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# 2019 Evaluation of Los Angeles County's WhyWeRise Mental Health Campaign

## Overview

In May 2018, the Los Angeles County Department of Mental Health (LACDMH) launched WhyWeRise, a social marketing campaign intended to promote community engagement with mental health issues and create a movement to address barriers to mental health access. The campaign targets youth ages 14–24, with the goal of activating youth to advocate for well-being and access to quality mental health care as civil rights. The campaign also encourages engagement with mental health along a continuum, from self-care to professional treatment services, and aims to increase awareness of how to seek mental health care. WhyWeRise has now been in place for more than a

year and is ongoing. The campaign still embodies the same general themes, but in 2019 there was an increased emphasis on confronting challenges to mental health and well-being. The current phase of the campaign notes the importance of feeling that life has purpose or meaning, the centrality of hope to well-being, and the need to obtain social support and provide it to others.

In both 2018 and 2019, a central part of the WhyWeRise campaign was the WeRise event that took place in May and early June in downtown

## KEY FINDINGS

- WeRise continues to be a very positive experience for those attending and creates an environment supportive of mental health and well-being.
- Teens who attended the event appeared to gain a greater awareness of the challenges faced by individuals who have experienced mental health problems, better understanding of how to get mental health care, and increased empowerment.
- The survey of Los Angeles County youth found that at least 30 percent of youth were exposed to the WhyWeRise campaign.
- Those exposed to the WhyWeRise campaign were more likely than those unexposed to feel empowered to change how their communities deal with mental health issues, and they had stronger intentions to take action to break down barriers to treatment.

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Los Angeles. The goal was an immersive experience where visitors could choose to spend time at a large art gallery, a rally, performances, panels, and workshops.

To gain insight into the WhyWeRise reach and impact, LACDMH and the California Mental Health Services Authority (CalMHSA) commissioned the RAND Corporation to conduct an evaluation of the campaign broadly and the WeRise event specifically. RAND previously evaluated the initial phase (immediately postrollout) of the WhyWeRise campaign in 2018, including an examination of the 2018 WeRise event (Collins et al., 2018). This report provides an updated evaluation of WhyWeRise after more than a year of outreach by LACDMH and an evaluation of the 2019 WeRise event. As in 2018, RAND conducted and analyzed in-person interviews of 2019 WeRise event attendees and fielded an online survey of youth throughout Los Angeles County. The in-person survey looks at the experiences of those who attended the WeRise event, while the online survey allows for comparison of those who were exposed to the WhyWeRise campaign (through the WeRise event or other means) with those who were not exposed to the campaign.

**Evidence suggests that WeRise continues to be a very positive experience for those attending and creates an environment supportive of mental health and well-being.** Nearly all attendees would recommend the event to others, and the vast majority reported that the event made them want to be more

supportive of those with mental health problems and made them feel empowered to take care of their own well-being.

**Teens who attended the event appeared to gain a greater awareness of the challenges faced by individuals who have experienced mental health problems, better understanding of how to get mental health care, and increased empowerment.**

Our analysis showed that adults who spent more time at the event were more likely to report that the event helped them understand how to get mental health care, and teens who spent more time at the event were more likely to understand the challenges that people with mental illness face, endorse that mental health is a right, and feel empowered to take care of their own well-being. Notably, these apparent increases in mental health awareness occurred despite a prior familiarity with mental health issues (personal, professional, or through a friend or family member) among most attendees.

Although the majority of both teens and adults said that they learned how to get mental health care and learned about resources available to support their own and others' well-being, endorsement of these ideas was lower than that for others assessed. Fewer attendees also reported that they get the emotional and social support they need, and a substantial minority stated that they would hide a mental health problem from friends and family. **WeRise should consider bolstering aspects of the event that provide information about mental health services and resources and also consider using additional methods to build social support and reduce stigma around disclosure of mental illness among attendees.**

**The WeRise event should also work to engage more men, younger audiences, and those who do not have personal experience with mental health issues.** In our evaluation of the 2018 WeRise event, RAND made the same recommendation. The WeRise event still predominantly attracted women, but men tended to make less use of mental health services and experienced higher levels of stigma, so it is important to reach more of them. Likewise, the campaign seems to be having difficulty attracting youth ages 14–24 to the WeRise event. However, when teens did attend, they appeared to strongly benefit from WeRise.

WeRise predominately reached those with a mental health issue, their friends, and their families—a major target of this year’s campaign, which now includes messages focused on bringing hope, meaning, and social support to their lives.

Although the in-person WeRise event had difficulty attracting some target audiences, WhyWeRise as a whole had considerable reach, including reach among males and young people. Our survey of Los Angeles County youth found that **at least 30 percent of youth were exposed to the WhyWeRise campaign**. This is a substantial increase from 2018. Moreover, the campaign reached both males and females, and both teens and young adults, also reflecting improvement from the prior year.

**Those exposed to the WhyWeRise campaign were more likely than those unexposed to feel empowered to change how their communities deal with mental health issues, and they had stronger intentions to take action to break down barriers to treatment.** This suggests that the campaign’s focus on mobilization to improve societal support for those experiencing mental health challenges has been effective and continues to resonate with Los Angeles County youth. On a more personal level, **young people exposed to WhyWeRise were more likely to report helping link individuals with mental health challenges to professional help and community resources.** This is consistent with the campaign’s goal of enhancing support for mental health and well-being.

However, not all findings were positive. Those exposed to WhyWeRise were less likely to feel hopeful about their own futures and were more likely to believe that those who have experienced mental health problems are never going to contribute much to society. RAND also failed to observe differences in areas where we might expect them. Notably, those exposed were not more likely than others to say that they would know how to get help with a mental health problem if they needed it. In 2018, RAND observed greater knowledge in this area among those exposed versus unexposed to WhyWeRise. This may suggest some loss of effectiveness in direct linkages to treatment in 2019. Further, exposure to the 2019 campaign was not associated with any reductions in stigma, which is central to increasing social inclusion

of those experiencing mental health challenges. **We recommend that the campaign consider adding messaging focused on directly linking people to treatment and addressing mental illness stigma.**

Overall, there continues to be evidence consistent with a significant, positive influence of WhyWeRise on a substantial proportion of Los Angeles youth. Although our methods cannot determine causality, those attending WeRise and those exposed to WhyWeRise messages reported being catalyzed to action on the issue of how communities treat those experiencing challenges to well-being and to removing barriers to treatment and support. **We recommend that LACDMH leverage the strong reach of WhyWeRise with stronger messages to extend this apparent impact to other outcomes.**

