresponded to either states (Colorado, Hawaii, Georgia, Oregon, Washington), or specific regions (Northern California, Southern California, and Mid-Atlantic States: Maryland, Virginia, Washington DC). Respondents were recruited through panels provided through Qualtrics, a research survey company. Qualtrics panels were invite-only, and potential respondents were recruited from existing panels and survey partners. All participants took a survey to determine eligibility. If they were eligible and selected to participate, they were provided with a consent form and asked if they consent to participate; those who agreed to participate checked a box showing their consent and continued to the rest of the survey. Those who did not consent to participate were terminated from the survey. Eligibility criteria included: being aged 18 to 65 years old and currently living within one of the regions that received the intervention. Respondents were recruited to mirror the racial and ethnic composition of the regions and efforts were taken to recruit approximately the same respondents in each region to ensure that one region was not overrepresented in the results. All research activities were reviewed by an Institutional Review Board and determined to be exempt from review.

In line with evaluations of previous national- and state-level stigma campaigns in the United States[23] and abroad[24], the survey instrument utilized and adapted existing validated instruments of knowledge, attitudes, and reported and intended behavior, such as: The Reported and Intended Behavior Scale (RIBS)[25] assessing social distance, or a respondent's willingness to interact with a person experiencing a mental health problem in various relationship contexts such as socializing with, or living next door; The Mental Health Knowledge Schedule (MAKS)[26] assessing stigma-related mental health knowledge; and The Community Attitudes towards Mental Illness (CAMI)[27] scale assessing attitudes related to susceptibility, commonality, dangerousness, and responsibility. In addition, some survey questions were created by PGP to assess specific aspects of mental health stigma reduction that may not have been included in other validated scales. In order to examine differences and campaign success, surveys contained the same questions at both time points. In order to gauge campaign awareness, association with changes in

knowledge, attitudes and behaviors, the follow-up survey contained the question, “Which of the following campaigns about mental health stigma have you heard of? Please select all that apply.”

Survey results were analyzed using the IBM SPSS - Statistical Package for the Social Sciences software package, Version 23. For analyses comparing follow-up data to baseline data, weighting was applied to match the baseline gender distribution and self-reported history of a mental health condition at baseline. After demographic characteristics were tabulated, a 2-sided Pearson Chi-square test with an alpha of 5% was used to test differences for variables of interest between baseline and follow-up, as well as differences between respondents with campaign awareness versus no campaign awareness.

Evaluation Results

From August 2018 - June 2019, the Action Minded campaign generated 90,818 followers, 311,228 social media engagements, 402,064 video views, and 23,766,340 impressions. The advocacy-focused strategy had 444 individual and institutional subscribers, with 33% average open rate for emails. In total, 175 people living with a variety of conditions were featured in the contact-based strategy. Campaign websites attracted 9,832 unique users, 12,497 single visits to the website, and 22,757 page views across all pages on the websites.

A total of 4,080 respondents completed a survey across both time points: 2,039 respondents at baseline (and 2,041 respondents at follow-up. Demographic information was similar between time periods (Table 1), as respondents were recruited to match the demographic characteristics of each region. Over half of respondents at both time periods were less than 36 years old. The follow-up survey contained slightly more Black and Hispanic respondents than at baseline. At both time points, the majority of respondents reported having at least some college education. At baseline, 41.3% of respondents reported ever personally having a mental health issue or condition, compared to 76.1% at follow-up, which was adjusted for in analysis. From baseline to follow-up, more respondents reported having current or previous interactions with a person living with a mental health condition.

