

# *What Makes Us* End of Year 3 Evaluation

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The Wellbeing Partners

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# Executive Summary

**Background & Purpose:** *WhatMakesUs* (WMU) is a digital media campaign that aims to reduce mental health stigma in the Greater Omaha-Council Bluffs metropolitan area run by The Wellbeing Partners (TWP). The campaign uses digital media to engage with the community and establish partnerships to increase awareness, reduce stigma, and promote empathy and understanding surrounding mental health. Baseline data was initially collected in June and July 2020, prior to the campaign's implementation. End of year (EOY) 1 data were collected from May to June 2021, and EOY 2 data were collected from January to February 2023. For more details on the results from these previous evaluation refer to the published articles in the [Journal of Community Health](#), [Communication Review](#), and the [Health Education Journal](#).

**Methods:** A cross-sectional survey was conducted using validated measures to assess knowledge, attitudes, and reported behaviors. The survey was conducted in TWP' service area, which includes Cass, Douglas, Sarpy, and Pottawattamie counties, and in a control region in Iowa that includes Dallas, Linn, and Polk counties. The survey was distributed through Ipsos, a panel provider, and shared with their community members and partners by TWP. The survey was available in English and Spanish and programmed into Qualtrics, an online survey platform. The survey was fielded from January 10 to February 7, 2024, and three data dashboards were created to display responses in real-time. Data analysis was conducted using STATA v17 software, with statistical significance set at  $p \leq 0.05$ .

**Findings & Key Takeaways:** Individuals who were aware of the campaign demonstrated overall lower stigmatizing attitudes, beliefs, and behaviors compared to those who were unaware of the campaign at EOY 3. Survey results can be used to inform areas of focus for next year's WMU campaign.

# Methods

At the end of year (EOY) 3 of the WMU campaign, a cross-sectional online survey was conducted to assess the campaign's impact. The survey was conducted within the intervention counties of the Omaha-Council Bluffs metropolitan area, which include Cass, Douglas, Sarpy, and Pottawattamie counties, and control counties in Iowa, including Dallas, Linn, and Polk counties. The survey conducted in the control counties mirrored the one in the Omaha area.

## Survey Instrument

The survey used validated measures to assess knowledge, attitudes, and reported and intended behaviors. The majority of questions on EOY 3 survey were repeated from the baseline, EOY 1, and EOY 2 surveys, which allowed for comparison of trends over time. The survey was available in English and Spanish.

## Data Collection

The EOY 3 evaluation survey was distributed the following way: one in the intervention region and one in the control region through Ipsos, a third-party panel provider. The Wellbeing Partners also distributed the link to the survey to community members. The survey was programmed into Qualtrics, an online survey platform. The EOY 3 survey was fielded from January 10 to February 7, 2024.

Three data dashboards were created to display responses from each survey in real time (Panel-Intervention, Panel-Control, and Community surveys). These dashboards were made available in January 2024.

## Data Analysis

Quantitative statistical software STATA v17 was used for data analysis. Descriptive statistics were calculated for all measures.

Demographic characteristics were tabulated, followed by testing differences for variables of interest from baseline to EOY 3 using a 2-sided Pearson Chi-square test with an alpha of 0.05. Differences between those who reported campaign awareness and those who did not at EOY 3 were also tested. Thematic analysis was conducted for the qualitative data.

Statistical significance was set at  $p \leq 0.05$ . Significance is indicated in-text and in tables using an asterisk.

# Campaign Awareness

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# Campaign Aware vs. Not Aware

Campaign awareness was assessed by asking respondents if they had either heard of the WhatMakesUs (WMU) campaign or seen posts from the campaign on social media. Campaign awareness was **30.9% in the intervention region at the end of year (EOY) 3**.

Time	Campaign Awareness (%)
EOY 1	31.9%
EOY 2	53.0%
EOY 3	<b>30.9%</b>

# Demographics

The table on the right displays the demographic data for campaign aware (CA) and non-campaign aware (NCA) respondents in the intervention region at the end of year (EOY) 3.

At EOY 3, most CA respondents identified as White (79.2%), female (59.7%), were employed full-time (57.1%), and lived in Douglas County, Nebraska (66.2%). Many CA respondents were 35 to 44 years old (26.0%), with an average age of 37.5, and held a bachelor's degree (22.1%).

Most NCA respondents identified as White (77.5%), female (62.0%), were employed full-time (49.1%), and resided in Douglas County, Nebraska (69.2%). Furthermore, many NCA respondents were 55 years or older (27.2%), with an average age of 44.2 years, and had some college education but no degree (28.9%).

Lastly, more CA respondents self-reported a mental health condition, whether diagnosed or undiagnosed, compared to NCA respondents (CA: 66.2% vs NCA: 57.0%).

		Campaign Aware (n = 77)	Not Campaign Aware (n = 172)
Age	18-24	19.5%	8.1%
	25-34	24.7%	19.1%
	35-44	26.0%	21.4%
	45-54	19.5%	24.3%
	55+	10.4%	27.2%
Race / Ethnicity*	White	79.2%	77.5%
	Black/AA	11.7%	12.1%
	Hispanic	7.8%	8.7%
	Asian	2.6%	2.3%
	Other	9.1%	10.4%
Gender	Female	59.7%	62.0%
	Male	40.3%	38.0%
	Nonconforming	0.0%	0.0%

\*Respondents could select all that applied

# Campaign Awareness

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*Mental Health Stigma Questions*



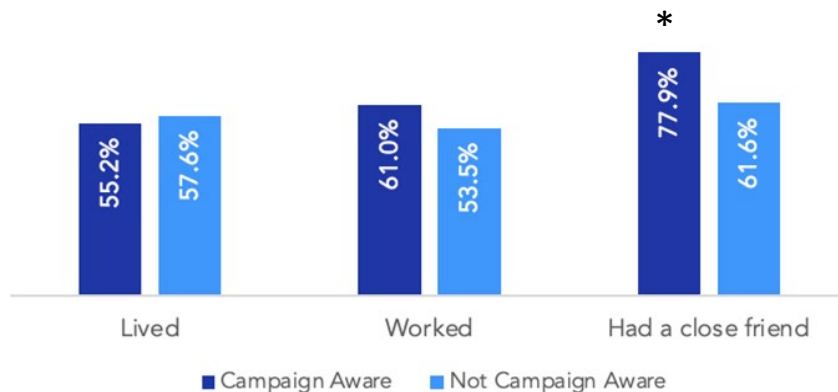
# Reported Social Distance

## Comparison between campaign aware vs not aware at EOY 3

At EOY 3, campaign aware respondents reported lower social distance from individuals with mental health conditions compared to non-campaign aware respondents.

Compared to non-campaign aware respondents, slightly fewer campaign aware respondents reported ever living with someone who had a mental health condition (CA: 55.2% vs NCA: 57.6%). However, more campaign aware respondents reported having worked (CA: 61.0% vs NCA: 53.5%) with someone with a mental health condition, and significantly more campaign aware respondents reported having a close friend with a mental health condition (CA: 77.9% vs NCA: 61.6%).

*Are you currently or have you ever \_\_\_ with someone with a mental health condition?*



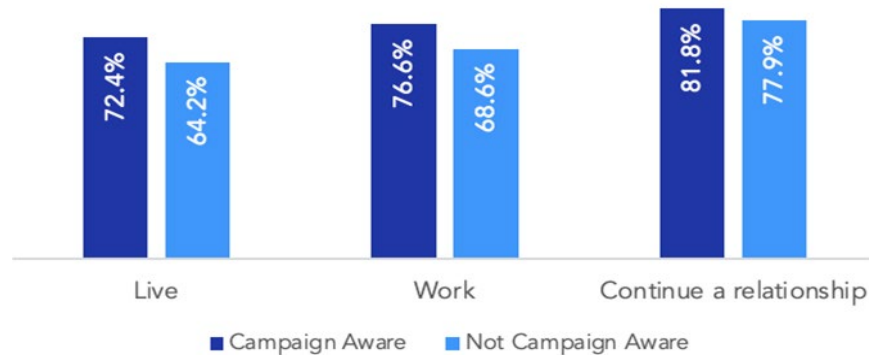
# Intended Social Distance

## Comparison between campaign aware vs not aware at EOY 3

At EOY 3, campaign aware respondents reported lower intended social distance from individuals with mental health conditions compared to non-campaign aware respondents.

