

LINKING YOUNG ADULTS TO MENTAL HEALTH SERVICES THROUGH SOCIAL MEDIA AND CAMPUS-BASED PEER ADVOCACY

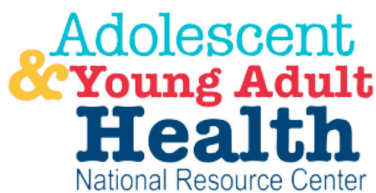
August 2020

Presented by Young Invincibles





Young Invincibles' mission is to amplify the voices of young adults in the political process and expand economic opportunity for our generation. We work through fostering entrepreneurship, young adult leadership, diversity, teamwork, a relentless drive for impact, and getting it right.



The Adolescent and Young Adult Health National Resource Center is a collaborative initiative led by the University of California, San Francisco's Division of Adolescent and Young Adult Medicine with the Association of Maternal and Child Health Programs, the University of Minnesota's State Adolescent Health Resource Center, and the University of Vermont's National Improvement Partnership Network. Its aim is to promote adolescent and young adult health, with a major focus on increasing the receipt of quality preventive care. For more information, please visit <http://nahic.ucsf.edu/resource-center.org>.

The two projects described in this report were made possible by grants from Community First Foundation and Community Memorial Foundation.

The development of this report was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (under #U45MC27709, Adolescent and Young Adult Health Capacity Building Program). This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Suggested Citation:

Young Invincibles. Linking Young Adults to Mental Health Services Through Social Media and Campus-Based Peer Advocacy. Washington, DC: Young Invincibles and San Francisco, CA: National Adolescent and Young Adult Health Information Center, 2020.

TABLE OF CONTENTS

Introduction	4
Digital Ad Awareness Campaign	6
Recommendations for Digital Ad Awareness Campaign	10
Campus-Based Initiative	11
Recommendations for Campus-Based Initiatives	14
Conclusion	18
References	19

INTRODUCTION

At times called the “anxious generation,” today’s students are facing a mental health epidemic. Several recent studies show an alarming and steadfastly growing trend in serious mental health conditions among college students. Rates of depression have increased from 25 percent to 30 percent from 2009 to 2017, and rates of suicidal ideation have doubled, from 5.8 percent to 10.8 percent over that same time period.^{1,2} According to Active Minds, an advocacy group focused on college students and mental health, suicide is now the second leading cause of death among college students.³ Many mental health conditions begin to present themselves in adolescence and young adulthood, meaning for some college students, severe symptoms are emerging at the same time they are making one of the biggest transitions of their life—moving out of their parent’s home and beginning to live as an independent adult.

The stress of leaving a childhood home while taking charge of all aspects of their life—developing good eating and sleeping habits, motivating themselves to attend class and study on their own, balancing new responsibilities, working a full or part-time job, excelling in classes, getting enough physical exercise and maintaining a social life—can be overwhelming for even the most healthy young adult. Even commuter students who do not move out of their family homes express compounding levels of stress from

continuing to support their family financially or emotionally while taking on increased responsibilities in college. In addition to this newfound independence and responsibility, risky behavior such as experimenting with illicit drugs and alcohol tends to peak in young adulthood, which can exacerbate mental health symptoms.

The challenges of being a college student can be overwhelming for anyone but are particularly difficult for first-generation students and students who cannot lean on their families for financial support or for information on how to navigate their college system. These financial challenges have been magnified for young adults of the Millennial and Gen Z generation. Many experience the added anxiety about how to afford skyrocketing tuition, how much student debt to take on in order to complete their degree, and whether that hefty price tag will pay off in the end.

Many Millennials graduated college in the heart of the Great Recession and struggled to find jobs that would pay enough to tackle those student loans. Today’s students watched that struggle and worry about what their own futures hold, knowing the average borrower leaves college with \$30,000 in student loan debt.

Thirty-nine percent of students experience a significant mental health issue while in college. However, two-thirds of students who report experiencing anxiety or depression don't seek help.³ The stigma attached to seeking mental health services is one of the key drivers in avoiding care. In our work with young people, both before and after the work described in this report, we often heard that mental health was "something you just don't talk about" with their families or communities. Seeking help is an "excuse" or seen as complaining. For these students, having the courage to break through that stigma and speak out is an important first step. However, for those who do seek help, navigating mental health care services on campuses can be complicated, hard to find, or not available at all. In our experience, issues of stigma and access are especially challenging

for young adults from communities of color.