TABLE 1: Demographics for KP States, Baseline vs Follow-up

		Baseline	Follow-up
Age Group	18-25	25.3% (516)	26.5% (542)
	26-35	25.2% (514)	33.1% (676)
	36-45	17.6% (359)	17.0% (346)
	46+	31.9% (650)	23.4% (477)
Gender	Male	48.4% (986)	48.4% (988)
	Female	50.7% (1034)	50.7% (1034)
	Other	0.6% (12)	0.6% (13)
	Prefer not to say	0.3% (7)	0.3% (6)
Hispanic		19.6% (400)	26.8% (547)
Race	White	63.8% (1301)	53.6% (1094)
	Black	13.3% (271)	22.2% (453)
	Asian	14.5% (295)	11.8% (240)
	American Indian/Native Alaskan	2.6% (54)	6.0% (122)
	Hawaiian/Pacific Islander	3.5% (71)	3.8% (78)
	Other	5.1% (105)	9.1% (187)
	Prefer Not to Say	2.6% (52)	3.0% (61)
Education	Less than high school	2.7% (56)	3.8% (77)
	High school graduate or GED	21.0% (428)	24.0% (490)
	Some college, no degree	29.1% (593)	29.9% (610)
	Associate's degree	11.9% (242)	12.6% (258)
	Bachelor's degree	25.6% (521)	20.9% (427)
	Ph.D., graduate or professional degree	9.4% (192)	8.4% (171)
	Don't know	0.2% (5)	0.2% (4)
	Prefer to not say	0.1% (2)	0.2% (5)
Have you ever personally had a mental health issue or condition?		41.3% (843)	76.1% (1552)
Are you currently living with, or have you ever lived with someone with a mental health condition?		46.8% (954)	68.2% (1391)
Are you currently working with, or have you ever worked with someone with a mental health condition?		42.6% (869)	56.1% (1144)
Do you currently have, or have you ever had, a neighbor with a mental health condition?		30.8% (627)	41.8% (852)
Do you currently have, or have you ever had, a close friend with a mental health condition?		57.0% (1163)	73.5% (1500)

Follow-up Analysis: Campaign Awareness

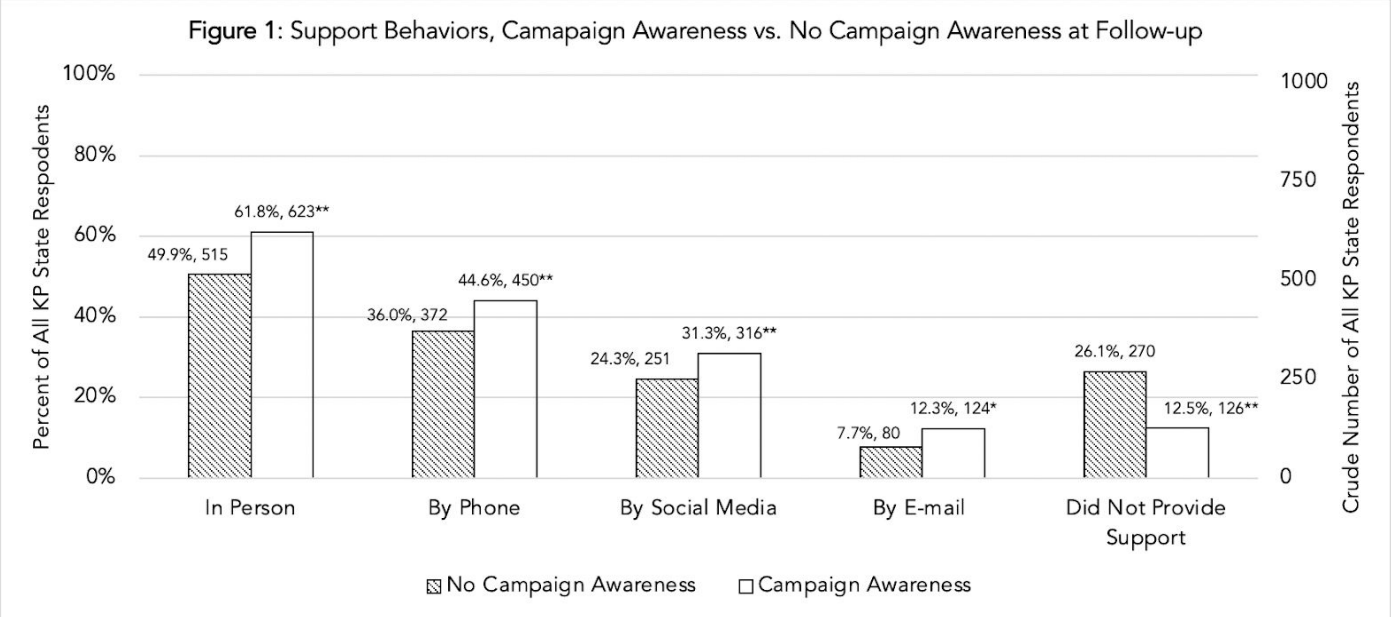
To further assess the impact of the Action Minded movement, a sub-analysis was performed between respondents who reported campaign awareness at follow-up and those who did not (Table 2). At follow-up, 49.4% of respondents reported campaign awareness for Action Minded. Of those, 76.2% reported having ever had a mental health condition. There were no differences in disclosures of mental health conditions among those who were and were not aware of the campaign. Compared to respondents with no campaign awareness, respondents who reported campaign awareness showed significantly higher agreement in willingness to live with, work with, live nearby, and have a relationship with someone with a mental health condition (all $p<.005$). Beliefs in treatment and recovery were significantly higher among respondents with campaign awareness, particularly in agreement that medication and psychotherapy can be an effective treatment (both $p<.005$); that people with severe mental health conditions can fully recover ($p<.001$); and that most people with mental health conditions go to a healthcare professional to get help ($p<.001$). Beliefs in susceptibility to a mental health condition, societal integration, and acceptance were higher in the group with campaign awareness, with a significantly greater proportion in agreement that virtually anyone can be diagnosed with a mental health condition ($p<.005$); most people with mental health conditions want to have paid employment ($p<.001$); those with a mental health condition are far less of a danger than most people suppose ($p<.001$); and that most people would accept a person who has fully recovered from a mental health condition as a teacher of young children in a public school ($p<.05$). Compared to those without campaign awareness, a significantly greater proportion of respondents aware of the campaign reported being comfortable offering support to other people about their mental health condition, and a greater proportion agreed that if a friend had a mental health condition, they would know what advice to give them to get professional help (both $p<.005$). Additionally, a greater proportion of respondents with campaign awareness have taken steps to improve their mental health in the past six months ($p<.005$).