## Background

Mental health problems are common and debilitating, but many people do not receive the mental health treatment they need (see, e.g., Eberhart et al., 2018; Walker et al., 2015). Recognizing this, in 2018, LACDMH undertook a youth-targeted campaign that sought to increase community engagement around barriers to mental health care access. Social marketing campaigns around the globe (Gaebel, Rössler, and Sartorius, 2017) and in the state of California (Collins et al., 2015) have been effective in shifting attitudes related to mental health and increasing social acceptance of those experiencing mental health challenges. Some of the most-effective campaigns in recent decades have used issues of social justice and community engagement to mobilize youth to action, at the same time changing their attitudes. These campaigns focus on unfair attitudes and practices that result in inequalities and other social problems. The most well-known example is the truth® antitobacco campaign that highlighted the targeting of youth with false statements and manipulations by the tobacco industry and encouraged youth advocacy against these practices (Zucker et al., 2000). The campaign was “intended to empower young people with the feeling that they could take on the tobacco industry and its executives and be part of a tobacco-free generation” (Sly et al., 2001), and the

campaign is credited with steady reductions in adolescent tobacco use over many years (Farrelly et al., 2005). Although little direct evidence specific to the mental health field exists, there is expert consensus within that field that campaigns with this focus are an effective method of addressing issues of social inclusion related to mental illness (Clement et al., 2010). These campaigns suggest that mental health care is a right and that prejudicial attitudes toward individuals who have a mental illness prevent them from equal participation in society and from having their needs met.

LACDMH's youth engagement campaign utilizes funds from Proposition 63, which was signed into law as the Mental Health Services Act (MHSA). The MHSA levied a 1 percent tax on all California personal incomes over \$1 million, resulting in a substantial investment in the prevention and treatment of mental health challenges in the state. The MHSA made resources available to counties to support treatment for individuals with mental illness, as well as prevention and early intervention (PEI) mental health services. A portion of those funds is specifically allocated for PEI activities and cannot be used for other purposes (e.g., treatment, housing).

LACDMH has dedicated some of these PEI funds to the development and implementation of the youth-targeted WhyWeRise community engagement campaign. Campaign activities target youth between the ages of 14 and 24, with the goal of activating them to advocate for well-being and access to quality mental health care as civil rights. The campaign also encourages engagement with mental health along a continuum from self-care to professional treatment services. The campaign was launched in May 2018 during mental health month and is ongoing at this writing. The campaign includes a website ([whywerise.la](http://whywerise.la)); social media outreach through Facebook, Instagram, and Twitter; and as its centerpiece, the WeRise event, an immersive ten-day experience in downtown Los Angeles taking place annually during mental health month. WeRise uses artists and the arts to launch conversations about mental health and well-being. Event visitors are exposed to a 10,000-square-foot immersive art gallery showcasing more than 150 artists' work related to mental health, celebrity and community

performances, panels and workshops with experts and community leaders, and such activities as an art lab, meditation, yoga, and family programming. Celebrities serve as a draw to WeRise, with celebrity-led events being particularly well attended. The events are all free and open to the public.

Social media and a website are used to promote the WeRise event, potentially broadening reach beyond attendees. Late in 2018, a series of images and posters were introduced, advertising WhyWeRise through large signs inside Los Angeles International Airport, on the sides of buses, at bus stops, on billboards and sidewalks, and on materials distributed at community events (e.g., tote bags at job fairs).

At the end of 2018, RAND evaluated WhyWeRise under contract with CalMHSA in partnership with LACDMH. The goals of the evaluation were to understand the extent to which WhyWeRise and the WeRise event were reaching their targeted audience of youth ages 14 to 24 and explore the potential impact of that contact. That is, whether knowledge, attitudes, and intentions related to mental health broadly, and campaign themes specifically, were different among those who were exposed to the campaign or attended the event versus those unexposed to these efforts. To meet these goals, RAND conducted brief in-person paper-and-pencil surveys of WeRise attendees and an online survey of youth ages 14 to 24 residing in Los Angeles County.

RAND's 2018 report found that one in five Los Angeles County young people were aware of WeRise or WhyWeRise, and obtained some evidence that those who were exposed may have benefited from the campaign (Collins et al., 2018). Our in-person survey suggested that WeRise was successful in attracting racial and ethnic minorities, especially black and Latino teens. WeRise was very positively evaluated by both teen and adult attendees at the event, and they reported feeling empowered, wanting to help break down barriers, and planning to take action. We also found some evidence that those who were at the event for longer were more likely to express support and understanding toward people with mental illness. Our large, county-wide survey of youth found that those exposed to WeRise or WhyWeRise were more likely to report feeling empowered and mobilized toward mental health activism—a key goal of the

campaign. Those exposed to the campaign also had greater awareness of the challenges people with mental illness face, from stigma to treatment-access issues. They were also more likely to know how to get help for their own mental health challenges, consistent with one of the campaign's goals of connecting people to resources.

However, our large survey of county youth did not detect any reductions in negative stereotypes about those with mental illness or increases in mental illness-related knowledge—both of which may reduce stigma and increase likelihood of treatment seeking (Wong et al., 2018). And we did not find an association between exposure to the campaign and a belief that mental health care is a right—a key campaign message. There was also evidence that WeRise events predominately attracted people who were already interested in and knowledgeable about mental health, females, and the older end of the targeted age continuum. We recommended a future focus on engaging young men and boys, younger audiences, and those who do not already have a connection to mental health.

Since most people surveyed already agreed that mental health is a right, we also recommended that the county consider focusing on additional key issues related to mental health. Our final recommendation was for the campaign to keep doing what it was doing. Public attitudes tend to be slow to change, and RAND evaluated the campaign only a few weeks after launch. Indeed, social marketing campaigns must be continued for long periods (typically years) to create lasting change in social norms (Hornik, 2002). Given early positive evidence, it was reasonable to expect more progress with more time. Since our prior report, Los Angeles County has indeed continued the WhyWeRise campaign, adding the aforementioned outdoor advertising focused on driving people to the messages and resources available on the WhyWeRise website. The county also enhanced its attention to the issue of well-being among individuals experiencing challenges, more strongly promoting messages of hope, purpose in life, and the provision of sufficient support to achieve them.

The current report describes the methods and findings of RAND's evaluation of these continuing efforts by LACDMH—our 2019 WhyWeRise

evaluation. Our methods again included in-person surveys at the annual WeRise event and an online survey of Los Angeles County youth. All evaluation activities were reviewed and approved by RAND's Human Subjects Protection Committee, RAND's Institutional Review Board. In the rest of the report, we describe the methods and results of the in-person survey at WeRise, present the methods and results of our online survey of youth, and provide an overall discussion of the findings, along with our recommendations and conclusions.

