

# What Makes Us End of Year 2 Evaluation

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The Wellbeing Partners

March 27, 2023

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# Executive Summary

## Introduction & Methods

The What Makes Us evaluation was modeled after 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, 1 month after campaign implementation (end of year 1), and 21 months after campaign implementation (end of year 2). Surveys were conducted within the Omaha & Council Bluffs intervention region and a control region in Iowa. For more details on the evaluation results from baseline and end of year 1, view the published article at the [Journal of Community Health](#).

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## Results

From baseline to the end of year 2, awareness of the campaign increased substantially, from 30.4% to 53.0%. Campaign aware respondents showed improvements across most dimensions of stigma, including attitudes toward treatment and recovery, and self-efficacy to provide support. Results also showed positive trends when comparing the intervention and control regions over time, with the intervention region showing larger improvements in awareness of susceptibility, and work-related attitudes. Respondents in the intervention region also reported increases in agreement that employers are willing to hire people with mental health conditions, that people with mental health conditions want to have paid employment, and that they can take on responsibilities.

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## Key Takeaways

After almost two years, results from What Makes Us continue to be promising. Findings suggest that WhatMakesUs campaign has been successful in promoting positive attitudes and behaviors towards mental health. Ongoing mental health stigma reduction efforts can maintain and build upon the positive changes shown in this evaluation.

# Introduction & Methods

To evaluate the impact of the WhatMakesUs campaign, a series of three cross-sectional online surveys were conducted within the intervention counties of the Omaha-Council Bluffs metropolitan area and control counties in Iowa that mirrored the Omaha area.

Survey Instrument	Data Collection	Data Analysis
<p>The survey instrument utilized and adapted existing validated measures of knowledge, attitudes, and reported and intended behaviors.</p> <p>For the end of year (EOY) 2 survey, most questions were identical to the baseline and EOY 1 survey in order to compare changes over time. Two questions about mental health conversations occurring in different ways and at different places outside of the respondent's communities and the role of workplaces taking an active role in their mental health were added to the EOY 2 survey.</p>	<p>Baseline data was initially collected in June and July of 2020, prior to the campaign's implementation. The EOY 1 survey was collected in May and June 2021. The EOY 2 survey was fielded in January 2023.</p> <p>Surveys were programmed into Qualtrics, an online survey platform. The EOY 2 survey was distributed by the panel recruitment company, Ipsos. The survey was available in both Spanish and English.</p>	<p>Data analysis was conducted using STATA v17 quantitative statistical software.</p> <p>Descriptive statistics were conducted for all measures. 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 from baseline to EOY 2, as well as differences between those who reported campaign awareness and those who did not at EOY 2. Statistical significance was set at <math>p \leq .05</math>.</p> <p>Throughout the results, significance is noted in-text and in tables with an asterisk.</p>

# Results

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Campaign Awareness  
EOY 1 and EOY 2 Surveys

# Demographics

Campaign awareness was assessed in both EOY 1 and EOY 2 surveys by asking respondents if they had either heard of the WhatMakesUs (WMU) campaign (by name) or seen posts from the campaign on social media<sup>1</sup>. Campaign awareness was 30.4% at EOY 1, with a substantial increase to 53.0% at EOY 2<sup>2</sup>.

The table at right displays demographic data for Campaign Aware (CA) and Non-campaign aware (NCA) respondents overall. The demographic data reflect the characteristics of the surveyed areas. At EOY 2, CA respondents were most often between the ages of 25 to 34 years old (32.3%), non-Hispanic white (75.2%), and identified as female (50.8%). NCA respondents were most often between the ages of 35 and 44 years old (31.8%), non-Hispanic white (84.1%), and identified as male (55.5%).

At EOY 2, more CA respondents self-reported a mental health condition (diagnosed or undiagnosed) (66.9%) compared to NCA respondents (53.6%).

		EOY 1		EOY 2	
		Not Campaign Aware (n = 280)	Campaign Aware (n = 122)	Not Campaign Aware (n = 110)	Campaign Aware (n=124)
Age Groups	18-24	6.8%	15.9%	10.9%	20.2%
	25-34	22.9%	36.2%	17.3%	32.3%
	35-44	29.1%	26.1%	31.8%	22.6%
	45-54	12.4%	13.0%	24.6%	18.6%
	55+	28.5%	8.7%	15.5%	6.5%
Race/ Ethnicity	Hispanic	6.1%	12.3%	5.5%	10.5%
	Non-Hispanic White	81.8%	80.7%	84.1%	75.2%
	African American/ Black	8.2%	6.1%	9.4%	14.5%
	Asian	2.2%	4.4%	1.9%	1.7%
	Other	6.3%	5.3%	2.8%	7.7%
Gender	Male	42.1%	38.5%	55.5%	47.6%
	Female	56.8%	59.0%	40.0%	50.8%
	Other Nonconforming	0.4%	2.5%	2.7%	1.6%
Mental Health Condition	Yes	52.5%	63.1%	53.6%	66.9%

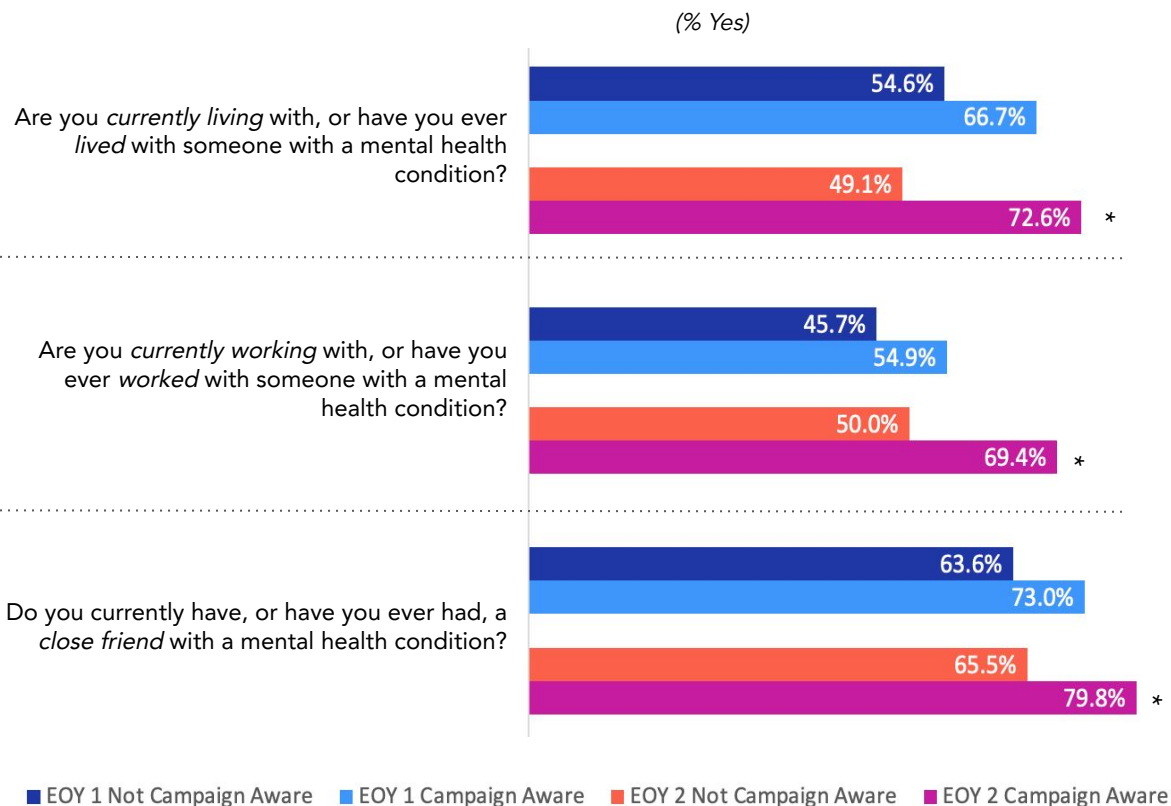
<sup>1</sup>The "Spokesimals Midwest" campaign was discontinued at Year 2, therefore it was not included in the EOY 2 survey.