TABLE 2: Attitudes toward Mental Health, Campaign Awareness vs. No Campaign Awareness

	No Campaign Awareness	Campaign Awareness	*p*
In the future, I would be willing to live with someone with a mental health condition.	62.2% (641)	68.5% (691)	.002
In the future, I would be willing to work with someone with a mental health condition.	70.8% (731)	77.0% (776)	.001
In the future, I would be willing to live nearby to someone with a mental health condition.	68.8% (710)	74.0% (746)	.002
In the future, I would be willing to continue a relationship with a friend who developed a mental health condition.	76.9% (794)	82.2% (829)	.000
Most people with mental health conditions want to have paid employment.	66.5% (686)	74.0% (745)	.000
If a friend had a mental health condition, I know what advice to give them to get professional help.	64.9% (669)	71.3% (719)	.001
Medication can be an effective treatment for people with mental health conditions.	75.2% (776)	78.2% (788)	.001
Psychotherapy (eg talking therapy or counseling) can be an effective treatment for people with mental health conditions.	79.0% (815)	83.2% (838)	.001
People with severe mental health conditions can fully recover.	47.8% (493)	56.4% (568)	.000
Those with mental health conditions are far less of a danger than most people suppose.	43.3% (447)	57.0% (575)	.000
Virtually anyone can be diagnosed with a mental health condition.	64.8% (669)	71.9% (725)	.001
Most people with mental health conditions go to a healthcare professional to get help.	55.3% (571)	61.1% (616)	.000
Most people would accept a person who has fully recovered from a mental health condition as a teacher of young children in a public school.	55.3% (571)	61.1% (616)	.008
In the past six months, I've taken steps to improve my mental health.	71.4% (737)	78.2% (788)	.004
How comfortable are you offering support to other people about their mental health conditions?*	79.0% (815)	86.3% (870)	.000

*Somewhat to very comfortable
Note: Some cell counts in this subtable are not integers. They were rounded to the nearest integer before the computation of Chi-square test.

Across each of the measures asked, respondents who reported campaign awareness also reported that they more often have provided support to someone with a mental health condition. The greatest percentage point difference was seen in those who provided support in person, with those reporting campaign awareness showing an 11.9 percentage point difference over those without campaign awareness, followed by phone (an 8.6 percentage point difference), social media (a 7.0 percentage point difference) and e-mail (a 4.6 percentage point difference).