Compared to non-campaign aware respondents, more campaign aware respondents reported a willingness to live (CA: 72.4% vs NCA: 64.2%), work (CA: 76.6% vs NCA: 68.6%), and continue a relationship (CA: 81.8% vs NCA: 77.9%) with someone with a mental health condition.

*How much do you agree with the following statement? I would be willing to \_\_\_ with someone with a mental health condition.*



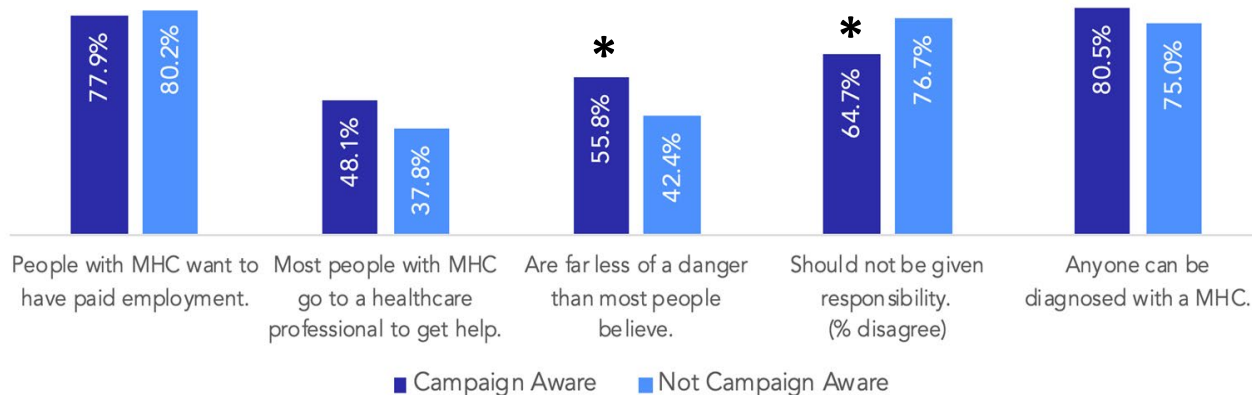
# Attitudes Towards Mental Health Conditions

## Comparison between campaign aware vs not aware at EOY 3

At EOY 3, campaign aware respondents reported more positive attitudes towards people with mental health conditions compared to non-campaign aware respondents.

Compared to non-campaign aware respondents, slightly fewer campaign aware respondents agreed that people with mental health conditions want paid employment (CA: 77.9% vs NCA: 80.2%). More campaign aware respondents agreed that people with these conditions seek help from healthcare professionals (CA: 48.1% vs NCA: 37.8%) and that these conditions can affect anyone (CA: 80.5% vs NCA: 75.0%). Significantly more campaign aware respondents agreed that people with mental health conditions are less dangerous than most people believed (CA: 55.8% vs NCA: 42.4%). Conversely, significantly fewer campaign aware respondents disagreed that people with these conditions should not be given any responsibility (CA: 64.7% vs NCA: 76.7%).

*How much do you agree with the following statements?*



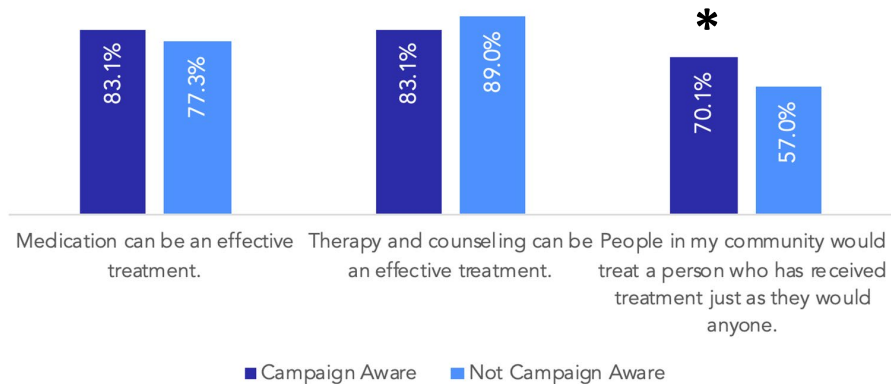
# Treatment and Recovery

## Comparison between campaign aware vs not aware at EOY 3

At EOY 3, campaign aware respondents reported similar positive beliefs about treatment and recovery from mental health conditions as non-campaign aware respondents.

Compared to non-campaign aware respondents, more campaign aware respondents believed that medication could effectively treat individuals with these conditions (CA: 83.1% vs NCA: 77.3%), while fewer agreed that therapy and counseling could be effective treatments for people with mental health conditions (CA: 83.1% vs NCA: 89.0%). Additionally, significantly more campaign aware respondents agreed that people in their community would treat someone who had received treatment the same as they would treat anyone else (CA: 70.1% vs NCA: 57.0%).

*How much do you agree with the following statements?*



# Treatment and Recovery (Continued)

## Comparison between campaign aware vs not aware at EOY 3

Compared to non-campaign aware respondents, slightly more campaign aware respondents *disagreed* that individuals with severe mental health conditions will never get better (CA: 61.0% vs NCA: 59.3%). However, slightly fewer believed that most employers would not hire a person who has received treatment (CA: 39.0% vs NCA: 49.4%), and significantly fewer campaign aware respondents believed that most people would think less of a person after they have received treatment for a mental health condition (CA: 29.9% vs NCA: 39.5%).

How much do you disagree with the following statements?



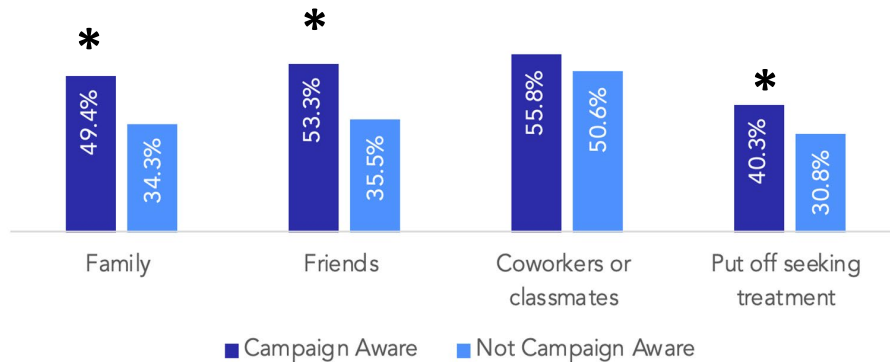
# Intended Behaviors

## Comparison between campaign aware vs not aware at EOY 3

At EOY 3, campaign aware respondents showed more negative intended behaviors than non-campaign aware respondents.

Compared to non-campaign aware respondents, significantly more campaign aware respondents stated they were likely to hide a mental health condition from family (CA: 49.4% vs NCA: 34.3%), friends (CA: 53.3% vs NCA: 35.5%), and delay getting treatment because they were worried about others knowing about their mental health condition (CA: 40.3% vs NCA: 30.8%). Furthermore, more campaign aware respondents reported they were likely to hide a mental health condition from coworkers or classmates (CA: 55.8% vs NCA: 50.6%).