<sup>2</sup>We expanded how we asked survey takers about campaign awareness in the EOY 2 survey, which may partially explain the significant increase in awareness.

# Reported Social Distance

At EOY 2, significantly more CA respondents than NCA respondents had personal connections with individuals who have mental health conditions. This included having or currently living with (72.6% CA; 49.1% NCA), working with (69.4% CA; 50.0% NCA), or being friends with someone with a mental health condition (79.8% CA; 65.5% NCA).

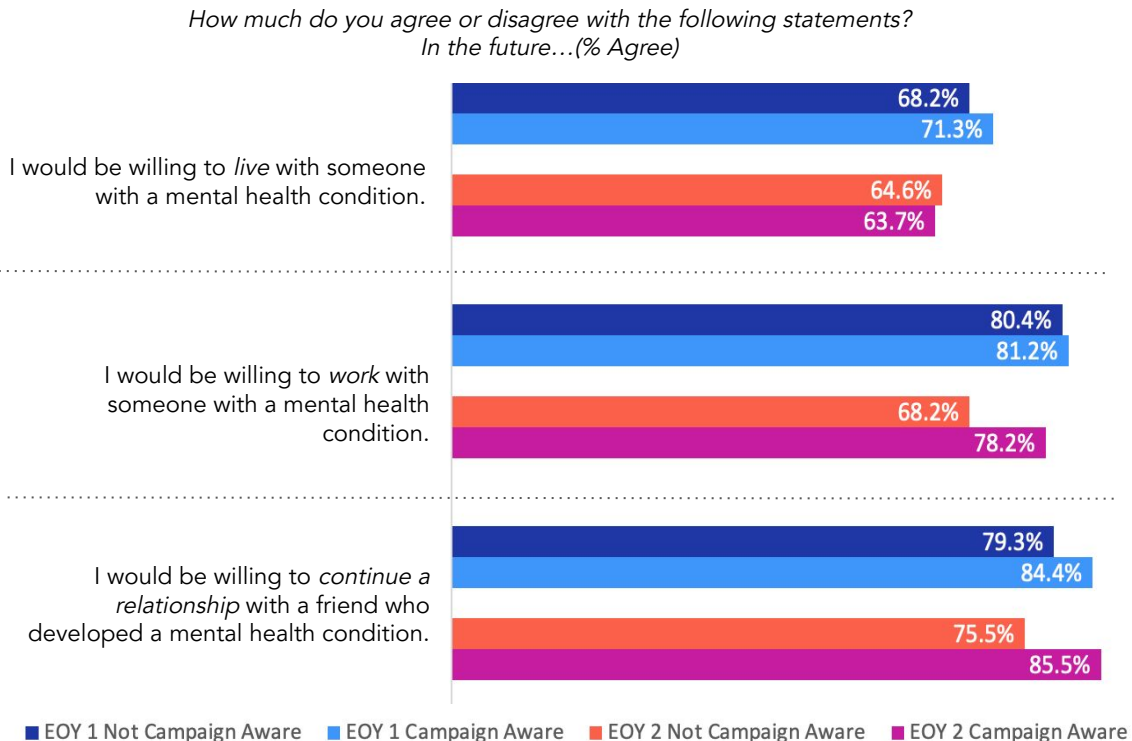
Similarly, when assessing changes among CA respondents over time, at EOY 2 CA respondents reported increases across all measures compared to CA respondents at EOY 1. This included living with (66.7% EOY 1 CA; 72.6% EOY 2 CA); working with (54.9% EOY 1 CA; 69.4% EOY 2 CA) and having a friend with a mental health condition (73.0% EOY 1 CA; 79.8% EOY 2 CA).



# Intended Social Distance

At EOY 2, CA respondents reported fewer stigmatizing views on two measures of intended social distance, compared to NCA respondents. More CA respondents were willing to work with someone with a mental health condition (78.2% CA; 68.2% NCA), and continue a relationship with a friend who developed a mental health condition (85.5% CA; 75.5% NCA), compared to NCA respondents.

When assessing changes among CA respondents from EOY 1 to EOY 2, one measure showed improvement, with the other two showing slight declines. Willingness to continue a relationship with a friend showed minor improvements among CA respondents over time (84.4% EOY 1; 85.5% EOY 2).

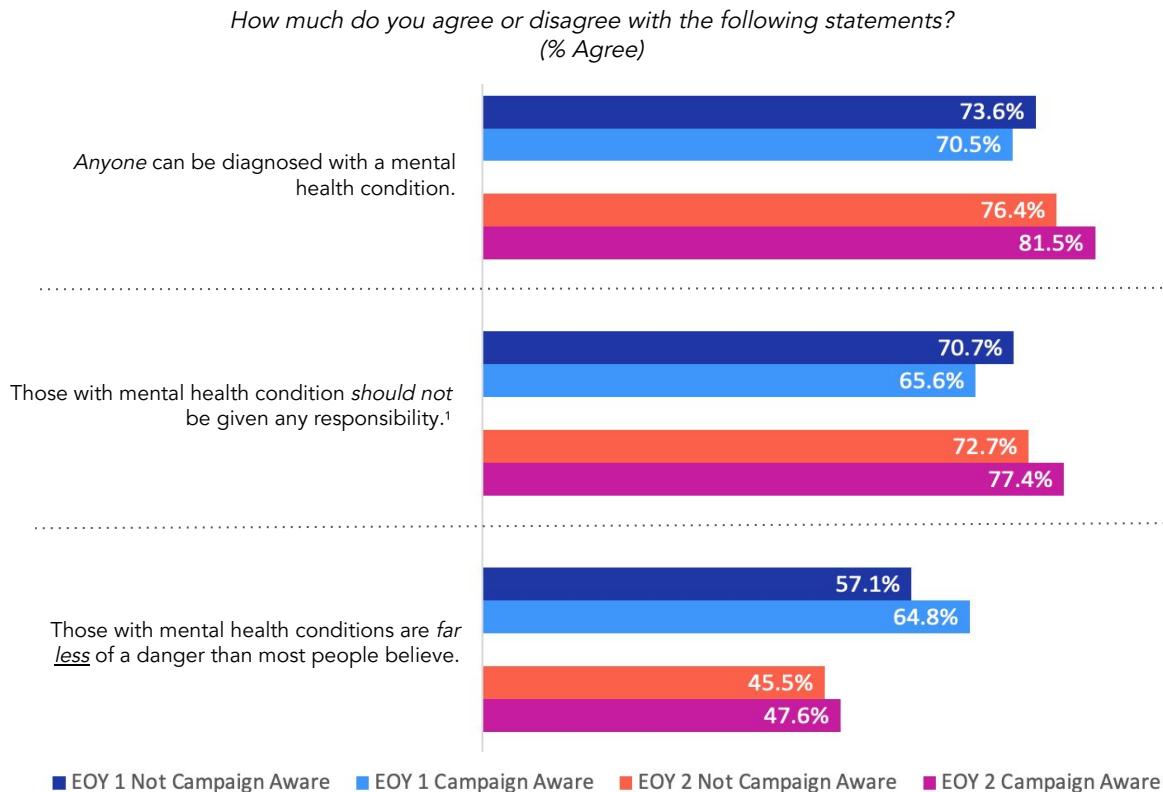




# Attitudes Toward Mental Health

At EOY 2, CA respondents reported fewer stigmatizing views in attitudes towards people with mental health conditions compared to NCA respondents. This included measures of susceptibility of a mental health diagnosis (81.5% CA; 76.4% NCA), responsibility of individuals with mental health conditions (77.4% CA; 72.7% NCA), and perceived dangerousness (47.6% CA; 45.5% NCA).

When assessing changes among CA respondents from EOY 1 to EOY 2, respondents reported improved trends in two measures of attitudes. They improved in agreement that anyone can be diagnosed with a mental health condition (70.5% EOY 1; 81.5% EOY 2), which was a core message of the WMU campaign. They also improved in agreement that people with mental health conditions should be given responsibilities (65.6% EOY 1; 77.4% EOY 2). However, they did not show improvements in the belief that people with mental health conditions are less of a danger than what most people believe (64.8% EOY 1; 47.6% EOY 2).

