

Sosei Yamaguchi is a Flexible Researcher at the Department of Psychiatric Rehabilitation, Institute of Mental Health, National Centre of Neurology and Psychiatry, Tokyo, Japan. Shahir Uddin is a Research and Development Facilitator at the West London Mental Health NHS Trust, London. Dr Yoshio Mino is a Psychiatrist and Head of the Mino Mental Health Research Centre, Okayama, Japan. Professor Graham Thornicroft is Professor of Community Psychiatry at the Institute of Psychiatry, King's College, London. For communication please email: [sosei.yama@ncnp.go.jp](mailto:sosei.yama@ncnp.go.jp)

## Sosei Yamaguchi, Shahir Uddin, Yoshio Mino and Graham Thornicroft

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

**M**ental health-related stigma is a global predicament, since it causes social exclusion for people with mental health problems (Thornicroft, 2006). It might also prevent people from accessing mental health services, since they expect discrimination in society against people who have a diagnosis of a mental health condition (Thornicroft et al., 2008). Considering the fact that many individuals have an onset of psychiatric symptoms during their adolescence (Costello et al., 2006), mental health-related stigma amongst young people is one of the central issues related to psychiatry, health and education.

A recent media campaign in Canada called *In One Voice*, on the Mind Check website (Mind check, 2012), has addressed this issue. The campaign included a 2-minute public service announcement featuring a popular Canucks' player speaking about his teammate, discussing mental health issues, and promoting [mindcheck.ca](http://mindcheck.ca). The campaign also aimed to: 1) increase activity on an interactive and youth-focused website as a vehicle for improving mental health awareness, and 2) improve attitudes and behaviours towards people with mental health problems (Livingston et al., 2012). The campaign was an original way to focus on youth awareness, and to employ online social media such as Facebook, Twitter, and YouTube rather than traditional media (e.g. newspaper and radio).

Livingston et al. (2012), have carried out an interesting study examining the effects of this Canadian campaign awareness, attitude, social distance and behaviour towards people with

mental health problems. The authors concluded that the campaign could raise awareness, but did not improve attitudes, social distance and behaviour towards people with mental health problems (Livingston et al., 2012). The findings of this study give us valuable insights that we shall discuss. We will base our commentary upon recent systematic reviews including our own work as well as using recent studies related to large-scale mass media campaigns.

#### **What types of stigmatisation are targeted for mass media campaigns?**

Mental health-related stigma normally involves three dimensions (Jorm, 2000; Thornicroft et al., 2007); problems of:

1. knowledge (ignorance) including own mental health awareness, mental health literacy and help-seeking interventions,
2. attitudes (prejudice) including behavioural intentions and social distance,
3. behaviour (discrimination).

While the Canadian online media campaign successfully improved mental health awareness, it was not effective in improving attitudes and behaviour towards people with mental health problems (Livingston et al., 2012). This concurs with findings from previous studies. Both our narrative and systematic reviews of stigma reduction interventions amongst young people found that the programmes, which mainly aimed at increasing mental health awareness, could enhance help-seeking intentions, but often did not improve their attitudes and behaviour towards people with mental health problems (Yamaguchi et al., 2011; 2013).

Conversely, the reviews also found that interventions such as having social contact and media-based social contact are effective in changing attitudes and behaviour towards this group. But, such interventions could not always yield significant changes in help-seeking intentions (Yamaguchi et al., 2011; 2013).

These differences seem to be attributed to the primary aim and contents of the interventions. Theoretically, the goal of improving mental health awareness amongst young people includes the maintenance of mental health and prevention of mental health problems (Tennant et al., 2007; Lloyd-Evans et al., 2011). In this context, an intervention implicitly describes that young people should avoid mental health problems, and often provides the knowledge about mental illness itself and information of available and accessible services related to mental health (Tennant et al., 2007; Lloyd-Evans et al., 2011; Yamaguchi et al., 2011; 2013). Contrary to awareness (knowledge), the goal of improving attitudes and behaviour towards people with mental health problems is to eliminate discrimination and to promote social inclusion (Huxley & Thornicroft, 2003; Thornicroft, 2006). This encompasses (young) people including and involving those with a mental health diagnosis as members of our society, as opposed to excluding them due to their ill health.

A campaign may need to determine whether an intervention intends to improve mental health knowledge/awareness, attitudes or behaviour towards people with mental health problems. For example, the national media campaign, *Time to Change in England* - which has employed online social media (e.g. YouTube) as one of the campaign tools - reported significant positive changes in perceived discrimination amongst service users (Henderson et al., 2012). Its primary aim has been to counteract discrimination against people with mental health problems (Evans-Lacko et al., 2010). With the online social media campaign in Canada, the principal goal of the campaign may be slightly less clear. If the campaign primarily intended to improve mental health awareness, it appears to be a success on that note. Although the rate of market penetration was moderate (24%), study participants exposed to the campaign were more likely to talk about mental health

problems and seek information. In addition, the most popular take-home message ("call to action") recalled amongst those who were exposed to the campaign was "help for mental health issues are available" (Livingston et al., 2012).

### **What information in mass media campaigns enhances attitude and behaviour?**

If the primary goal of the Canadian campaign was to improve young people's attitudes and behaviour towards people with mental health problems, what aspects are important to create change? The messages in large-scale mass-media campaigns are of great interest where their impacts are closely monitored, especially as they portray specific information to the public within a very restricted time frame. The Canadian campaign illustrated a male sport player speaking about his teammate and discussing mental health problems (Livingston et al., 2012). Is this an effective approach, to reduce prejudice and discrimination against people with mental health problems, amongst young people?

