

# Mental Health Stigma Reduction Year 1 Evaluation

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The Wellbeing Partners

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# Executive Summary

## Intro & Methods

The Year 1 Mental Health Stigma Reduction campaign evaluation was modeled after best practices from other large scale digital mental health stigma campaigns. Two cross-sectional surveys using validated stigma-related measures of knowledge, attitudes, and reported and intended behaviors were conducted at pre-campaign baseline, and follow-up 10 months after implementation. Surveys were conducted within the Omaha & Council Bluffs intervention region as well as a control region within Iowa.

## Results

From baseline to follow-up, **positive improvements were seen in intervention group** in measures of personal and perceived community attitudes towards mental health conditions, confidence in providing support to others and likelihood of disclosing a personal mental health condition, as well as *significant* positive shifts in social distance and treatment efficacy measures. These positive trends were in large part not replicated within the control group.

At follow-up, those who reported **campaign awareness showed less stigmatizing views** compared to those not campaign aware. These included lower desire for social distance, improved attitudes toward treatment, higher self-efficacy in their ability to support someone with a mental health condition, and *significantly* higher levels of both providing such support and taking steps to improve their own mental health.

Overall, positive trends in stigma reduction across multiple constructs do appear to be associated with the campaign after it's first year, including multiple measures at or approaching *significance*.

## Key Takeaways

Results after 10 months of implementation are promising, with the majority of measures showing significant or positive directional shifts. Potential effects of the COVID-19 pandemic were not investigated directly, but its impact on personal well-being and reduced in-person contact with others likely played a role in mental health and stigma during the evaluation period. Measures that showed improvements can be leveraged to further drive change, and measures that were more resistant to change can be used to guide adjustments and priorities in program and message strategy in future years of the campaign.

# Introduction & Methods

To evaluate the impact of the Mental Health Stigma Reduction Campaign, two cross-sectional online surveys were conducted within intervention counties of the Omaha-Council Bluffs metropolitan area and control counties in rural eastern Iowa. Baseline data was collected in June/July 2020 pre-campaign implementation, with the follow-up survey conducted after 10 months of active campaign period, in May/June 2021. Surveys were conducted through Qualtrics, a research software firm. Recruitment methodology included combination of research panel providers (Qualtrics & Ipsos) as well as social media platforms. These methods have been used for previous evaluations of similar digital mental health stigma reduction campaigns.

The survey instrument utilized and adapted existing validated measures of knowledge, attitudes, and reported and intended behaviors. Questions from the baseline and follow-up surveys were identical to compare changes over time, with additional questions added at follow-up to assess campaign awareness.

Data analysis was conducted using IBM SPSS Statistics and R Studio quantitative statistical software. For analysis comparing follow-up data to baseline data, weighting was applied in intervention and control regions to match their respective gender and age distributions at follow-up. 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 those who reported campaign awareness and those who did not at follow-up.

Results from these sub-analyses are noted when relevant. Throughout the results, significance was evaluated and noted in-text and noted in tables with bold-face type and an asterisk.

# Results

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Baseline to Follow-Up

# Demographics

A total of 466 respondents completed the baseline survey, and 402 respondents completed the Year 1 follow-up survey.

Demographics were similar between the two years, with the exception of significant differences in gender and age in both the intervention and control groups when looking across time points. To account for this in analysis, data were weighted to ensure that samples were comparable within each group over time.<sup>1</sup>