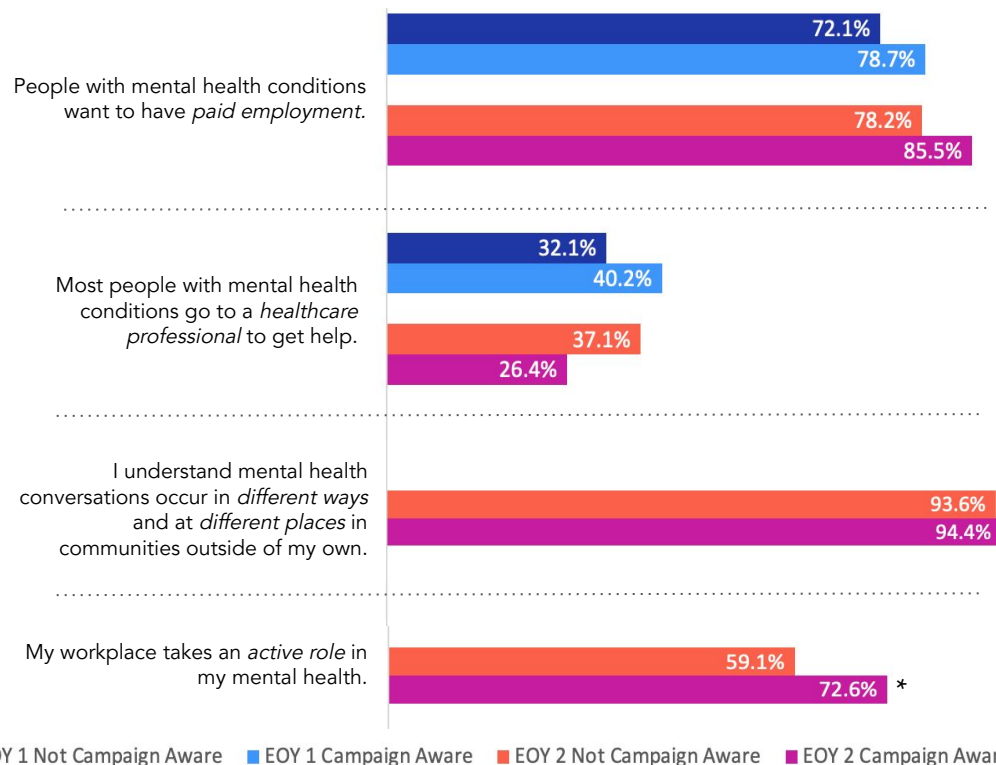


# Attitudes Toward Mental Health

At EOY 2, more CA respondents agree that people with mental health conditions want to have paid employment, compared to NCA respondents (85.5% CA; 78.2% NCA). At EOY 2 only, respondents were asked about their understanding of mental health conversations and their workplaces. A significantly higher percentage of CA respondents reported their workplace takes an active role in their mental health compared to NCA respondents (76.6% CA; 59.1% NCA). The vast majority of both CA and NCA respondents are aware of the ways and places outside of their own communities that mental health conversations occur (94.4% CA; 93.6% NCA). The vast majority of both CA and NCA respondents are aware of the ways and places outside of their own communities that mental health conversations occur (94.4% CA; 93.6% NCA).

When assessing changes among CA respondents from EOY 1 to EOY 2, results showed an increase in agreement that people with mental health conditions want paid employment (85.5% EOY 2; 78.7% EOY 1). While agreement that people with mental health conditions go to healthcare professionals did not improve over time (40.2% EOY 1; 26.4% EOY 2), external/environmental factors such as demographics or perceived accessibility to a healthcare professional could impact this finding.

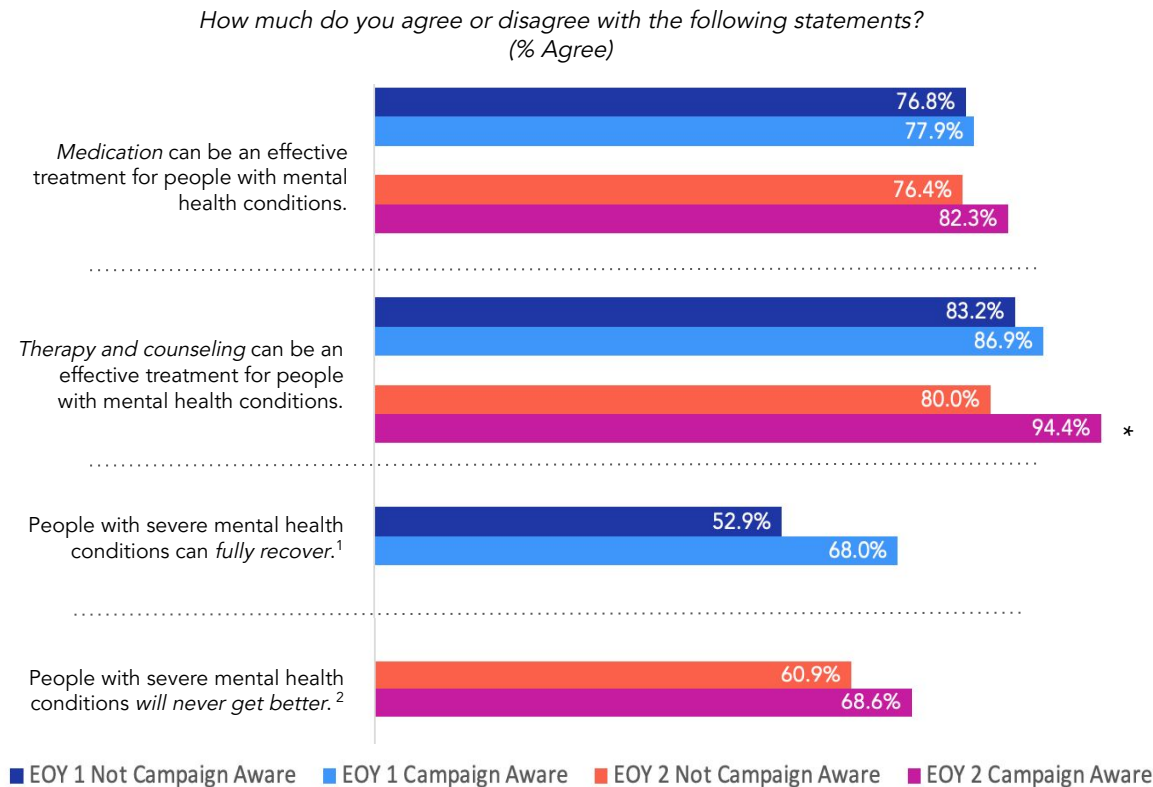
How much do you agree or disagree with the following statements?  
(% Agree)



# Treatment & Recovery

At EOY 2, more CA respondents agreed that medication (82.3% CA; 76.4% NCA), and therapy and counseling (94.4% CA; 80.0% NCA) can be effective treatments for people with mental health conditions, compared to NCA respondents. Also, more CA respondents agreed that people with mental health conditions can fully recover (68.0% CA; 52.9% NCA), and disagreed that people with severe mental health conditions will never get better (68.6% CA; 60.9% NCA).

When evaluating the changes among CA respondents from EOY 1 to EOY 2, the respondents showed a decrease in stigmatizing views in nearly all the questions asked. This included awareness of medication (77.9% EOY 1; 82.3% EOY 2), and therapy and counseling (86.9% EOY 1; 94.4% EOY 2) as effective forms of treatment for mental health conditions.



<sup>1</sup> Measure was reworded in EOY 2.

