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A Campus Solidarity Campaign:

Promoting Respect and Support for College Students with Mental Illness

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Abstract

Objective: This paper describes the evaluation of a set of potential logos for a campaign aimed at promoting an environment of solidarity and support on college campuses for students with mental illness.

Participants: Data were gathered during July, August, and September of 2013 from current college students through Amazon's Mechanical Turk. 995 participants were included in the analyses reported here.

Methods: Participants completed an online survey responding to statements about college students and mental illness by selecting the logo they thought best represented each statement.

Results: One-sample chi-square tests were conducted to assess difference in frequency of brand endorsement by statement.

Conclusions: Through use of the scientific method to evaluate three potential logos designed to represent this campaign, it is more likely that the campaign will have its intended impact, and avoid potential deleterious effects. .

Keywords: mental illness, stigma, college students, support

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A Campus Solidarity Campaign:

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Increasing numbers of individuals with serious mental illnesses are attending college. Surveys administered at 26 college campuses in 2007 and 2009 showed 17.3% of college students screened positive for depression, 4.1% for panic disorder, 7% for generalized anxiety disorder, 6.3% for suicidal ideation, and 15.3% for nonsuicidal self-injury.[1] Similarly, data from the 2013 American College Health Association's National College Health Assessment revealed that 31.3% of college students felt so depressed that it was difficult to function over the prior 12 months; 7.4% reported having seriously considered suicide.[2] Academic outcomes for students with mental illness were significantly different from those of the general student body. Students with anxiety disorders were 1.4 times more likely to withdraw from college before degree completion than those without a mental health diagnosis; students with a mood disorder were 2.9 time more likely to drop out.[3] Mental health affects academic outcomes. Depression, for example, is a significant predictor of lower GPA and dropping out.[4]

College students with mental illnesses cite stigma as a barrier to community engagement and social relationships,[5] as well as treatment seeking.[6,7,8,9,10,11] Former college students with mental illness who did not graduate reported less engagement on campus mediated by the stigma of their peers.[5] A survey of faculty at a Southern US university revealed a significant minority to be uncomfortable with and afraid of students with mental illness.[12] These attitudes inversely predicted willingness to allow students to attend class or to provide accommodations for class. Decreasing the stigma of mental illness becomes a major public health priority for American campuses.

Campaigns attacking stigma might approach the issue by framing mental illness in terms of normalcy (People with mental illness are like me.) or solidarity (I stand with people with

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mental illness.)[13] One way to challenge myths of mental illness (e.g., people with mental illness are dangerous, incompetent, and to blame for their disorder.) is to frame these experiences within the range of normal life. Australia's *beyondblue* is a collection of public service announcements and web materials that seek to demystify treatment related to anxiety and depression, framing it as similar to other common medical interventions.[14] Internalizing this normal perspective seemed to be associated with better recognition of illnesses and greater understanding of the benefits of treatments like counseling and medication.[15] There may, however, be unintended effects of decreasing stigma by promoting normalcy.[13] People with mental illness are essentially told to keep aspects of their identity secret. There are pernicious consequences of hiding important aspects to one's identity as, for example, one's sexual orientation or mental illness. It has significant negative impact on mental health, physical health, relationships, employment, and well-being.[16,17] Conversely, individuals who identify closely and publicly with their stigmatized group report less stress due to prejudice and better self-esteem, a result found in African Americans[18] and women.[19] The issue of public identity for lesbians, gays, bisexuals, and transgender individuals (LGBTs) is a bit more complicated. In order to identify with other members of their community, LGBTs need to come out of the closet to disclose their orientation; despite the risks, coming out has generally been found to lead to improved mental and physical health.[20,21]

Recent research finds similar effects for mental illness. Some people who identify with their mental illness show positive effects on self-esteem.[22,23,24] Mental illness identity can be positively valenced leading to a sense of pride.[25] People may experience pride by overcoming the challenges of mental illness, withstanding related societal stigma, and demonstrating a sense of resilience may lead to identity pride. Pride also emerges from a sense of who one is; ethnic pride is an example[26]: "I am Irish American." Mental illness is an identity in which some individuals might be proud; the recognition that "I am a person with mental illness," defines

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much of their daily experience. This kind of identity promotes authenticity, recognition of one's internal conceptualizations in the face of an imposing world.[27,28] What then becomes the goal of stigma change programs in this light? The public might need to acknowledge positive aspects of some people's identity with mental illness and do this by standing in solidarity with them. Solidarity has two meanings here. First, research suggests people with a stigmatized condition gain strength through association with peers: solidarity in a microcosm of the world.[29,30] More broadly, however, is the experience where the majority stands with the group who is publicly out with their stigmatized identity. I am in solidarity with people in recovery.