## Survey of WeRise Attendees

RAND surveyed WeRise attendees to evaluate their demographic characteristics; their perceptions of the event; and their attitudes, beliefs, and intentions to act related to mental health challenges. Because this was the second year of WeRise and the continuation of an ongoing campaign, we provide both a review of the findings from 2019 and comparisons to the 2018 survey data (see Collins et al., 2018). Although the 2018 and 2019 events shared many goals and themes, there was a shift in focus across the two years. In 2019, the event had a stronger focus on people experiencing mental health challenges or threats to well-being and the importance of supporting them and bringing hope and meaning to their lives. Themes were “creating hope,” “purpose and meaning,” “you are not alone,” and “the time is now.” The 2018 efforts had a stronger emphasis on community mobilization and encompassed the (continuing) themes of “everyone has the right to thrive,” “transform failing systems,” “facing trauma and ending stigma,” and “the time for healing is now.”

## Method

RAND surveyed event attendees in person at the WeRise venue on the two weekends it was open, May 18–19 and 25–26, 2019, as well as on Friday, May 24, and Monday, May 27. Eligibility for the survey was limited to those who were age 14 and older and spoke English. Because of limited teen attendance during the first weekend and our desire to survey as many teens and young adults in the 18–24

campaign target range as possible, we included data collection on May 24 (a youth-focused evening event, titled “Teen Talk”), and May 27 (a family-focused day falling on the Memorial Day holiday). We also closed the survey to adults age 25 and over after the initial weekend, having already collected 264 of our planned 300 surveys from those 18 and over. Field staff approached all people present in the gallery and screened them for age and language. Eligible individuals who agreed to participate were provided with a scannable paper-and-pencil survey to complete and return to field staff. Participants received a \$5 gift card as an incentive.

Two survey versions were used, one for teens and one for adults, age 18 and over. In total, 555 people completed surveys, with 334 of those being adult surveys and 221 being teen surveys. Over the course of the survey, 71 potential respondents refused to participate outright, and 21 stated that they did not have time, resulting in an 86 percent response rate. The majority of those approached who did not complete a survey either had already done so or were not within the age group (14–17 or 18–24) that we were targeting at the time. There were five participants who reported to the interviewer that they were between the ages of 14 and 17 and therefore received the youth survey but who marked their age as 18–24. These individuals are included in the teen findings, below.

The survey asked how participants learned of the WeRise event and measured demographics (including personal experiences with mental health challenges); perceptions of the WeRise event; attitudes, beliefs, and knowledge related to mental illness; and measures of life meaning, hope, and perceived social support. The teen and adult versions were identical except that the teen version omitted a question about prior mental health problems. Surveys took two to three minutes to complete.

## Measures

### Perceptions of the WeRise Event

RAND used six items to assess perceptions of the event. For example, two of these items were, “Today’s event made you want to be more supportive of

people experiencing mental health challenges” and “You would recommend today’s event to a friend.” Four of the six items were previously used in 2018. In 2019, two were added to capture perceptions of more-concrete takeaways. They were, “Today’s event connected you with information and resources to support your own and others’ well-being” and “Today’s event helped you understand how to get mental health care.” Participants indicated extent of agreement on a five-point scale (strongly agree to strongly disagree) for all six items.

### Mental Illness Attitudes, Beliefs, and Advocacy

Two campaign-specific items were used to tap endorsement of key goals and beliefs targeted by WeRise: “Mental health is a right” and “People with mental health problems have trouble getting the treatment they need.” These items were designed by RAND for the 2018 evaluation to measure the major focus of WeRise that year. As noted, they remain consistent with 2019 messaging (such messages as “we all deserve well-being” and “we understand what is at stake if we don’t take action now”). For each item, RAND measured extent of agreement on a five-point scale (strongly agree to strongly disagree).

RAND also employed a set of five previously validated items that tap general attitudes and beliefs related to mental illness and its treatment (Collins et al., 2015). Although not the main targets of the event, the constructs measured were implicit in the panels and materials present at the WeRise event. Some of these items were used in a statewide survey of a representative sample of California adults for an evaluation of the Each Mind Matters campaign (Collins et al., 2015); these items allow informal (nonstatistical) comparison of WeRise attendees with others in the state. Two items tapped negative stereotypes of those experiencing mental health challenges (e.g., “People with mental illness are never going to be able to contribute much to society”). A third item measured mobilization: “You plan to take action to prevent discrimination against people with mental illness.” These items have been shown to predict recognition of symptoms and treatment seeking among those experiencing psychological distress

(Wong et al., 2018). A fourth item assessed awareness of mental illness stigma: “People with mental illness experience high levels of prejudice and discrimination.” All of these were responded to on a five-point scale (strongly agree to strongly disagree). The fifth item measured social distance (willingness to interact with individuals experiencing mental illness—a key indicator of mental illness stigma) and was responded to on a four-point scale (definitely willing to definitely unwilling).

Responses to all items were recoded to reflect any agreement or willingness (e.g., agree or strongly agree) versus none. We report univariate and bivariate analyses and significance tests. Results for the two (adult and teen) samples were analyzed separately.

## Results

### Characteristics of We Rise Attendees

Data on the characteristics of the those who completed the survey can be seen in Table 1. Many of those who completed the survey had an existing personal connection to mental health challenges. One-fifth of teens and one-third of adults either volunteered or worked in the mental health field. Almost all of adults and 85 percent of teens had a close friend or family member who had experienced mental health problems. By way of comparison, RAND’s previous California-wide survey of adults found that 53 percent reported that a family member had ever had a mental health problem (friends were not included in the question on that survey), and 26 percent reported that they had personally experienced a mental health problem (Collins et al., 2015). More than twice as many, 68 percent, adults surveyed at WeRise had personally experienced a mental health problem. These are similar rates to those observed at the 2018 event, although fewer (48 percent) reported in 2018 that they had previously experienced a mental health problem.

All of the teen survey respondents and 35 percent of adult survey respondents were in the campaign-targeted age range of 14 to 24, but this was largely by design (see the “Method” section, above). The remainder of adult respondents were mostly in the 25-to-49 age range. Females composed two-thirds of both samples. The ethnic and racial makeup of the

TABLE 1  
Characteristics of Participants in the In-Person Survey

Characteristic	Teens (%)	Adults (%)
<b>Mental health experience</b>		
Volunteers or works for pay in the mental health field	18	35
Has a close friend or family member who has experienced mental health problems	84	93
Has ever had a mental health problem	—	68
<b>Age</b>		
14–17	98	0
18–24	2	35
25–29	0	19
30–49	0	37
50–64	0	6
65+	0	3
<b>Gender</b>		
Male	32	30
Female	65	67
Other	2	2
<b>Race/ethnicity</b>		
Latino	63	45
White/Caucasian	10	20
Middle Eastern or North African	0	2
Black/African American	10	9
Asian/Asian American	4	13
Native Hawaiian/other Pacific Islander	1	1
American Indian/Native American/Alaska native	0	1
Other	12	10

NOTE: Numbers are rounded and might not always sum to 100.

sample was diverse and largely reflected that of Los Angeles County. In comparison to the Los Angeles County population, the teen sample contained similar proportions of Latinos and blacks, fewer whites and Asians, and more people who identified

as “other.” For adults, the racial and ethnic representation was similar between the WeRise sample and the Los Angeles County population, except that more people at the event described themselves as “other” (U.S. Census Bureau, undated).<sup>1</sup> The demographic makeup of the surveyed participants was similar to results for 2018.

