Mind Your Mental Health: A Persuasive Communication Campaign

Jennifer M. Ortiz

Johns Hopkins University

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Historically, people with mental health issues have largely been stigmatized, and often suffer in silence with a host of undiagnosed conditions that can prevent them from living healthy, productive lives. This is especially true with teenagers between the ages of 15 and 24 in the U.S. and Europe. While school health classes generally focus on reproductive, heart, lung, skin and other organ health, the health of the brain, arguably the most important and complex organ in the body, is mostly ignored. As a result, young people aren't exposed to the importance of mental health issues like depression and anxiety, the statistics on the widespread population of these patients and the variety of life-changing treatments that are available. Because of this ignorance, those with mental health disorders are often embarrassed, fearful and unaware of their issues and options, preventing them from seeking simple, easily-accessible treatments that could dramatically improve their quality of life. The issue of mental health should be at the forefront of every health-related conversation with young people, and a persuasive messaging campaign about its importance could effectively address the fear and shame that often prevent people from seeking treatment. This paper will provide information on the scope of mental health issues among young people in the U.S. and in Europe, and the attitudes behind why they don't seek treatment. It will detail a persuasive communication campaign, "Mind Your Mental Health," delivered through social media and mobile devices, which endeavors to combat these barriers, and encourages young people to openly discuss, understand and seek appropriate treatment for mental health issues, both personally and for other members of their peer group.

Target Audience

The campaign's target audience is young people between the ages of 15 and 24 in the U.S. and in Europe. Research shows that these are the ages when this audience is most exposed

to factors such as harassment (24%) and discrimination (15%) based on sexual orientation, gender and ethnicity, exacerbating the occurrences of mental health issues (Winzer, Lindblad, Sorjonen & Lindberg, 2014). This is also the period of development when most people experience their first romantic relationship, and the stress related to post-relationship concerns has a strong association with "concurrent mental health issues (36.8%), self-harm (22.6%) and suicide (9.9%)" (Price, Hides, Cockshaw, Staneva & Stoyanov, 2016, p. 1).

Attitudes and Behavior

Attitude 1: Mental health issues are not recognized or legitimate.

The campaign would utilize Larson's model, with the first two steps of persuasive communication as identifying and establishing legitimacy of an issue (Stiff & Mongeau, 2003). In their research of a convenience sample of 72 high school seniors at an all-male private school in the U.S., Bruno, McCarthy and Kramer (2015) determined that many young people do not readily recognize the signs of depression, or see it as a serious issue among their peer group. This campaign would detail the symptoms of depression and the widespread prevalence of mental health issues among this demographic. *The goal is to change this attitude to give the identification and treatment of mental health issues as much importance as any other health issue (like reproductive, heart, lung, etc.).*

Attitude 2: Professional treatment for mental health issues is not necessary.

In their research, Bruno et al. (2015) found that when mental health issues were identified in their sample group's peers, most of those surveyed cited informal treatment sources as the best bet. On average, 38.2% of respondents thought family was the best source of help for these individuals, followed by friends at 36.1% (Bruno et al., 2015). Only 25% thought that a counselor was necessary, and professionals such as psychologists, psychiatrists or doctors all

netted less than 10% of respondents' endorsements when asked where mental health patients should seek treatment (Bruno et al., 2015). *The goal is to change this attitude to make the audience view mental health issues as medically serious, and necessitate the importance of professional help and treatment.*

Behavior: Not seeking or participating in mental health treatment.

This campaign would be based on the social cognitive theory, wherein as more people recognize and address the importance of taking care of their mental health and reduce stigma, others will observe it, learn about it and join in the same positive behavior (Stiff & Mongeau, 2003). In their research on barriers to mental health treatment, Oruche, Downs, Holloway, Draucker and Aalsma (2014) estimated that 40-60% of young people who are being treated for mental health drop out of their treatments before completion for a variety of social, personal and situational reasons. *The goal is to encourage young people to not only freely discuss mental health issues, but to encourage them to seek and complete treatment if necessary, without shame or the fear of stigmatization by their peers.*

Settings

Channel 1: Social media

Social media would be a key channel for reaching the audience with the persuasive messaging of this campaign. Rice and Atkin (2013) explained that this digital media is a good platform for health-related campaigns, and because this campaign is trying to start a large conversation, it would rely on buy-in and participation from a collective audience, and serve as an ideal platform for people to become personally engaged in the mental health discussion. Based on the understanding that more than 95% of young people are on the Internet daily and

their knowledge of effective suicide prevention techniques, Rice and Atkin (2013) theorize that "online and social-media based interventions are expected to become increasingly appealing to young people over the next decade and beyond" (p. 81).