*If you were to experience a mental health condition, how likely is it that you would do the following: Hide a mental health condition from \_\_\_\_\_.*

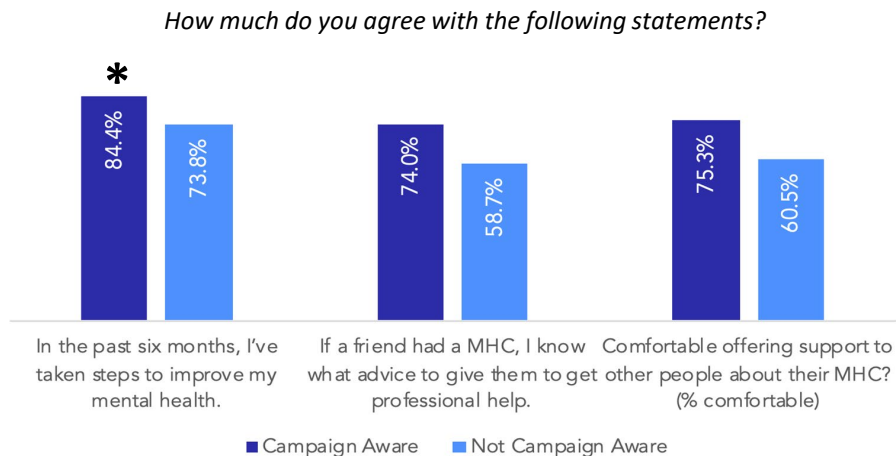


# Reported Behaviors & Self-Efficacy

## Comparison between campaign aware vs not aware at EOY 3

At EOY 3, campaign aware respondents reported more positive behaviors and self-efficacy than non-campaign aware respondents.

Compared to non-campaign aware respondents, significantly more campaign aware respondents agreed they had taken steps to improve their mental health in the past six months (CA: 84.4% vs NCA: 73.8%). Additionally, more campaign aware respondents knew what advice to give a friend with a mental health condition to seek professional help (CA: 74.0% vs NCA: 58.7%), and felt comfortable offering support to others regarding their mental health conditions (CA: 75.3% vs NCA: 60.5%).



# Supportive Work Environment

## Comparison between campaign aware vs not aware at EOY 3

At EOY 3, significantly more employed campaign aware than non-campaign aware respondents reported having a supportive work environment (CA: 79.3% vs NCA: 63.7%). They were then asked how their workplace supports their mental health.

Among campaign aware respondents, the top five ways their workplaces support their mental health were by respecting boundaries between work and non-work hours or promoting work/life balance (73.9%), creating opportunities for social connection (43.5%), providing free or low-cost mental health care (41.3%), informing employees about available resources for mental health (30.4%), and offering mental health days or paid leave (30.4%).

Among non-campaign aware respondents, the top five ways their workplaces support their mental health were by respecting boundaries work/life balance (64.6%), informing employees about available mental health resources (60.0%), offering mental health days or paid leave (36.9%), offering mentoring, coaching, peer support to employees (36.9%), and provides free or low-cost mental health care (35.4%).





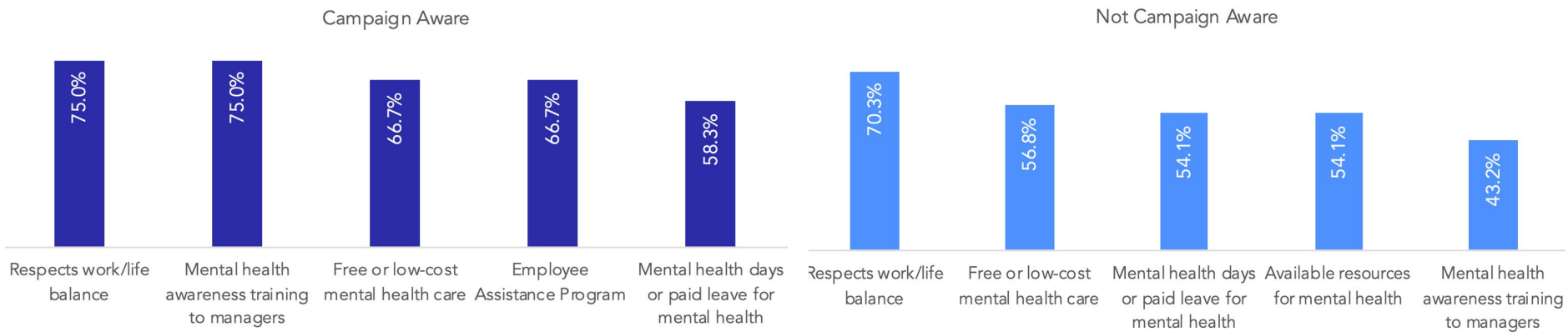
# Unsupportive Work Environments

## Comparison between campaign aware vs not aware at EOY 3

At EOY 3, **over one-fifth of employed respondents in both groups reported having an unsupportive work environment (CA: 20.7% vs NCA: 36.3%).** We then asked them how their workplace could support their mental health.

Among campaign aware respondents, the top five ways their workplaces can actively support their mental health are by respecting boundaries between work and non-work hours or promoting work/life balance (75.0%), providing mental health awareness training to managers (75.0%), providing free or low-cost mental health care (66.7%), sponsoring Employee Assistance Program focused on mental health services and substance abuse conditions (66.7%), and offering mental health days or paid leave for mental health (58.3%).

Among non-campaign aware respondents, the top five ways their workplaces can actively support their mental health are by respecting boundaries or promoting work/life balance (70.3%), providing free or low-cost mental health care (56.8%), offer mental health days or paid leave for mental health (54.1%), informing available resources for mental health (54.1%), and providing mental health awareness training to managers (43.2%).



# Campaign Awareness

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*Substance Use Conditions Stigma Question*

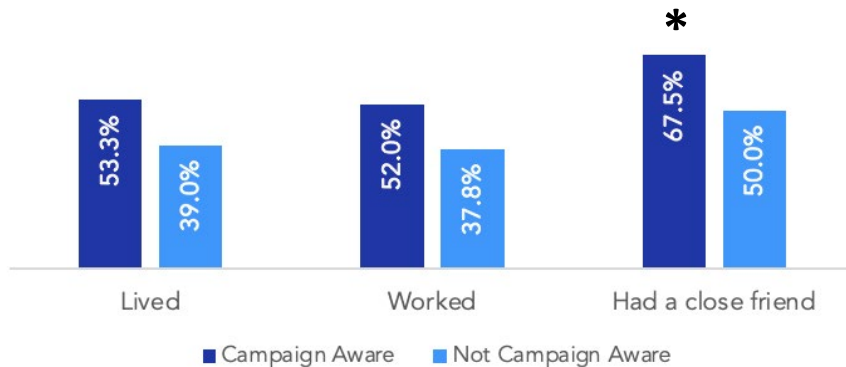
# Reported Social Distance

## Comparison between campaign aware vs not aware at EOY 3

At EOY 3, campaign aware respondents reported lower social distance towards individuals with substance use conditions compared to non-campaign aware respondents.

Compared to non-campaign aware respondents, more campaign aware respondents reported having lived (CA: 53.3% vs NCA: 39.0%) and worked (CA: 52.0% vs NCA: 37.8%) with someone who had a substance use condition. Additionally, significantly more campaign aware respondents reported having a close friend who had a substance use condition (CA: 67.5% vs NCA: 50.0%).

*Are you currently or have you ever \_\_\_ with someone with a substance use condition?*



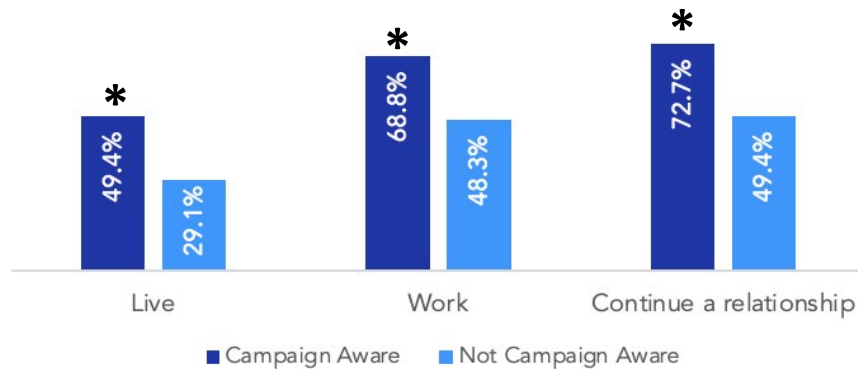
# Intended Social Distance

## Comparison between campaign aware vs not aware at EOY 3

At EOY 3, campaign aware respondents reported lower intended social distance from people with substance use conditions when compared to non-campaign aware respondents.