To address issues of stigma and access, Young Invincibles (YI) undertook two separate projects to reduce the barriers of stigma and access to care for college students with mental health concerns: a digital ad awareness campaign, and a campus-based initiative meant to expand existing services. YI believes college campuses can play a more active role in making resources available to students that will increase access and quality, and engaging students to educate their peers about the resources that are available, to help to break down stigma and other cultural and social barriers. YI also believes that social media offers a promising strategy for communicating with young adults to address these barriers. This report describes YI's work to date and recommendations.

DIGITAL AD AWARENESS CAMPAIGN

Young Invincibles' Chicago-based office set out to address the disproportionately high rates of mental health needs among young adults in the Chicagoland area. YI focused in the Stickney, Summit, and Lyons neighborhoods due to particularly high rates of emergency room visits because of self-inflicted harm among young people between 18 and 25. YI also choose this geographic area for targeted outreach because of key partnerships the YI team developed with mental health providers and community organizations, with the hopes of designing hyper-targeted educational ads through paid digital methods to reach the intended audience with key information and connect them to services where possible.

Young Invincibles' digital team, including a Digital Director, Graphic Designer, and Social Media Coordinator, created the initial content for the digital ads. The ad content was then workshopped with local mental health providers in Chicago, and young adults who serve on YI's young adult advisory board to ensure the ads were appropriate and resonated with the intended audience. The young adult advisory board members gave feedback on both messaging and the images used in each ad. Once the top ads were identified through YI's internal process, we ran an ad set testing two of our top messages to see which one resonated more with our intended young adult audience. We ran this test for one week before identifying the ad

with the greatest traction with young adults.

As mentioned above, these ads were targeted only to people living in the Chicago Western suburbs ages 18-34. Primarily, this includes low-income young adults, young immigrants, people of color, and low-income young parents. We selected these communities because a range of factors signal growing need in the region to connect young adults to mental health services. Key factors include growing numbers of vulnerable populations, including immigrants and young adults facing mental health issues, and young adults who have low access to mental health supports due to long distances between providers and limited public transportation options. The providers we partnered with in the region were also interested in using social media to raise young adults' awareness of nearby mental health services. Given our intended audience, we strived to reflect these communities in our messaging and images. The advertisements were placed across Facebook and Instagram.

Facebook and Instagram (which is owned by Facebook) allow for precise targeting of the audience you intend to reach when using paid advertising. The platforms will allow the user to narrow its target reach by geographic area, age range, education levels, publicly available data that indicate income levels of certain zip codes, as well as similar likes or interests. For example, the

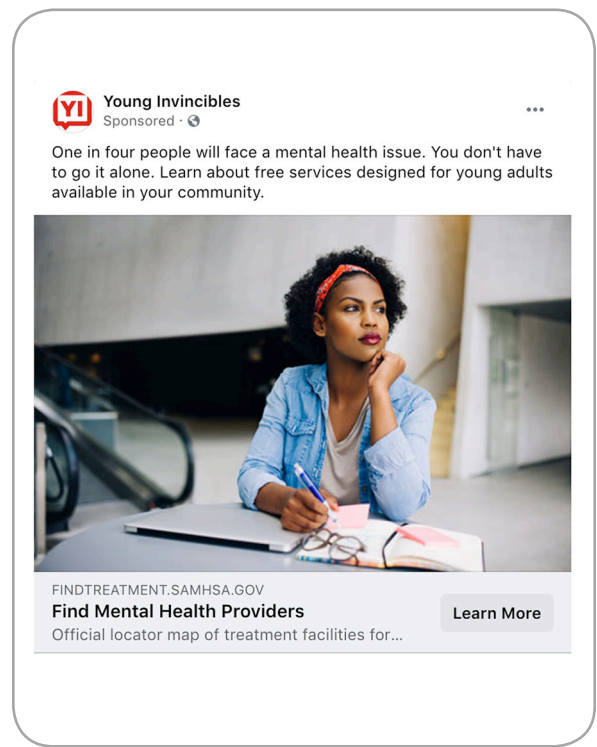
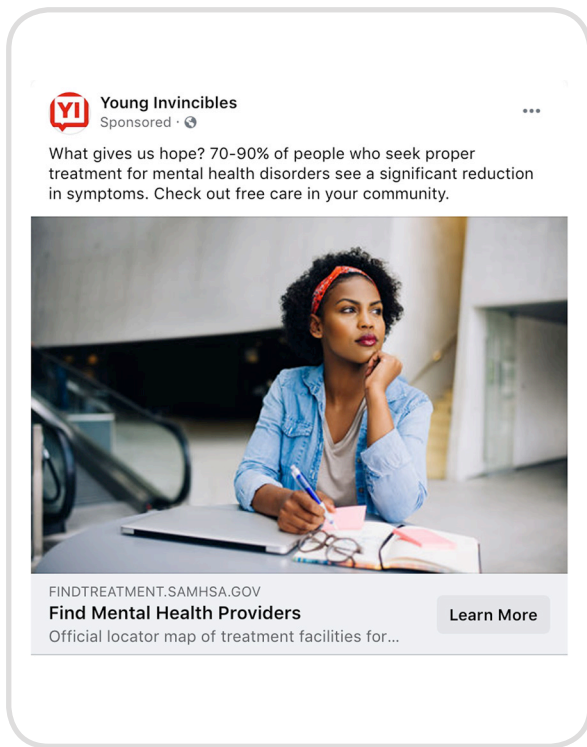