The LGBT community developed pride and solidarity programs to tackle the prejudice that impacts their lives. Best known of these is the largely college-based, SafeSpace campaign developed by the Gay, Lesbian & Straight Education Network (GLSEN). SafeSpace is represented by a logo that combines black and pink triangles, once used during the holocaust to mark lesbians and gays, with the rainbow flag, an emblem of gay pride.[31] Logos are graphic and message combinations which set the concept brand for social marketing efforts. Brands are essential in marketing campaigns; they become the distinctive mark that quickly communicates the central vision of an effort. A training program consisting of a 42-page Guide to Being an Ally to LGBT Students accompanies brand messaging. Studies of the SafeSpace campaign in academic settings demonstrated positive impact on campus climate and experiences of gay students.[32,33,34]

Earlier qualitative work by our research group and partners at Active Minds (the nationwide nonprofit dedicated to raising mental health awareness now active on more than 400 college campuses) sought to develop candidates for a logo and brand meant to promote solidarity in college communities with students with mental illness. In the first study, 24 stakeholders of a Chicago University campus (students, faculty, and staff) participated in focus groups to identify benefits and concerns of a solidarity campaign like SafeSpace.[35] Benefits at three levels -- social

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justice, community, and individual -- emerge out of the results. Concerns included creating false expectations, labeling, paternalism, and legal/practical issues. We again partnered with Active Minds to draft seven logos to anchor the mental health solidarity campaign. Subsequent focus groups of Active Minds members provided feedback on logos including overall strengths of brands.[36] They represented interactions of two messages -- "mental health unity" and "I stand for mental health." – and two symbols approximating a college lettermen jacket or a silhouette of embracing college students. Logos are reproduced in the top row of Table 2.

The purpose of the study summarized herein is to examine impact of the three logos that emerged from these data. Specifically, a national sample of college students asked to choose among the three logos that best exemplifies attitudes in three categories: decreased stigma, normalcy, and pride/solidarity. The goal was to inform use of these logos in a national campaign. Hence, an additional aspect of the study was to determine how perceptions about logos varied by key demographic groups. This information would inform efforts to target logos based on student demographics.

Methods

College students from across the United States were solicited to participate in this study using Mechanical Turk (MTurk). MTurk, operated by Amazon, is a crowdsourcing internet marketplace that, among other things, is used to solicit participants for social science research. Data show more 100,000 workers from 100 countries are registered with MTurk.[37] Research is mixed regarding the degree to which demographics of MTurk workers match the US population though there is some consensus MTurk samples work best for random population modeling.[38,39,40] A solicitation was posted on the MTurk Human Intelligence Tasks list requesting workers to participate in survey to ascertain their opinion about potential logos for a campaign to promote an environment of solidarity and support on college campuses for individuals with mental illness. Participants were to be current students in an American college

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or university and eighteen years of age or older. Consistent with our review of MTurk payments for similar social science projects, workers completing the task would be paid 25 cents. We were concerned about failing to meet recruitment goals after obtaining 114 participants so reimbursement rate was doubled to 50 cents.

1625 MTurk workers responded to the solicitation; 172 of these were initially excluded because they were not currently college students. One concern about online surveys is research participants who fail to fully attend to task. Our MTurk survey included validity questions meant to catch people in this group; e.g., "Please choose the logo that includes the text, 'I stand for mental health.'" We also excluded people whose time on task was below the minimal cutoff to complete the survey competently. As a result, 990 MTurk workers provided useable data.

