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Commentary on the paper, ‘Evaluation of a campaign to improve awareness and attitudes of young people towards mental health issues’ (Livingston et al., 2012)

In recent years the promotion of mental health became a public health priority (World Health Organization, 2005). However, the lack of information regarding mental health issues, and mental illness stigma (Schulze et al., 2003; Dwight et al., 2005; Stuart, 2006; Patel et al., 2007) are significant barriers to such challenge. The recognition of these important barriers led to several mental health promotion and anti-stigma programmes to be launched worldwide (Wyn et al., 2000; MINDSET, 2002; Stuart, 2006; Tacker and Dobie, 2008). In this context, important anti-stigma campaigns were developed in countries such as United States, United Kingdom, Canada, Australia, and Brazil. Nevertheless, other activities to fight stigma of mental illness were carried out in mid-sized European countries like Austria, Czech Republic, Norway, Poland, Portugal, Romania, Slovakia, and Turkey (Beldie et al., 2012).

The *In One Voice* campaign, a brief social media intervention, was developed in Canada with two main goals: to raise mental health awareness and to improve attitudes of youth and young adults towards mental health issues. The purpose of the Livingston et al. (2012) article was the evaluation of the effectiveness of *In One Voice* campaign.

The Livingston et al. (2012) study shows an interesting approach to increase mental health awareness. However, a theoretical discussion of some basic concepts underlying the work (e.g., personal stigma, social distance), as well as a reference to other successful relevant campaigns, would have been important. We therefore will proceed as follows: firstly, we will emphasize the importance to promote mental health and to evaluate anti-stigma campaigns,

and the relevance to intervene with youth and young adults. Secondly, we will refer different strategies to challenge stigma, and will highlight some results of two important anti-stigma campaigns. Finally, we will analyze some methods used by the *In One Voice* Campaign and some of the results obtained from the evaluation of its effectiveness. A brief discussion of some complementary interventions, that could be considered, will end the analysis.

The importance of promoting mental health and to evaluate anti-stigma campaigns, and the relevance to intervene with youth and young adults

Why is it important to develop awareness regarding mental health? Is it relevant to assess the impact of anti-stigma campaigns?

Mental health is not merely the absence of mental disorders or symptoms but also a resource supporting overall well-being and productivity of human beings (Social Cohesion, 2008). Therefore, awareness regarding mental health allows people to be actively involved in seeking information about mental health, contributing to the recognition, management and prevention of mental health problems (Jorm, 2000; Kelly et al., 2007). Mental health enables people to experience life as meaningful and to be creative and active citizens. Thus, it is an essential component of social cohesion, productivity, peace and stability in the living environment, contributing to social capital and economic development in societies (RETHINK, 2008; Social Cohesion, 2008).

The goal of the Livingston et al. (2012) study is very relevant, since the evaluation of anti-

stigma campaigns has not been given much attention due to a variety of factors, including methodological difficulties, the scarcity of resources provided to anti-stigma programs, or the absence of the tradition to evaluate programs in the field of health in general and when dealing with subjects such as stigma in particular (Beldie et al., 2012).

Why this target group?

The Livingstone et al. (2012) study focused on the evaluation of the effectiveness of a campaign that targeted young people between 13-25 years old. As the authors mentioned, "during early stages of the life span, attitudes are developing and many mental health issues begin to emerge". Other reasons could be referred to support the importance of developing anti-stigma campaigns that target young people: the youngsters' natural risk of developing a mental disorder [20-25% of adolescents will experience a mental disorder (Patel et al., 2007)]; and the fact that adolescence is a stage where attitudes can still be changed (Corrigan and Watson, 2002).

Young people are the future generation of doctors, teachers, journalists and the "general public" with the power to sustain and perpetuate stigma and discrimination or to eliminate it (Schulze et al., 2003). Cultural stereotypes of madness are developed in part by media representations that socialize young people into stigmatized views of mental illness (Wahl, 2003). Though these stereotypes are not fully developed, most young people do not have a clear idea about what mental illness actually is and how it presents itself. Therefore, young people are an attractive audience for attitude-change programmes seeking to influence young minds before unhealthy attitudes and beliefs towards mental illness become entrenched (Schulze et al., 2003).

Different strategies to challenge stigma, and results of two important anti-stigma campaigns

How can stigma in young people be challenged?

