Final Client Report
“Erase the Stigma”
Public Relations Campaign
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Biographies

**Alana Gaither - Chief Executive Officer (CEO)** - Is a junior public relations major, a member of the varsity football team and vice president of Sigma Alpha Tau sorority. During this campaign, she made sure everyone knew what to do, where to do it and how to do it. Gaither also assisted Harle with making sure the erasers were stamped and ready to be handed out to essentially “erase the stigma.” After graduation in the May 2015, Gaither would like a job with a local agency or to move out west to work for Nike in Oregon.

**Alissa Harle - President** - Is a junior public relations major with a minor in sports communication. On campus, she holds the position of recruitment chair in her sorority, Sigma Alpha Tau. Harle is also the public relations chair for Otterbein’s Special Olympics Club. Throughout the campaign, Harle helped organize the campus center event, social media and created the erasers. She was also in charge of distributing tasks and making sure everyone was involved. After graduation, Harle hopes to have a career in the golf industry working for the PGA Tour.

**Alisa Hartman - Chief Brand Officer** - Is a junior public relations major with a minor in journalism. She is currently an intern with the Office of Marketing and Communications at Otterbein University. She enjoys feature writing and working on social media sites. Outside of school, Hartman is a member of Sigma Alpha Tau and a Panhellenic Representative. After graduating in May 2015, she would like to either work for a fashion magazine or PR agency.

**Nick Ganus - Chief Business Development Officer** - Is a junior public relations major with a minor in political science. He is currently the public relations coordinator for the Chillicothe Paints baseball franchise. He enjoys campaign planning, designing, writing and media relations. Ganus is also a member of the Otterbein football team and the Academic Council. He plans to attend law school after graduating.

**Katie Taggart - Chief Content Officer** - Is a senior journalism major with a minor in public relations. She has worked for Otterbein’s student newspaper, the Tan and Cardinal, for three years as a reporter, assistant news editor and news editor. From this campaign, Taggart has learned that collaboration and communication are essential if you want to get anything done. She hopes to work at either the Columbus Dispatch or as a coordinator for a company when she graduates later this May.

**Allie Colon - Chief Design Officer** - Is a junior public relations major at Otterbein University. During this campaign, Colon was in charge of creating and analyzing the surveys and designing the final report. This past year, she worked for the Columbus Blue Jackets as the communications intern. And this summer, she will work at Nationwide as a corporate communications intern. She is looking forward to a career in public relations after she graduates this December.
Mike Newman - Chief Analytics Officer - Is a junior public relations major with a marketing minor. Newman is also an Iraqi War veteran. Throughout the campaign, he was in charge of developing the timeline and keeping everything running in a timely manner.

Jennifer Wilson - Chief Diversity Officer - Is a sophomore public relations major with a journalism and media communication minor.
Executive Summary

This semester, the Awareness Alliance was assigned the task of creating a campus-wide campaign aimed at eliminating the stigma attached to mental illness. As a group, they collaborated, brainstormed and strategized to come up with a campaign that they believed would be effective for college students. After several meetings, they came up with the campaign slogan “Erase the Stigma.”

The goal of the campaign is exactly what it says, to erase the stigma behind mental illness that exists in the Otterbein community. They would do so through a number of different measures.

In order to implement an effective campaign, the group conducted an initial survey among Otterbein students. Their research found that only 39 percent of Otterbein students thought that the school was doing a good job raising awareness about mental health stigma. It was clear that there was room for improvement on campus.

It was also prevalent that many students were not educated as to what mental illnesses were. The survey showed that nearly half of Otterbein students did not think that mental illnesses were physical illnesses — one of the biggest stigmas associated with mental health. They also received comments such as “Being a nursing major I agree that mental health is not noted as much as it should,” and “I wasn't totally sure what really counts as a "mental illness." These results made it clear that the campaign should center upon educating students about mental illness and the stigma. They felt this was important because a lack of education often leads to a stigmatization.

Thus, the group set out to develop and implement their week-long campaign. They created posters, erasers and notecards. All of these were the same pink color and shape to create consistency and to really drive home the “Erase the Stigma” message. They placed these throughout campus, in residence halls, the library, classrooms, and heavy-traffic areas. They made it nearly impossible to walk anywhere on campus without seeing the “Erase the Stigma” name.

Another important element was the use of Twitter throughout the week. Using the Otterbein Wellness Twitter handle, @OtterUWellness, they tweeted multiple times per day. The tweets included facts and figures, resources and information about our campaign.