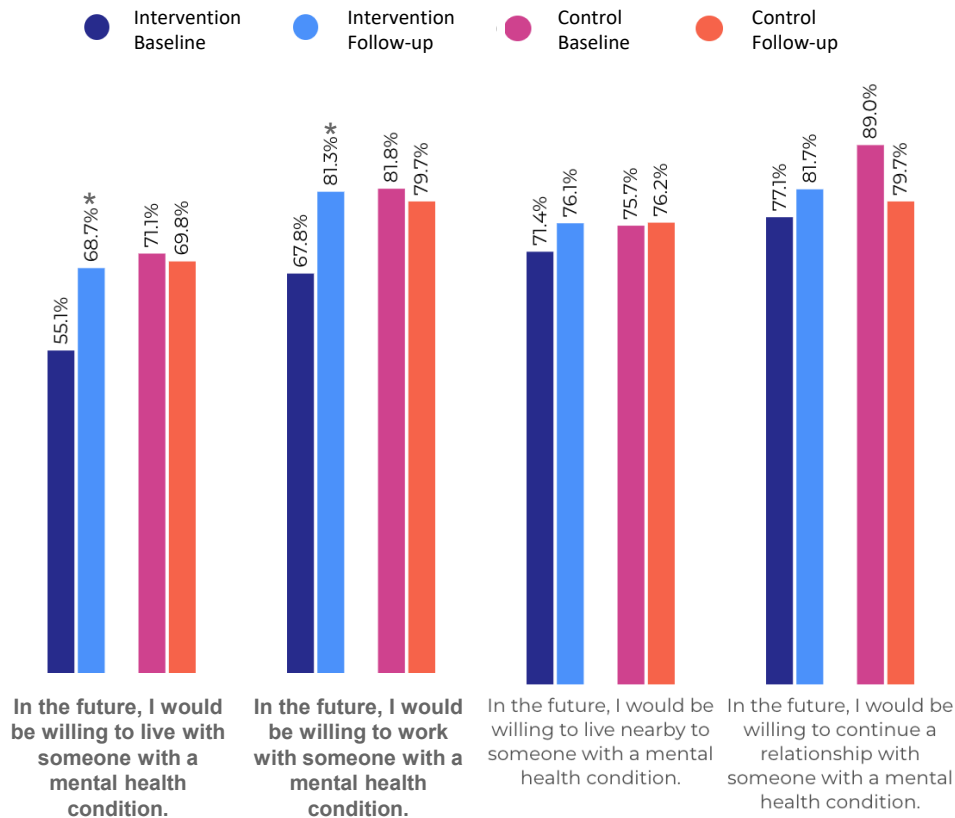
		Baseline		Year 1	
		Intervention	Control	Intervention	Control
Age Groups	18-24	20.7%	20.0%	9.6%	9.9%
	25-34	21.1%	23.6%	27.0%	27.9%
	35-44	25.6%	19.5%	28.3%	25.6%
	45-54	17.5%	16.8%	12.6%	16.9%
	55+	15%	20.0%	22.6%	19.8%
Race/Ethnicity	Hispanic	11.4%	7.7%	9.1%	6.4%
	White	82.1%	83.6%	85.2%	84.9%
	African American/ Black	10.6%	6.8%	7.4%	7.6%
	Asian	2.8%	6.4%	3.0%	2.3%
	Other	6.5%	6%	5.2%	4.1%
Gender	Male	26%	57.7%	42.6%	39.0%
	Female	72.8%	41.8%	55.7%	59.9%
	Other Nonconforming	0.8%	0.0%	1.3%	0.6%

<sup>1</sup> Adjusted gender & age demographics used in analysis of changes over time are provided in the Appendix

# Baseline to Follow-Up: Social Distance

Positive improvements were seen in the intervention region for all measures of social distance. From baseline to follow-up, respondents in intervention counties reported significant improvements in their willingness to live and work with someone with a mental health condition, as well as trending increases in willingness to live nearby and continue a relationship with someone with a mental health condition.

Comparatively, respondents in control counties showed decreases in most social distance measures, except the willingness to live nearby someone with a mental health condition, where a non-significant increase was noted.

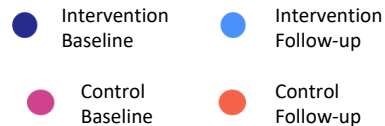


# Baseline to Follow-Up: Attitudes

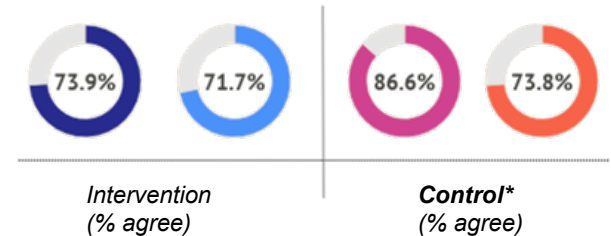
Attitudes towards those with mental health conditions showed positive trends in the intervention region at follow-up related to perceived employment goals, perceived dangerousness, and attitudes towards responsibility being given to those with mental health conditions. Comparatively, the control region showed more stigmatizing views at follow-up relative to baseline in all three of these measures.