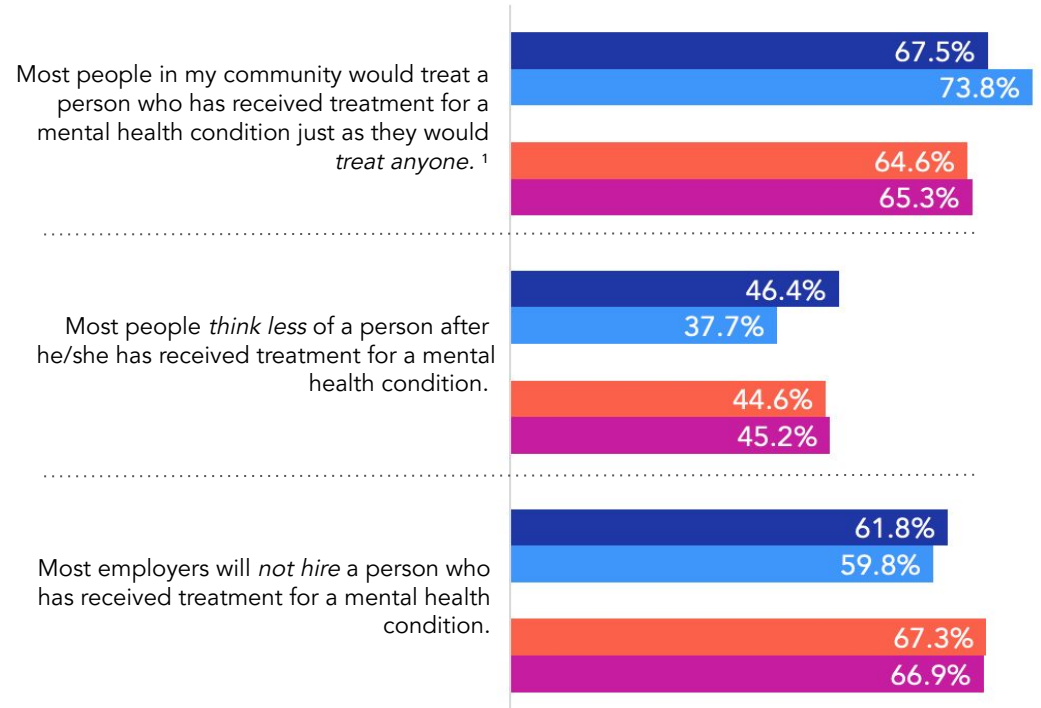
<sup>2</sup> % Disagree

# Treatment & Recovery

At EOY 2, slightly fewer CA respondents agreed that individuals who receive mental health treatment would be treated the same as anyone else in their community (65.3% CA; 64.6% NCA). Slightly fewer disagreed that people would think less of those who have received such treatment (45.2% CA; 44.6% NCA). Similarly, slightly fewer CA respondents agreed that employers are less inclined to hire someone who has received treatment for their mental health condition than NCA respondents (66.9% CA; 67.3% NCA).

When assessing changes among CA respondents from EOY 1 to EOY 2, respondents showed fewer stigmatizing attitudes toward treatment and recovery. More CA respondents disagreed that others would think less about an individual with a mental health condition (37.7% EOY 1; 45.2% EOY 2), and employers would not hire an individual who has received treatment for their condition (59.8% EOY 1; 66.9% EOY 2).

How much do you agree or disagree with the following statements?  
(% Disagree)



■ EOY 1 Not Campaign Aware ■ EOY 1 Campaign Aware ■ EOY 2 Not Campaign Aware ■ EOY 2 Campaign Aware

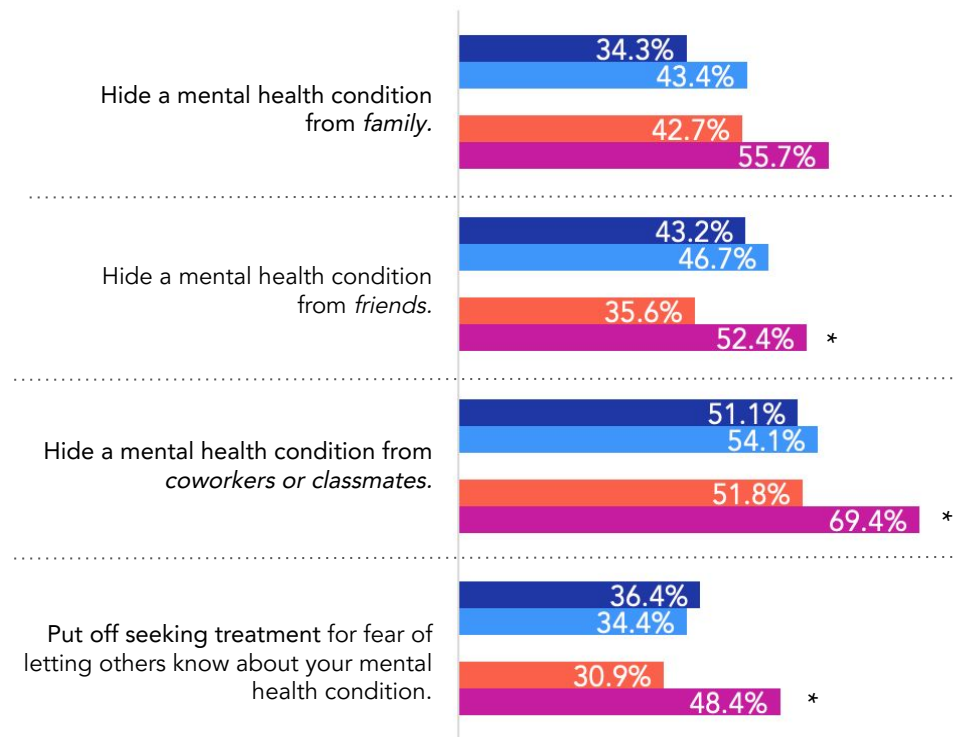
<sup>1</sup> % Agree

# Intended Behaviors

At EOY 2, more CA respondents reported being willing to hide their mental health condition to family members (55.7% CA; 42.7% NCA) than NCA respondents. Additionally, a significantly higher proportion of CA respondents reported they were likely to hide their mental health condition from friends (52.4% CA; 35.6% NCA), coworkers and classmates (69.4% CA; 51.8% NCA), as well as delay seeking treatment due to concerns about others knowing about their condition compared to NCA respondents (48.4% CA; 30.9% NCA).

When assessing changes among CA respondents from EOY 1 to EOY 2, more respondents reported they were likely to hide their own mental health condition from people close to them, including their family (43.4% EOY 1; 55.7% EOY 2), friends (46.7% EOY 1; 52.4% EOY 2), coworkers and classmates (54.1% EOY 1; 69.4% EOY 2), and would put off seeking treatment for fear of others knowing about their condition (34.4% EOY 1; 48.4% EOY 2).

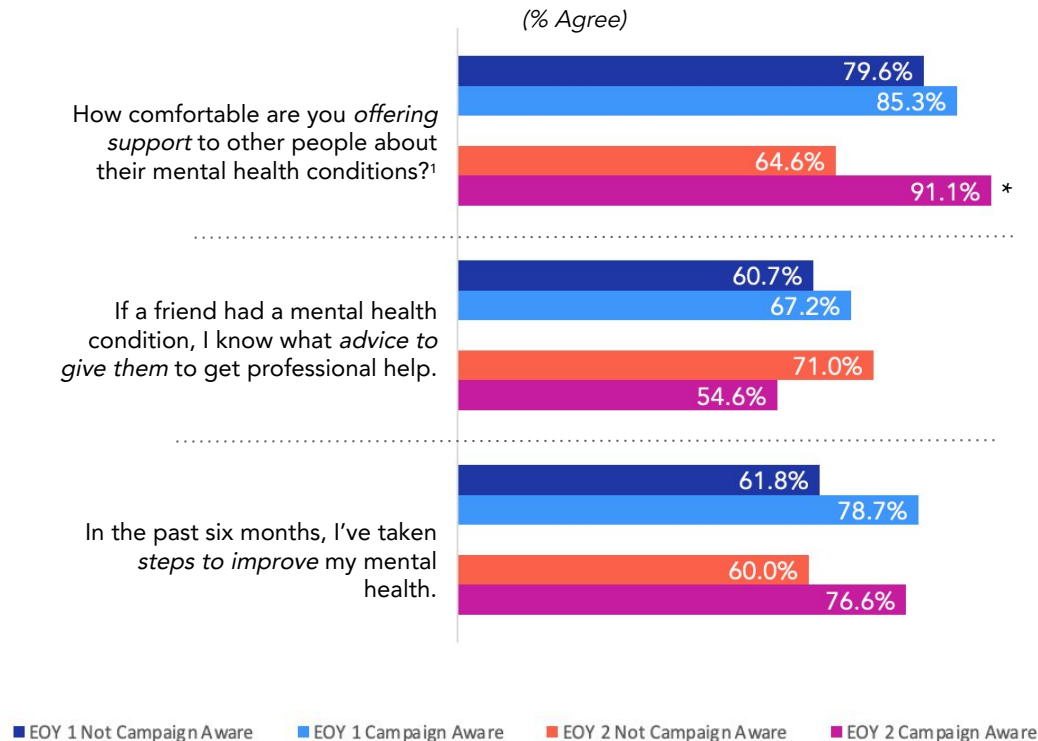
*If you were to experience a mental health condition, how likely is it that you would do the following:  
(% Likely)*