On the last two days of the campaign, they held the “Erase the Stigma” event in the Campus Center. Phrases that are considered stigmatizing like “It’s all in your head” were written on the board by group members and other various students. As students walked through, they were asked to “Erase the Stigma” by pinning a transparent eraser over a phrase. Photos of the campaign can be seen in the appendix portion of the report. In total, approximately 90 students participated in the event.

Overall, the campaign was a major success on Otterbein’s campus. In a final survey conducted by the group, they found that there was a 20 percent increase in students who thought that Otterbein did a good job in raising mental health awareness. There was a 10 percent increase in students saying that mental illness was a physical illness. There was
also an 8 percent increase in students who would not hide the fact that they had a mental illness.

Other important results include that the whole campaign increased the followers of the @OtterUWellness Twitter account by 28 people. The tweets also received 22 mentions and 48 retweets.

The campaign generated a lot of positive feedback from students, faculty and people that suffer from mental illnesses themselves. For a campus that does not receive a lot of information about mental health, it was clear that the Awareness Alliance’s campaign made a positive impact on the students. It was a success, and hopefully, it will be implemented again in the future.
Research

According to the Florida Council for Community Mental Health

- Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia.
- Stigma reduces patients' access to resources and opportunities and leads to low self-esteem, isolation and hopelessness. It deters the public from seeking, and wanting to pay for, care.
- In its most overt form, stigma results in outright discrimination and abuse.
- Selective media reporting has reinforced the public's stereotypes linking violence and mental illness and encouraged people to distance themselves from those with mental disorders.
- Stigma surrounding the receipt of mental health treatment is among the many barriers that discourage people from seeking treatment.
- Only 25 percent of young adults between the ages of 18-24 believe that a person with mental illness can eventually recover. Only 42 percent of Americans believe that a person with mental illness can be as successful at work as others. Only 54 percent of young adults who know someone with a mental illness believe that treatment can help people with mental illness lead normal lives.
- There's no scientific reason to differentiate between mental health and other kinds of health. Mental illnesses are physical illnesses.
- Studies suggest that the majority of citizens of the US have stigmatizing attitudes about mental illness.
- Stigmatization of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance.

According to Psych Central and the CDC

- Over two-thirds of young people do not talk about or seek help for mental health problems.
- Stereotypes are one of the largest barriers preventing young people from seeking the help they need.
- 44 percent of American college students reported feeling symptoms of depression.
- Suicide is the third leading cause of death among people ages 15-24, and the second leading cause of death in college students ages 20-24.
- 80-90 percent of people that seek the necessary form of mental health treatment can function the way they used to.
- More than 1 out of 20 Americans 12 years of age and older reported current depression in 2005-2006.
- Overall, an estimated 27 percent of young adults between the ages of 18 and 24 have diagnosable mental health problems.
- Nearly 20 percent of first-year college male students reported feeling frequently overwhelmed by what they had to do, as more than 35 percent of first-year female students.
Research

Interview with Julie Saker, the associate dean of students and the health and wellness director at Otterbein University

- Focused future research and interview questions with director at Melissa’s House
- Her goal is to “soften the impression of mental illness” on Otterbein’s campus rather than targeting one specific illness
- Targeted audiences: Otterbein Greek life, athletics, and service groups
Initial Planning

Situation Analysis
Our research shows that many college-aged students are unaware of what having depression, bipolar or an eating disorder really means. This lack of education causes these mental health disorders to be uncomfortable topics. A ratio as big as one in four adults will struggle with mental illness in their lifetime, yet people still avoid talking about it.

Problem Statement
Due to students’ ignorance and misunderstanding of the topic of mental health, there is a negative perception about mental health on many college campuses and a huge need to change perception.

Goal
In order for those affected by mental health disorders to feel comfortable in their own skin, the challenge will be to change the overall perception about mental health and “Erase the Stigma” on Otterbein’s campus.

Target Audience
The audience of this campaign is targeted towards residence life, which includes freshman dorms, suite-style dorms, the commons and themed houses. This specific audience contains many students involved with organizations on campus such as Greek Life and athletics. Students who live on campus typically surround themselves with similar people every day, and are on campus more often than commuters. Thus targeting them will have the greatest impact on campus as a whole.
Initial Planning

Objective 1: Increase awareness by 50 percent of students living on campus by promoting awareness about the prevalence of mental health by May 2014.