Compared to non-campaign aware respondents, significantly more campaign aware respondents reported being willing to live (CA: 49.4% vs NCA: 29.1%), work (CA: 68.8% vs NCA: 48.3%), and continue a relationship (CA: 72.7% vs NCA: 49.4%) with someone with a substance use condition.

*How much do you agree with the following statement? I would be willing to \_\_\_ with someone with a substance use condition.*

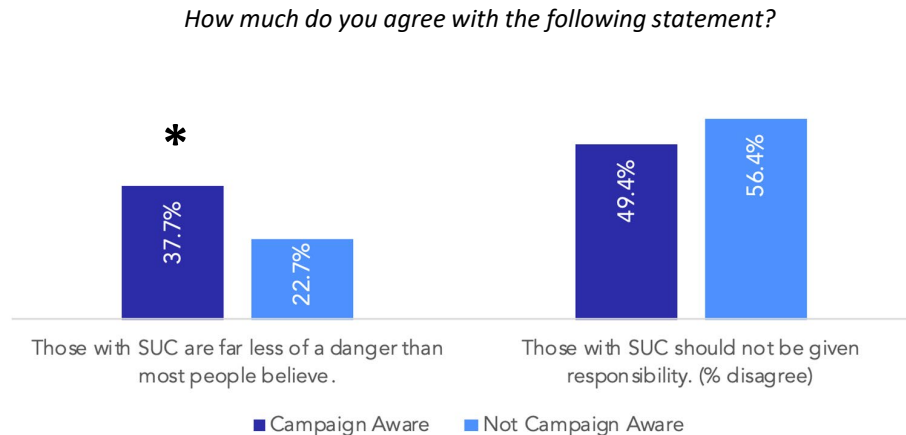


# Attitudes Towards Substance Use Conditions

## Comparison between campaign aware vs not aware at EOY 3

At EOY 3, campaign aware respondents showed similar attitudes towards people with substance use conditions compared to non-campaign aware respondents.

Compared to non-campaign aware respondents, significantly more campaign aware respondents agreed that people with substance use conditions are less dangerous than most people think (CA: 37.7% vs NCA: 22.7%). However, fewer campaign aware respondents *disagreed* that people with these conditions should not be given any responsibility (CA: 49.4% vs NCA: 56.4%).



# Intervention vs Control Regions

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# Demographics

The table on the right displays demographic data for respondents in intervention region as a whole and control region at EOY 3. The control counties included in this study were Dallas, Linn, and Polk Counties in Iowa.

At EOY 3, most respondents in the intervention region fell within the age range of 35 to 44 years (22.8%), with an average age of 42.1 years. They were primarily White (78.0%) and self-identified as female (60.8%). Many had completed some college education but no degree (26.0%), were employed full-time (51.6%), and lived in Douglas County, Nebraska (68.0%).

In the control region, most respondents fell within the age range of 35 to 44 years (24.4%), with an average age of 42.9 years. They were also primarily White (88.0%) and identified as female (60.0%). Many held a bachelor's degree (23.6%), were employed full-time (55.2%), and lived in Polk County, Iowa (51.2%).

More respondents from the control region self-reported a mental health condition, whether diagnosed or undiagnosed, compared to respondents from the intervention region (Intervention: 59.8% vs Control: 65.2%).

		Intervention Region (n = 250)	Control Region (n = 250)
Age	18-24	11.6%	9.2%
	25-34	20.8%	20.0%
	35-44	22.8%	24.4%
	45-54	22.8%	22.8%
	55+	22.0%	23.6%
Race / Ethnicity*	White	78.0%	88.0%
	Black	12.0%	7.2%
	Hispanic	8.4%	5.2%
	Asian	2.4%	2.4%
	Other	2.4%	1.6%
Gender	Male	38.4%	39.6%
	Female	60.8%	60.0%
	Nonconforming	0.8%	0.4%

\*Respondents could select all that applied

# Intervention vs Control Regions

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*Mental Health Stigma Questions*



# Reported Social Distance

## Progress over time & comparison between regions at EOY 3

Over time, **two measures of reported social distance improved, while one remained consistent**. Respondents reported currently or having ever lived (Baseline: 57.7% vs EOY 3: 60.2%), worked (Baseline: 51.2% vs EOY 3: 55.8%), and had close friendships (Baseline: 66.7% vs EOY 3: 66.7%) with people with mental health conditions.

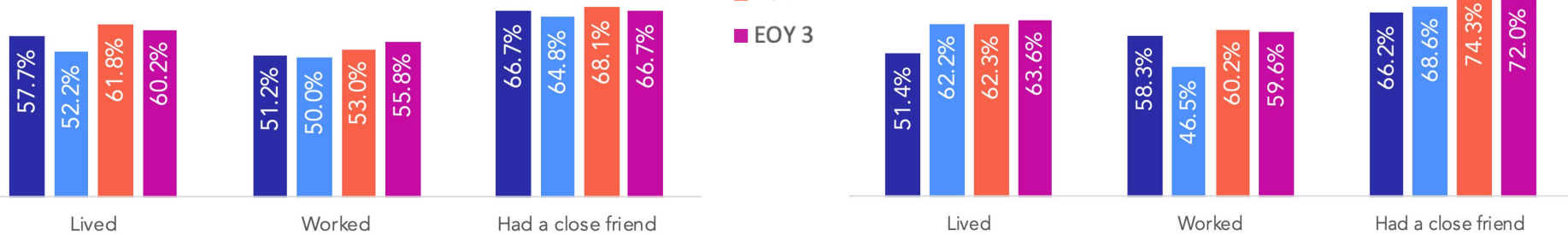
Compared to respondents in the control region at EOY 3, **those in the intervention region showed higher reported social distance**, having currently or ever lived (Intervention: 60.2% vs Control: 63.6%), worked (Intervention: 55.8% vs Control: 59.6%), and had a close friend (Intervention: 66.7% vs Control: 72.0%) with a mental health condition.

Are you currently or have you ever \_\_\_ with someone with a mental health condition?

Intervention

■ Baseline  
■ EOY 1  
■ EOY 2  
■ EOY 3

Control



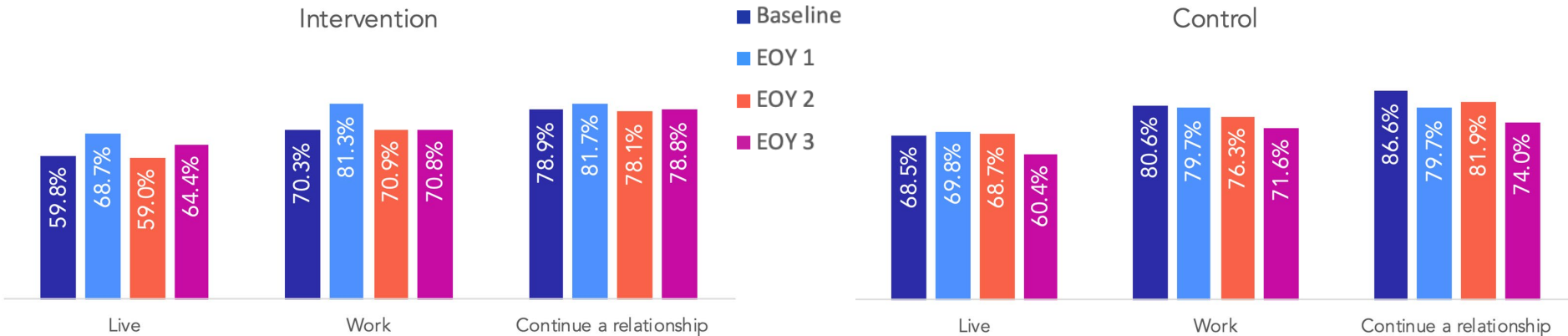
# Intended Social Distance

## Progress over time & comparison between regions at EOY 3

Over time, **two measures of intended social distance improved while one measure remained relatively consistent** in the intervention region. Specifically, respondents showed improvements in willingness to live (Baseline: 59.8% vs EOY 3: 64.4%) and work (Baseline: 70.3% vs EOY 3: 70.8%) with someone with a mental health condition. Willingness to continue a relationship with someone with a mental health condition remained consistent over time (Baseline: 78.9% vs EOY 3: 78.8%).