Channel 2: Mobile phones

The second channel would be messaging through mobile devices, including Short Messaging Services (SMS) and apps. The prevalence of mobile health (mHealth), which is the leveraging of mobile phone technologies to deliver interventions or health-related messaging, has grown significantly in recent years. According to Seko, Kidd, Wiljer and McKenzie (2014), "The efficacy of mHealth intervention has been well established in the area of physical and lifestyle interventions, such as smoking cessation, diabetes self-management, asthma support, and anti-obesity behavior modification" (p. 591). The young audience of this paper's campaign has the highest penetration of cell phone use, and also represents the ages of the onset of 75% of mental disorders (Seko et al., 2014). The research of Seko et al. (2014) showed that the use of mHealth techniques to deliver messaging and support for mental health resulted in profound increases in emotional self-awareness in the target audience, and also had a positive impact on mild symptoms of depression.

Design Features

Design Feature 1: Social proof

Cialdini defines social proof as a person's tendency to see an action as appropriate if they see other people doing it, and this theory helps people determine correct behavior (Cialdini, 2009, p. 99). Research has shown that "friendfluence," or the power that teenagers' social groups have over their daily decisions, occurs constantly, and that "teens' brains are biologically primed

to seek approval from peers," specifically starting after age 14 (Tranell, 2014, p. 11). However, according to Tranell (2014), this can actually be a positive thing, as the primary topic about which teenagers are pressured by their peers is to graduate from high school. Armed with the knowledge that nearly 60% of young people drop out of mental health treatment, this campaign would utilize the social proof design feature in its messaging to try to reverse this trend by way of this positive peer pressure (Oruche et al., 2014). By focusing on people in their social groups who have been diagnosed with mental health disorders, and illustrating how these young people have sought treatment, the campaign would try to "friendfluence" young people into examining their own mental health, talk to others about it and seek treatment (Tranell, 2014). Scholastic (2016) quotes noted expert Dr. Laurence Steinberg in that, "being around peers makes teens more focused on possible rewards and less aware of risks," so the campaign would show the volume of teenagers that are affected by mental health issues, and present them not only discussing their issues freely, but actively participating in treatment (para. 4). A sample campaign ad scenario, in the form of a short online video or commercial, would show a group of friends hanging out, then one saying, "I have to run, guys, dentist appointment!" The friends would wish him well and he'd leave, then in the same exact tenor and tone, another member of the group would say, "I have to go too, guys – therapy this afternoon!" The friends would wish their peer a good therapy session, with the identical nonchalance and perceived normalcy as to the kid who went to the dentist. Then a third teen would mention the benefits of his own mental health treatment, to which another peer would say, "You know, I've had a hard time shaking my anxiety these days, I'm thinking about seeking treatment too." This would trigger a comfortable (but believable) chat in the group, where his friends talk about people they know who have benefited from mental health treatment, and then encourage him to explore it too. This idea

would further reinforce the social proof theory – that lots of people are seeking treatment, and that it's a normal and appropriate thing to do, encouraging the intended behavior change.

Design Feature 2: Similarity

There is a long-standing belief that effective persuasion starts with "establishing a personal connection between the message source and the target audience" (Stiff & Mongeau, 2003, p. 119). The goal of this connection is to create a feeling of similarity between the two parties in an attempt to establish trust (Stiff & Mongeau, 2003). Research has shown that many young people do not readily recognize the signs of depression or other mental illness, or see it as a serious issue among their peers, demonstrating a disconnect in the perception of similarity between young people and people who need mental health treatment (Bruno et al., 2015). This campaign would establish this similarity, and show that "teenagers" and "people who struggle with mental illness" are not mutually exclusive. Persons with mental health issues are often perceived as extreme, psychotic or just plain crazy, but this campaign would highlight the more subtle signs among this age group. A potential messaging design would be a short social media video series of a young person going about "normal" activities, like talking with friends, doing schoolwork, playing sports and eating, and then have them show subtle symptoms of anxiety or depression (seeming nervous, sitting in the dark, crying privately, etc.). After each activity, all of which are similar to the activities performed by members of the target audience, there would be a message like, "Does this look like you?" or "Does this look like your best friend?" The two-fold goal would be to have the audience be introspective about their own potential mental health symptoms, and to make them aware of these symptoms in their peers. The expulsion of the dichotomy between the audience and mental health patients would be the catalyst for persuasive messaging to encourage the recognition, discussion and treatment.

Design Feature 3: Personal relevance

Stiff and Mongeau (2003) explain that when persuasive messages are more personally relevant, people are more motivated to think about them. For this campaign, the personal relevance design feature would be utilized mobile phone messaging (mHealth) to the audience. According to Seko et al. (2014), mHealth interventions have been successful in physical and lifestyle interventions and behavior modifications, and this campaign's target demographic, which has the highest onset of mental health disorders, also has the highest penetration of cell phone use. Short, personalized text messages to these young targeted audience members would say things like, "Hi Jonathan, how are you feeling today?" or "Hey Carrie, rate your anxiety level right now, 1-5." Because this audience is on their mobile phones more than any other group, and because the messages could be targeted directly to them and private, they could be tailored to be specifically and very personally relevant to each member of the audience. Responses would trigger further conversation and messaging, and the purpose of these messages is to remind them to check in with their mental health frequently. A second phase of this personal relevance mHealth design feature would be to have personalized messages to an authorized support system of someone in mental health treatment, like, "Hey Eddie, is Jen showing any signs of anxiety today?" These personal messages would motivate the audience to think about the topic of mental health, and keep it at the forefront of health-related conversations.

