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Make it personal: Commentary on the paper, 'Evaluation of a campaign to improve awareness and attitudes of young people towards mental health issues' (Livingston et al., 2012)

The article by Livingston et al. (2012) reporting the evaluation of a campaign to improve awareness and attitudes of young people towards mental health issues makes some insightful points regarding the impact of media campaigns on the stigma of mental illness. The particular Canadian campaign evaluated featured a prominent male sports figure talking about mental health issues and used online social media to reach young people. The effectiveness of the campaign was shown to be limited to the proximal outcomes of increasing awareness and use of a mental health website, but did not impact the distal outcomes to improve attitudes toward people with mental illness. The authors acknowledge that these findings are consistent with Corrigan's recent summary that such campaigns show evidence of penetration but little meaningful impact (Corrigan, 2012). Notably, this campaign used social media rather than traditional media, which would be expected to have a greater impact for young people, but the anticipated outcomes remained elusive. Livingston et al. make the points, however, that increased market penetration is a worthwhile outcome and that improving mental health literacy, rather than reducing stigma, should be the goal of such media campaigns.

Is increased website awareness a worthwhile goal?

The outcome that was successfully achieved by the campaign was market penetration, and Livingston et al. maintain that increased awareness of the website is a valuable outcome. The evidence for increased awareness was that one quarter of survey respondents remembered the campaign and there was an increase of about 10 per cent in website awareness. However, while there was an initial surge of interest in the first week after the campaign launch, attracting more than 55,000 people to visit the website and more than 200 people in the community to upload a personal video pledge, this quickly dropped off. It is well-established that people respond to novelty and this quickly wanes.

The approach taken of using a male sports role model was argued to be particularly effective at reaching young males, which are an important target group due to their reluctance to seek mental health help (Rickwood et al., 2005), although the change in awareness between males and females was comparable, with an increase of 9.3 and 9.6 per cent, respectively. Notably, however, the campaign was not shown to be effective for young people with a mental health issue and non-white respondents, and these are also important target groups. This supports arguments that targeted and tailored approaches are needed for public health campaigns; different population groups require targeted messages and individually tailored messages are even more effective (Noar et al., 2007).

The assumption that directing people to a website makes a difference also needs to be tested. While website traffic increased, this study design was not able to ascertain whether using the website had an effect. In general, there is little evidence available regarding the impact of mental health websites, despite their proliferation. In fact, one relevant longitudinal study revealed that using the internet for health purposes was associated with increased depression, suggested to be due to increased rumination, unnecessary alarm, or over-

attention to health problems (Bessière et al., 2010). A rigorous study of young adults using health e-cards, which were personal emails containing links to depression information presented on a web page, found no effect on indicators of mental health literacy or changes in help-seeking for depression compared with control conditions (Costin et al., 2009).

Consequently, the assumption that mental health websites are uniformly helpful is not supported. While the evidence shows that many online interventions are effective, there are many for which no evidence exists (Christensen et al., 2010) and basic education offered to people with a mental health condition shows the least effectiveness on most outcomes. Rather, what is required are the very sophisticated ways of tailoring public health messages to individual characteristics and personalised barriers that are increasingly available through advances in technology, including social technologies (Lustria et al., 2009, Cobb and Graham, 2012).

Does website awareness improve mental health literacy?

Livingston et al. (2012) claim that rather than change attitudes the campaign encouraged young people to seek out more information on mental health issues, and suggest that such social media campaigns may be more useful to improve mental health literacy than as a vehicle to change attitudes and stigma. This assumes that the campaign did improve mental health literacy and, in this case, the impact appeared to be very weak from the results presented. There were no differences overall in any of the indicators of mental health literacy comparing the sample groups before and after the campaign. Significant differences were only evident between those who indicated they were exposed to the campaign compared with those who indicated they were not exposed on the measures of discussing mental health literacy with others, making an effort to learn more about signs and symptoms, and making an effort to learn more about the availability of mental health services, but not helping someone beginning to experience mental health difficulties.