Compared to respondents in the control region at EOY 3, **respondents in the intervention region showed lower intended social distance**. Respondents in the intervention region were more willing to live (Intervention: 64.4% vs Control: 60.4%) and continue a relationship with someone with a mental health condition (Intervention: 78.8% vs Control: 74.0%). However, fewer were willing to work with someone with a mental health condition (Intervention: 70.8% vs Control: 71.6%).

*How much do you agree with the following statement? I would be willing to \_\_\_ with someone with a mental health condition.*



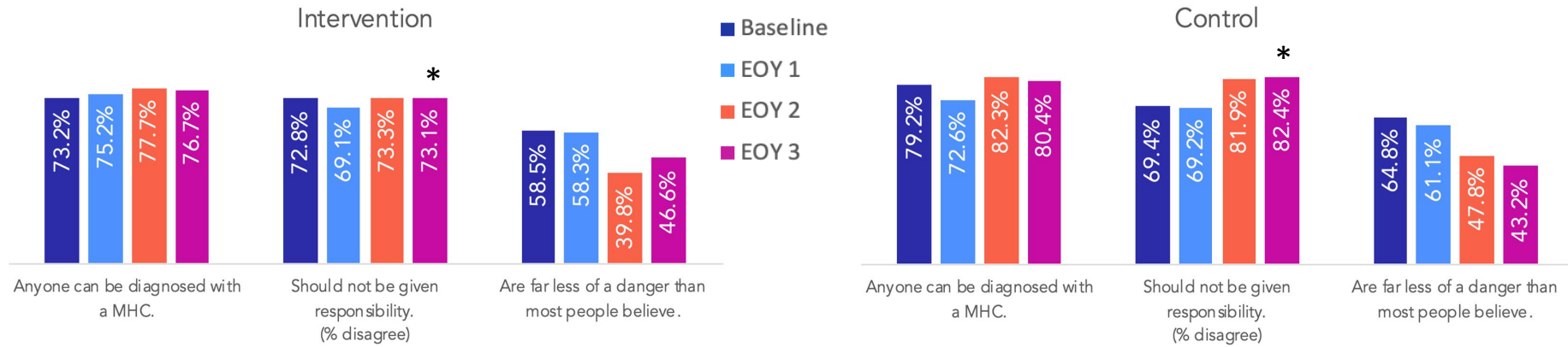
# Attitudes Towards Mental Health Conditions

## Progress over time & comparison between regions at EOY 3

Over time, **the intervention region continued to show improvements in the following two measures of attitudes towards mental health, while one measure declined**. From baseline to EOY 3, respondents demonstrated improved beliefs that anyone could receive a mental health diagnosis (Baseline: 73.2% vs EOY 3: 76.7%) and that people with mental health conditions should be given responsibilities (Baseline: 72.8% vs EOY 3: 73.1%). However, there was a decline in the belief that individuals with such conditions were less dangerous than most people think (Baseline: 58.5% vs EOY 3: 46.6%).

Compared to respondents in the control region at EOY 3, significantly fewer respondents in the intervention region thought that people with these conditions should be given responsibilities (Intervention: 73.1% vs Control: 82.4%) and fewer respondents believed anyone can be diagnosed with a mental health condition (Intervention: 76.7% vs Control: 80.4%). Conversely, more respondents in the intervention region thought that individuals with these conditions posed less danger than people believed (Intervention: 46.6% vs Control: 43.2%).

*How much do you agree with the following statements?*



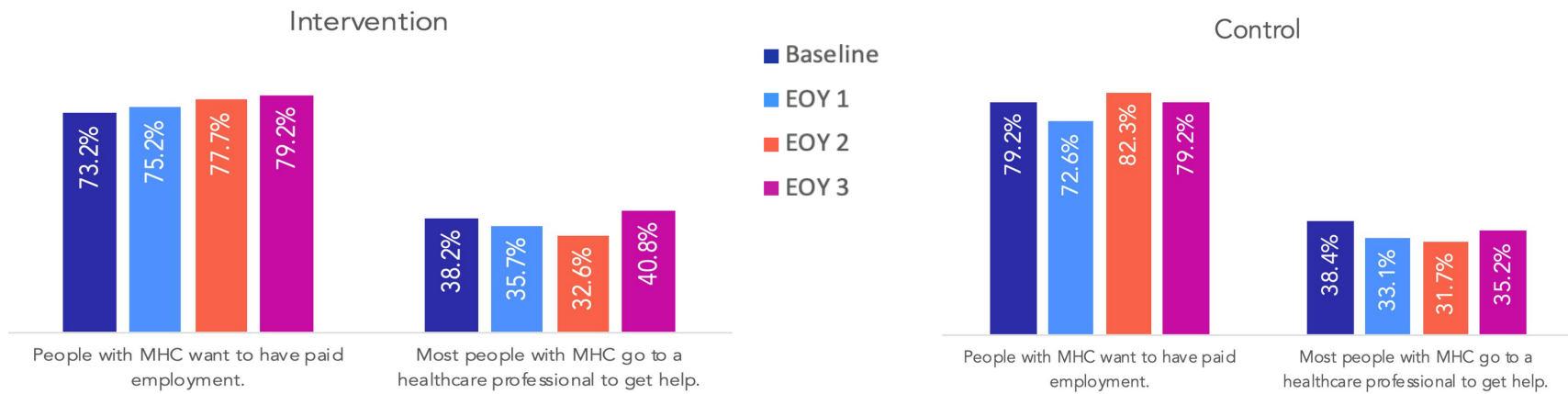
# Attitudes Towards Mental Health Conditions (Continued)

## Progress over time & comparison between regions at EOY 3

Over time, the intervention region continued to show improvements in the following measures of attitudes towards mental health. From baseline to EOY 3, respondents in the intervention region showed improved beliefs that people with mental health conditions want paid employment (Baseline: 73.2% vs EOY 3: 79.2%) and people with these conditions seek help from a healthcare professional (Baseline: 38.2% vs EOY 3: 40.8%). Notably, this measure increased by 8.2% from EOY 2 to EOY 3.

Compared to respondents in the control region at EOY 3, respondents in the intervention region had a similar proportion of respondents who agreed that people with these conditions want to have paid employment (Intervention: 79.2% vs Control: 79.2%). However, more respondents in the intervention region agreed that people with these conditions seek help from a healthcare professional (Intervention: 40.8% vs Control: 35.2%).