### How Attendees Engaged with the WeRise Event

The majority of teens surveyed heard about the event from a friend or family member (57 percent). It was not uncommon for teens to hear about WeRise from school (14 percent) or social media (10 percent), and a small number saw or heard an ad or announcement (4 percent) or were passing by the event (3 percent), with 12 percent hearing of it some other way. Forty-five percent of teens had been at the event for less than an hour at the time of survey, 39 percent had been there for one to two hours, and 16 percent for two hours or more. Nineteen percent of teens surveyed were repeat visitors to the event.

Similar to the teens, adults most commonly heard about the WeRise event from a friend or family member (57 percent). However, social media was also a major source for adults (30 percent). A small number of adults heard about the event via an ad or announcement (6 percent) or at school (1 percent), were just passing by (4 percent), or heard some other way (9 percent). Thirty-three percent of adults had been at the event for less than an hour at the time of the survey; 48 percent had been there for one to two hours, and 19 percent for two hours or more. Twenty percent of adults surveyed were repeat visitors to the event.

### Perceptions of the WeRise Event

Both teens and adults voiced overwhelmingly positive reactions to the event (Table 2). Nearly all adults surveyed and more than 90 percent of teens said that they would recommend the event. Just under 90 percent of teens and slightly more than 90 percent of adults agreed that WeRise made them want to be more supportive of people experiencing mental health challenges and made them want to help break down barriers that keep people with mental health challenges from getting treatment.

TABLE 2

### Attendees’ Perceptions of the WeRise Event and Empowerment to Take Action to Help Themselves and Others

Survey Item	Teens (% agreeing)	Adults (% agreeing)
You would recommend today’s event to a friend	92	97
Today’s event made you want to be more supportive of people experiencing mental health challenges	88	93
Today’s event made you feel empowered to take care of your own well-being	85	93
Today’s event made you want to help break down barriers that keep people with mental health challenges from getting treatment	87	93
Today’s event connected you with information and resources to support your own and others’ well-being	80	83
Today’s event helped you understand how to get mental health care	69	69

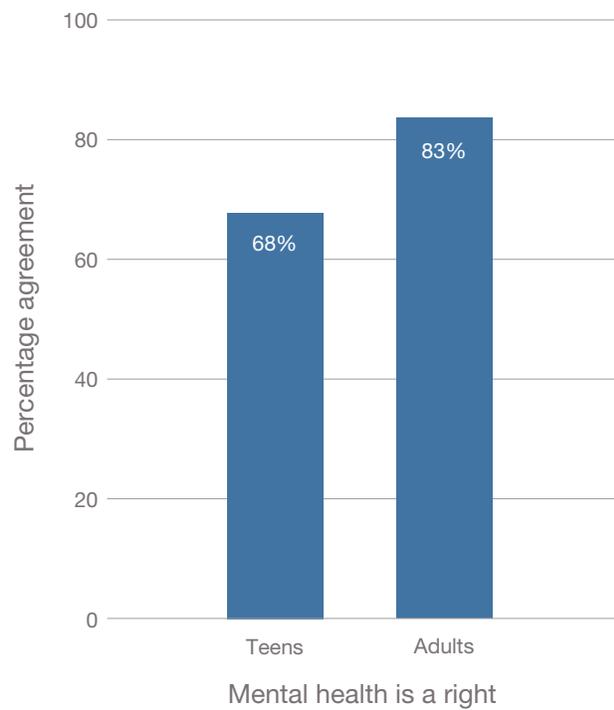
Similar percentages of attendees also said that the event made them feel empowered to take care of their own well-being. Agreement was slightly weaker concerning receipt of specific information and resources that might help them do so. Eighty percent of teens and 83 percent of adults agreed that WeRise connected them with information and resources to support their own and others’ well-being, while 69 percent of each group stated that the event helped them understand how to get mental health care. No differences were observed from 2018.<sup>2</sup> Overall, these responses indicate that WeRise motivated attendees to support both their own and others’ efforts to address mental health, an important result. However, the provision of concrete information to help them follow up on these intentions could be strengthened.

### Attitudes and Beliefs Related to Mental Illness Among Attendees

In line with a central message of the WhyWeRise campaign, 68 percent of teens and 83 percent of adults agreed that mental health is a right (Figure 1

FIGURE 1

Most WeRise Attendees, Especially the Adults, Agreed That Mental Health Is a Right



and Table 3). These rates are equivalent to those from 2018.<sup>3</sup>

Eighty-two percent of teens and 86 percent of adults attending WeRise stated that they planned to take action to prevent discrimination against people with mental illness, another central WeRise message (see Figure 2 and Table 3). WeRise event content, as well as the opportunity to interact with other like-minded people, might have energized attendees and built this capacity for action.

Most event attendees also voiced agreement with other ongoing campaign messages about access to care (Table 3). Four-fifths of teens and nearly all adults agreed that those with mental health problems have trouble getting the treatment they need. General awareness of the struggles and capabilities of people with mental illness was also high. Percentages agreeing that those with mental illness experience high levels of prejudice and discrimination were on par with those indicating that people have trouble getting the treatment they need, at 85 percent for teens and 93 percent for adults. Beliefs related to mental illness stigma (or lack of such stigma) were also endorsed

TABLE 3

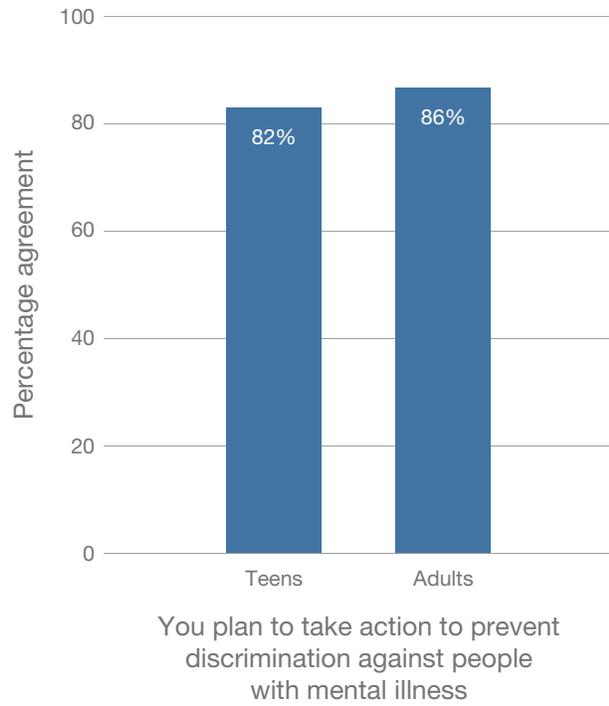
Attendees’ Awareness of the Struggles and Capabilities of People with Mental Illness and Willingness to Include Them in Their Lives