However, no effect sizes are given for these differences and there is no adjustment made for inflated Type I error rate due to multiple comparisons. With the sample size quite large, trivial differences could be significant at $p<.05$; although significant, these differences may well be practically meaningless. It is not possible to determine the magnitude of the change that was evident for three out of the four questions measuring mental health literacy.

The evaluation design was, however, only able to compare answers to the mental health literacy questions for those who stated they were or were not aware of the campaign – not those who had visited the website; the design was not able to investigate the effect of the website itself. The question that remains is whether once directed to the website, young people spent much time there, and whether the activities available on the website are effective at improving mental health literacy. The mindcheck.ca website that was the focus of the evaluation is clearly targeted at young people's mental health and related risk factors in a youth-friendly format and, once at the site, young people can choose the pathways that are relevant to their personal wellbeing, with them being led to evidence-based screening instruments and appropriate follow-up information and support. It would be of interest to investigate the dose-response effect of this website for different groups of young people.

What is achieved by better mental health literacy?

Improving mental health literacy is certainly a worthwhile goal. Better understanding of mental health and mental illness, having a positive attitude toward seeking help, and knowing how to find appropriate sources of help, have been repeatedly argued to be important factors in promotion, prevention and early intervention for young people's mental health. Nevertheless, improving mental health literacy is not a simple task. While different programs and approaches are constantly emerging, for many of these there is little evidence. A program with a strong evidence base is Mental Health First Aid (Kitchener and Jorm, 2011). This program has been shown to improve mental health literacy and increase help-seeking in a range of contexts and with targeted programs for different population groups. It also shows evidence of stigma

reduction. However, it should be noted that the program has undergone a long and rigorous development process and is an intensive intervention—the youth version takes 14 hours of instruction for delivery (Kelly et al., 2011).

Educational approaches to improve mental health literacy and reduce stigma are common, and often focussed in educational settings such as schools and colleges. However, a recent review of school-based mental health literacy interventions concludes that this field is still in its infancy and that there is insufficient evidence to claim a positive impact of school mental health literacy programs on knowledge improvement, attitudinal change or help-seeking behaviour (Wei et al., 2013).

Is mental health literacy related to stigma?

But a more relevant question in the current context is whether mental health literacy is related to stigma. The main aim of media campaigns, such as that evaluated by Livingston et al. (2012), is reduction in stigma, and the evaluation revealed that this outcome was not achieved.

A large body of research has shown that while education and awareness are recognised as important elements of anti-stigma strategies (Corrigan and Penn, 1999), these alone do not achieve substantial and long-lasting reductions in stigma. Mental health literacy has mostly been shown to be effective in getting people, including young people, to access services (Kelly et al., 2007), but the evidence around its impact on reducing stigma is less clear.

In fact, a recent major meta-analysis (Schomerus et al., 2012) shows that while the general public's understanding of mental disorders has clearly increased, at the same time attitudes towards people with mental illness have not improved, and have even deteriorated toward people with schizophrenia. In particular, notions of dangerousness have not changed and the social acceptance of people with mental illness has not improved since 1990; instead, acceptance of a person with schizophrenia as a co-worker or neighbour has dropped. The authors maintain that the biological explanation model, which is often the basis of literacy interventions and argues that mental illness is an illness like any other, is questionable; while this approach seems to have helped improve acceptance of medical treatment for mental illness, it has not improved social tolerance. This is in marked contrast to the improved attitudes that have been realised toward people who are same-sex attracted.

Stigma is a complex construct and comprises public stigma, self-stigma, stigma by association, and structural stigma (Bos et al., 2013). Each of these is important, although most public campaigns focus on public stigma. The Livingston et al. (2012) study showed that public stigma, as evident through measures of attitudes toward people with mental health issues and social distance items, was not changed by the campaign. The authors highlight that a substantial proportion of the survey respondents reported positive attitudes toward mental health issues both before and after the campaign—about two-thirds had low levels of personal stigma and just over half desired low levels of social distance. The implication is that there was not much room for change, but this overlooks the third with moderate or high levels of stigma and just under half with higher levels of social distance.

What impacts stigma?