*How much do you agree with the following statements?*



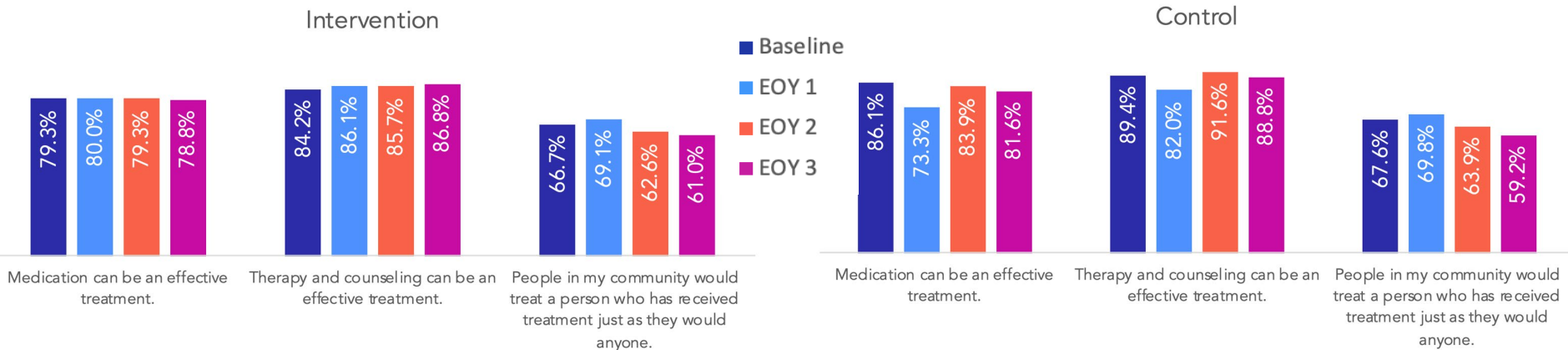
# Treatment and Recovery

## Progress over time & comparison between regions at EOY 3

Over time, the intervention region remained relatively consistent in two measures of beliefs regarding treatment and recovery for mental health conditions, while one continued to decline. From baseline to EOY 3, respondents in the intervention region showed slightly improved beliefs that therapy and counseling were effective treatments for mental health conditions (Baseline: 84.2% vs EOY 3: 86.8%). However, there was a slight decline in agreement regarding medication as an effective treatment (Baseline: 79.3% vs EOY 3: 78.8%) and how the community treats those who receive treatment (Baseline: 66.7% vs EOY 3: 61.0%).

Compared to respondents in the control region at EOY 3, more respondents in the intervention region believed the community treats those who receive treatment the same as others (Intervention: 61.0% vs Control: 59.2%). Slightly fewer individuals in the intervention region agreed that medication (Intervention: 78.8% vs Control: 81.6%) and therapy and counseling (Intervention: 86.6% vs Control: 88.8%) were effective forms of treatments.

*How much do you agree with the following statements?*



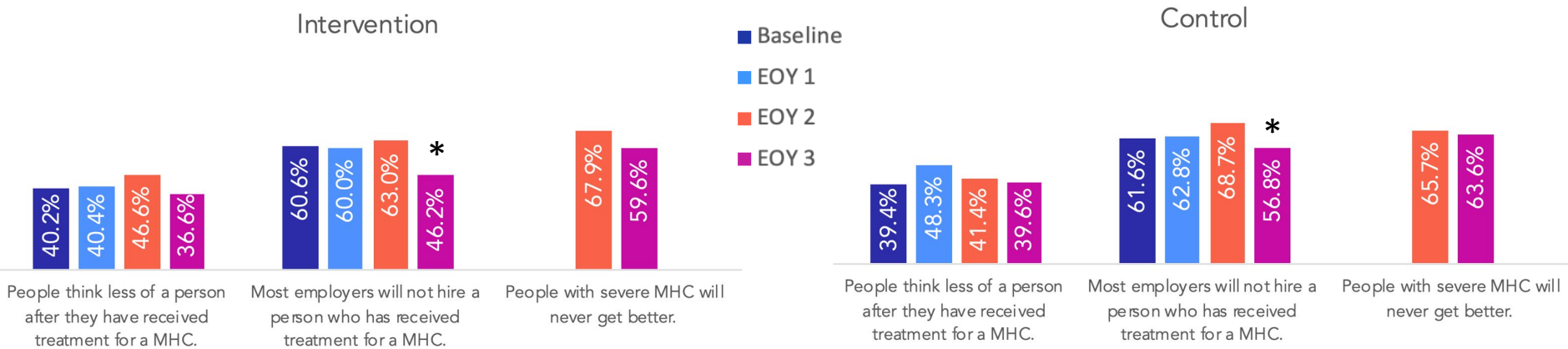
# Treatment and Recovery (Continued)

## Progress over time & comparison between regions at EOY 3

Over time, **the intervention region showed a decline in some beliefs towards treatments and recovery for mental health conditions**: the belief that people would *not* think less of a person after they received treatment (Baseline: 40.2% vs EOY 3: 36.6%), that most employers *would* hire a person who had received treatment (Baseline: 60.6% vs EOY 3: 46.2%), and that people with severe mental health conditions *would* get better (EOY 2: 67.9% vs EOY 3: 59.6%). Similar trends were observed in these two measures among respondents in the control region.

Compared to respondents in the control region at EOY 3, significantly fewer respondents in the intervention region believed employers would not hire someone who had received treatment (Intervention: 46.2% vs Control: 56.8%). Also, fewer respondents in the intervention region believed that people would *not* think less of a person after they received treatment for a mental health condition (Intervention: 36.6% vs Control: 39.6%) and that people with severe mental health conditions would get better (Intervention: 59.6% vs Control: 63.6%).

How much do you disagree with the following statements?



# Intended Behaviors

## Progress over time & comparison between regions at EOY 3

Over time, **the intervention region showed improvements in all measures of intended behaviors**. From baseline to EOY 3, fewer respondents in the intervention region said they would hide a mental health condition from family (Baseline: 43.5% vs EOY 3: 39.0%), friends (Baseline: 49.2% vs EOY 3: 41.0%), and coworkers or classmates (Baseline: 60.2%; EOY 3: 52.2%). Also, slightly less respondents would delay seeking treatment out of fear of others knowing about their condition (Baseline: 36.6% vs EOY 3: 33.7%).

Compared to respondents in the control region at EOY 3, more respondents in the intervention region would hide a mental health condition from family (Intervention: 39.0% vs Control: 35.2%) and friends (Intervention: 41.0% vs Control: 40.0%). Conversely, fewer respondents in the intervention region would hide a mental health condition from and coworkers or classmates (Intervention: 52.2% vs Control: 58.0%) or delay seeking treatment out of fear of others knowing about their condition (Intervention: 33.7% vs Control: 34.0%).

*If you were to experience a mental health condition, how likely is it that you would do the following: Hide a mental health condition from \_\_\_\_.*

### Intervention

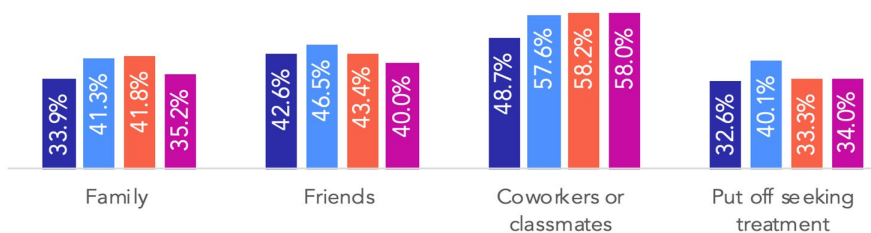
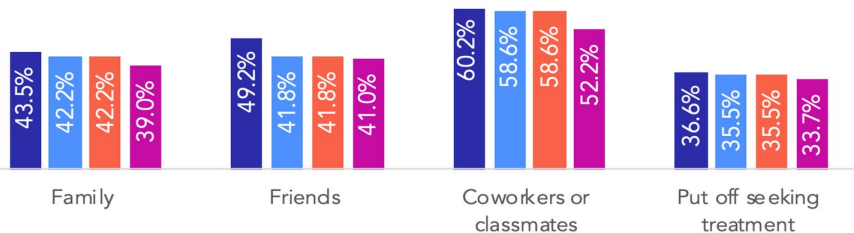
### Control

