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Developing Effective Communication Strategies to Promote the Help-Seeking of Young People With Mental Health Problems in the Illawarra

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Abstract

Formative research was undertaken in the Illawarra to identify local communication strategies to influence the help seeking behaviour of young people in relation to a new youth -focused GP mental health service. Research with the target market (12-25yrs) revealed the need for a local campaign to address the stigma associated with the use of mental health services, the need for segment - specific strategies tailoring communication variables and channels to reach different market segments and the need to emphasise the central role of the GP to the service In addition, responses indicated that a local campaign should also address the need for segment - specific strategies tailoring communication variables and channels to reach different market segments .

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Abstract

Formative research was undertaken in the Illawarra to identify local communication strategies to influence the help seeking behaviour of young people in relation to a new youth -focused GP mental health service. Research with the target market (12-25yrs) revealed the need for a local campaign to address the stigma associated with the use of mental health services, the need for segment - specific strategies tailoring communication variables and channels to reach different market segments and the need to emphasise the central role of the GP to the service In addition, responses indicated that a local campaign should also address the need for segment - specific strategies tailoring communication variables and channels to reach different market segments .

Background

A consortium of Illawarra clinical services, community welfare, academic and educational organisations are in the process of developing, implementing and evaluating a new evidence-based youth mental health service network in the Illawarra. The aim of the initiative is to establish a network of youth mental health services to improve availability and utilisation of mental health services for young people by providing easier access and early intervention for young people with mental health problems. In the Illawarra, the service will target residents aged 12 to 25 years with a focus on access to GP services and outreach services to stakeholder organisations, together with supervision and education/training facilities for specialist health care providers and community gatekeepers such as parents and teachers. The network will be initially focused at a co-located 'hub'. As part of the establishment of this local network, the consortium Executive Committee commissioned a project with the aim of designing local communication strategies to inform and facilitate those with mental health problems to access the local service.

Designing effective communication strategies

In order to promote a new health service for young people, it is important that communication strategies are designed with considerable care to convey appropriate messages about that product or service. Effective communication strategies which incorporate the power of 'brands' have considerable potential to inform young people about a product or service, influence attitudes towards that service, and hopefully to prompt the action of service usage by young people (e.g. Beaudoin et al, 2003). The basic concept of a brand (or service) encompasses the name, logos and visual elements associated with a product or company, as well as the culture and its competitive positioning against other brands. It also encompasses what separates the brand from others, to the extent that the words 'brand' and 'reputation' should be seen as closely related (Balmer and Gray, 2003; Unknown, 2005). Branding has long been used to communicate attributes and meaning, and thus position a product, company or service to consumers to create a desirable image (Belch and Belch, 2001; Rooney, 1995). Adolescents in particular have been noted for their high brand awareness and the use and

salience of brands has been noted as principal factor young consumer adoption behaviours (Grant and Stephen, 2005).

The design of effective media strategies therefore requires a careful consideration of the essential communication components in relation to what they communicate about the brand or service being promoted. McGuire's Communication-Persuasion Model (1989, p 45-65) suggests that components requiring particular consideration include: Message Source (e.g. the characteristics of the 'communicator of a message'); Message Factors (e.g. style of the message including aspects such as how it is framed, the language used, the amount of text, visual images etc); Channel Factors (e.g. how and where the message will be delivered; Receiver Factors(informed by knowledge of the target audience demographics and useful segments within the market); and Destination Factors (the fact that messages should also clearly target the 'type' of target behaviour at which they are aimed) (McGuire, 1989).

Rickwood et al (2005) highlight that help-seeking behaviour in young people pertaining to mental health services is influenced by many complex factors such as lack of emotional competence, negative attitudes and beliefs about help-seeking and fear of stigma. In reviewing these, it is unlikely that the target behaviour of 'help-seeking' will be initiated by a local communications campaign in isolation. However, Rickwood and colleagues research also highlight some facilitating factors which may positively influence help-seeking such as supportive social influences and improving mental health literacy. Communication strategies therefore may benefit from considering how the various components of any campaign are informed by the help-seeking literature. For example, this could be through the use of established and trusted relationships as a communication channel, or designing messages to address the impact of negative community attitudes and beliefs associated with seeking professional help. In this way, the local communications strategy will help to facilitate, not hinder, the desired attitude or behaviour change in the local target audience.

Effective media strategies have evolved to consider analysis of the effect of communications and the use of various media channels on the individual level (such as the impact on attitudes and behaviours resulting from exposure to media messages) but also to consider community and social analysis that seeks to understand and influence the context in which these values and behaviours are informed and reinforced (Finnegan and Viswanath, 2002). In this way, a community based intervention campaign approach recognises the need to seek change across multiple levels of human experience – from individual to community (Rogers and Storey, 1987).