It seems evident that public media campaigns and mental health literacy have, at best, limited impact on stigma. The factors that affect stigma are complex and not fully understood. One of the earliest conceptual notions in this area was that prejudice can be reduced by equal-status contact between majority and minority groups in the pursuit of common goals, proposed by Gordon Allport (1954) in his book *The Nature of Prejudice*—known as the contact hypothesis.

The contact hypothesis has received mixed support in the literature as it applies for different types of prejudice, but the factors that facilitate effective contact with people with mental illness are becoming clear. Corrigan and Kosyluk (2013) argue that contact works most effectively when it is in vivo, targeted, local, credible and continuous. They also report some evidence for effective virtual contact interventions, although in vivo contact has a stronger impact. Effective elements comprise eliciting emotional reactions, particularly empathy, which can be achieved through the personal stories of those with mental health

problems. It is also important to achieve a sense of self-other overlap, through some identification with the person with mental illness or part of their story (Corrigan and Kosyluk, 2013).

An Australian program based on this premise is *Mental Illness Education*, for which there is some evidence for their school-based program (Rickwood et al., 2004). The program has people with lived experience of mental illness give presentations to school classes, based on their personal stories and including information and activities to debunk myths about mental illness and encourage students to empathise and connect personally with the stories and information. Students report that the personal stories and points of identification are the most powerful elements. Research supports that eliciting empathy for a member of a stigmatised group can improve attitudes towards the group as a whole (Batson et al., 1997). A growing argument is that interventions that foster the development of empathy are particularly pertinent; rather than one-off, brief interventions based on cognition-focused outcomes like knowledge, attitudes and stereotypes (Schachter et al., 2008).

Conclusion

Reducing the stigma of mental illness is fundamental to mental health strategies in many countries, including the United Kingdom (HM Government, 2011), Canada (Mental Health Commission of Canada, 2012) and Australia (Commonwealth of Australia, 2009), as freedom from stigma is critical to the wellbeing and quality of life of people with lived experience of mental illness. We have much yet to learn in this field and interventions must be carefully planned by being appropriately targeted or tailored, based on a sound conceptual framework and current empirical evidence, clear about the type of stigma and level of intervention, and with a thorough evaluation process instigated at the outset comprising a rigorous design with appropriate measures.

The way forward for young people is likely to be for personalised and individualised interventions that appeal to emotions and elicit empathy through the stories of other young people who are living well with mental health issues. Mental health literacy may help to some extent, but is not the primary intervention point, although it is an essential focus to enable young people to recognise their own mental health issues and seek appropriate help.

We must keep in mind, however, that while ever more sophisticated interventions are being developed to combat stigma and educate young people about mental illness, their impact is constantly undermined by other media exposure—onscreen portrayal of people with mental illness is frequent and mostly negative (Pirkis et al., 2006) and print media portray people with mental illness as dangerous and a threat to the public, and the mental health system as not able to adequately manage and treat them (Ducat, 2012). Stigma needs to be redressed at multiple levels, including where it is structurally embedded within our societies, as well at the very personal level to appeal to the emotions of young people.

References

Allport, G.W. (1954). *The Nature of Prejudice*. New York: Addison-Wesley.

Batson, D., Polycarpou, M. P., Harmon-Jones, E. & Imhoff, H. J. (1997). Empathy and attitudes: can feeling for a member of a stigmatised group improve feeling towards the group? *Journal of Personality and Social Psychology*, 72, 105-118.

Bessière, K., Pressman, S., Kiesler, S. & Robert, K. (2010). Effects of internet use on health and depression: A longitudinal study. *Journal of Medical Internet Research*, 12, e6.

Bos, A. E. R., Pryor, J. B., Reedere, G. D. & Stutterheim, S. E. (2013). Stigma: Advances in theory and research. *Basic and Applied Social Psychology*, 35, 109.

Christensen, H., Murray, K., Calear, A. L., Bennett, K., Bennett, A. & Griffiths, K. M. (2010). Beacon: a web portal to high-quality mental health websites for use by health professionals and the public. *The Medical Journal of Australia*, 192, S40-44.

Cobb, N. & Graham, A. (2012). Health Behavior Interventions in the Age of Facebook. *American Journal of Preventive Medicine*, 43, 571-572.