Statement	Teens (% agreeing or willing)	Adults (% agreeing or willing)
People with mental illness experience high levels of prejudice and discrimination	85	93
People with mental health problems have trouble getting the treatment they need	81	95
People who have had a mental illness are never going to be able to contribute much to society	7	4
People with mental illness experience high levels of prejudice and discrimination	85	93
People with mental illness are able to do things as well as most other people	75	71
Mental health is a right	68	83
You plan to take action to prevent discrimination against people with mental illness	82	86
How willing would you be to move next door to someone who has a serious mental illness?	93	84

by a strong majority of attendees. Approximately three-quarters of both teen and adult attendees stated that people with mental illness are able to do things as well as most others, and very few attendees (7 percent of teens and 4 percent of adults) thought that those with mental illness would never be able to contribute much to society. Finally, most of those we surveyed at the event (93 percent of teens and 84 percent of adults) said that they would be willing to move next door to someone who has a serious mental illness—an indication of high levels of willingness to include those experiencing mental health problems in their lives. In total, these responses demonstrate strong understanding of and support for those with mental illness regardless of the respondent’s age, consistent with the campaign’s messages of support and acceptance of mental illness.

FIGURE 2

Most WeRise Attendees Planned to Take Action to Prevent Discrimination Against People with Mental Illness



As with perceptions of the event, these results were generally in line with those of RAND’s 2018 WeRise survey, although there was a statistically significant ( $p < 0.01$ ) decrease in willingness to move next door to someone with mental illness among adults; in 2018, 91 percent of adults were willing, and in 2019 this dropped to 84 percent among WeRise attendees surveyed.

### Well-Being

Four new items measured attendees’ personal well-being (Table 4). The vast majority of adults, about 90 percent, felt that they had a purpose in life and were hopeful about their futures. Just slightly fewer teens, 81 percent, endorsed each of these items. However, only a little more than one-half of both teen and adult attendees said that they receive the social and emotional support they need. And while about 70 percent of teens and adults would be open about it with their families and friends if they experienced a mental health problem, that leaves just over 30 percent in each group who would conceal mental health

TABLE 4

Most Attendees Have Strong Purpose and Meaning in Their Lives, but Teens Struggle More with These Issues, and Many in Both Age Groups Have Limited Social Support

Statement	Teens (% agreeing)	Adults (% agreeing)
I always/usually get the social and emotional support I need	59	58
If I had a mental health problem, I would hide it from my family or friends	33	32
I have a purpose in life	81	91
I am hopeful about my future	81	90

issues from these potential sources of support and belonging.

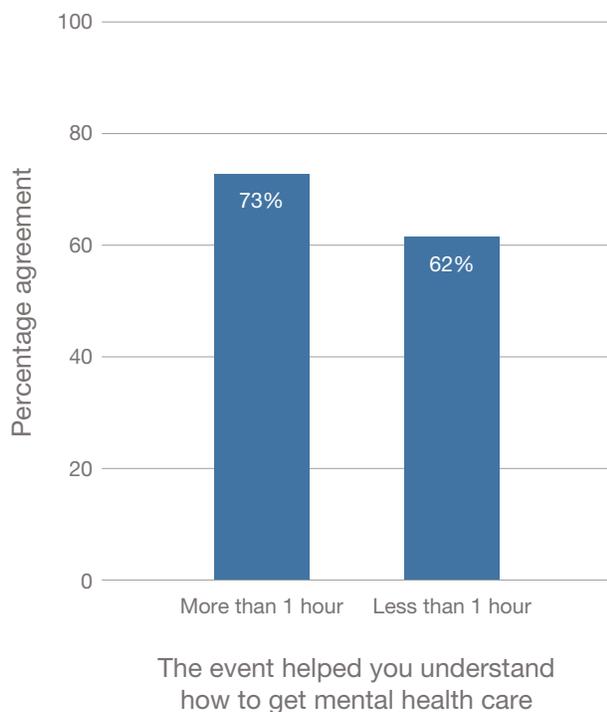
### Potential Effects of WeRise Attendance

Although the endorsed attitudes and beliefs were overwhelmingly positive regarding the struggles and capabilities of those with mental illness, they should not be assumed to have resulted from attending WeRise. It is possible that the event drew people who already held those views. To better assess the impact of attending WeRise, we compared responses between attendees who had been at the event for an hour or more with those who had been there for less than an hour.

Among adults, we found that duration of time spent at WeRise was not strongly associated with attitudes, with one exception: Adults who had been at the event for more than an hour were significantly more likely to report that the event helped them understand how to get mental health care (Figure 3 and Table 5). This is a notable finding because one of WeRise’s key goals was building this understanding of how to get care.

Among teens, there appeared to be a strong association between the amount of time spent at the event and positive attitudes toward mental illness (Table 5 and Figure 4). Teens who had spent more than an hour at WeRise at the time of the survey were more likely to understand that people with mental illness experience high levels of prejudice and

FIGURE 3  
 Adults Who Spent More Time at WeRise  
 Were More Likely to Report That the  
 Event Helped Them Understand How to  
 Get Mental Health Care



discrimination and that people with mental health problems may have trouble getting the treatment they need. Teens who had been at the event longer were much more likely to believe that mental health is a right. They more often stated that the event made them feel empowered to take care of their own well-being and were more likely to recommend the event to a friend. Overall, time spent at the event was more closely associated with greater awareness and more-positive attitudes among teens than adults. This might be because the event was targeted toward young people or may be a function of the already high levels of awareness and positivity expressed among adults who had been at the event for less than an hour.

In 2018, we examined the effect of time spent at the event only for adults. In that year, we found that adult respondents who spent more time at the event had more desire to be supportive of individuals with mental illness than those who spent less time there. Although we did not see this difference emerge in

2019, as just noted, adults attending in 2019 were already extremely supportive, so there was little room for growth in this area.

We also compared survey responses among adult attendees who reported ever having a mental health problem with those who reported not ever having such a problem (we did not ask teens about their mental health history), to assess whether our results were affected by personal mental health experience. Those with personal experience with mental health issues generally responded similarly to those without this experience on almost all items (see Table 6). They were less likely to agree that “people who have had a mental illness are never going to be able to contribute much to society.” Attendees who have personally experienced a mental health problem were also less likely to report that they get the social and emotional support they need.