■ Baseline

■ EOY 1

■ EOY 2

■ EOY 3



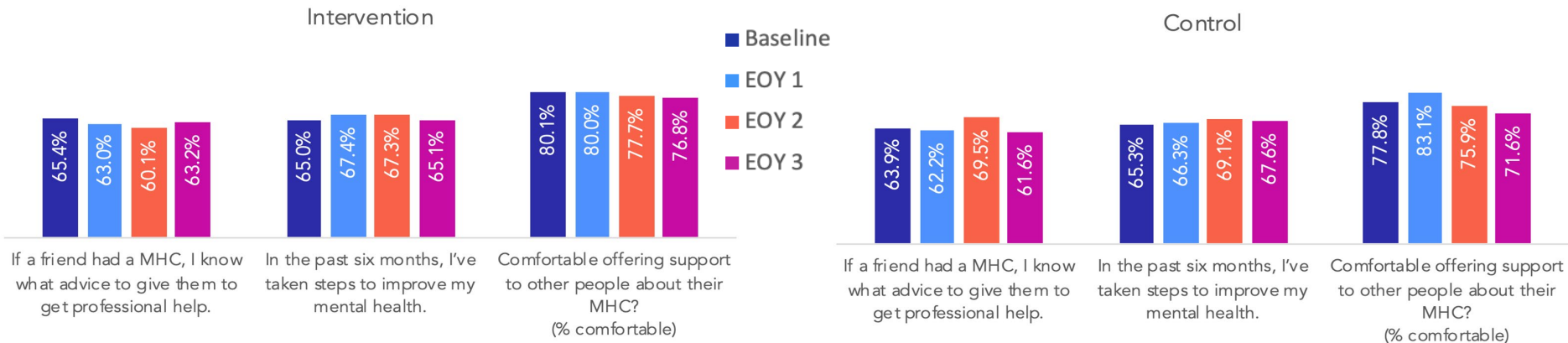
# Reported Behaviors and Self-Efficacy

## Progress over time & comparison between regions at EOY 3

Over time, **reported behaviors and self-efficacy measures remained relatively consistent in the intervention region**. Respondents in the intervention region tended to agree that they knew how to advise a friend with a mental health condition (Baseline: 65.4% vs EOY 3: 63.2%) and had taken steps to improve their mental health in the past six months (Baseline: 65.0% vs EOY 3: 65.1%). The percentage of respondents who felt comfortable offering support decreased slightly (Baseline: 80.1% vs EOY 3: 76.8%) but remained high overall.

Compared to respondents in the control region at EOY 3, more respondents in the intervention region knew how to advise a friend to seek professional help (Intervention: 63.2% vs Control: 61.6%) and felt comfortable offering support about their mental health condition (Intervention: 76.8% vs Control: 71.6%). However, the proportion of respondents who took steps to improve their mental health in the past six months was slightly lower in the intervention region (Intervention: 65.1% vs Control: 67.6%).

*How much do you agree with the following statements?*





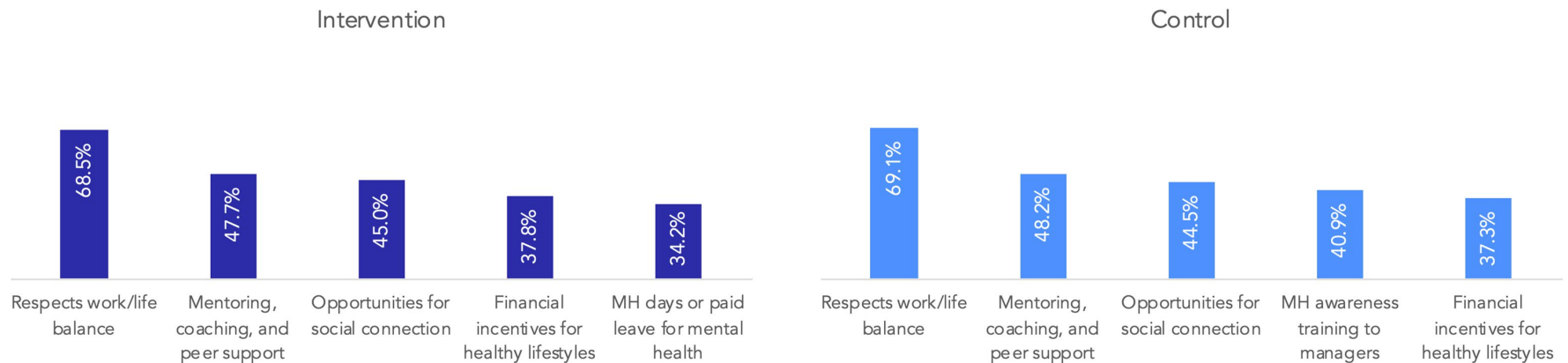
# Supportive Work Environment

## Comparison between regions at EOY 3

At EOY 3, **most employed respondents in both regions reported having a supportive work environment (Intervention: 69.4% vs Control: 63.2%)**. They were then asked how their workplace supports their mental health.

Among respondents in the intervention region, the top five ways their workplace supported their mental health were by respecting boundaries or promoting work/life balance (68.5%), offering mentoring, coaching, and peer support (47.7%), creating opportunities for social connection and community (45.0%), giving financial incentives for healthy lifestyles (37.8%), and offering mental health days or paid leave for mental health (34.2%).

Among respondents in the control region, the top five ways their workplace supported their mental health were by respecting boundaries or promoting work/life balance (69.1%), offering mentoring, coaching, and peer support (48.2%), creating opportunities for social connection and community (44.5%), providing mental health awareness training to managers (40.9%), and giving financial incentives for healthy lifestyles (37.3%).



# Unsupportive Work Environment

## Comparison between regions at EOY 3

At EOY 3, **about one-third of respondents in both regions reported having an unsupportive work environment (Intervention: 30.6% vs Control: 36.8%)**. We then asked them how their workplace could support their mental health.

Among respondents in the intervention region, the top five ways their workplace can actively support their mental health are by respecting boundaries between work and non-work hours or promoting work/life balance (71.4%), providing free or low-cost mental health care (59.2%), offering mental health days or paid leave for mental health (55.1%), informing employees about available resources for mental health (55.1%), and providing mental health awareness training to managers (51.0%).

Among respondents in the control region, the top five ways their workplace can actively support their mental health are by respecting boundaries or promoting work/life balance (84.4%), offering mental health days or paid leave for mental health (76.6%), providing mental health awareness training to managers (51.0%), providing free or low-cost mental health care (68.8%), informing employees about available resources for mental health (62.5%).



# Intervention vs Control Regions

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*Substance Use Conditions Stigma Question*

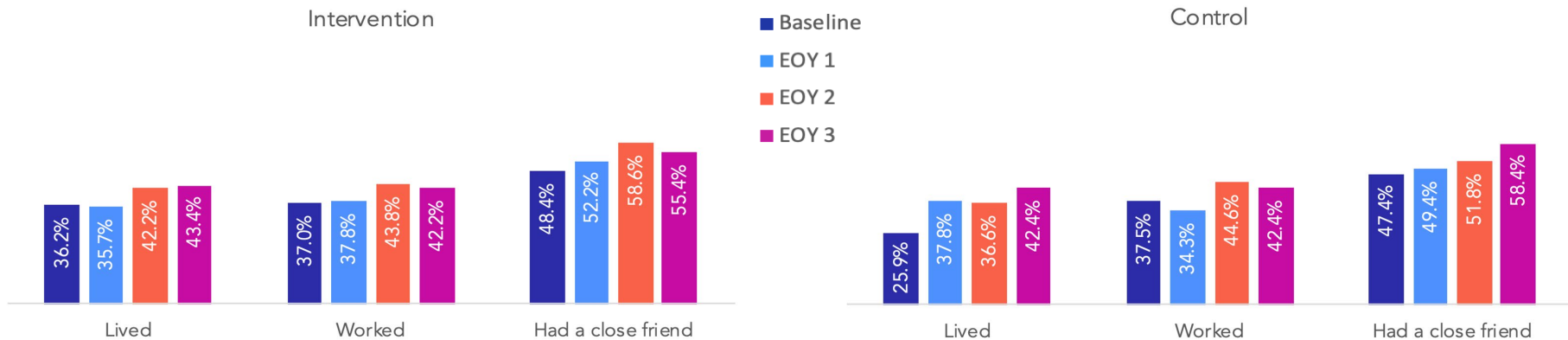
# Reported Social Distance

## Progress over time & comparison between regions at EOY 3

Over time, **measures of reported social distance continue to show improvements in the intervention region**. Respondents reported currently or having ever lived (Baseline: 36.2% vs EOY 3: 43.4%), worked (Baseline: 37.0% vs EOY 3: 42.2%), and having close friendships (Baseline: 48.4% vs EOY 3: 55.4%) with people with substance use conditions.