Design Feature 4: Rational appeals

According to Stiff and Mongeau (2003), rational arguments in persuasive messaging are based on the assumption that the audience knows and applies formal logic rules when making judgments about a recommendation. This campaign would focus on the central, logical message

that the brain is as important as any other organ, so it stands to reason that mental health is as important as the health of any other bodily system. Tranell (2014) offers an example of how teenagers can "sneakily" and effectively teach their peers about the importance of an issue, and serve as a positive "friendfluencer" with messaging based on real data (p. 12). The example is about restrictive dieting, in which there is indirect peer pressure for teenage girls to eat very little at lunch, and the rational appeal-based solution for this is for one "friendfluencer" to say, "I read that skipping meals messes up your metabolism and makes you lose muscle tone. I'm having turkey on whole-wheat. Anyone want a bite?" (Tranell, 2014, p. 13). Building on this idea of rational, factual information populating persuasive messaging, further conversations between the teenagers in this campaign's messaging would focus around logic and rationality. In the group setting of this campaign's ads or short videos, during a casual discussion, one teenager could follow a reasonable path by asking his friends, "Why do you take care of your oral health?" Friends would answer, "So I don't lose my teeth." Then the next question would be, "Why do you take care of your eyes?" Friends would answer, "So I don't lose my eyesight." The clincher would be, "Why should you take care of your mental health?" And the answer would be, "So I don't lose my mind." In the campaign, the messaging would be kept that simple, direct and logical, demonstrating an effective, rational, persuasive appeal to the audience.

Design Feature 5: Credibility

Stiff and Mongeau (2003) explain that perceived credibility is in the eye of the target audience, and if a source is seen as trustworthy, it can be a big factor in improving the persuasiveness of a message. The research of Elias (2013) found that older students' credibility in the eye of younger classmates was a "powerful stigma-fighting tool" for teenagers dealing with mental illness (p. 51). When eleventh-graders at Bishop O'Connell High School in

Arlington, Va. began sharing their personal experiences with obsessive-compulsive disorder and anxiety with ninth graders, the resulting conversations were emotional and "mind-boggling" (p. 52). This campaign could capitalize on this knowledge by having some of the students in the group-setting scenarios be upperclassmen, engaging in conversations with their younger counterparts, about their own mental health struggles, and encouraging open dialogue. Because the younger students perceive the older students as credible and trustworthy, this design feature could be an effective construct for creating persuasive messaging that eliminates stigma surrounding mental illness. Sample language could be something as simple as an older student saying, "Hey, when I was your age, I had a lot of anxiety about tests and exams, and it got so bad that I would sometimes throw up. Has that ever happened to you?" If this coaxes a yes out of the younger student, the older student could then say, "Well, I overcame that by seeing a therapist…" and then the conversation between the audience and its persuasive, credible source would continue, comfortably and naturally, and as easily as a conversation about anything else. Pairing older, experienced students with younger counterparts for mental health support would also be a real-world feature of the later stages of this campaign, and having them communicate via text would utilize the mHealth dissemination channel, an effective tactic for behavior change.

Design Feature 6: Representativeness

Aronson and Aronson (2008) define the representativeness heuristic as people classifying something according to what is considered a typical example. If the first thing is considered normal or regular, the second thing will behave like the first thing (Aronson & Aronson, 2008). According to Elias (2013), when it comes to mental health challenges, "normalizing" them is the key for reducing stigma and fostering effective treatment in teenagers (p. 50). Research has shown that when students learn that there are treatments available for mental health issues, and

that these issues are very normal, negative stereotypes are also reduced (Elias, 2013). The messaging for this campaign that would utilize this understanding and dovetail on the design features of social proof and similarity already being used, and the widespread representation of mental issues as normal, particularly on social media platforms, would be an effective tool to further the mental health discussion. By having campaign ambassadors be age-appropriate representatives in the demographic, seemingly very "normal" kids, do something as easy as say in an online form, "I struggle with depression," or "I have anxiety," in the same tone where they'd say something like, "I have braces" or "I have glasses," would present them as a representative example of millions of other kids with the same exact issues. If their struggles are portrayed and perceived as typical and normal, and not stigmatizing, their recommendations for continuing the conversation could be very persuasive.

Next Steps

Next steps for this campaign include the development of a creative brief to share with potential campaign investors, partners and sponsors, plus an integrated marketing and communication plan and budget. Key to the success of this campaign is to have all messaging and sources be legitimate and genuine in the eyes of the teenage audience, so next is finding strong spokespersons within the demographic who have actually experienced mental illness play the roles outlined in this proposal. Following this would be outreach to potential stakeholders (associations, trade groups, government sources) to secure funding and vehicles for the campaign, and the procurement of an agency or dedicated third party for its execution.

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