Methodology

In order to explore the various components essential for an effective local communication strategy for the Illawarra initiative, a series of discussion groups were conducted. Focus groups are a particularly useful methodological tool for in depth examinations of adolescent attitudes (eg. Balloon, Kirst and Smith, 2004; Kefford, Trevena and Willcock, 2005). The elaboration, agreement, disagreement, questioning, and support provided by other participants can uncover the social context of behaviours, that would not otherwise be explained by quantitative surveys or one on one interviews. Furthermore, focus groups have been deemed especially useful in uncovering the ways in which adolescents and young people understand media images and messages (Kenyon, 2004). Participants for focus groups were recruited via the snowballing method (Streeton, Cooke and Campbell, 2004) which for this project

involved approaching participants via already established networks or friendship groups from local high schools, the University of Wollongong and young people who were already clients of organisations involved in the Illawarra initiative. Ethics approval was gained through the University of Wollongong Human Research Ethics Committee to conduct this research on the university grounds and at the locations of two the consortium partner offices.

A comprehensive discussion guide was developed in consultation with a representative from the local Executive Committee. The areas discussed included participants perception and responses to the proposed service and perceptions of the proposed site of the 'hub' as a potential barrier/facilitator for young people. In addition discussions and activities were designed to allow the researchers to explore the essential components of a communications strategy using McGuire's communication model (1989), in addition to exploration of normative beliefs about mental health services and questions to inform current help-seeking behaviour and supports.

Results

In total, 32 participants, aged between 13 and 25 years participated in seven discussion groups. These groups included three high school groups (two female and one male), two university groups (one male and one female) and one mixed gender group of current youth service users.

General promotion – a holistic approach to mental health

Across the groups, participants emphasised the need for the service to be promoted to avoid the perceived perceived community stigmas associated with seeking help from a mental health service:

> *"P: I just think it's, you know, if it's something to do with mental health... like if I think something was going on in my head, like I was depressed, anxiety, psycho induced paranoia, I would never ever, ever be seen walking into the mental health clinic, you know … then someone might see you, and then someone might go to you,… why are you going to the mental health clinic? Its personal, you don't want people to know that.' [Female, Current Youth Service Client]*

Participants felt that the promotion of a 'holistic' service for young people should be the emphasis, particularly if what was on offer was a service that considered young peoples mental health in the context of their physical and social needs.

> *"with the you know*[service being proposed], *people might be frightened walking into a clinic because people would assume the worst. If it is a sort of a more holistic place and you could go there for you know nutrition information or whatever, you wouldn't necessarily get that* [stigma]…" *(Female, University student)*

Given that GP services are central to the local initiative, it is significant that none of the participants associated the proposed service with services provided by GPs:

P: *"Just like what we were talking about before, like it sounds like a mental health service kind of, and not the physical or general health kind of thing"* [Male, University Student]

Message factors and communication variables

High school students
Discussions within the high school focus groups revealed that participants did not consider themselves to be the target of the proposed service, as a 'mental health' service was not relevant to them. When asked who such a service might be targeting they perceived it as relevant to 'marginalised' young people who were (in their view) more likely to suffer from psychological problems:

P: *"Maybe it would be for those types of people who have psychological problems or something like that."* [Female, High school student]

P: *"Cause usually they are involved in crime, they say that many prisoners have a psychological problem, with them."* [Male, Highschool student]

High school students clearly communicated the important role of their parents in decisions concerning health service usage, and the significant role of many family GPs. Thus, any effective communication strategy should consider targeting parents (or other GPs) as a secondary audience (or message source) as a means of influencing the health behaviours of these young people.

P: *"No I wouldn't go [*to a GP at the proposed location*], I would want to ask my mum and dad first …people don't go because they think that they have to ask their mum about it first."* [Female, High school student]

R: "Would you choose this place over the regular GP that you visit now?"

P: *"I don't know because I have been with my GP for a while and he is like a really good family friend and I would probably stick with him."* [Female, Highschool student]

University students
University students (like high school students) also clearly communicated that they did not feel that the service or the location of the youth network was targeting them or their needs. Therefore, suggestions given in the group were clearly regarding the marketing of a *different* and more 'appropriate' service for university students, and not factors that would influence their willingness to consider the use of the proposed service in the proposed location:

P: *"Like what we were saying before, we don't know if we would be eligible for it"* [Female, University student]

P: *"Like you'd kind of feel bad going there thinking I'm using these services when someone else might need them more"* [Female, University student]

University students emphasised the importance of source credibility more than any other, emphasising the importance of identifying message sources for information (whether on internet, pamphlets or backs of toilet doors). The internet was again suggested as an effective communication channel with advantages including convenience and privacy. Similar to high school students, uni students indicated that recommendations made by friends, particularly from those who had experienced the service themselves, would significantly influence their decision to try out the new GP service:

P: "I think that's the best way for people to find out about things as well, like if people go and say 'oh they were nice,' they'd spread the word and say 'this is a good place to go.'" [Female, University student]
P: "If I had a friend that went there and they said it was really good and they recommended it then I might go." [Male, University student]