Objective 2: Increase awareness by 50 percent of all Otterbein students by promoting awareness about the prevalence of mental health by May 2014.

Strategies:
- Create a survey to be sent out to residence life with specific questions to find out what students already know or don’t know about mental health disorders. This will give us an idea of the stigma that exists on campus. At the end of our campaign, we will send out another survey to see if we met our objectives.

  Tactics:
  - Create survey and get it approved by Otterbein to send out to students.
  - Send same survey out at the end of campaign.
  - Calculate results to find out if the campaign was effective.

- Standard pink erasers
  - Erasers have “Erase the Stigma” on them in bold and in smaller print underneath, provide the link to the Otterbein health and wellness website and/or Twitter account.
  - Place in residence halls, academic buildings and table in campus center to promote awareness about the campaign and also driving awareness to the health and wellness website.

- Pink eraser posters
  - To draw awareness to the campaign, it’s important to keep everything consistent, which is why our posters will look like the erasers. We want “Erase the Stigma” to become familiar around campus.
  - Hang posters in resident halls, academic buildings, athletic facilities, and in the campus center.

- Social Media
  - Tweet facts each day from the Health and Wellness Twitter account, @OtterUWellness.
  - Dedicate one day during a week to one of three mental health disorders: depressions, bipolar and eating disorders.
  - Retweet from certain Otterbein athletic accounts, Greek Life accounts, and personal accounts to reach more students.

- Dry erase board in CC to attract student involvement
  - Write certain negative and stereotypical stigmas on a dry erase board
  - Have students volunteer to pick a word or phrase they want to “erase” by placing a clear magnet over it so other students can still see what others have “erased.”
  - Provide erasers at table and possibly candy to attract students.

- Notecards to residence life dorms
  - Create notecards with facts on stigma on them
  - Distribute the cards to freshman dorms
Initial Planning

SWOT Analysis

*Strengths:* The consistent message and appearance of “Erase the Stigma” on a pink eraser will help generate awareness on campus. Access to @cardinalnation and one of the largest sorority’s Twitter page will help drive activity to Otterbein’s Health and Wellness Twitter page. Having an interactive activity with the dry-erase board in the campus center will get students involved, especially our target audience because it’s required to have a meal plan.

*Weaknesses:*
- Low awareness of the need to erase mental health stigma
- A casual and light-hearted campaign for a very serious topic
- Time and location won’t meet all audience members

*Opportunities:*
- Engaging students who have not been engaged in this conversation before
- Face-to-face communication allows for discussion, opinions and personal experiences
- Uniting Otterbein students
- Allow for students with a mental health disorder to speak up
- Ability for the Otterbein health and wellness center to gain a larger student audience

*Threats:*
- Short deadline
- Low support or interaction from students

*Evaluation*
- If there is an increase of mental health knowledge by using a before and after survey on the targeted audience, goals and objectives will be accomplished
- Monitoring the number of new “followers” to the health and wellness Twitter account
**Strategic Decisions & Changes**

Due to the obstacles faced over the course of our campaign, we were forced to make some important decision regarding changes to the initial plan in order to make progress. For instance, the posters, erasers and notecards were strategically placed in every building around campus. Initially, however, the notecards were meant to be placed under the doors of freshmen dorm rooms in order to target the student right where they live. We were not able to do this because we were unable to get approval on time. So, we did the best we could and put notecards in the RAs mailboxes and distributed all of our materials across campus in order to maximize our target audience outreach.

Increasing the outreach was a major factor in the campaign, so we made one specific decision in order to maximize the awareness of the campaign. We visited all Greek chapter meetings and shared with them our campaign materials and message. This was our attempt to reach out to the largest community on campus and spread the word. Having the Greek community on board with our campaign was something that we needed and took a lot of time to ensure their endorsement.

With the materials in place we shifted our focus to the “Erase the Stigma” event in the campus center. In order to maximize our outreach, we were forced to change the initial date of our campus center event. We realized that students do not frequent the campus center on Fridays, so we had to backdate the event 24 hours to Thursday. We began the event on Thursday and continued it into the afternoon the next day. This was a decision based on our ability to reach out to students in an effective manner and not miss out on attracting students when they leave campus Friday afternoon.

Once we had the event ready to go, we decided to make the event a little more interesting and gather candy for the students who participated in the event. The candy was a good attention-grabber. And then to keep students’ attention we created a raffle for gift cards. This would create an incentive for participants to tweet at the campaign page and increase participants’ information retention due to their attention being kept by the varying facets of our event.
## Implementation

### Timeline

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12 | “Erase the Stigma”
Implementation

Erase the Stigma

63% of Otterbein students would hide a mental illness.