## Conclusions

In 2019, WeRise drew attendees from diverse racial and ethnic backgrounds, repeating the prior year’s success. Thus, WeRise achieved its goal of reaching people of color, which is important given the disparities in access to mental health treatment (McGuire and Miranda, 2008). However, less than one-third of attendees were boys or men. This may be because social media was a key channel for advertising WeRise, and males use social media at lower rates than females (Smith and Anderson, 2018). Another possible cause is that mental illness stigma is greater among males (Kessler, Brown, and Broman, 1981), reducing the likelihood that they would attend such an event. Understanding this gender difference in attendance is important because utilization of mental health treatment is particularly low among men (see, e.g., Leaf and Bruce, 1987). Many attendees also had an existing personal connection to mental health challenges through employment, volunteerism, a close friend or family member, or their own health, similar to 2018. Attracting those with their own mental health challenges was central to this year’s campaign, so although RAND viewed the overrepresentation of those with a connection to mental illness as a limitation of the 2018 event, in 2019, with its increased focus on creating hope, meaning, and

TABLE 5

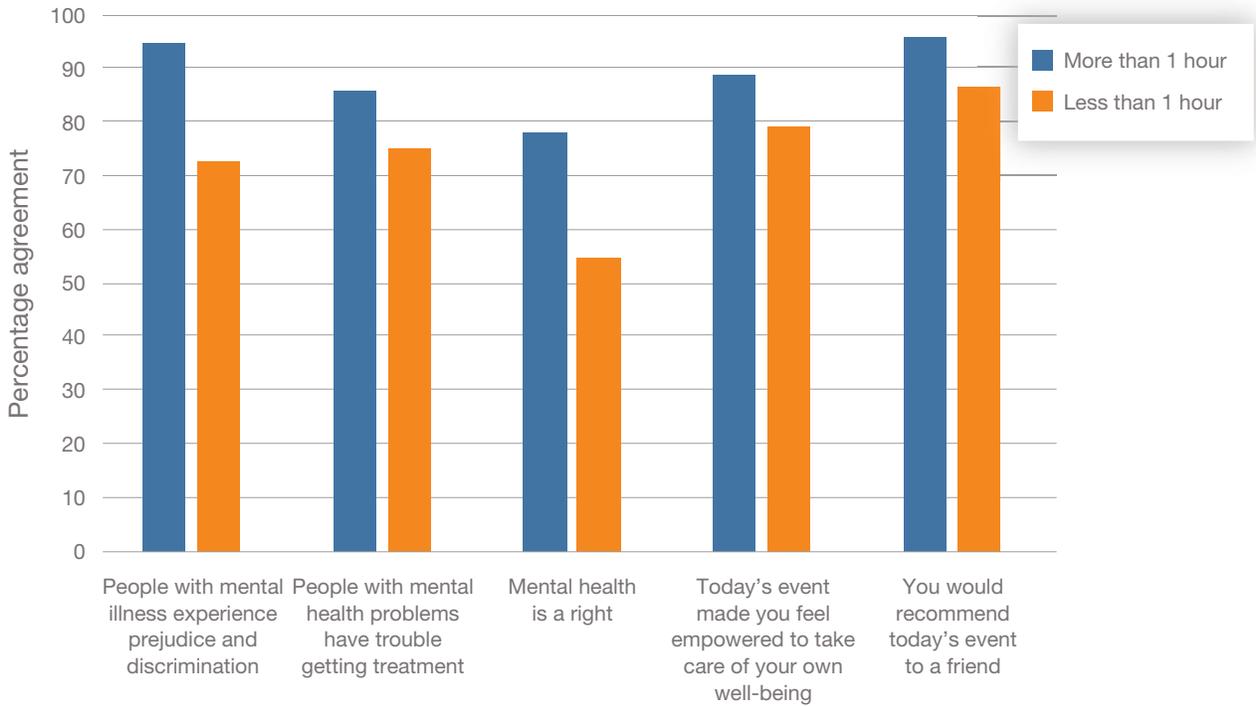
## Differences in Attitudes Toward Mental Illness Among Those Who Spent More Time at WeRise

Survey Item	Teens (% agreeing or willing)			Adults (% agreeing or willing)		
	More Than 1 Hour	Less Than 1 Hour		More Than 1 Hour	Less Than 1 Hour	
Attitudes toward mental illness						
People with mental illness experience high levels of prejudice and discrimination	95	73	**	93	93	
People with mental health problems have trouble getting the treatment they need	86	75	*	95	95	
People who have had a mental illness are never going to be able to contribute much to society	7	8		4	3	
People with mental illness are able to do things as well as most other people	80	69		73	68	
Mental health is a right	78	55	**	82	86	
You plan to take action to prevent discrimination against people with mental illness	85	79		87	86	
How willing would you be to move next door to someone who has a serious mental illness?	93	93		84	83	
Today's event made you want to be more supportive of people experiencing mental health challenges	91	86		93	95	
Today's event made you feel empowered to take care of your own well-being	89	79	*	94	91	
Today's event connected you with information and resources to support your own and others' well-being	84	75		84	80	
Today's event helped you understand how to get mental health care	69	68		73	62	*
Today's event made you want to help break down barriers that keep people with mental health challenges from getting treatment	88	86		95	90	
You would recommend today's event to a friend	96	87	*	97	96	
Well-being						
I always/usually get the social and emotional support I need	54	65		57	60	
I have a purpose in life	80	82		92	90	
I am hopeful about my future	80	82		90	91	
If I had a mental health problem I would hide it from my family or friends	36	30		31	35	

\*  $p < 0.05$ , \*\*  $p < 0.01$ .

FIGURE 4

Teens Who Spent More Time at WeRise Had More Understanding of Issues People with Mental Illness Face and Were More Empowered



connectedness among affected individuals, this concern is mitigated.

Both teens and adults commonly expressed positive reactions to WeRise and almost all stated that they would recommend attending. The event made them feel more supportive of people experiencing mental health challenges, motivated to break down barriers, and empowered to take care of their own well-being. About eight in ten attendees stated that WeRise connected them with information and resources, and almost seven in ten stated that WeRise helped them understand how to get mental health care. Although these are positive findings, there is also more room for improvement on the last two dimensions than on others assessed. Given the importance of moving those who might benefit into care, this is an area that LACDMH may want to focus on with future WeRise events, providing more or better materials and information about available services and resources in Los Angeles County and how to access them.

Most attendees also stated that mental health is a right and that they planned to take action to prevent discrimination against those experiencing a mental illness. In addition, both teens and adults were sensitive to the challenges faced by those with mental health problems, including that those with mental illness experience high levels of prejudice and discrimination. Very few believed that those with mental illness would never be able to contribute much to society. Thus, attendees voiced a strong sentiment in support of those experiencing mental illness across several measures.