Beliefs that anyone is susceptible to a mental health condition did not improve over time in either region. However, the intervention may have provided some benefit here, shown in the non-significant decrease within the intervention group but significant decrease for controls.

	Intervention (% agree)		Control (% agree)	
	Baseline	Follow-up	Baseline	Follow-up
<i>People with mental health conditions want to have paid employment.</i>	72.0%	75.2%	79.0%	72.7%
<i>Those with mental health conditions are far <u>less</u> of a danger than most people believe.</i>	54.3%	58.3%	63.3%	61.0%
<i>Those with mental health conditions should <u>not</u> be given any responsibility.</i>	11.9%	10.9%	12.9%	15.7%



## Anyone can be diagnosed with a mental health condition

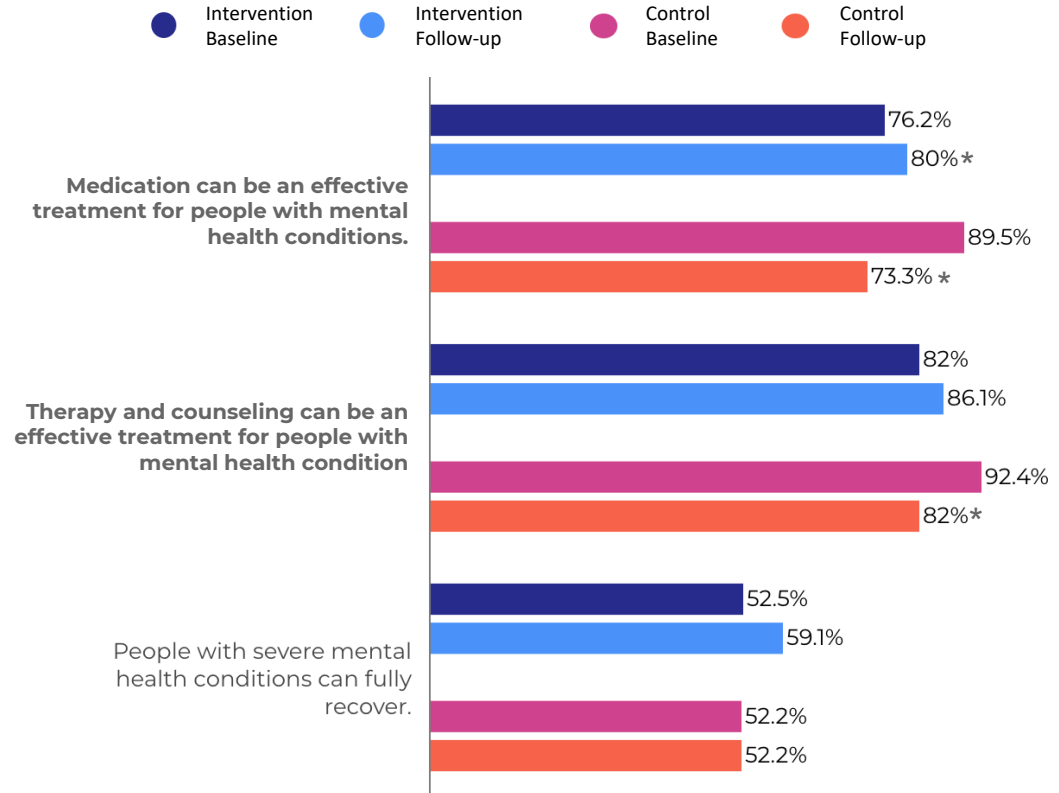




# Baseline to Follow-Up: Treatment & Recovery

Treatment and recovery beliefs improved in the intervention region, including a *significant* increase at follow-up in agreement that medication can be an effective treatment for people with mental health conditions; while *significantly* lower agreement at follow-up was seen within the control group.

Similar trends were observed with the perception toward therapy as an effective treatment and that most people with severe mental health conditions can fully recover. The intervention group showed improvements on both measures, while the control group showed a *significant* decrease in belief that therapy is effective, and showed no change at all in recovery beliefs.