Figure 1.

population could be narrowed to Facebook/Instagram users who have “liked” information about health coverage, mental health resources, or similar educational or advocacy organizations like Young Invincibles. These parameters can be used to create a “look alike” audience that reflects your intended audience; Facebook and Instagram will only display the ads to users that meet these criteria.

The ads are evaluated based on their rates of engagement with the intended audience. The first level of engagement is determined by the number of “clicks” and ad receives, meaning the raw number of people who saw the ad on their newsfeed and clicked on it to learn more. Conversion is a deeper engagement, when a user clicks through the ad to the associated link or website, taking the

action the ad intended to invoke. In this case, the ads would connect to an information page through YI’s website, or to locally available resources through our mental health provider partners. The successful ads were determined by which ads received the highest conversion rates.

For example, **Figure 1** above displays two types of ads we ran in the initial phase of the project to test which message resonated best with our intended audience. The version on the left, citing the statistic of symptom improvement when people seek treatment, performed better compared to the version on the right, which included a message on the prevalence of mental health issues.

Once we found evidence that the left version resonated with our intended audience, we removed the other version and

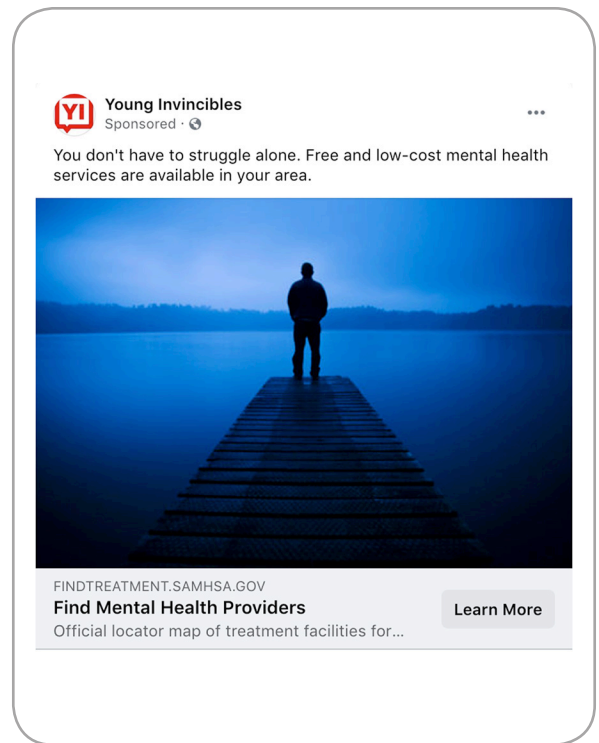
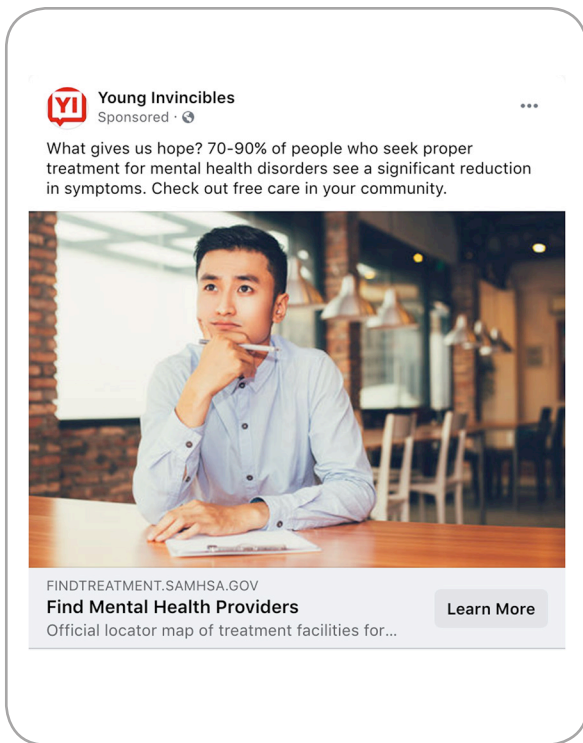