Current youth service clients
Overall, it appeared that a broad health service (which also assisted with mental health issues) would be acceptable to current users of youth services:

P: "I reckon it sounds like something where you would go to hang out. Like you have down at the Youth Centre the drop-in and stuff...."[Male, Current service user]

It was suggested by current youth service users that information communicated via staff and clients within already established youth organisations would be perceived as credible and thus as ideal method of promoting the service, and that the message (if the service was of high quality) would be further carried by word-of-mouth among peers:

P: "I think in a service is a good place to start, cause that's were we find out about everything,...but that's not just us cause, what happens is we find out in the service and we can tell our friends and tell our own friends." [Female, Current service user]

Discussion

Factors addressed within a local promotional should consider the development of messages that aim to address common attitudinal issues for all segments at a community level, such as decreasing the stigma associated with seeking assistance for mental health issues. For both high school students and university students, mental health issues were associated with 'other' people, particularly marginalised groups. Messages that position mental health within a holistic framework or approach to overall or 'total' health may be received favourably. Promoting the GP as central to this 'holistic' approach may also be beneficial, with the need for a message that emphasises the GP services as central to the local initiative. The use of interpersonal communication channels should be prioritised (e.g. parents, peers, teachers, or service providers) with all groups suggesting that this was likely to increase the perceived credibility and trustworthiness of the service. These recommendations are consistent with mental health help-seeking literature which emphasises the importance of established and trusted relationships, or designing messages to address the impact of negative attitudes and beliefs associated with seeking professional help (e.g. Rickwood et al, 2005).

Despite some common responses for all segments, the presence of segment-specific preferences for source, message, channel and destination factors indicates the need for a tailored suite of communication resources and strategies within a local campaign to reach all segments of the target audience. As a starting point for the Illawarra, current service users appear to have the least number of barriers to the use of the new service, with existing relationships with key service networks allowing the possibility for immediate promotion of the service via these networks. The development of a local website promoting the service may also be a successful primary communication vehicle.

Notwithstanding the possible benefits of a coordinated local communication campaign, participants from all segments revealed that, in the end, there was no promotional strategy for

the network that could be better than to offer a relevant quality service. The target group was united in the perspective that good services would become known by 'word of mouth' and that the experience of the service (both the surroundings and the staff) was the ultimate promotional strategy.

References

Balloon, B., Kirst, M. and Smith, P. (2004). Youth help-seeking expectancies and their relation to help seeking behaviours for substance-use problems. Addiction Research & Theory, 12 (3), 241-260

Balmer, J.M.T. and Gray, G.R. (2003).Corporate Brands: what are they? What of them?

European Journal of Marketing, 37 (7-8), 972-997.

Beaudoin, P., Lachance, M.J., Robitaille, J., 2003. Fashion innovativeness, fashion diffusion and brand sensitivity among adolescents. Journal of Fashion Marketing and Management 7 (1), 23-30.

Belch, G.E. and Belch, M.A. (2001). Advertising and Promotion: An Integrated Marketing Communications Perspectives, McGraw-Hill Irwin, New York.

Finnegan, J.R. and Viswanath, K. (2002). Communication Theory and Health Behaviour Change. The Media Studies Framework. In Health Behaviour and Health Education. Theory, Research and Practice. Third Edition. Glanz, K., Rimer, B.K. and Lewis F.M. (Eds), John Wiley and Sons Inc, San Francisco.

Grant, I.J, and Stephen, G.R. (2005). Buying behaviour of "tweenage" girls and key societal communicating factors influencing their purchasing of fashion clothing. Journal of Fashion Marketing and Management, 9 (4), 450-467.

Kefford, C. H.,Trevena, L. J., Willcock, S. M. (2005). Breaking away from the medical model: perceptions of health and health care in suburban Sydney youth. Medical Journal of Australia, 183 (8), 418-421.

Kenyon, A. J., (2004). Pretesting focus group techniques with young people. International Journal of Market Research, 46 (4), 427-441.

McGuire, W. J. (1989). In Public Communication Campaigns (2nd Edition), Rice, R.E., and Atkin, C.K.(Eds), Sage Publications, California, pp 45-65

Rickwood, D., Dean, F.P., Wilson, C.J., and Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. Australian e-Journal for the Advancement of Mental Health, 4 (3), 1-32.

Rogers, E.M. and Storey, J.D. (1987). Communication Campaigns. In Handbook of Communication Science. C.R Berger and S.H Chaffee (Eds).Thousand Oaks, Sage Publications, California

Rooney, J.A. (1995). Branding: A trend for today and tomorrow. Journal of Product & Brand Management, 4 (4), 48-55.

Streeton, R., Cooke, M., & Campbell, J., 2004. Researching the researchers: using a snowballing technique. Nurse Researcher, 12 (1), 35-46.

Unknown, 2005. What's in a name? Strategic Direction, 21, (6), 27-28.