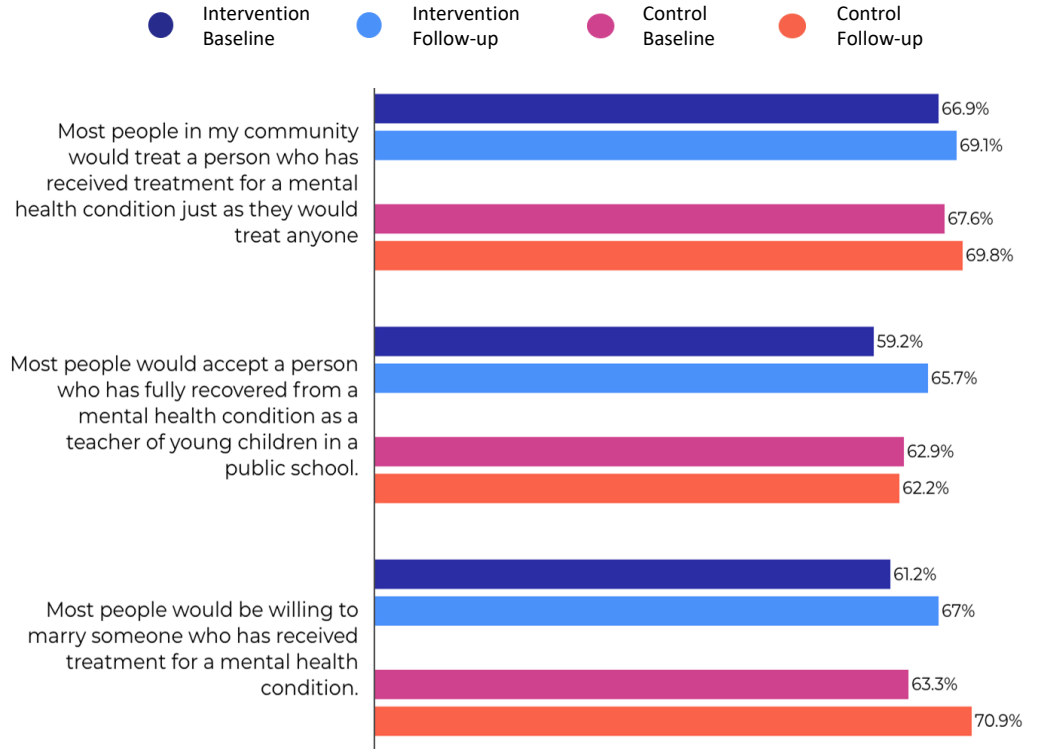


# Baseline to Follow-Up: Treatment & Recovery (Cont'd)

Perceptions of *community attitudes* toward those who have recovered or received treatment for mental health conditions improved overtime — some seen in both intervention and control groups.

From baseline to follow-up, the intervention group showed improvements in perceptions that their community would treat those with mental health conditions the same as anyone else, that most people would accept someone who has recovered from a mental health condition as a teacher, and would marry someone who has received mental health treatment.

In contrast, the control group showed improvements in two of the measures, but a slight decrease in acceptability as a teacher.



# Baseline to Follow-Up: Behaviors

Improvements were seen in the intervention group from baseline to follow-up in confidence and comfort level supporting someone experiencing a mental health condition. While the control group also showed positive trends in comfort level offering support, confidence in knowing what advice to give someone to get professional help went down.

At baseline, a lower proportion of respondents in the intervention group reported taking recent steps to improve their mental health compared to controls. At follow-up, not only did the intervention group improve, with almost no change seen for controls, but the intervention group reported higher rates of the behavior overall at follow-up.

At follow-up participants within the intervention group showed improvements in their likelihood to disclose a mental health condition to family, friends, or coworkers; while the opposite trend was true for controls.