Figure 2.

promoted the more popular ad throughout the rest of the campaign.

Throughout the campaign, we found the ads were performing significantly better with young men than they were with young women. This is especially notable as Young Invincibles' ads are generally slightly more popular with women, which is also consistent with usage and ad performance on these platforms generally. This could be due to any number of factors, but we presume that the anonymity of receiving tailored mental health information on the platform was appealing to young men who engaged with the ads, compared to more openly seeking out information in more traditional ways. This is an early promising sign that social media ads that raise awareness about mental health with young adults would indeed resonate. To adapt

to a more male audience, YI began running a new ad set featuring the winning message in Figure 1 in a new variation featuring a photo of a young man of color, seen in **Figure 2**.

The new version of the successful message, featuring an image of a young man, proved to be more successful than the original female-version based on conversion rates. This could indicate again that young men are more likely to respond to social media ads than young women, particularly in the communities we targeted in the Chicago suburbs.

From YI's previous work, we know that messages that center affordability when accessing health coverage or health services tend to resonate well with a young adult audience. Therefore, we created the image on the right that focuses on low cost, coupled

with a striking color palette to catch the eyes of people scrolling through their newsfeeds. The blue ad in Figure 2 proved to be most effective in clicks and conversion rates of all the ads of the awareness campaign.

Therefore, we used the balance of our investment to promote this ad in order to reach the largest number of young adults in our targeted geographic area throughout the end of the campaign.

Finally, **Figure 3** is an example of an ad we ran to connect young people in Chicago to nearby mental health resources, rather than information. This example connects young adults to NAMI Chicago, where they could click through to see available services, including counseling, hotline or text numbers, support groups, and more. Localizing resources and information generally helps to provide a level of authenticity to the ad that boosts its performance. While these ads performed well, surprisingly, they did not surpass the reach of the blue ad in Image 2, which connected to resources but was not advertised as local.

Collectively, these ads reached more than 65,000 people in the Chicagoland area, with more than 432,000 impressions. “Reach” refers to the number of Facebook and Instagram users who potentially saw an ad displayed on their newsfeed, while “impressions” refers to the number of times the ads would have been shared on these users feeds over the course of the campaign. This results in a ratio of nearly 7 impressions per person reached, which is an ideal ratio for

message penetration. In all, there were nearly 1,500 clicks to find out more information about mental health resources by participants in this campaign.

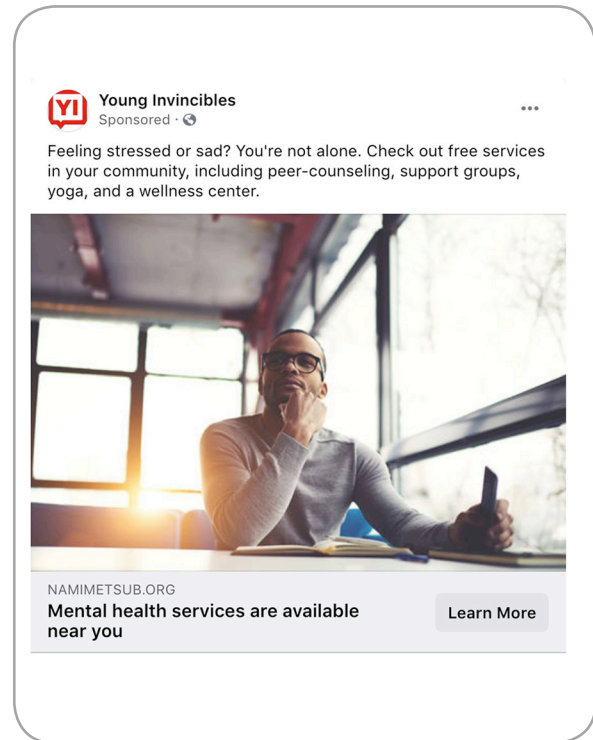


Figure 3.