# Behaviors & Self-Efficacy

At EOY 2, significantly more CA respondents were comfortable offering support to other people about their mental health condition, compared to NCA respondents (91.1% CA; 64.6% NCA). A higher proportion of CA respondents said they have taken steps to improve their mental health in the past six months, compared to NCA respondents (76.6% CA; 60.0% NCA). However, fewer CA respondents reported knowing what advice to give to a friend if they had a mental health condition (54.6% CA; 71.0% NCA).

Similarly, when assessing changes among CA respondents from EOY 1 to EOY 2, respondents felt more comfortable in offering support to others about their mental health condition (85.3% EOY 1; 91.1% EOY 2), but fewer reported knowing what advice to give them to get professional help (67.2% EOY 1; 54.6% EOY 2). Also, slightly fewer respondents reported taking steps to improve their mental health compared to EOY 1 (78.7% EOY 1; 76.6% EOY 2).



<sup>1</sup> % Comfortable

# Key Takeaways: Campaign Awareness

## Campaign awareness increased

Campaign awareness showed a substantial increase over time, from 30.4% at EOY 1 to 53.0% at EOY 2. This shows that the WMU campaign was able to increase its reach in the community over time. This may have been because the campaign's use of local voices resonated with the general public, creating content that was memorable and recognizable.

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## Results show progress and future opportunities for messaging

While CA respondents showed improvements across many dimensions of stigma, such as social distance, attitudes toward treatment and recovery, behaviors and self-efficacy to support others, there are areas for improvement. Key among them is dispelling the perception of dangerousness associated with mental health conditions and the perception that people with mental health conditions do not seek professional help, helping individuals with mental health conditions to be comfortable opening to others about their conditions, and guidance on how to support someone who is struggling with mental health conditions. These areas may merit a specific focus in upcoming campaign years.

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## Sustaining efforts

The WMU campaign successfully reduced most dimensions of mental health stigma among CA respondents. It is crucial to also acknowledge that transforming societal attitudes and beliefs is a complex and non-linear process that requires continued efforts. To sustain progress and achieve population-level change in the long-term, it is necessary to continuously reinforce the campaign's messages and values. Ongoing efforts that focus on sustaining the momentum generated by the campaign are crucial for achieving a lasting impact.

# Results

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Intervention vs Control Regions  
Baseline to EOY 2



# Demographics

The following table displays demographic data for the control and intervention regions overall. The control counties included in this study included Dallas, Linn, and Polk in Iowa.

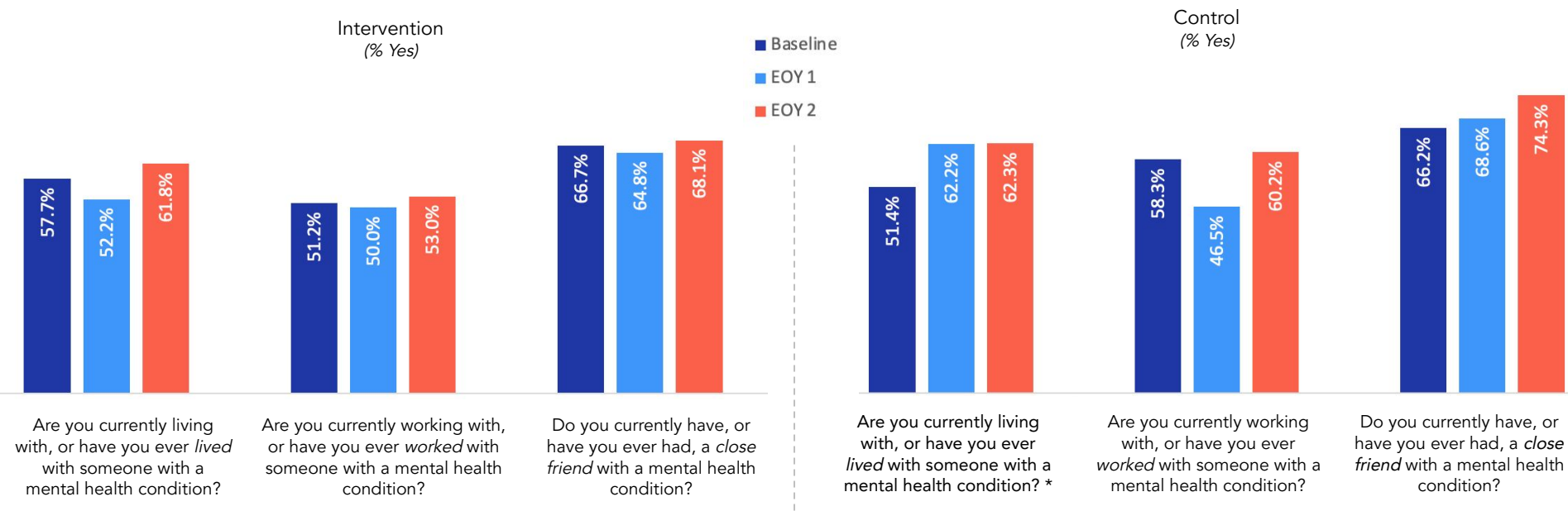
The demographic data reflects the characteristics of the surveyed area. At EOY 2, respondents in the intervention region were most often between the ages of 35 to 44 years old (27.1%), non-Hispanic white (77.5%), and identified as female (57.8%). Control region respondents were most often between the ages of 25 and 34 years old (26.1%), non-Hispanic white (88.4%), and identified as female (61.9%).

At EOY 2, more respondents from the control region self-reported a mental health condition (63.9%), whether diagnosed or undiagnosed, compared to respondents from the intervention region (55.4%).

		Baseline (n=462)		End of Year 1 (n=402)		End of Year 2 (n=500)	
		Control (n=216)	Intervention (n=246)	Control (n=230)	Intervention (n=172)	Control (n=250)	Intervention (n=249)
Age Groups (Years)*	18-24	20.0%	20.7%	9.9%	9.6%	9.2%	14.7%
	25-34	23.6%	21.1%	27.9%	27.0%	26.1%	19.1%
	35-44	19.5%	25.6%	25.6%	28.3%	22.5%	27.1%
	45-54	16.8%	17.5%	16.9%	12.6%	25.7%	18.3%
	55+	20.0%	15.0%	19.8%	22.6%	16.5%	20.7%
Race/ Ethnicity	African American/ Black	6.4%	10.9%	7.2%	7.8%	6.6%	12.9%
	Asian	6.7%	2.6%	2.4%	3.2%	2.1%	1.3%
	Hispanic	7.9%	11.4%	6.4%	9.1%	3.2%	10.8%
	Other	5.9%	6.5%	6.6%	5.5%	1.7%	6.7%
	Non-Hispanic White	81.3%	78.3%	81.3%	81.6%	88.4%	77.5%
Gender	Male	58.3%	26.0%	39.0%	42.6%	36.1%	41.0%
	Female	41.2%	72.8%	59.9%	55.7%	61.9%	57.8%
	Non-conforming	0.0%	0.8%	0.6%	1.3%	2.0%	0.4%
Mental Health Condition	Yes	48.2%	52.0%	57.6%	54.4%	63.9%	55.4%