	Intervention		Control	
	Baseline	Follow-up	Baseline	Follow-up
<i>If a friend had a mental health condition, I know what advice to give them to get professional help (% agree)</i>	62.3%	63.0%	64.3%	62.2%
<i>How comfortable are you offering support to others about their mental health conditions (% comfortable)</i>	77.6%	80.0%	78.0%	83.1%
<i>In the past six months, I've taken steps to improve my mental health (% agree)</i>	62.9%	67.4%	66.0%	66.3%
<i>If you were to experience a mental health condition, how likely is it that you would...</i>				
<i>Hide it from family (% unlikely)</i>	33.9%	40.9%	40.5%	36.0%
<i>Hide it from friends (% unlikely)</i>	25.7%	31.7%	30.1%	27.9%
<i>Hide it from coworkers (% unlikely)</i>	17.6%	24.3%	25.2%	18.6%

# Results

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Campaign Awareness

# Campaign Awareness

Campaign awareness was assessed at follow-up by asking respondents if they had either heard of the Spokesimals Midwest or WhatMakesUs campaigns (by name) or seen posts from the campaigns on social media.

**30%** *of respondents within the intervention group reported campaign awareness at follow-up.*

There was a significantly higher proportion of respondents in the campaign aware group with self-reported history of a mental health condition, compared to those not aware of the campaigns.

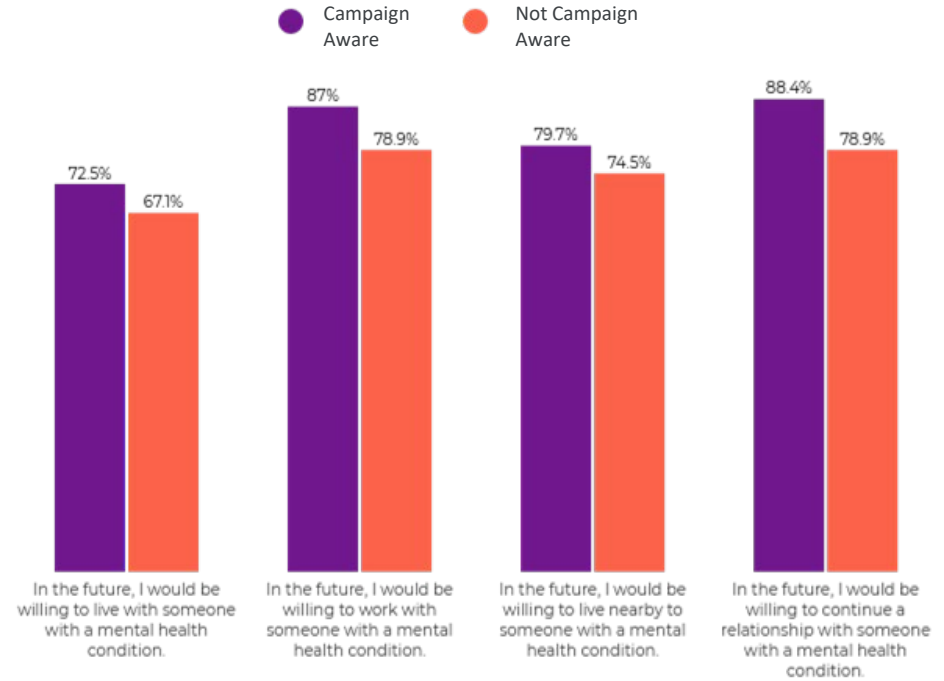
*However,* additional analysis confirmed that all positive trends seen in the results on the following slides held true for the campaign aware group when stratified by mental health status.

		Campaign Aware	Not Campaign Aware
Age Groups	18-24	15.9%	6.8%
	25-34	36.2%	22.9%
	35-44	26.1%	29.1%
	45-54	13.0%	12.4%
	55+	8.7%	28.5%
Race/ Ethnicity	Hispanic	14.5%	6.8%
	White	88.4%	83.8%
	African American/ Black	4.3%	8.6%
	Asian	2.9%	3.1%
	Other	4.3%	5.5%
Gender	Male	37.7%	44.7%
	Female	59.4%	54.0%
	Other Nonconforming	2.9%	0.6%
History of Personal Mental Health	Yes	66.7%	49%

# Campaign Awareness: Social Distance

Those who were aware of the campaigns reported *lower stigma* on measures of desired social distance, compared to those who were not campaign aware.

- Respondents who were aware of the campaigns were more willing to live with, work with, live nearby, and continue a relationship with someone with a mental health condition.
- The largest differences between those campaign aware and those who were not is seen in willingness to work with or continue a relationship with someone who has a mental health condition. These two measures also showed the highest reported willingness overall for both the aware and not aware groups, relative to other social distance measures.