Compared to respondents in the control region at EOY 3, more or the same proportion of respondents in the intervention region reported having currently or ever lived (Intervention: 43.4% vs Control: 42.4%) or worked (Intervention: 42.2% vs Control: 42.2%) with someone with a substance use condition. Slightly fewer reported currently or ever having a close friend (Intervention: 55.4% vs Control: 58.4%) with a substance use condition.

Are you currently or have you ever \_\_\_ with someone with a substance use condition?



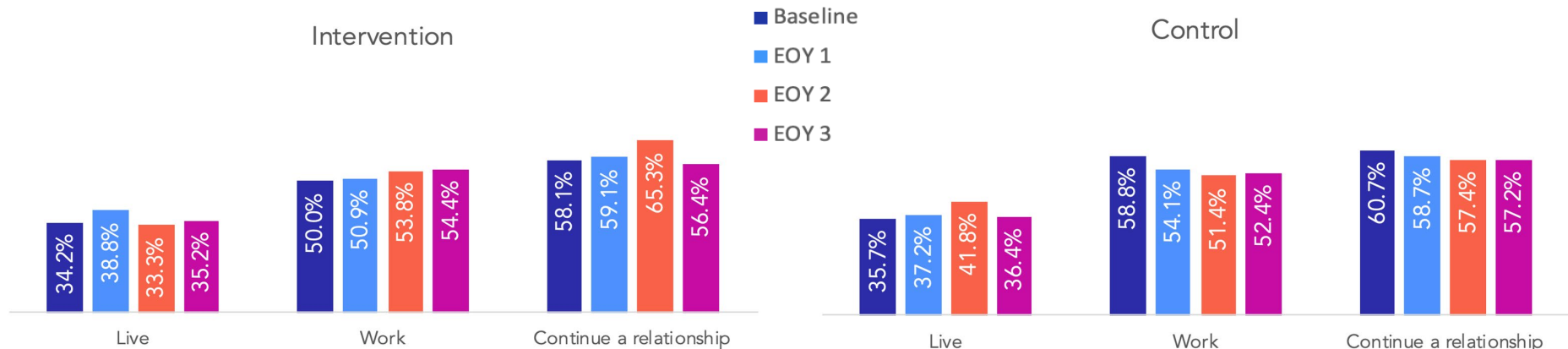
# Intended Social Distance

## Progress over time & comparison between regions at EOY 3

Over time, **the intervention region improved in two measures of intended social distance, while one measure declined**. Specifically, respondents showed improvements in willingness to live (Baseline: 34.2% vs EOY 3: 35.2%) and work (Baseline: 50.0% vs EOY 3: 54.4%) with someone with a substance use condition. Willingness to continue a relationship with someone with a substance use condition declined over time (Baseline: 58.1% vs EOY 3: 56.4%).

Compared to respondents in the control region at EOY 3, fewer respondents in the intervention region were willing to continue a relationship (Intervention: 56.4% vs Control: 57.2%) and live with someone with a substance use condition (Intervention: 35.2% vs Control: 36.4%). Conversely, more respondents in the intervention region were willing to work with someone with a substance use condition (Intervention: 54.4% vs Control: 52.4%).

*How much do you agree with the following statement? I would be willing to \_\_\_ with someone with a substance use condition.*



# Attitudes Towards Substance Use Conditions

## Progress over time & comparison between regions at EOY 3

Over time, **the intervention region's attitudes towards substance use conditions did not improve**. From baseline to EOY 3, respondents showed declined belief that individuals with substance use conditions are less dangerous than most people think (Baseline: 33.3% vs EOY 3: 27.3%) and that people with such conditions should be given responsibilities (Baseline: 57.7% vs EOY 3: 54.2%).

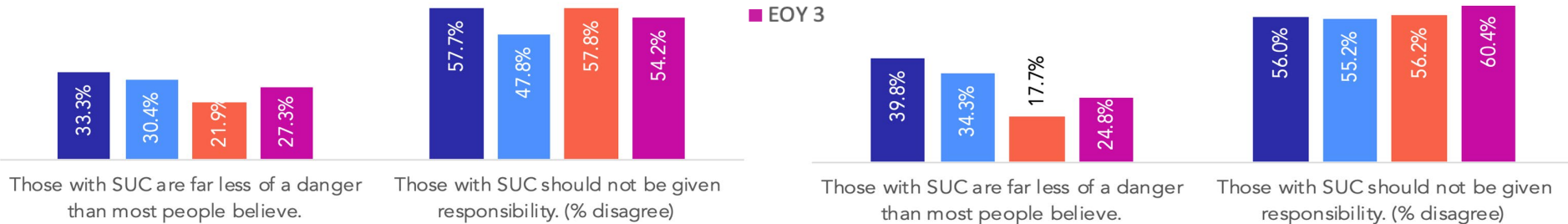
Compared to respondents in the control region at EOY 3, more respondents in the intervention region believed that individuals with these conditions posed less danger than most people believed (Intervention: 27.3% vs Control: 24.8%). However, fewer respondents in the intervention region believed that people with these conditions should be given responsibilities (Intervention: 54.2% vs Control: 60.4%).

*How much do you agree with the following statement?*

Intervention

■ Baseline  
■ EOY 1  
■ EOY 2  
■ EOY 3

Control



# Key Takeaways

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*Campaign Awareness and Regions*

# Key Takeaways

In this section we outline the key takeaways from the findings. Key takeaways are grouped on slides thematically.

Fewer stigmatizing attitudes, beliefs, and behaviors

Despite a decrease in campaign awareness at EOY 3, individuals who were aware of the campaign showed fewer stigmatizing beliefs, attitudes, and behaviors compared to those who were unaware of the campaign. They reported experiencing reduced social distance, more positive attitudes towards people with mental health conditions, and greater engagement in positive behaviors and self-efficacy than those who were not aware of the campaign. They also reported lower social distance and similar attitudes towards people with substance use conditions.

Increased awareness of public stigma

Respondents who are aware of the campaign have a heightened awareness of the stigma associated with mental health treatments. There is a belief among these respondents that employers might be reluctant to hire individuals with a history of mental health issues. Respondents also perceive a higher likelihood of judgment towards individuals who have received treatment for mental health conditions. To address these issues, content should specifically address workplace stigma. This could include testimonials from successful professionals who have navigated mental health issues, and developing partnerships with local organization to share these messages, demonstrating a commitment to mental health support in the workplace.



# Key Takeaways (Continued)

## Address motivations for concealing

A substantial portion (over 40%) of individuals aware of the campaign tend to conceal their mental health issues from their close circle. There is a tendency among these individuals to delay seeking professional help for their mental health concerns. Future content could address common reasons people conceal their mental health issues. This might include fear of judgment, misunderstanding, or the belief that they must handle problems on their own. Continuing to encourage and facilitate open discussions about mental health can normalize conversations and support those who feel they must hide their experiences.

## Stigma surrounding substance use disorders

While the campaign was not focused solely on substance use disorders, the survey did measure perceptions toward it. Responses showed that individuals aware of the campaign believed that people with substance use conditions are judged more harshly and deemed less capable of handling responsibilities. This indicates a need to address and reduce the stigma surrounding substance use conditions in future messaging. Content could educate the public about substance use conditions as legitimate medical issues not moral failings, and emphasize the potentials for recovery.

# Thank you!

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