# Reported Social Distance

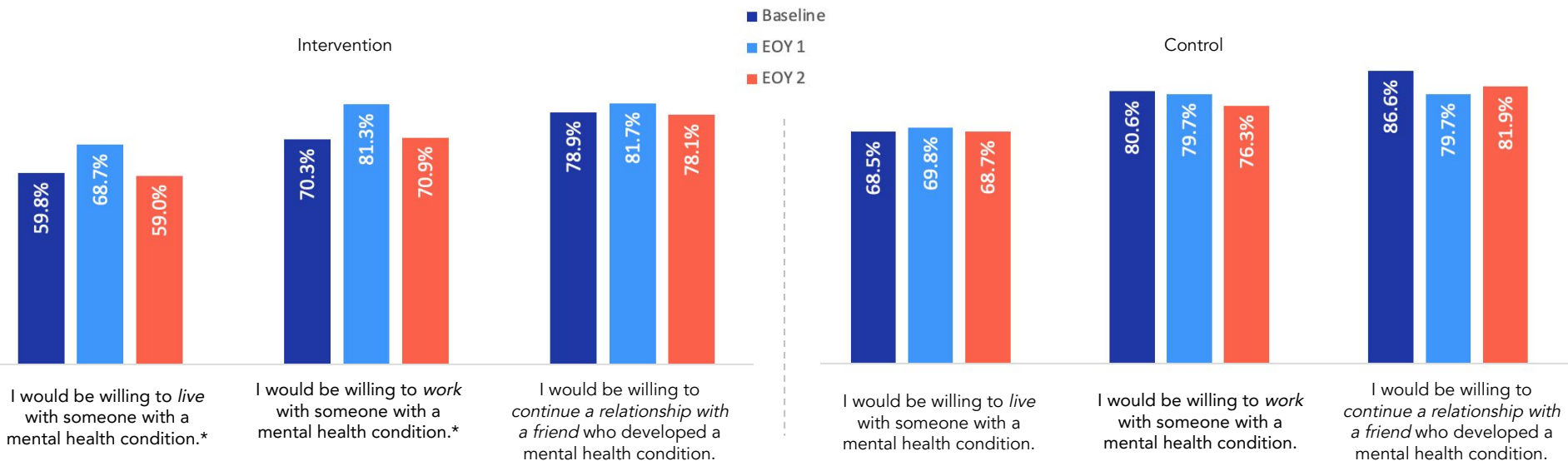
Measures of reported social distance showed overall improvements. From baseline to EOY 2 within the intervention region, respondents showed improvements in reported living (57.7% Baseline; 61.8% EOY 2), working (51.2% Baseline; 53.0% EOY 2), and having close friendships (66.7% Baseline; 68.1% EOY 2) with people with mental health conditions. Respondents in the control region reported similar improvements over time in reported living (51.4% Baseline; 62.3% EOY 2), working (58.3% Baseline; 60.2% EOY 2), and having a close friendships (66.2% Baseline; 74.3% EOY 2) with people with mental health conditions.



# Intended Social Distance

From baseline to EOY 2 within the intervention region, respondents reported a slight increase in their willingness to work with someone with a mental health condition (70.3% Baseline; 70.9% EOY 2), and a slight decrease in their willingness to live with (59.8% Baseline; 59.0% EOY 2) and continue a relationship (78.9% Baseline; 78.1% EOY 2) with someone with a mental health condition. In the control region, respondents reported decreases in willingness to work with someone (80.6% Baseline; 76.3% EOY 2) and continue a relationship (86.6% Baseline; 81.9% EOY 2), with a similar percentage willing to live with someone (68.5% Baseline; 68.7% EOY 2) with a mental health condition.

*How much do you agree or disagree with the following statements?  
In the future...(% Agree)*



# Attitudes Toward Mental Health

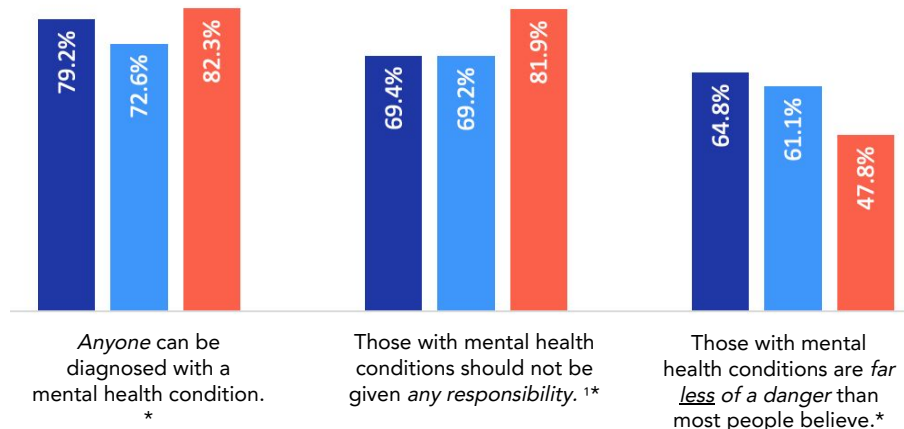
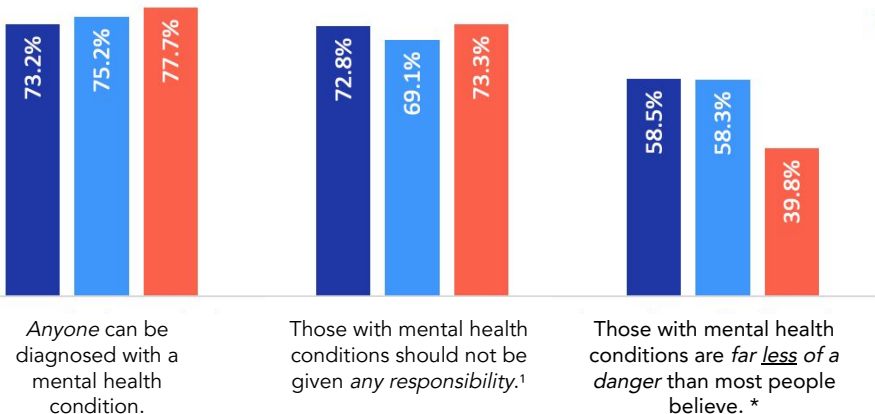
From baseline to EOY 2 within the intervention region, respondents reported improved beliefs that anyone can be diagnosed with a mental health condition (73.2% Baseline; 77.7% EOY 2) and that people with mental health conditions should be given responsibility (72.8% Baseline; 73.3% EOY 2). Comparatively, the control region showed significant improvement in attitudes towards responsibility of people with mental health conditions (69.4% Baseline; 81.9% EOY 2) and in the understanding that anyone can be diagnosed with a mental health condition (79.2% Baseline; 82.3% EOY 2). In both the intervention (58.5% Baseline; 39.8% EOY 2) and control (64.8% Baseline; 47.8% EOY 2) regions, there was a significant decrease in agreement that people with mental health conditions are *less* of a danger than most people believe.