Recommendations

Based on the findings of our short digital ad awareness campaign, we believe we identified a few key takeaways that could be replicated in another paid ad campaign intended to spread mental health resources.

Recommendation #1: Framing the Message

Developing our messaging language with young adults in our network as well as those who work as mental health professionals was instrumental. Given the sensitive topic of mental health care, it's important that language used in messaging is sensitive and culturally competent. The information should be direct and to the point. Adding too much extra language makes it less likely that people will read the whole ad. Also, euphemisms and other softening language can contribute to mental health stigma, so direct and non-judgmental language is key.

Recommendation #2: Continual Performance Assessment

In any digital ad campaign, it's important to frequently evaluate how the ads are performing to ensure your intended audience is interacting with the content, and if not, adjust accordingly. By actively using this approach, we were able to tailor our ads to the audience that was responding most strongly (younger men), and ultimately ran a more successful campaign than we would have if we had not adjusted the initial batch of ads with positive responses. This requires careful attention to social analytics but can produce much stronger results.

Recommendation #3: Breadth of Reach

Lastly, like most digital ads, it's important to keep targeting as broad as you can to reach the intended audience. While we placed specific parameters on the campaign to ensure we reached the population we intended, if the restrictions are too limited the digital ads won't generate enough users. Using the features of Facebook and Instagram to tailor your audience without unnecessary exclusions will keep the ads cost-effective while reaching the right people.

CAMPUS-BASED INITIATIVE

In 2016, Young Invincibles' Rocky Mountain Regional Office in Denver launched an enhanced internship program titled Young Advocates that focused on training young people to advance policy change on a range of health equity issues. When the program started, Young Advocates could choose what health care issue they wanted to work on in the program; time and again, mental health and substance use disorders were the issues our Advocates picked. Based on this experience and feedback, YI updated our Young Advocates curriculum in 2019 to focus primarily on reducing stigma and increasing access to mental health services on college campuses, with a focus on students of color.

A total of four cohorts of the program running through spring 2019 included 45 participants: Roughly 60 percent were women, 40 percent men, 65 percent were people of color, 30 percent identified as LGBTQ, and 38 percent were Pell grant recipients (we say roughly, because not all participants answered each demographic question).

The Young Advocates participated in a series of YI facilitated trainings related to advocacy, leadership, storytelling, organizing, and YI's core issues of health care, higher education and workforce policy. The Advocates used trainings to design and execute their own projects related to both improving access to mental health on college

campuses, as well as destigmatizing seeking help.

The Advocates worked on a variety of campuses including a primarily commuter-based community college, a four-year public college, and a four-year private college. The work on each campus was led by a current student, though the Advocates worked together to share best practices and lessons learned across campuses. Early on, the Advocates found that while each campus could use additional support in providing mental health services, particularly in counseling sessions available to students, there was also a general lack of awareness about the services on campus that already existed.

To spread awareness about existing services, the Advocates set out to host awareness events, partnered with student groups and faculty, and conducted peer-to-peer education. The events included general tabling in high foot-traffic areas, sharing resources through curriculum in core classes, and ultimately sharing stories of students who have experienced mental health issues. Storytelling proved to be especially effective in reducing stigma, especially when storytellers were current students attempting to connect with others in their communities.

The initial Young Advocates cohorts spent much of their time laying the groundwork for future institutional advocacy.

This included identifying allies on campus: student organizations, faculty members, and staff who were receptive to the Young Advocates goals, as well as establishing Young Invincibles' presence through frequently tabling, awareness events, and storytelling.

The latter cohorts were able to build on this progress and the relationships established to advocate for bigger change. This culminated in much larger campus-based events that drew mental health experts, administration officials, and student leaders who were able to reach many more students during their Advocate's tenure. The latest cohort reached over 300 students, staff from student life and health centers, deans, and faculty through their campaigns. Below is a summary of our findings through this work, recommendations for other institutions to consider adopting to improve access for their students, and thoughts on additional research.