@otteruwellness

Sample Poster

Did you know?

- Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders.
- In its most overt form, stigma results in outright discrimination and abuse.
- Selective media reporting has reinforced the public’s stereotypes linking violence and mental illness and encouraged people to distance themselves from those with mental disorders.
- Stigma surrounding the receipt of mental health treatment is among the many barriers that discourage people from seeking treatment.

According to the Florida Council for Community Mental Health

Sample Notecard

Erase the Stigma

@otteruwellness

Sample Eraser

13 | “Erase the Stigma”
Implementation

The entire group meeting with the design team to discuss the final poster designs and printing options.

Hanging posters around campus.
Implementation

Stamping the erasers with the “Erase the Stigma” logo and Twitter handle.

Speaking at a sorority chapter meeting.
Results

We were unable to measure the exact change of awareness during our campaign to know if our objectives were clearly met or not. However, we were able to look at analytics from a social media standpoint and record the amount of activity during our campus center event.

Twitter

Over the course of the week-long campaign we sent out 15 different tweets from @OtterUWellness. Tweets included facts about stigma, facts from our original survey, and tweets about our event in the CC. Some tweets are seen in the pictures below and on the next page.

After the campaign, we were able to use Twitter’s analytics program to look at our social media impact. Our tweets were retweeted 48 times. We were mentioned 22 times by various people giving their own testimonies and posing with our posters. We were also able to gain 28 new followers for the @OtterUWellness account. These results show a very successful campaign from a social media standpoint.
Results

Dustin McFadden @DMcFadd... 4h
Put me in the raffle lol
@OtterUWellness #erasethestigma

Malerie Takach @Malerie_Takah 4h
#erasethestigma awesome campaign @OtterUWellness

Rease Johnson @Reasescup17 5h
#erasethestigma

Otterbein Wellness @OtterUW... 5h
Come over to the Campus Center to help #erasethestigma

Trevor McDonald™ @Trev.... 5h
@OtterUWellness #erasethestigma

Alana Gaither @AlanaGaither 6h
Join @Shellbelly77 in helping us to #erasethestigma on Otterbein’s campus in the CC today and tomorrow!

63% of Otterbein students would be inclined to hide the fact that they have a mental illness. #EraseStigma
4/28/14, 6:35 PM
9 RETWEETS 5 FAVORITES

Tyler Batten @TylerBatten21 1h
I received a severe traumatic brain injury from a car accident almost two years ago #EraseStigma @OtterUWellness

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Results

Website
We also utilized Otterbein’s spotlight stories on the website. Alisa wrote the story and sent it to the Office of Marketing and Communications. They put the story up the week of our campaign, adding to the amount of exposure we received. The story can be found here: http://www.otterbein.edu/Spotlights/otterbein-students-raise-awareness-about-mental-health-stigmas
Results

Campus Center Event
The event took place Thursday, May 1 from 11 to 1 p.m. and 5 to 7 p.m. and Friday, May 2 from 11-1 p.m. This event generated the most Twitter involvement during the campaign. In order for participants to be entered into the raffle to win one of three gift cards, they had to tweet to @OtterUWellness.

The entire event attracted 90 participants. And of those participants, we had 39 people enter the raffle to win one of the gift cards. A lot of the participants had positive feedback. We had many students also come up and ask if they could write something someone had said to them on the board. They were excited to see people finally recognizing and understanding what they go through. Overall, the event was a very positive experience for both students and our group.
Results
Results
Results

Surveys
In order to effectively evaluate our campaign, we conducted a survey among Otterbein students before and after the campaign. Using Survey Monkey we sent the ten-question surveys to students involved in a variety of activities. The first survey received 100 responses. The second survey received 79 responses. We were then able to analyze the results to see if our campaign had an impact.