Teens who attended WeRise for more than one hour expressed more-positive attitudes than those who had been there a shorter time, suggesting that we may be able to attribute their positive attitudes to the event. Teens who had spent more time at WeRise were more likely to understand that people with mental illness experience high levels of prejudice and discrimination and may have trouble getting the treatment they need. Those who had been at the event longer were also more likely to believe that

TABLE 6

### Few Differences Among Those Who Had Personally Experienced a Mental Health Problem Were Observed, Compared with Those Who Had Not

Survey Item	Mental Health Problem (% agreeing or willing)	No Mental Health Problem (% agreeing or willing)	
Attitudes toward mental illness			
People with mental illness experience high levels of prejudice and discrimination	93	93	
People with mental health problems have trouble getting the treatment they need	95	94	
People who have had a mental illness are never going to be able to contribute much to society	2	7	*
People with mental illness are able to do things as well as most other people	70	74	
Mental health is a right	85	81	
You plan to take action to prevent discrimination against people with mental illness	86	86	
How willing would you be to move next door to someone who has a serious mental illness?	84	82	
Today's event made you want to be more supportive of people experiencing mental health challenges	92	96	
Today's event made you feel empowered to take care of your own well-being	92	93	
Today's event connected you with information and resources to support your own and others' well-being	83	83	
Today's event helped you understand how to get mental health care	68	73	
Today's event made you want to help break down barriers that keep people with mental health challenges from getting treatment	94	91	
You would recommend today's event to a friend	96	99	
Well-being			
I always/usually get the social and emotional support I need	52	70	**
If I had a mental health problem I would hide it from my family or friends	35	27	
I have a purpose in life	90	93	
I am hopeful about my future	89	93	

\*  $p < 0.05$ , \*\*  $p < 0.01$ .

mental health is a right, to believe that the event had empowered them to take care of their own well-being, and to recommend attending WeRise. This may indicate that WeRise was particularly effective in influencing teens. However, an alternate

explanation might be that those who chose to stay at the event longer were more interested in mental health and had more-positive attitudes even prior to the event.

No such associations were observed among adults, with the exception that those who had been at WeRise for over an hour were more likely to report that the event helped them understand how to get mental health care—a key aim of the event. These findings underscore the importance of LACDMH working to attract more of its target demographic of youth ages 14 to 24 to future WeRise events to increase their impact.

Results on measures of well-being suggest some additional potential future directions of focus for WeRise. Although most attendees reported that they have a purpose in life and are hopeful about their futures, about four in ten reported not getting the social and emotional support they need, and about three in ten would hide a mental health problem from family or friends. Further, these measures did not seem to be affected by WeRise attendance. If supporting well-being remains a goal of WeRise, future WeRise events should consider new methods of building social support and reducing stigma around disclosure of mental illness among attendees.

In summary, WeRise engaged racially and ethnically diverse attendees and provided a positive experience for those attending. It successfully promoted support for and understanding of those experiencing mental health challenges, and attendees, particularly teens, felt empowered to take care of their own well-being and advocate for others'. Future WeRise events may want to increase efforts to attract youth and men and increase efforts promoting awareness of how to get mental health care, bolstering social support, and reducing stigma around disclosure of mental health challenges.

The direct impact on WeRise event attendees is only one piece of the campaign's impact. In the next section, we discuss the broader impact on Los Angeles County youth.

## Survey of Los Angeles County Youth

The WhyWeRise campaign sought to reach beyond attendees at the WeRise events to members of the Los Angeles community via outdoor advertising, social media, the websites [werrise.la](http://werrise.la) and [whywerise.la](http://whywerise.la), and

word of mouth. Therefore, our survey of a broader population of Los Angeles County youth sought to understand (1) the overall reach of the campaign's components in its targeted population and (2) how those who were reached were affected by the campaign with respect to their attitudes, beliefs, knowledge, and intentions related to mental illness.

## Method

### Data Collection

RAND designed and analyzed a survey of residents of Los Angeles County ages 14–24. The survey was conducted by Ipsos between July 15 and July 25, 2019. Contact information for potential participants who were county residents and in the targeted age range was purchased from sample vendors, who maintain lists of individuals with known demographics (such as age) willing to participate in surveys. The sample was weighted to be demographically representative of the Los Angeles County population ages 14–24. Potential participants received an email describing a survey about their “thoughts and experiences on mental health–related issues” and an eligibility screener that was used to confirm the age and geographic requirements. The survey was completed online and took approximately nine minutes to complete. Participants received an average incentive of about \$1 for participating (incentives ranged from 40 cents to \$4, depending on the sample provider). Respondents could choose to complete the survey in either Spanish or English.

### Measures

The survey measured demographics (including personal experiences with mental health challenges), campaign exposure, and attitudes, beliefs, and knowledge related to mental illness.

### Campaign Exposure

We measured exposure with a series of items tapping different aspects of the campaign outreach. Initially, we showed respondents images of the WeRise and WhyWeRise logos, as well as the five posters used in the outdoor campaign and on the campaign websites. We asked, “In the past 12 months, have you seen any

of these images around Los Angeles (for example, at the airport, on a bus or bus shelter, on a billboard, or on a sidewalk?”). Respondents gave a response for each image. We next asked all survey respondents, “Have you heard of WeRise or WhyWeRise, Los Angeles’ well-being movement? (yes/no).” Three additional questions measuring exposure asked whether they had attended “any of the WeRise events in downtown LA? (yes/no),” whether they had “visited the websites [werise.la](http://werise.la) or [whywerise.la](http://whywerise.la)? (yes/no),” and whether they had “seen any social media posts (e.g., on Twitter, Instagram, or Facebook) about WeRise or WhyWeRise (yes/no).” Those who responded affirmatively to one or more of these items were classified as WhyWeRise exposed. Exposure to each individual campaign activity was measured with a set of five additional indicators (seeing one or more of the seven campaign images, visiting at least one website, attending WeRise, seeing relevant social media posts, and hearing of WeRise or WhyWeRise). Finally, those who reported having heard of the campaign but not through any of the specific methods of exposure were classified as other exposure. (Such exposures likely occurred through radio ads promoting the WeRise event, word of mouth, or materials handed out at community events.<sup>4</sup>)

### Mental Health–Related Knowledge, Attitudes, Beliefs, and Actions

RAND created 13 campaign-specific items to tap endorsement of key mental health–related beliefs targeted by WeRise or WhyWeRise and referenced on a campaign website. For each item, RAND measured the extent of agreement on a five-point scale (strongly agree to strongly disagree). Responses were recoded to reflect any agreement (agree or strongly agree) versus none. There were 13 campaign-targeted knowledge and beliefs assessed in the survey of Los Angeles County youth:

- Access to mental health care is a right.
- You have the power to change how our communities deal with mental health issues.
- You plan to help break down barriers that keep people with mental health challenges from getting treatment.