Given what has just been mentioned, youngsters are often identified as an important target population for stigma change (Rickwood et al., 2005; Corrigan and Watson, 2007b; WHO, 2010). Regarding stigma challenges, we could foster future generations of adults where the

stigma of mental illness is neither so prevalent nor egregious (Corrigan and Watson, 2007b), by helping young generations to have more positive attitudes towards mental health problems.

The most relevant strategies that are usually applied to the referred age group are: (1) education, (2) protest, (3) contact, (4) video and (5) role-playing.

Education requires challenging myths about mental illness with facts (Larson and Corrigan, 2008; Mckinney, 2009). Education is especially appealing because a standardized curriculum can be designed and exported to schools and other educational venues across a country relatively quickly (Corrigan et al., 2002; Corrigan and Watson, 2007b). Social psychologists who study strategies for changing racial stereotypes have been using protest as an approach. This protest suppresses stigmatizing attitudes toward mental illness and behaviours that promote these attitudes (Corrigan et al., 2001). Several studies, specifically focusing on contact's effect on mental illness stigma, have produced promising findings (Corrigan and Watson, 2002, 2007b). However, contact-based education is difficult to implement widely because it requires trained individuals with mental illnesses to deliver the intervention (Stuart, 2006). As an alternative to direct contact, video depictions of individuals with serious mental illnesses may be used. Furthermore, Aboud and Levy (2000 cited in Corrigan and Watson, 2007a) argue that role-playing strategies that facilitate empathy for outgroup members have much in common with social cognitive skills training.

Finally, a common approach to mental health promotion and mental illness stigma reduction, that uses the strategies mentioned above, is the campaign's development. That specific topic will be discussed in the next section.

How effective are mental health promotion campaigns?

Worldwide, several campaigns aimed at fighting stigma related to mental health problems have been developed over the last decade. Most campaigns reflect a strong willingness to perform social change. However, not all campaigns are anchored in research projects enabling the evaluation of their impact and designing new and improved campaigns. As good examples of campaigns concerned with

evaluation practices, two programs developed in Europe and Australia stand out – *Time to Change* (2012) and *BeyondBlue* (Morgan & Jorm, 2007).

Time to Change (2012) is an example of a successful program developed in England to reduce the stigma and discrimination faced by people with mental health problems. The program is run by the charities Mind and Rethink Mental Illness, and funded by the Department of Health and Comic Relief. *Time to Change* has been running since 2007 and has already achieved significant improvements in public attitudes and behaviour among adults, including a 20% reduction in the levels of reported discrimination and a 3% increase in the number of people with mental health problems living lives completely free from discrimination, along with improvements to public attitudes.

Another important program is *Beyondblue* (Morgan et al., 2007), a national depression initiative launched in Australia. The aim was to address issues associated with depression, anxiety and related substance-misuse disorders. Its five priority areas are community awareness and destigmatization, consumer and carer advocacy, prevention and early intervention, improving training and support for healthcare professionals on depression, and depression-related research. *Youthbeyondblue* (*Ybblue*) is the youth program of *Beyondblue*, which focuses on youth depression awareness and early intervention. It targets 12 to 25 year-olds and aims to help family and friends identify early warning signs or behaviours and promote help-seeking behaviour. Results showed that 1) around 44% of young people have some awareness of *Beyondblue* or *Ybblue*, 2) awareness was low in young adolescents, but generally increased with age, and 3) those who were aware of *Beyondblue* tended to have better mental health literacy, being better able to recognize depression in another person, and less likely to believe that dealing with depression alone is helpful (Morgan et al., 2007).

The One Voice Campaign, its effectiveness, and some complementary interventions that could be considered.

The Livingston et al. (2012) study aims to assess the effectiveness of the *In One Voice*

campaign. It used an independent sample design aimed at assessing the market penetration and attitudinal changes among young people.

Five important methodological options of the campaign should be highlighted. First, the option for a Canadian professional hockey team underlies the important link between sports and the age of the target group of the campaign; second, the link between this type of sport activity – hockey – within the Canadian community; third, colleagues of someone who suffered from a mental disorder, and speaking about their teammate; fourth, being a male team, opposes the general idea that women are more likely to discuss mental health issues than men (Johansson, Brunnberg and Eriksson, 2007); and fifth, the importance of using attractive and appealing strategies to youth and young adults, such as internet based tools (e.g. website, *Facebook*, *Twitter*).