The questions in the surveys were similar. However, we wanted the first survey to measure students’ knowledge of mental health and the second to measure the effectiveness of our campaign. Comparing the two allowed for a lot of insight as to how we could improve our campaign.
Results

Pre-Campaign Survey Results

Q1: I think Otterbein does a good job at raising mental health awareness:
- Agree: 6.00% (6)
- Somewhat agree: 33.08% (33)
- Somewhat disagree: 28.09% (28)
- Disagree: 29.09% (29)
- I don’t know: 4.00% (4)
Total: 100

Q2: I am aware of the many types of mental illness:
- Agree: 47.00% (47)
- Somewhat agree: 37.00% (37)
- Somewhat disagree: 18.00% (18)
- Disagree: 5.00% (5)
- I don’t know: 1.00% (1)
Total: 100

Q3: I would be inclined to hide the fact that I had (have) a mental illness:
- Agree: 27.00% (27)
- Somewhat agree: 36.00% (36)
- Somewhat disagree: 12.00% (12)
- Disagree: 15.00% (15)
- I don’t know: 14.00% (14)
Total: 100

Q4: Check all of the following that you believe are considered a mental illness:
- Eating disorders: 91.64% (91)
- Alcoholism: 82.65% (82)
- ADD/ADHD: 62.65% (62)
- Bipolar disorder: 67.96% (67)
- Schizophrenia: 61.91% (61)
- Anxiety: 61.91% (61)
- Depression: 67.96% (67)
Total Respondents: 90

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Results

Q5: True/False. Mental illnesses are physical illnesses.
Answered: 100  Skipped: 0

- True: 54.80% (51)
- False: 45.20% (49)

Q6: Which of the following is appropriate?
Answered: 100  Skipped: 0

- He/She has bipolar: 93.88% (93)
- He/She is bipolar: 7.12% (7)

Q7: I know someone who has a mental illness.
Answered: 99  Skipped: 1

- Agree: 85.86% (85)
- Somewhat agree: 7.07% (7)
- Somewhat disagree: 1.01% (1)
- Disagree: 2.92% (3)
- I don't know: 4.04% (4)

Q8: I recognize that I have a mental illness.
Answered: 100  Skipped: 0

- Agree: 16.00% (16)
- Somewhat agree: 17.60% (17)
- Somewhat disagree: 4.00% (4)
- Disagree: 66.60% (66)
- I don't know: 7.60% (8)

Total: 100
Results

Q9: I am aware of the resources at Otterbein that I could go to seek help regarding mental health.

- Agree: 33.88% (33 responses)
- Somewhat agree: 32.85% (32 responses)
- Somewhat disagree: 14.56% (14 responses)
- Disagree: 16.19% (16 responses)
- I don't know: 1.08% (1 response)

Q10: I would or have sought help for a mental illness.

- Agree: 30.38% (30 responses)
- Somewhat agree: 24.24% (24 responses)
- Somewhat disagree: 15.63% (15 responses)
- Disagree: 24.24% (24 responses)
- I don't know: 3.08% (3 responses)

Comments:

- Being a nursing major I agree that mental health is not noted as much as it should. Thank you for this survey.
- View respondent's answers

- I wasn't totally sure what really counts as a "mental illness" so I think there needs to be more education on what all falls under that category.
- View respondent's answers
Results

Post-Campaign Survey Results

1. True/False. Mental illnesses are physical illnesses.
   - True: 66.28% (51)
   - False: 33.72% (27)
   Total: 78

2. Which of the following is appropriate?
   - He/She has bipolar disorder: 66.73% (70)
   - He/She is bipolar: 13.79% (1)
   Total: 79

3. I think Otterbein does a good job at raising mental health awareness:
   - Agree: 56.10% (44)
   - Somewhat agree: 30.41% (24)
   - Somewhat disagree: 13.52% (10)
   - Disagree: 0.00% (0)
   - I don't know: 0.00% (0)
   Total: 79

4. I am aware of the resources at Otterbein that I could go to seek help regarding mental health.
   - Agree: 66.38% (50)
   - Somewhat agree: 32.81% (25)
   - Somewhat disagree: 10.62% (8)
   - Disagree: 7.69% (6)
   - I don't know: 2.53% (2)
   Total: 79
Results

I was aware of the "Erase the Stigma" campaign on campus.
Answered: 78 Skipped: 9

- True: 95.14%, 72
- False: 4.86%, 7

Total: 79

My feelings toward mental health have changed because of this campaign.
Answered: 78 Skipped: 1

- True: 51.28%, 40
- False: 48.72%, 38

Total: 78

Check all of the following that apply:
Answered: 72 Skipped: 7

- I read an "Erase the Stigma" note card: 78.83%, 51
- I received an "Erase the Stigma" eraser: 55.98%, 40
- I saw the posters for the campaign: 87.49%, 63
- I saw the tweets about the campaign: 66.66%, 42
- I retweeted a tweet: 26.88%, 18
- I attended the "Erase the Stigma" event in the C.C.: 95.86%, 11