Commonwealth of Australia (2009). *Fourth National Mental Health Plan—An agenda for collaborative government action in mental health 2009–2014*. Canberra: Commonwealth of Australia.

Corrigan, P. W. (2012). Where is the evidence supporting public service announcements to eliminate mental illness stigma? *Psychiatric Services*, 61, 79-82.

Corrigan, P. W. & Kosyluk, K. A. (2013). Erasing the stigma: Where science meets advocacy. *Basic and Applied Social Psychology*, 35, 131-140.

Corrigan, P. W. & Penn, D. L. (1999). Lessons from social psychology on discrediting psychiatric stigma. *American Psychologist*, 54, 765-776.

Costin, D. L., MacKinnon, A. J., Griffiths, K. M., Batterham, P. J., Bennett, A. J., Bennett, K. & Christensen, H. (2009). Health e-cards as a means of encouraging help seeking for depression among young adults: Randomized controlled trial. *Journal of Medical Internet Research*, 11, e42.

Ducat, L. (2012). Using force: Australian newspaper depictions of contacts between the police and persons experiencing mental illness. *Australian Psychologist* 47, 213.

HM Government (2011). *No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages.* London: HM Government.

Kelly, C., Mithen, J., Fischer, J., Kitchener, B., Jorm, A., Lowe, A. & Scanlan, C. (2011). Youth mental health first aid: a description of the program and an initial evaluation. *International Journal of Mental Health Systems*, 5, 1-9.

Kelly, C. M., Jorm, A. F. & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *The Medical Journal Of Australia*, 187, S26-S30.

Kitchener, B. A. & Jorm, A. F. (2011). Noting a Landmark Achievement: Mental Health First Aid Training Reaches 1% of Australian Adults. *Australian & New Zealand Journal of Psychiatry*, 45, 808-813.

Livingston, J. D., Tugwell, A., Korf-Uzan, K., Cianfrone, M. & Coniglio, C. (2012). Evaluation of a campaign to improve awareness and attitudes of young people towards mental health issues. *Social Psychiatry and Psychiatric Epidemiology*. Accessed 20th January 2013. http://link.springer.com/article/10.1007/s00127-012-0617-3?no-access=true (abstract)

Lustria, M. L. A., Cortese, J., Noar, S. M. & Glueckauf, R. L. (2009). Computer-tailored health interventions delivered over the web: Review and analysis of key components. *Patient Education and Counseling*, 74, 156-173.

Mental Health Commission of Canada (2012). *Changing Directions, Changing Lives: The mental health strategy for Canada.* Calgary, AB: Mental Health Commission of Canada.

Noar, S. M., Benac, C. N. & Harris, M. S. (2007). Does tailoring matter? Meta-analytic review of tailored print health behavior change interventions. *Psychological Bulletin*, 133, 673-693.

Pirkis, J., Blood, R., Francis, C. & McCallum, K. (2006). On-screen portrayals of mental illness: Extent, nature, and impacts. *Journal of Health Communication*, 11, 523-541.

Rickwood, D., Deane, F. P., Wilson, C. & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Advances in Mental Health*, 4.

Rickwood, D., O'Sullivan, J., Raponi, D., Sosso, S. & Tregrove, K. (2004). Educating young people about mental health and mental illness: Evaluating a school-based programme. *International Journal of Mental Health Promotion*, 6.

Schachter, H. M., Girardi, A., LY, M., Lacroix, D., Lumb, A. B., van Berkom, J. & Gill, R. (2008). Effects of school based interventions on mental health stigmatization: a systematic review. *Child and Adolescent Psychiatry and Mental Health*, 2, 18.

Schomerus, G., Schwahn, C., Holzinger, A., Corrigan, P. W., Grabe, H. J., Carta, M. G. & Angermeyer, M. C. (2012). Evolution of public attitudes about mental illness: a systematic review and meta-analysis. *Acta Psychiatrica Scandinavica*, 125, 440–452.

Wei, Y., Hayden, J. A., Kutcher, S., Zygmunt, A. & McGrath, P. (2013). The effectiveness of school mental health literacy programs to address knowledge, attitudes and help seeking among youth. *Early Intervention in Psychiatry*. DOI: 10.1111/eip.12010