As the authors conclude the proximal outcomes of the campaign to increase awareness (for example, through the creation of the website) were achieved but, on the other hand, the distal outcomes (personal stigma, social distance) of the campaign to improve attitudes towards mental health issues were not successfully achieved.

In fact, after the campaign, one quarter of the respondents remembered the campaign, the awareness of the website increased significantly from T1 to T2, and those who were exposed to the campaign were significantly more likely to talk about and to seek information relating to mental health issues. These results justify the achievement of the first goal of this study – to raise mental health awareness. Indeed, the campaign methods successfully served this goal – using a well-known and popular group of people (the hockey team), media exposure, internet based tools – and showed to be important methods to increase awareness of a particular community regarding mental health issues.

One particularly method used by the campaign should be emphasized: the contact with people with mental disorders. Contact involves fostering interactions between a person with mental illness and the public (Larson et al., 2008). In this campaign, the indirect contact with someone with mental disorder (the colleague of the hockey team members who

suffered from depression) may have significantly enhanced public awareness.

More specifically, some results are interesting like a significantly larger proportion who remembered the campaign were males, and the awareness of the website increased significantly among young adults. These results highlight the importance of adjusting interventions to the target groups, that is, using a team of young adult male hockey players shows to be a correct option when the goals of the campaign are to reach male young adults. However, if the target population is different (for example, female older adults) different choices should be made.

Different target groups demand different strategies. Therefore, projects' strategies should follow the guidelines suggested by the literature regarding the development of interventions focused on promoting mental health. For example, conducting pilot studies with target groups through focus groups, in order to guarantee message (e.g. "wording") and methodology accuracy (Campos et al., in press).

Regarding the distal outcomes, the authors conclude there were no significant differences in relation to personal stigma or social distance. In fact, reducing personal stigma and social distance requires long-lasting interventions (Patton et al., 2000; Sartorius, 2006; Jorge-Monteiro and Madeira, 2007), as the change of attitudes and behaviours take time, and could be increased through booster sessions (Botvin et al., 1983). Research has demonstrated that effects are likely to lessen with time, and that the duration and regularity of an intervention is positively related to its long-term effects (Susser et al., 1997 cit in Schulze et al., 2003).

Furthermore, Internet campaigns are very important but should be complemented with specific context-based interventions aimed at reaching the distal outcomes mentioned in the Livingston et al. (2012) paper. For example, simultaneous school-based interventions with students, teachers, and parents could be implemented in association to a general population awareness campaign. Mental health awareness programmes in schools succeed overall mental health awareness campaigns and have been shown to be effective in changing young people's opinions about mental health matters and help-seeking (Burns and Rappee, 2006; Wright et al., 2007).

In this context, in October 2007, Portugal witnessed the launch of the first national anti-stigma campaign - "UPA'08—United to Help Movement. Stand up against stigma and discrimination toward mental disorders". This movement aimed at combating stigma and discrimination of mental illness. Since then, several projects have been developed under the UPA movement, focusing on studying stigma related to mental illness and consequent discrimination, on improving awareness about mental health issues, and on combating stigma and discrimination in different population groups (Beldie et al., 2012). These projects include:

UPA Makes the Difference

P'UPA United to Help Teachers

Finding Space to Mental Health: Promoting mental health in adolescents (12-14 year-olds), directly and indirectly focused on the same target group - young people.

All of these projects included research studies concerned with the evaluation of their impact. Furthermore, the school-based interventions included pilot studies to improve the accuracy of both measures and interventions strategies. *UPA Makes the Difference* results indicated a very significant increase of knowledge perceptions, and a significant increase of positive perceptions towards mental health problems; *P'UPA's* results indicated a very significant increase of positive perceptions towards mental health problems, of knowledge perceptions, and an improvement of behavioural intentions (Campos et al., in press). *Finding Space to Mental Health* preliminary results showed a significant increase in knowledge, first aid skills, help seeking and self-help strategies (Campos et al., 2012).

Conclusion

There is no doubt that anti-stigma campaigns to raise mental health awareness are an effective strategy and their assessment is crucial. Nevertheless, and as the authors argued, "media campaigns may be most likely to achieve improvements in health literacy outcomes (e.g. improved education and awareness) and less effective in the personal stigma and social distance associated with mental issues" (Livingston et al., 2012). Thus, we consider that other specific strategies, such as

school-based interventions, should be implemented, since “the ideas taught to children during mental health awareness programmes in schools have the potential to infiltrate the community more broadly” (Burns et al., 2006, pp.227).

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