Total: 72

I would be inclined to hide the fact that I had (have) a mental illness:
Answered: 78 Skipped: 0

- Agree: 43.77%, 14
- Somewhat agree: 26.26%, 24
- Somewhat disagree: 18.13%, 8
- Disagree: 9.50%, 7
- I don't know: 10.96%, 11

Total: 78
Results

I would or have sought help for a mental illness.
Answered: 79  Skipped: 8

| Agree       | 48.48% | 37 |
| Somewhat agree | 24.66% | 19 |
| Somewhat disagree | 5.88% | 4 |
| Disagree    | 15.19% | 12 |
| I don't know | 8.18%  | 7 |
| Total       |        | 79 |

Any comments/questions/concerns?
Answered: 6  Skipped: 23

I think this campaign is awesome! So many people are afraid to admit they need help or to even seek help because they feel they're alone. Having a mental illness is hard and frightening at times and having a good support group is where the best thing to help you through it.Getting help and learning how to work through things was the best thing I could have done for my mental illness.

Nash 6/28/94 1:20 PM  View respondent's answers

I loved a lot of people reading the pasters who were unclear as to what a stigma meant

Nash 6/28/94 1:20 PM  View respondent's answers

Really great campaign

Nash 6/28/94 1:20 PM  View respondent's answers

This campaign was very clever! Well done

Nash 6/28/94 1:21 PM  View respondent's answers

I feel conflicted about the first question because sometimes mental illnesses manifest into physical symptoms (psychosomatics)
Evaluation

Overall, we are pleased with how the campaign played out. We overcame challenges as a group, worked together to complete each tactic and essentially helped to soften the impression of mental health on Otterbein’s campus. Our most evident success was seen through Twitter. The Twitter activity during our event led to an increase of followers for the Otterbein Health and Wellness page, which is proof that there was an increase of awareness on campus.

What did we learn?

- Assign specific jobs and duties early on in the process to eliminate confusion.
- Having a consistent theme (pink erasers) helps students identify relation during a cause.
- How to communicate with people with different skills, strengths and weaknesses. (Public relations students and art students)
- The power of social media and how it can greatly affect a cause.
- How to “keep calm and carry on” during obstacles. There’s always a solution!
- Otterbein lacks knowledge about mental illnesses and the stigmas that go along with the disorders.
Recommendations

In the future if we were to do this campaign again, we would suggest implementing the campaign during fall semester. During the spring semester, especially this late in the year, people are already checked out. They are much less likely to participate because of the stress of finals and the distraction of summer quickly approaching. Students are much more willing to get involved around campus and are excited to be back. We would have probably seen an increase in participation at the CC and interaction on Twitter.

It would also be a good idea to have communication practicum students implement these campaigns throughout the year to keep the ideas fresh in students’ minds. They could use the already-made materials and make adjustments to reach a wide audience.
The U.S. Centers for Disease Control and Prevention (CDC) released a summary report yesterday detailing how the CDC measures mental illness in the U.S., and summary statistics from those measurements. Most of the information summarized in the report is not new, since it was previously published. What the report does do is bring a great deal of this information together in a single paper.

The report notes that according to the World Health Organization, mental illness — that is, any mental disorder — accounts for more disability in developed countries than any other group of illnesses, including cancer and heart disease. Yet all we hear people talk about in the media time and time again is reducing your risk of these health problems. We rarely hear anyone talk about reducing your risk of anxiety or depression.

According to a rigorous health survey conducted by the CDC in 2004, an estimated 25 percent of adults in the U.S. reported having a mental illness in the previous year. Lifetime prevalence rates of mental illness in the U.S. were around 50 percent when measured back in 2004. That means in a family of four, one of you likely has a mental illness.

However, mental illness is greatly weighted toward our senior years, when things start looking pretty bleak.

One of the surveys CDC researchers regularly collect data from is the National Nursing Home Survey, which surveys residents and staff members of nursing homes continuously throughout the year, every year. It’s not good:

The prevalence of nursing home residents with a primary diagnosis of mental illness in 2004 increased with age, ranging from 18.7% among those aged 65-74 years to 23.5% among those aged 85 years or older.

Dementia and Alzheimer disease were the most common primary diagnoses among nursing home residents with a primary diagnosis of mental illness, and the prevalence of each increased with age. Among nursing home residents with any diagnosis of mental illness (among any of 16 current diagnoses), mood disorders and dementia were the most common diagnoses among residents aged 65-74 years and 75-84 years.