How much do you agree or disagree with the following statements?  
(% Agree)

Intervention

Control

■ Baseline  
■ EOY 1  
■ EOY 2

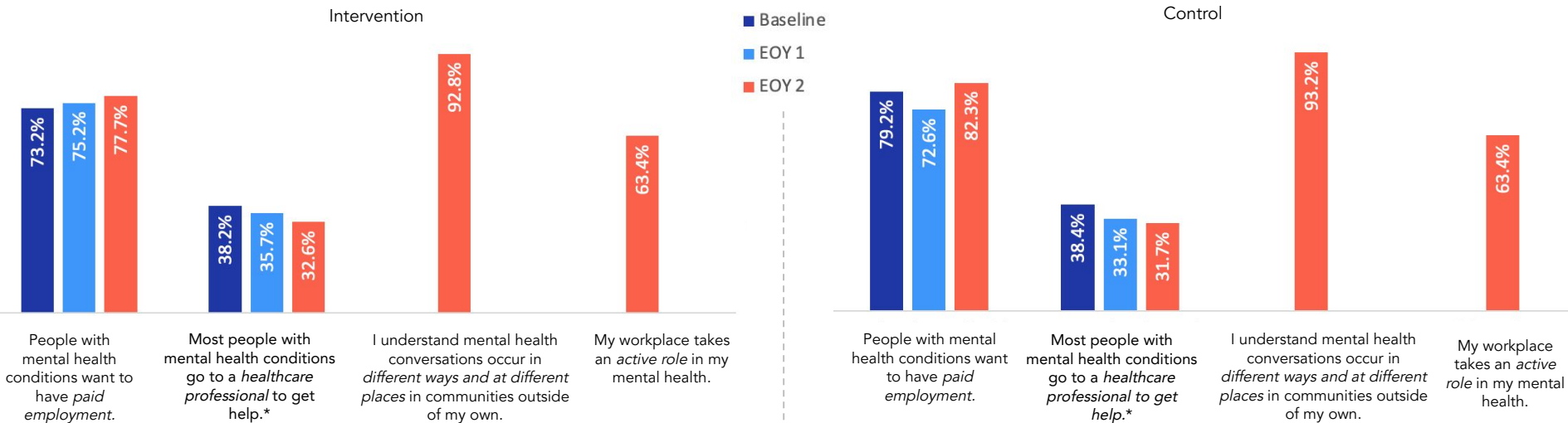


<sup>1</sup> % Disagree

# Attitudes Toward Mental Health

From baseline to EOY 2, both the intervention (73.2% Baseline; 77.7% EOY 2) and control (79.2% Baseline; 82.3% EOY 2) regions showed improvements in their agreement that people with mental health conditions want to have paid employment. At EOY 2, respondents were also asked about their understanding of mental health conversations and their workplaces. Both intervention and control regions were highly aware that mental health conversations occur in different and places outside of their own communities (92.8% Intervention; 93.2% Control). Additionally, respondents from both groups reported the same rates of workplace involvement in supporting their mental health (63.4%). While both regions exhibited a significant decrease in their belief that most people with mental health conditions go to a healthcare professional to seek help (Intervention: 38.2% Baseline; 32.6% EOY 2 & Control: 38.4% Baseline; 31.7% EOY 2).

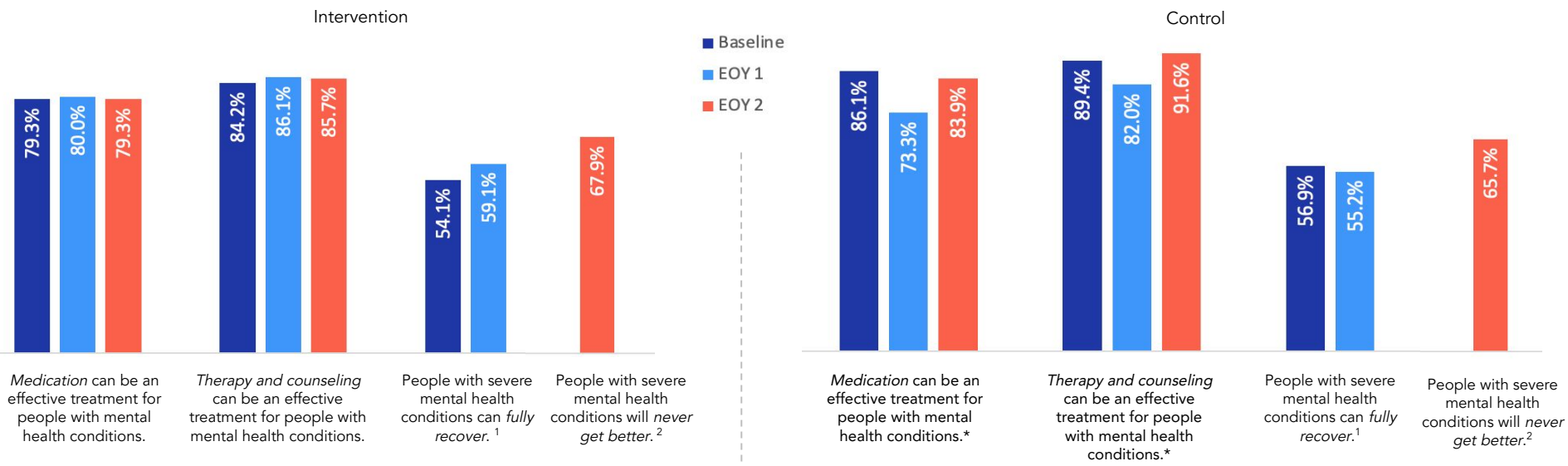
How much do you agree or disagree with the following statements?  
(% Agree)



# Treatment & Recovery

From baseline to EOY 2 in the intervention region, slightly more respondents agree that therapy and counseling can be effective treatments for people with mental health condition (84.2% Baseline; 85.7% EOY 2). Belief that medication can be an effective treatment remained unchanged from baseline to EOY 2 (79.3% Baseline; 79.3% EOY 2). At EOY 2, most respondents agreed that people with severe mental health condition can get better, with more respondents in the intervention region agreeing, compared to the control region (67.9% Intervention; 65.7% Control). In the control region, there was a significant increase in agreement that medication, therapy and counseling are effective treatments for mental health conditions (86.1% Baseline; 83.9 EOY 2).

How much do you agree or disagree with the following statements?  
(% Agree)



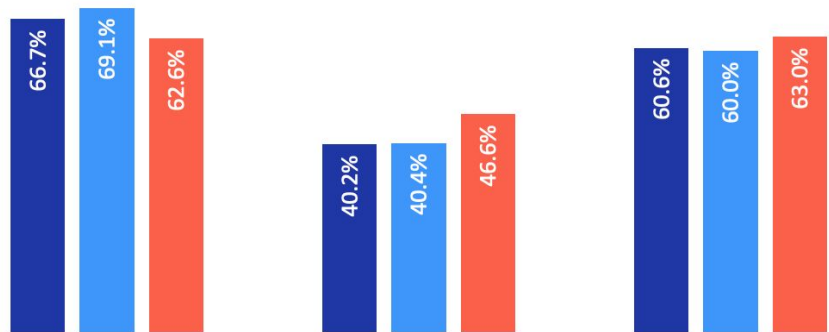
<sup>1</sup> Measure was reworded at EOY 2. <sup>2</sup> % Disagree

# Treatment & Recovery

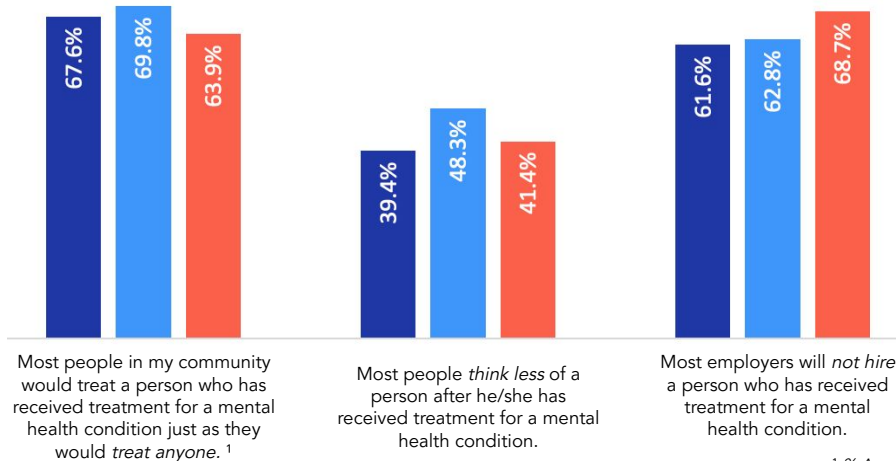
From baseline to EOY 2, perceptions of community attitudes toward treatment for mental health conditions improved over time. This included beliefs that people would not think less of a person after they receive treatment for a mental health condition, with the intervention region (40.2% Baseline; 46.6% EOY 2) showing higher agreement compared to the control region (39.4% Baseline; 41.4% EOY 2). The intervention (60.6% Baseline; 63.0% EOY 2) and control (61.6% Baseline; 68.7% EOY 2) regions also showed similar improvements in agreement that employers would hire a person who has received treatment. Similarly, both the intervention (66.7% Baseline; 62.6% EOY 2) and control regions (67.6% Baseline; 63.9% EOY 2) showed a slight decline in their perception that their community would treat a person who has a mental health condition the same as anyone.