After being fully informed to the study and consenting to participate, research participants answered items about demographics. We added a question of mental illness familiarity to determine whether college students who had experienced mental illness themselves viewed logos differently: "Yes or no? Do you have a mental illness for which you have taken medication(s)? Research participants then were administered 28 items representing strengths and limitations of logos that evolved from our first qualitative study of stakeholders of a Chicago college campus.[41] Research participants were asked to select from among the three logos the single image that best represented the statement. For example, "Seeing this logo would make me think that discrimination against students with mental health concerns is wrong." Items used in the analyses for this study were grouped to represent putative campaign goals outlined in the Introduction: anti-stigma, normalcy, and pride/solidarity. In addition, questions about visual appeal of the logos were asked.

Data Analyses

The difference in frequency of logo endorsements by statement were assessed using one-sample chi-square tests. Effect size for these statistics was determined by Cramer's V. In

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addition, ways in which logo endorsement varied by demographics was determined using the chi-square test of independence. Once again, effect size was determined via Cramer's V.

Results

Demographics for research participants are summarized in Table 1 and seem to mostly reflect the US adult population. The sample was a bit more female and seemed a bit older than was expected for a college sample; mean age was 26.3 years. Race and ethnicity reflected US numbers with the sample identifying themselves as almost 80% European American and 9% Latino. Three quarters of participants were from four year colleges and two thirds were full time students. Participants were almost 70% single as well as about 13% LGBT. A little more than 20% of participants admitted to taking psychiatric medication.

-- Insert Table 1 about here. --

Frequencies of logo endorsement by statement are summarized in Table 2. All chi-square tests were significant with the vast majority yielding moderate effect sizes. Statements are grouped by goal and a tally provided representing number of endorsements in that section that were significantly highest by logo. The *I stand for mental health* silhouette was viewed as most likely to challenge the stigma of mental illness. Although this vignette was also selected most for one of the normalcy statements, the *Mental Health Unity* silhouette was most often endorsed for pride and solidarity. The *I stand for mental health* silhouette was viewed as most visually appealing. Note that the "Mental Health Unity" lettermen jacket logo was not endorsed most for any of the items in Table 2.

-- Insert Table 2 about here. --

One item in the survey examined race and ethnicity effects: "This logo would be most meaningful to people of all racial and ethnic backgrounds." The *Mental Health Unity* silhouette was endorsed most for this item; see Table 3. Subsequent analyses were conducted to determine how logo endorsements varied by demographics for items representing anti-stigma, normalcy,

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and pride/solidarity goals. None of these analyses -- by gender, highest education achievement, type of institution, current academic standing, marital status, sexual orientation, or familiarity with mental illness -- was found to be significant. However, logo endorsement did vary by visual appeal for several demographics. Results showed males did not really vary in visual appeal of logos but females found the *I stand for mental health* silhouette most appealing as did LGBT respondents and participants who admitted they take psychiatric medications. Note that although the chi square tests for these analyses were significant, effect size was small.

-- Insert Table 3 about here. --

Comments

Campaigns meant to impact college attitudes towards mental illness might seek to decrease stigma, promote normalcy, and support solidarity. Mirroring a strategy adopted by LGBT college advocates, logos were developed by a coalition with Active Minds representing themes identified by college students in two separate qualitative studies. The themes reflected two empowering messages -- *Mental Health Unity* and *I stand for mental health* -- embedded in two images: a collegiate lettermen brand or a silhouette of college students. The purpose of this quantitative survey of American college students was to determine how endorsement of individual logos varied by statements reflecting three goals: decrease stigma, foster normalcy, and promote pride and solidarity.

Limitations

Despite several strengths -- large sample whose demographics parallel the US population yielding results with significant and robust effect sizes -- there are limitations to this study that need to be considered for future research. This was not a randomly selected group so representativeness of the sample is questionable. Subsequent investigations should include population research strategies. Proxies of logo impact are beliefs and attitudes. While measures like these approximate prejudice, researchers are concerned that explicit measures of self-report

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are biased by social desirability.[42] Moreover, beliefs do not necessarily translate to behavior. Future research needs to assess the domain of stigma and affirming attitudes using other strategies; for example, there are implicit measures of stigma they may provide views that are less biased by social desirability.[42] These findings are essentially correlational and imply different logos might have positive effects on college students. Subsequent research should adopt a causal research design that will examine impact of logos; whether, for example, use of one of these logos changes campus attitudes and behaviors toward people with mental illness?