Among residents aged 85 years or older, dementia (41.0%) was the most common mental illness, followed by mood disorders (35.3%). In 2004, approximately two thirds of
nursing home residents had a diagnosis of a mental illness, and approximately one third of these had a mood disorder.

Two-thirds of people in nursing homes have a mental illness. It’s no wonder doctors prescribe so many medications to try and help stave off depression (nothing cures dementia, unfortunately). These are depressing numbers.

Of course, none of which should be particularly surprising, as nursing homes aren’t generally known as bastions of fun and freedom. So do things look better in the general, somewhat younger population?

The data collected from various CDC surveys measuring depression suggest that at any given moment, the rate of depression is somewhere between 6.8 percent and 8.7 percent. That means that in the U.S., somewhere between 1 in 11 and 1 in 14 people meet criteria for clinical depression — a lot of people.

What about the possibility of getting a mental disorder diagnosis within your lifetime?

Rates of reported lifetime diagnosis of depression were similar in 2006 (15.7%) and 2008 (16.1%).

The prevalence of lifetime diagnosis of anxiety disorders was slightly lower, with 11.3% in 2006 and 12.3% in 2008.

In 2007, NHIS [surveys found] 1.7% of participants had received a diagnosis of bipolar disorder, and 0.6% had received a diagnosis of schizophrenia.

As you can see, the lifetime risk of anxiety disorders rank closely with depression, yet they aren’t measured as carefully or closely by the CDC:

CDC surveys focus on depression, and they lack sufficient data on anxiety disorders. Anxiety disorders are as common in the population as depression and, like depression and severe psychological distress, can result in high levels of impairment. Moreover, the pathophysiologic characteristics of anxiety disorders are similar to those of depression and often are associated with the same chronic medical conditions.

The National Epidemiologic Survey on Alcohol and Related Conditions […] estimated that during 2001-2002, 14% of U.S. adults had an anxiety disorder: 7%, specific phobia; 3%, social phobia; 2%, generalized anxiety disorder; and 1%, panic disorder.

Remember, just somewhere between 7 to 9 percent of adults have clinical depression. This makes anxiety disorders almost twice as common as depressive disorder. Although rarely talked about as often as depression, anxiety can be just as debilitating and just as serious a problem. Yet today, the CDC doesn’t even measure it.

One last thing… The CDC is just figuring out what psychologists could’ve told them 20 or 30 years ago — that health problems are readily impacted by co-morbid mental health problems. The two are inextricably linked:

Increasingly, physicians and others who treat mental illness, as well as public health experts, are recognizing the substantial overlap between mental illness and diseases traditionally considered to be matters of public health concern. The ability of certain mental illnesses to exacerbate morbidity from several chronic diseases is well-established. Recent studies have explored the causal pathways from mental illness to
certain chronic diseases, highlighting the need for more accurate and timely information on the epidemiology of mental illness in the United States.

This co-morbidity is a two-way street, too. Every time you see someone in a hospital bed being treated for one of those major health diseases you hear about in the news — such as heart disease or cancer — keep in mind that person also has mental health concerns. Most of the time, those mental health concerns — even it’s just anxiety related to the actual treatment or chances of recovery from the disease — are often overlooked altogether, or treated as minor, almost unrelated issues.

What this report did for the CDC was to summarize all of their current reporting tools that measure mental disorders, and figure out where there was overlap and where they were missing critical measurements. None of the CDC’s survey tools today specifically were designed to measure mental illness, however — a critical oversight. They are looking into correcting this problem, but it may be years before they start to systematically measure a wider range of mental disorders (rather than just a few) across the U.S.

Read the full CDC Report: Mental Illness Surveillance Among Adults in the United States

Mental Illness and Stigma
A Fact Sheet

Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia (Penn & Martin, 1998; Corrigan & Penn, 1999).

It reduces patients’ access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking, and wanting to pay for, care. In its most overt and egregious form, stigma results in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society U.S. Surgeon General, 1999).

Stigmatization of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance (U.S. Surgeon General, 1999).

Why is stigma so strong despite better public understanding of mental illness? The answer appears to be fear of violence: people with mental illness, especially those with psychosis, are perceived to be more violent than in the past (Phelan et al., 1997).

Selective media reporting has reinforced the public’s stereotypes linking violence and mental illness and encouraged people to distance themselves from those with mental disorders (Angermeyer &Matschinger, 1996).