Evidence on stigma reduction interventions accumulated over two decades has suggested some effective content in anti-stigma campaigns. One particular effective intervention amongst a younger population was a presentation on the social recovery process (e.g. having a job) for people with mental health problems displayed through social contact or media-based social contact (Schachter et al., 2008; Thornicroft et al., 2008; Corrigan, 2011; Corrigan et al., 2012; Schomerus et al., 2012; Yamaguchi et al., 2011; 2013). A consensus between 32 experts in mental health-related stigma found that recovery-oriented, personal messages from people with mental illness; social inclusion and highlighting the prevalence of mental illness are keys to relay stigma-related messages (Clement et al., 2010). Essential contents of mass-media campaigns focus on a more personal message and show that having a mental health problem is not a barrier to participate in society, showing people with mental health problems working and living in the community.

The socio-demographic factors (e.g. ethnicity, age and sex) of the characters introduced by mass media campaigns may also influence the

results. The public are more likely to empathise with someone similar in socio-demographics to themselves but with a diagnosis of a mental health condition. With the study by Livingston et al. (2012), males took more notice of the campaign than females where the short video consisted of a male sports player. The national media campaigns in England and Scotland (*See Me*), which significantly improved public attitudes and behaviour, have several videos introducing a variety of people with mental health problems from various demographic backgrounds and employment status (Mehta et al., 2009; Henderson et al., 2012). Since large-scale mass media campaigns generally target a diverse population including young people, the campaigns would be expected to have a range of visual materials for the public to be empathic towards people with mental health problems.

### **Does the length of the mass media campaign period affect the results?**

The relatively weak impact of the Canadian campaign on improving attitudes and behaviour amongst young people may be due to the short length of the campaign period (approximately 2 months). A similar finding has been reported from the 4-week pilot project of the UK national media campaign. The evaluation of the pilot project shows that the rate of market penetration (23%) peaked in the final week, and that only knowledge about mental health was significantly improved, as opposed to an increase in attitudes and behaviour towards people with mental health problems (Evans-Lacko et al., 2010). Conversely, the successful national media campaigns in England and Scotland spanned a number of years. Not surprisingly, people get more results from a longer campaign about mental health problems which may alter their attitude and behaviour. These limitations are common in short-term mass media campaigns. Sartorius (2010), pointed out that maintenance of mass media campaigns is important and should be addressed with some urgency, although keeping these media campaigns large scale definitely adds up the costs. In other words, the Canadian campaign may have the potential to change young peoples' attitudes and behaviours, if it runs for a longer time.

### **How do we determine the impacts of mass media campaigns?**

How do we consider the effects of a large-scale mass media campaign including the online social media campaign in Canada? The traditional methods for evaluating the outcome of a mass media campaign are: 1) to assess the market penetration (e.g. number of people who see the campaign during the study period), and 2) to compare the mean scores of the scales for mental health-related stigma between pre and post surveys to find statistically significant differences determining the impacts. Livingston et al. (2012) also evaluated the Canadian campaign using these traditional methods, and concluded that their campaign had moderate penetration (24% of participants remembered the campaign) and insufficient magnitude to reach the statistically significant changes in attitudes and behavior towards people with mental health problems.

However, we may not be able to determine the impact of large-scale mass media campaigns using the traditional evaluation methods. A major strength of a large scale mass media campaign is that it can concurrently deliver specific information to a large number of people. On the other hand, because they usually have very limited time to present their information to the public, they need to direct audience members to places where they have more information, such as relevant websites. It may be difficult to deliver information to people who are less likely to be interested in mental health problems; therefore although the market penetration is high, the impact of it will be low. The Canadian campaign had the same strength and difficulty, and these features pose a threat in accurately assessing the market penetration. In other words, studies did not actually identify the differences in how long or how many times individual participants have seen or recognised the campaigns, yet, they asked participants to recall from them, (Corrigan, 2012), which can ultimately skew results.

With the variety in intervention penetration levels between individuals, direct comparisons of mean scores of some stigma scales, and trying to find statistically significant differences, may not be appropriate for evaluating large-scale mass media

campaigns, while the direct comparison of mean scores appear to be the proper way to evaluate interventions in a small group (Yamaguchi et al., 2011; 2013). Therefore, relatively small changes in attitudes and behaviour towards people with mental health problems, produced by these large campaigns, may be seen as an important achievement. This is because such changes may offer a chance to help people to learn about mental health problems and to achieve greater changes in their attitudes and behaviour in the future. For example, a 5% reduction in perceived discrimination was the final goal in the UK national media campaign (Henderson et al., 2012). Currently, there are no coherent methods to evaluate large-scale mass media campaigns, and further discussion is required.

### Conclusion

This paper discusses four points of views on the impact of the Canadian online social media campaign amongst young people. Although Livingston et al. (2012) stressed the limited effects on improving mental health-related stigma, we believe that the campaign has delivered some specific benefits. It depends on the primary goal, content directed towards the goal, evaluation methods used and length of the campaign period. We have evaluated and listed the implication for future studies and future campaigns:

1. The campaign needs to set the primary goal, and develop different approaches to achieve positive changes in mental health awareness, attitudes and behaviours towards people with mental health problems amongst young people.
2. There is a great desire to maintain the campaign and to build evidence on effects of the long-term campaigns amongst young people.
3. Further discussion about evaluation methods for large-scale mass media campaign is needed.

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