Conclusions

Results yielded several significant findings with moderate effect sizes. Five conclusions are notable. (1) The *Mental Health Unity* lettermen brand was not endorsed as primary in response to any survey item. Hence, this logo does not seem to have merit in a college campus campaign. (2) The *I stand for mental health* silhouette was viewed as most likely to diminish stigma. Survey participants were most likely to report this logo moved them to view discrimination as wrong and to take steps to end this kind of action against peers with mental illness. (3) The *Mental Health Unity* silhouette was endorsed as most normalizing; students with mental illness are just like everyone else. Moreover, the *Mental Health Unity* silhouette seemed to best promote pride and solidarity. Research participants believed this logo promoted ideas like students with mental illness are capable and have strengths. They should take pride in their pursuit of a college degree. (4) One question was written to specifically examine how logos would appeal to people of color. Research participants selected the *Mental Health Unity* silhouette as most likely to be meaningful to people of all racial and ethnic backgrounds. Otherwise, popularity of logos in terms of the major goals of a campaign -- reduce stigma and promote sense of normalcy and solidarity -- did not vary by demographics. Hence, using demographics to target logos for optimal change in goals does not seem to be effective. (5) Visual appeal was found to distinguish responses. The *I stand for mental health* silhouette was

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found to be most appealing to survey participants. Post hoc analyses of demographics did lead to significant findings here, albeit with muted effect sizes. Women, LGBT students, and students who take psychiatric medication believed the *I stand for mental health* silhouette to be most appealing.

How might this evidence be used to pick among the two dominant logos? The *I stand for mental health* silhouette has visual appeal, which is important in a time when people are overwhelmed by images. *I stand for mental health* might be more likely to stand out among the messages bombarding college students on campuses. *I stand for mental health* also seemed to yield the biggest impact on decreasing stigma. Advocates, however, argue that decreasing stigma is not enough.[43] Prejudice and discrimination need to be replaced by affirming attitudes and behaviors such as recovery, hope, and self-determination. Normalcy does this partially; viewing people with mental illness "as just like me" reduces the distance between groups thereby energizing concepts like hope and self-determination. The *Mental Health Unity* silhouette does this best. Pride and solidarity are more likely to promote affirming attitudes, replacing the shame of mental illness with encouragement to come out of the closet. Moreover, the *Mental Health Unity* silhouette was endorsed most as appealing to people of all racial and ethnic backgrounds.

Establishing a logo and the brand it asserts is a start, an important one but only the beginning of a campaign. The SafeSpace campaign includes educational materials for faculty, staff, and students; similar materials are needed for the Mental Health Unity campaign. Success of the SafeSpace campaigns rests on a distribution strategy championed by GLSEN. Hopefully, Active Minds will be able to adopt a similar strategy so the Mental Health Unity campaign spreads. The spread of such a campaign has potential to influence a change in campus climate surrounding mental illness. Future research may examine the impact of the campaign on campus climates.

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Table 1: Demographics of college students participating in study (N=990)

	Means (SDs) or Frequencies
Age	26.3 (6.5)
Gender	52.8% female
Race[1]	
European/European American	79.1
African/African American	10.4
Asian/Asian American	8.6
Native American	3.1
Hawaiian/Pacific Islander	0.7
Other	3.7
Ethnicity Latino/Latina	9.1%
Highest Educational Achievement	
Some college	60.2%
Associate's degree	14.3
Bachelor's degree	20.8
Graduate degree	4.6
Type of Institution	
Two year/ community college	25.1%
Four year college/university	74.9%
Current Academic Standing	
Full time student	65%
Part time student	30.6
Non-degree seeking	1.4
Nontraditional	3.0
Marital Status	
Single, never married	69.6%
Married/Unwed partner	26.3
Widowed	0.7
Separated/divorced	2.9
Sexual Orientation	
LGBT	13.4%
Straight	83.7
Prefer not to answer	2.9
Familiarity with mental illness	
Do you take psychiatric medication?	21.2% yes
Do you have family member with MI?	42.4% yes

Note. [1] Race adds up to more than 100% because some students reported several racial identities. Examples of "Other" include self-reports of Brazilian, Caribbean, and Middle Eastern.

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