NOTE: * p<.005, ** p<.001

Analysis of Baseline and Follow-up Results for the Entire Sample

After weighting the follow-up sample on gender and ever having a mental health condition, survey results showed significantly higher percentages for various measures used to assess mental health stigma from baseline to follow-up (Table 3). While participants' desire for social distance were not significantly different, beliefs associated with susceptibility to a mental health condition and societal integration were significantly higher at follow-up. A significantly greater proportion of participants agreed that people with severe mental health conditions can fully recover, and that most people with mental health conditions want to have paid employment. less However, there was significantly lower disagreement at follow up that those with mental health conditions should not be given any responsibility. The perception toward medication as an effective treatment was significantly lower, but the perception that people with severe mental health conditions can fully recover and that most people with mental health conditions go to a healthcare professional to get help were both higher at follow-up. Confidence in supporting a loved one living with a mental health condition was also higher at follow-up. More respondents at follow-up agreed that if a friend had a mental health condition they would know what advice to give them to get professional help. Among other variables with significant

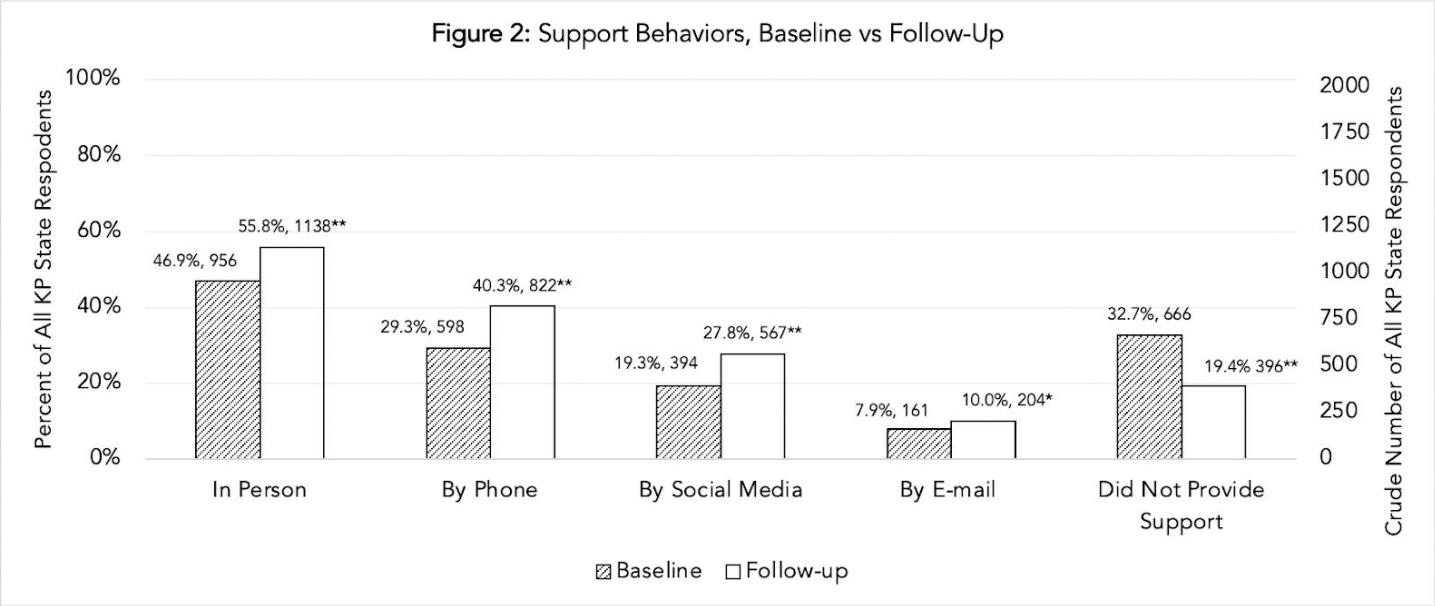
difference between baseline and follow-up, there was no difference for participants reporting that they had taken steps to improve their mental health in the past six months.

TABLE 3: Attitudes toward Mental Health, Baseline vs Follow-up

	Baseline	Follow-up	*p*
In the future, I would be willing to live with someone with a mental health condition.	53.4% (1089)	65.3% (1332)	.000
In the future, I would be willing to work with someone with a mental health condition.	67.7% (1381)	73.9% (1507)	.000
In the future, I would be willing to live nearby to someone with a mental health condition.	62.8% (1281)	71.4% (1456)	.000
In the future, I would be willing to continue a relationship with a friend who developed a mental health condition.	72.8% (1484)	79.6% (1623)	.000
Most people with mental health conditions want to have paid employment.	64.1% (1307)	70.2% (1432)	.000
If a friend had a mental health condition, I know what advice to give them to get professional help.	56.8% (1159)	68.1% (1388)	.000
Medication can be an effective treatment for people with mental health condition	74.3% (1514)	76.7% (1564)	.023
Psychotherapy (e.g. talking therapy or counseling) can be an effective treatment for people with mental health conditions.	73.1% (1490)	81.1% (1653)	.000
People with severe mental health conditions can fully recover.	45.1% (920)	52.0% (1061)	.000
Those with mental health conditions are far less of a danger than most people suppose.	44.7% (911)	50.1% (1022)	.002
Those with mental health conditions should not be given any responsibility.[1]	62.8% (1281)	66.3% (1351)	.021
Virtually anyone can be diagnosed with a mental health condition.	63.8% (1300)	68.3% (1393)	.004
Most people with mental health conditions go to a healthcare professional to get help.	33.7% (688)	37.5% (766)	.031
In the past six months, I've taken steps to improve my mental health.	61.9% (1262)	74.8% (1525)	.000
How comfortable are you offering support to other people about their mental health conditions?[2]	75.8% (1545)	82.6% (1685)	.000