# Campaign Awareness: Attitudes

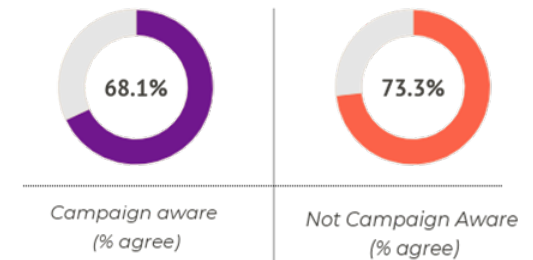
Compared to those with no campaign awareness, the campaign aware group reported less stigmatizing views in measures of perceived employment goals and perceived dangerousness of individuals with mental health conditions, with the positive trend in perceived dangerousness approaching significance ( $p=.052$ ), compared to those not campaign aware.

Additionally, those who were campaign aware reported higher agreement that people with mental health conditions seek help from a professional.

Surprisingly, opposite trends were seen in attitudes related to responsibility given to those with mental health conditions and susceptibility beliefs that anyone can be diagnosed with a mental health condition - which were more positive for those not aware compared to the campaign aware group, though not significantly so. This negative trend was consistent with what trends over time comparing intervention to controls.

	Campaign Aware (% agree)	Not Campaign Aware (% agree)
<i>People with mental health conditions want to have paid employment.</i>	75.4%	75.2%
<i>Those with mental health conditions are far less of a danger than most people believe.</i>	69.6%	53.4%
<i>Those with mental health conditions should <b>not</b> be given any responsibility.</i>	13%	9.9%
<i>Most people with mental health conditions go to a healthcare professional to get help.</i>	39.1%	34.2%