Note: This report is not meant to be a complete qualitative study, but rather a summary of our findings and initial recommendations.

Goal 1: Normalizing & Destigmatizing Mental Health Conversations for Students of Color

The Young Advocates sought to reduce stigma concerning mental health care, and primarily focused on using storytelling as a mechanism to normalize mental health care and encourage their peers to seek out help if needed. The Advocates shared their personal stories, recruited peers to

share their experiences, and partnered with their campuses' counseling staff to provide information about on and off-campus mental health resources. We found it incredibly important that the Young Advocates were seen as the leaders of this work, not YI or college administrators. As students themselves, the Young Advocates, many of whom experience their own mental health issues, were the most powerful voice to reach their fellow students with authenticity and credibility.

By partnering with YI and the campus counseling, health center, and student life staff, the Young Advocates were able to use their own stories to bring other students into the campaign and advocate for change.

Goal 2: Expanding Mental Health Services on Campus

The second goal of their campaign focused on improving campus-based mental health services. The Advocates identified four main areas in which they wanted their colleges to make improvements around mental health. These are noted below and discussed in more detail at the end of this report:

1. Including student voice in campus mental health planning and peer outreach.
2. Increasing the number of culturally-competent mental health providers on campus and making counseling services more accessible to "non-traditional" students.
3. Improving the delivery of information on mental health services to students.

4. Providing/expanding standardized mental health and suicide prevention training for college faculty and staff.

To advance their recommendations, the Advocates identified and met with key decision-makers on their campus, including counseling and health center staff and directors, and deans of academic affairs and student life. The Advocates collected petition sign-ons and personal stories from students to demonstrate broader student support for their recommendations in these meetings with administrators.

The Advocates found that administrators and campus staff were largely receptive to the priorities the Advocates identified and eager to help better connect services. Colleges were eager to adopt common-sense, low-cost improvements, such as adding language to course syllabi about campus mental health resources.

However, our Advocates got some pushback from campuses around hiring more counseling staff and increasing the diversity of counseling staff to better represent the student body; administrators were unsure if they would have the budget to hire more counselors or be able to find culturally-competent providers.

Recommendations

Based on the findings of our campus based initiative, we have identified several key takeaways that could be replicated in other campaigns intended to improve mental health resources on college campuses.

Recommendation #1: Storytelling and Peer-to-Peer Education

Storytelling and peer-to-peer education were vitally important to the success of our work in meeting both goals of reducing stigma and increasing access to services. Especially for young people of color and those who identify as LGBTQ, hearing from members of their own communities was the most impactful tactic in reaching students across campuses.

Recommendation #2: Hire Counseling Staff who are Representative of the Student Body

Many students we met and spoke with preferred to see counseling staff who looked like them and have shared experiences. The campuses we lead our campaigns on primarily serve lower-income students of color. However, students often found counseling staff who were older and predominately white. They felt they could not relate as well to the available counseling staff as they could to a staff that was more representative of their own backgrounds. We recommend campuses and policymakers explore ways to increase opportunities for younger mental health professionals, including:

- Hiring more graduate students
- Create cultural competency standards for counseling staff
- Advocate policymakers for incentives for mental health graduate students and other young professionals: such as student loan repayment programs, additional incentives to work on community college campuses, rural campuses, and other areas of high need
- Offer more flexible hours, including evenings and weekends, for students taking night classes and others with less traditional schedules
- Advocate policymakers to make access to mental health care a performance measure tied to funding; campuses that demonstrate prioritizing the mental health of their students would be rewarded

Recommendation #3: Use Cost-effective Methods to Improve Access to Existing Resources

Many of the recommendations and solutions our Young Advocates identified were simple measures that could be easily implemented to improve access to existing resources at no cost. As mentioned above, many students are facing new challenges in life, and are new to seeking out both physical and mental health services on their own. Understanding how to access health care, how their health insurance works, and when to do so is daunting. Campuses can better explain the services they offer, how to access them, and how to recognize signs that you may want to seek help.

Initially, we advocated for more detailed explanations about campus mental health services to be included in orientation presentations, so students new to campus would know immediately where and how to access care. However, we found that providing this information in the beginning of the semester alone was not as impactful as providing information consistently throughout the semester as students may experience increased levels of stress compared to orientation week.