[1] Disagreement
[2] Somewhat to very comfortable
Note: Some cell counts in this subtable are not integers. They were rounded to the nearest integer before the computation of Chi-square test.

Respondents were asked whether they had provided support to someone with a mental health condition in the past six months (Figure 2). A Significantly higher proportions of participants reported providing support across all methods surveyed excluding email. These include: in-person support (an 4.5 percentage point increase), phone support (an 3.6 percentage point increase), and social media support (an 5.8 percentage point increase), . The proportion of those who reported not providing any support was 8.8 percentage points lower at follow-up.



NOTE: * p<.05, ** p<.001

Conclusions

This study presents an evaluation of Action Minded, a collection of three large-scale mental health stigma campaign strategies and a complementary community engagement program. After controlling for potential confounders, key stigma metrics were significantly lower after the intervention, including support behaviors, suggesting that the approach adopted for these campaigns was successful and holds promise for the future of stigma reduction. We also found that there were significantly elevated positive attitudes relating to stigma and supportive behaviors for every one of our indicators among those that reported familiarity with the intervention versus those who did not. We believe that the significant differences demonstrated in this study suggest that our approach should be considered as part of best practices within stigma reduction efforts.

There are several key innovations that have led to the success of these campaigns. The three strategies were rooted in theoretical foundations that were meant to complement one another and reach people in varying stages of readiness to engage with mental health-related information online. These campaigns also represent the largest use of user-generated content for a large-scale mental health stigma reduction campaign yet

conducted in the United States. The education-based and contact-based strategies relied heavily on user-generated images and videos, which were paired with strategic stigma reduction messaging. By doing so, campaigns tapped into conversations that were already happening online, for education-based, conversations that people have around pets, and for contact-based, conversations that people have around their own experiences with mental health. This method amplifies the current discourse that is already happening and provides individuals with a platform from which to speak. The positive results from this campaign suggest that it is no longer necessary to design campaigns that promote a select few individuals and their stories, carefully determining "faces of campaigns." In the experience of these strategies, it is possible to find thousands of compelling individuals who are enthusiastic about participating in a mental health stigma campaign, representative of nearly every demographic variable. Campaigns that do not leverage this new reality are essentially starting a new conversation when one already exists, ignoring modern media habits. These campaigns represent an innovative and more up-to-date approach to reducing mental health stigma.

Given that the campaign strategy relied on user-generated content, the campaigns have significant budget advantages. Current large-scale health behavior change campaigns require budgets of many millions of dollars, due to the cost of purchasing media (time on television, radio, billboards, etc.) and the tradition of hiring external marketing and advertising agencies. However, with a fraction of the budget, PGP's campaigns suggest that significant differences in attitudes and behaviors can be demonstrated when innovative methodologies based on strong theoretical foundations are implemented. The Action Minded system empowers existing conversations and addresses gaps in understanding with relevant, personalized content at a fraction of the cost of traditional large-scale campaigns, with industry-standard digital metrics and impactful results.

Key Takeaways

These campaigns demonstrate an innovative way to address a topic that is negatively impacted by deeply rooted stigmatizing beliefs. Using an organic, community-led approach, campaigns are today recognized by almost half of the public in areas that received the intervention. Although results showed that this methodology was successful for mental health stigma, we believe that it could also be effectively applied to a vast array of other topics that are highly stigmatized, such as those who are living with addiction, people with disabilities, or people who have been incarcerated. Future research should examine ways to expand the evidence base for implementation of these approaches in an effort to reach individuals at the nationwide level, as well as for other stigmatized health topics.

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