## Anyone can be diagnosed with a mental health condition

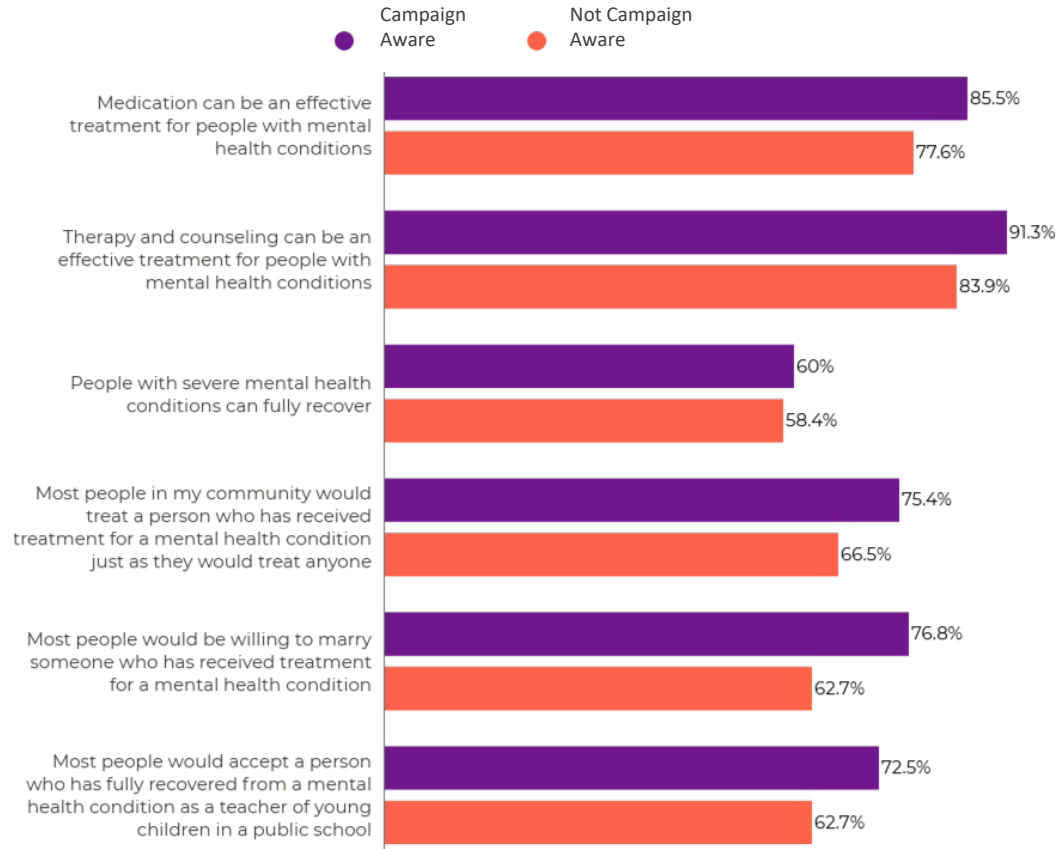


# Campaign Awareness: Treatment & Recovery

Relative to those not aware of the campaigns, the campaign aware group reported less stigmatizing views towards treatment and recovery.

Those campaign aware showed higher agreement that medication and therapy can be an effective treatments, and that people with severe mental health conditions can fully recover.

Similar trends were observed in perception of community attitudes toward those who have recovered or received treatment for mental health conditions, seen in higher agreement that: their community would treat those who have received mental health treatment the same as anyone else; that most people would accept someone who has recovered from a mental health health condition as a teacher; and that most people would be willing to marry someone who has received mental health treatment (approaching significance at  $p=0.054$ ).





# Campaign Awareness: Behaviors

## → *Supporting Others*

Those who were campaign aware reported higher levels of confidence in knowing what advice to give someone to get professional help, as well as reported being more comfortable supporting someone experiencing a mental health condition, relative to those with no campaign awareness.

The higher self-efficacy reported by those campaign aware appears to have translated to actual behavior as well, seen in the *significantly* higher proportion of respondents who were campaign aware reporting that they had provided support to someone with a mental health condition in the past six months, relative to those not campaign aware.

	Campaign Aware	Not Campaign Aware
<i>If a friend had a mental health condition, I know what advice to give them to get professional help (% agree)</i>	72.5%	59%
<i>I am comfortable offering support to others about their mental health conditions (% comfortable)</i>	82.6%	78.9%
<b><i>In the past six months, I have provided support to someone with a mental health condition*</i></b>	84.1%	64.6%

# Campaign Awareness: Behaviors

## → *Personal Mental Health*

Compared to those with no campaign awareness, a higher proportion of the campaign aware group reported they would be unlikely to hide a mental health condition from family, friends, or coworkers.

Similarly, more campaign aware respondents reported that they would be unlikely to put off seeking mental health treatment for fear of letting others know about their mental health condition.

Additionally, campaign aware respondents showed positive trends in caring for their own mental well-being, with results showing a *significantly* higher proportion of respondents in the campaign aware group had taken steps to improve their mental health in the past six months, compared to those not campaign aware.

*If you were to experience a mental health condition, how likely is it that you would...*

	Campaign Aware (%unlikely)	Not Campaign Aware (%unlikely)
<i>Hide it from family</i>	88.2%	87.7%
<i>Hide it from friends</i>	77.4%	75.5%
<i>Hide it from coworkers</i>	73.6%	70.3%
<i>Put off seeking treatment</i>	71.7%	51.4%



***In the past 6 months, I have taken steps to improve my mental health\****

Campaign Aware  
85.5%

Not Campaign Aware  
59.6%

# Conclusions & Key Takeaways

## Evidence of Success

Results suggest that the evidenced-based multi-pronged stigma reduction approach implemented in the Greater Omaha and Council Bluffs area was able to create positive shifts in stigma reduction, in line with results seen in previous large scale implementations of this approach.

## Strong Campaign Recall

Nearly a third of respondents in the intervention region reported campaign awareness, suggesting intervention efforts were successful in delivering relevant messaging at a reach and frequency sufficient to elicit recall of the campaign within a large portion the community within the first year of the campaign.

## Improvements Across Constructs

Nearly all trends were positive for those in the intervention group and those reporting campaign awareness, relative to their comparison groups, including three measures with *significant* improvements over time, as well as two additional *significantly* elevated positive measures for those campaign aware.

Positive trends were seen in all dimensions of stigma, from desire for social distance, to treatment beliefs, community attitudes and acceptance, as well as confidence in and self-reported behaviors to support others and improve personal mental health.