Therefore, we recommend information about campus-based mental health services be included on the syllabus of each class, a document frequently referred to throughout the course, and that professors often reiterate such information to their students. Additionally, we recommend:

- Advertising existing resources throughout campus: in resident halls, cafeterias, classrooms, bathrooms, and recreational halls
- Ask student government, service-oriented student groups, sororities and fraternities to share information about existing services with their members and peers
- Encourage counseling staff to proactively inform students about services available rather than waiting for students to come to them
- Utilize university social media platforms to share information, but do so cautiously: unnecessary warnings that become too frequent can have the opposite impact

Recommendation #4: Involve Students & Invest in Campus-Based Mental Health

While improving access to existing resources is an important first step in meeting student needs, trends indicate that this alone will not be enough. Campuses should invest in increasing the resources available, hiring more counselors, prioritizing the needs of students of color, LGBTQ students and those with limited English proficiency. Campuses should also demonstrate their commitment to long-term systemic change by including students in each part of the process. Our long-term recommendations include:

- Make the commitment to meeting the mental health needs of your students clear on the college or university’s website, mission and goals
- Include students in any long-term strategic planning process
- Make public statistics of how many students who sought help were able to find it, and where possible, aggregate data demonstrating improved academic outcomes

Recommendation #5: Recommendations for Outside Organizations and Advocates:

Most of the above recommendations are targeted to campus staff and administrators, however we learned valuable lessons that could be replicated by outside organizations and advocates concerned with campus-based mental health. One of the biggest challenges but most impactful tactics in campus-based advocacy is identifying a “champion” on campus. On some campuses a member of the counseling staff is the champion, on others it’s the Dean of Students, on another, it might be a dedicated resident assistant.

Regardless, finding the right campus administrator and educating them on the need to improve access to mental health services was by far the most impactful way to create change. Additionally, nonprofit groups and other advocates can provide student leaders with the training and tools they need to advocate for themselves and their peers.

Our Young Advocates were passionate about the issues, had stories to tell, but needed YI to be the convener – bringing campus staff to the table with students. Outside organizations can also apply pressure to state policymakers to prioritize campus-based mental health in their states, create incentives for

campuses to improve resources, and raise awareness of the issue in media and in the state legislature. We recommend:

- Identify your campus-based champion and educate them
- Arm student leaders with advocacy trainings, public speaking skills, and statistics to pair with their lived experiences
- Coordinate convenings for champions and students from different campuses to come together, share best practices and learn from each other
- Advocate for policy change at the state level: create incentives, reward campuses that demonstrate improvements, and better connect young mental health professionals to areas of need

CONCLUSION

Young Invincibles' has experimented with a variety of outreach and messaging tactics to reach young adults with key information to make informed health decisions. We have consistently found that messages that are hyper-tailored to the population we are trying to reach, specifically young people of color between 18 and 34, and that use specific language and address cost are by far the most effective. While uninsured rates have decreased thanks to the Affordable Care Act over the last several years, access and affordability, especially for mental health care, remain key concerns among young adults.

College campuses have an opportunity to make real strides in improving mental health care for their students by addressing needs head on, investing in resources, and making concerted efforts to increase awareness about mental health to destigmatize seeking care. While many of our recommendations would need real investment, there are a number of low-cost solutions that could be implemented easily. While this summary is not an exhaustive study, YI has found that many of these recommendations were successful in all types of settings: four-year public schools, private schools, and primarily commuter-based two-year schools.

We hope to continue this campus-based work to further fine tune our recommendations and identify additional needs of students, including groups we did not include in this summary such as student parents.

REFERENCES

1. Hibbs JB and Rostain A. Rising Rates of College Mental Health Services Utilization. Psychology Today website. January 13, 2019. Accessed August 11, 2020. <https://www.psychologytoday.com/us/blog/the-stressed-years-their-lives/201901/rising-rates-college-mental-health-services-utilization>
2. Lipson SK, Lattie EG, Eisenberg D. Increased Rates of Mental Health Service Utilization by U.S. College Students: 10-Year Population-Level Trends (2007-2017). *Psychiatr Serv*. 2019;70(1):60-63. doi:10.1176/appi.ps.201800332
3. Mental Health Statistics. Active Minds website. Accessed August 11, 2020. <https://www.activeminds.org/about-mental-health/statistics/>