Stigma surrounding the receipt of mental health treatment is among the many barriers that discourage people from seeking treatment (Sussman et al., 1987; Cooper-Patrick et al., 1997).

Stigma was expected to abate with increased knowledge of mental illness, but just the opposite occurred: stigma in some ways intensified over the past 40 years even though understanding improved. Knowledge of mental illness appears by itself insufficient to dispel stigma (Phelan et al., 1997). Broader knowledge may be warranted, especially to redress public fears (Penn & Martin, 1998). Research is beginning to demonstrate that negative perceptions about severe mental illness can be lowered by furnishing empirically based information on the association between violence and severe mental illness (Penn & Martin, 1998). Overall approaches to stigma reduction involve programs of advocacy, public education, and contact with persons with mental illness through schools and other societal institutions (Corrigan & Penn, 1999).

Treatment works, but nearly two-thirds of people with a known mental illness never seek help from a health professional (World Health Organization, October 2001).

Stigma, discrimination and neglect prevent care and treatment from reaching people with mental illnesses (World Health Organization Report, October 2001).
Stigma assumes many forms, both subtle and overt. It appears as prejudice and discrimination, fear, distrust, and stereotyping. It prompts many people to avoid working, socializing, and living with people who have a mental disorder. Stigma impedes people from seeking help for fear the confidentiality of their diagnosis or treatment will be breached. For our Nation to reduce the burden of mental illness, to improve access to care, and to achieve urgently needed knowledge about the brain, mind and behavior, STIGMA must no longer be tolerated (U.S. Surgeon General's Report on Mental Health, 1999).

Only 25% of young adults between the ages of 18-24 believe that a person with mental illness can eventually recover. Only 42% percent of Americans believe that a person with mental illness can be as successful at work as others. Only 54% of young adults who know someone with a mental illness believe that treatment can help people with mental illnesses lead normal lives. Despite the fact that an overwhelming majority of Americans believe that people with mental illnesses are not to blame for their conditions (85%), only about one in four (26%) agree that people are generally caring and sympathetic toward individuals with mental illnesses. (SAMHSA/CDC, 2006)

Many people with schizophrenia say that the stigma and prejudice associated with their illness is as distressing as the symptoms themselves. (Hocking, May 2003)

Stigma contributes to loneliness, distress and discrimination against people with a mental illness and their families. More than 40 negative consequences of stigma have been identified, including discrimination in housing, education and employment and increased feelings of hopelessness. The end result is that many people are reluctant to seek help, less likely to cooperate with treatment, and slower to recover self-esteem and confidence (Hocking, May 2003).

Stigma is a barrier that discourages individuals and their families from seeking help (SAMHSA, 2003).

Many people would rather tell employers they committed a petty crime and served time in jail, than admit to being in a psychiatric hospital (SAMHSA, 2003).

Stigma can result in inadequate insurance coverage for mental health services (SAMHSA, 2003).

Stigma leads to fear, mistrust, and violence against people living with mental illness and their families (SAMHSA, 2003).

An estimated 22 to 23 percent of the U.S. population experiences a mental disorder in any given year, but almost half of these individuals do not seek treatment (U.S. Department of Health and Human Services, 2002; U.S. Surgeon General, 2001).

Stigma and discrimination often stand in the way of opportunities for people with mental illnesses. They contribute to the economic poverty and social isolation of many consumers. Stigma and discrimination have a substantial impact on everything from mental health care penetration rates to support for public mental health services (SAMHSA, 2004).

There’s no scientific reason to differentiate between mental health and other kinds of health. Mental illnesses are physical illnesses (US. Surgeon General, 1999).
Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people (Corrigan and Watson, 2002).

Studies suggest that the majority of citizens in the United States have stigmatizing attitudes about mental illness (Corrigan and Watson, 2002).

Although stigmatizing attitudes are not limited to mental illness, the public seems to disapprove persons with psychiatric disabilities significantly more than persons with related conditions such as physical illness (Corrigan and Watson, 2002).

Perhaps the greatest obstacle persons struggling with mental illness or addiction must overcome is the stigma associated with such problems (National Governors Association, 2002).

The stigma of mental illness is the primary reason for not seeking necessary mental health care. (U.S. Surgeon General, 1999).

Stigmatization of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance (U.S. Surgeon General, 1999).

From http://www.fccmh.org/resources/docs/MentalIllnessandStigma.pdf