## Opportunities Moving Forward

Although the trends in stigma reduction were largely very positive, a few items presented in this report remained unchanged or trended in the wrong direction, including perceived susceptibility (anyone can have a mental health) and whether responsibility should be given to those with mental health conditions. These particular results were somewhat surprising giving the the contact-based arm of the campaign strategy. These areas should be emphasized through the types of testimonials and other campaign messaging moving forward.

Thank you!

# Appendix

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# Baseline to Follow-up: Demographics After Weighting

		Baseline		Year 1	
		Intervention	Control	Intervention	Control
Age Groups	18-24	9.4%	10.5%	9.6%	9.9%
	25-34	27.8%	29%	27.0%	27.9%
	35-44	27.3%	24.3%	28.3%	25.6%
	45-54	11.4%	16.7%	12.6%	16.9%
	55+	24.1%	19.5%	22.6%	19.8%
Race/ Ethnicity	Hispanic	10.6%	8.6%	9.1%	6.4%
	White	83.6%	85.6%	85.2%	84.9%
	African American/ Black	9.4%	5.2%	7.4%	7.6%
	Asian	3.3%	6.2%	3.0%	2.3%
	Other	2.9%	4.3%	3.5%	4.1%
Gender	Male	43.3%	40.5%	42.6%	39.0%
	Female	54.7%	59.0%	55.7%	59.9%
	Other Nonconforming	1.6%	0.0%	1.3%	0.6%

# Complete Demographics - Unweighted

		Baseline		Year 1	
		Intervention	Control	Intervention	Control
Education Level	Less than high school	1.2%	1.4%	3.5%	1.2%
	High school graduate or GED	18.3%	15.5%	18.7%	26.7%
	Some college, no degree	24.0%	19.1%	27.8%	26.2%
	Associate's degree	11.0%	13.2	10.4%	13.4%
	Bachelor's degree	31.7%	42.3%	26.1%	25.0%
	Ph.D., graduate or professional degree	13.0%	8.6%	13.0%	7.0%
	Don't know/ Prefer to not say	0.4%	0.0%	0.4%	0.6%
Employment Status	Employed Full Time	52.4%	55.5%	48.3%	57.6%
	Employed Part Time	15.9%	10.0%	12.6%	15.1%
	Unemployed	18.7%	15.0%	26.5%	18.0%
	Retired	4.9%	10.9%	10.0%	6.4%
	Student	7.3%	9.1%	5.2%	2.3%
	Don't Know	0.8%	0.5%	0.4%	0.6%
	Prefer to not say	2.8%	0.5%	0.9%	2.3%

		Baseline		Year 1	
		Intervention	Control	Intervention	Control
Military status	Yes, currently serving	0.0%	0.9%	0.9%	1.7%
	Yes, previously served	8.1%	10.9%	5.2%	3.5%
	No	91.5%	87.7%	93%	93.6%
	Prefer to not say	0.4%	0.5%	0.9%	1.2%
Area designation	Rural	14.2%	12.7%	14.3%	9.3%
	Suburban	51.6%	52.3%	54.3%	59.3%
	Urban	30.5%	31.8%	28.7%	30.2%
	Prefer to not say	3.7%	3.2%	2.6%	1.2%

# Factors that influence hiring of those with mental health condition in intervention regions (follow-up)

*Which factors would influence your decision to hire an employee with a mental health problem?*

Follow-up

<i>Ability to work under stress</i>	12.6%
<i>Potential for unpredictable or dangerous behavior</i>	8.3%
<i>Rate of Absenteeism</i>	7.4%
<i>Requirement for more administrative oversight</i>	4.8%
<i>Other</i>	0.0%
<i>None</i>	1.7%
<i>Don't Know</i>	1.3%



# Mental health in social circle - weighted

	Baseline		Year 1	
	Intervention	Control	Intervention	Control
Are you currently living with, or have you ever lived with someone with a mental health condition?	52.9%	53.1%	52.2%	62.2%
Are you currently working with, or have you ever worked with someone with a mental health condition?	47.5%	60.0%	50.0%	46.5%
Do you currently have, or have you ever had, a neighbor with a mental health condition?	32.0%	30.0%	32.6%	29.1%
Do you currently have, or have you ever had, a close friend with a mental health condition?	63.1%	68.1%	64.8%	68.6%