How much do you agree or disagree with the following statements?  
(% Disagree)

Intervention



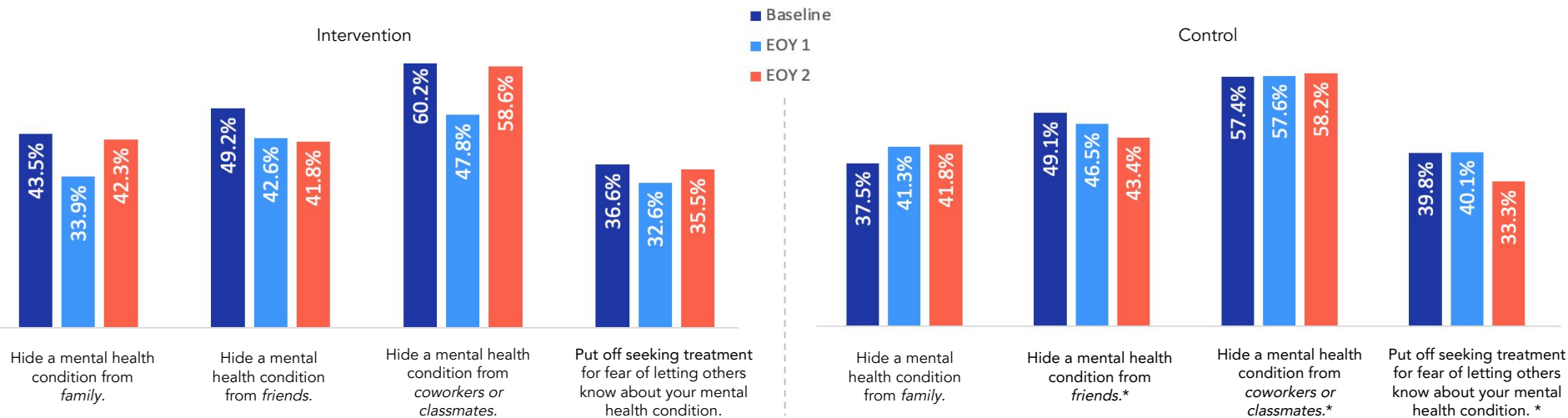
Control



# Intended Behaviors

From baseline to EOY 2, fewer respondents within the intervention region were willing to hide their mental health condition from family (43.5% Baseline; 42.3% EOY 2), friends (49.2% Baseline; 41.8% EOY 2), and coworkers and classmates (60.2% Baseline; 58.6% EOY 2). In addition, a slightly smaller proportion of respondents indicated a tendency to delay seeking treatment for fear of others discovering their condition. Within the control region, significantly fewer respondents were willing to hide their mental health condition from friends (49.1% Baseline; 43.4% EOY 2). Also, fewer respondents would postpone seeking treatment due to concern for others knowing about their condition (39.8% Baseline; 33.3% EOY 2). Conversely, more respondents from the control group indicated they would likely conceal their mental health condition from family (37.5% Baseline; 41.8% EOY 2) and coworkers and classmates (57.4% Baseline; 58.2% EOY 2).

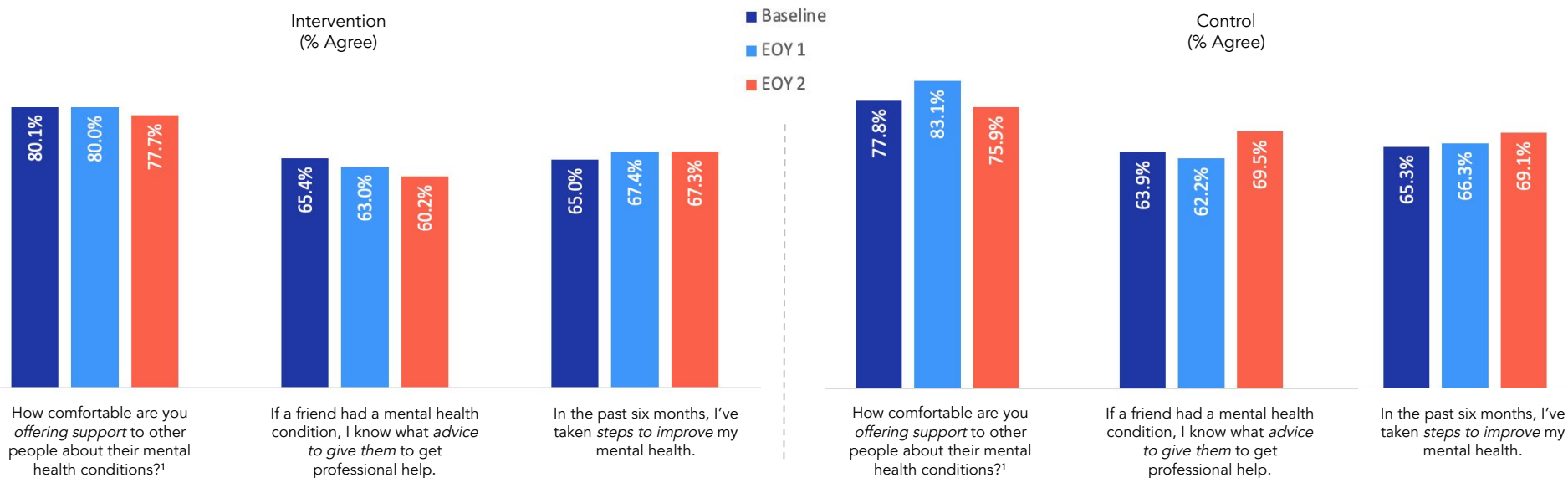
*If you were to experience a mental health condition, how likely is it that you would do the following:*  
(% Likely)





# Reported Behaviors & Self-Efficacy

From baseline to EOY 2 in the intervention regions, respondents showed an increase in having taken steps to improve their mental health (65.0% Baseline; 67.3% EOY 2). Both the intervention region (80.1% Baseline; 77.7% EOY 2) and control (77.8% Baseline; 75.9% EOY 2) regions showed slight declines in feeling comfortable offering support to others with mental health conditions. The intervention region also showed a steady decline in knowing what advice to give a friend with a mental health condition (65.4% Baseline; 60.2% EOY 2), while the control region showed a decrease at EOY 1 and increase at EOY 2 over baseline (63.9% Baseline; 69.5% EOY 2).



# Key Takeaways: Baseline - EOY 2

## The intervention region showed promising results

Respondents within the intervention region showed various improvements in stigma at EOY 1 and EOY 2, compared to baseline data. The largest improvements were shown in perceptions toward susceptibility to a mental health condition, beliefs that people with mental health conditions can handle responsibility, and reported interactions with someone with a mental health condition.

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## Some messages were challenging to improve

Future efforts to reduce mental health stigma should focus on areas that were challenging to sustain improvement over time. This includes: increasing willingness to interact with people with a mental health condition, improving perceptions about dangerousness, increasing self-efficacy to support a friend, and improving knowledge about the types of advice to give someone with a mental health condition.

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## Continued attention toward mental health stigma is critical

The What Makes Us campaign has shown the potential for a digital media campaign to promote positive mental health messaging at a large scale. Sustained mental health stigma reduction efforts can continue to maintain and build upon the positive changes observed, address the areas that were challenging to move, and support the community in the long term.

# Thank you!

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