- People with mental health problems have trouble getting the treatment they need.
- Young people who have mental health problems are being sent to jail instead of getting treatment.
- Homelessness is a result of broken support systems for people with mental health problems.
- It should be easy and affordable for people with mental health problems to get treatment.
- Schools need to do more to support mental health and well-being.
- Everyone deserved to be well.
- We need to act now to address healing and well-being.
- If you needed help with a mental health problem you would know how to get it.
- You know how to find information or resources to help if you or someone you know experiences a mental health problem.
- You know how to get mental health care.

RAND also employed a set of 13 previously validated items tapping general attitudes, beliefs, knowledge, and intentions related to mental illness and its treatment, including measures tapping stigma. Although not the main targets of the campaigns, the constructs measured are implicit in many of the WeRise and WhyWeRise messages and in the panels and materials present at the 2019 WeRise event. Because these items have been used in prior surveys (Evans-Lacko et al., 2013; Jorm et al., 2006; See Change, 2012; Wyllie and Lauder, 2012), including in the evaluation of the Each Mind Matters campaign in California (Collins et al., 2015), they also allow comparison of WeRise and WhyWeRise to other mental health–related campaigns. These previously validated items were composed of three items measuring social distance (a key indicator of mental illness stigma) on a four-point scale (definitely willing to definitely unwilling), two items measuring intent to conceal a hypothetical mental health problem on a four-point scale (definitely would conceal to definitely would not conceal), and eight additional items measured on a five-point scale (strongly agree to strongly disagree). Responses to all items were recoded to reflect

any agreement, willingness, or concealment versus none.

### Well-Being

To tap the campaign's enhanced 2019 goal of increasing social support, sense of purpose, and hope among those experiencing or at risk of mental health challenges, RAND used four items:

- I have a purpose in life.
- I am hopeful about my future.
- If I had a mental health problem I would hide it from my family or friends.
- How often do you get the social and emotional support you need?

For the first three of those listed, respondents were asked to indicate the extent of their agreement on a five-point scale (strongly agree to strongly disagree). Responses were recoded to reflect any agreement (agree or strongly agree) versus none. For the fourth item, respondents were asked whether this happened always, usually, sometimes, rarely, or never, and responses were recoded to reflect receiving needed support always or usually versus all other responses. Each of these items has been validated in prior research.

### Analyses

We conducted analyses to describe the characteristics of study participants and prevalence of exposure to WhyWeRise (univariate estimates), as well as the characteristics of people exposed (multivariate logistic regression). The main results compared the mental health–related attitudes, beliefs, intentions, and well-being of those who reported exposure to the WhyWeRise campaign with those who did not, controlling for age, gender, education, income, employment, marital status, race/ethnicity, language of survey, past-year contact with someone with a mental health problem, work or volunteer activity in the mental health area, and whether a participant had a friend or family member who has had a mental health problem.

Sample weights were applied to account for any differential nonresponse that might have occurred. Geodemographic distributions for the target population were obtained from the Current Population

Survey and the U.S. Census Bureau's American Community Survey. Data are weighted to represent the ages 14–24 Los Angeles County population on the following variables:

- gender (male, female) by age (14–17, 18–20, 21–24)
- education (less than high school, high school, some college, bachelor's degree or higher)
- race (white, black, Asian, other)
- Hispanic origin (Hispanic, not Hispanic).

We report weighted percentages and odds ratios. All reported differences are statistically significant ( $p < 0.05$ ). Specific  $p$ -values are provided in tables and figures.

## Results

### Characteristics of the Sample

The sample was composed of 1,043 individuals. Sample characteristics are shown in Table 7. Fewer males, Latinos, people without a high school diploma, and individuals younger than 18 responded to the survey than would be expected based on Los Angeles County demographic characteristics. We corrected for these biases by applying analytic weights (see the last column of the table).

The sample includes youth across the targeted 14 to 24 age continuum, from diverse racial and ethnic backgrounds. The majority were Latinos who preferred to complete the survey in English. Consistent with their ages, few had completed college. Nonetheless, many participants had assumed adult roles: 59.7 percent were employed, 22.0 percent were married or cohabiting, and 17.6 percent had household incomes of \$100,000 per year or more. Many had contact with someone experiencing a mental health problem in the past year (56.8 percent), and many had a close friend or family member who had experienced such a problem at some point (60.4 percent). Many fewer (12.0 percent) worked or volunteered in the mental health area.

Forty percent of participating youth age 18 or older reported that they had had a mental health problem at some point. In a prior telephone survey of California adults (including older adults) on a similar topic (Collins et al., 2015), RAND found that

TABLE 7

## Characteristics of the Los Angeles County Youth Sample Before and After Weighting

Characteristic	N (total = 1,043)	Unweighted Percentage	Weighted Percentage
Age			
14–17	238	22.8	34.0
18–20	349	33.5	27.6
21–24	456	43.7	38.3
Race/ethnicity and language			
White—non-Latino	266	25.5	22.5
Black—non-Latino	130	12.5	6.0
Asian—non-Latino	118	11.3	9.3
Latino—English survey <sup>a</sup>	466	44.7	56.3
Latino—Spanish survey <sup>a</sup>	15	1.4	1.8
Other	48	4.6	4.1
Gender			
Male	398	38.2	50.4
Female	637	61.1	48.8
Other	8	0.8	0.8
Education			
Less than high school	222	21.3	41.6
High school graduate	301	28.9	18.9
Some college	344	33.0	32.8
Bachelor's degree or more	176	16.9	6.8
Income			
Under \$15,000	267	25.7	24.3
\$15,000–\$39,999	260	25.1	25.3
\$40,000–\$99,999	334	32.2	32.8
\$100,000 or more	177	17.1	17.6
Employed	691	66.5	59.7
Married or cohabiting	242	23.3	22.0
Past-year personal contact with someone with a mental health problem	631	60.6	56.8
Close friend or family member has had a mental health problem	659	63.4	60.4
Volunteers or works in the mental health field	161	15.5	12.0
Experience with mental illness			
Has had a mental health problem <sup>b</sup>	330	41.1	40.0
Has been treated for a mental health problem or substance use <sup>b</sup>	297	37.0	35.3

Table 7—Continued

Characteristic	N (total = 1,043)	Unweighted Percentage	Weighted Percentage
Past-month psychological distress <sup>b</sup>			
None or low (K6 < 8)	352	45.4	45.0
Mild or moderate (K6 = 8–12)	205	26.4	26.9
Serious (K6 > 13)	219	28.2	28.1

<sup>a</sup> Surveys were available in Spanish and English. In prior work (Wong et al., 2016), we have found differences in the mental health–related attitudes of Latinos who prefer to be surveyed in English versus Spanish.

<sup>b</sup> Measured by the Kessler 6 (K6) scale (see Kessler et al., 2003). Asked only of those 18 years or older.

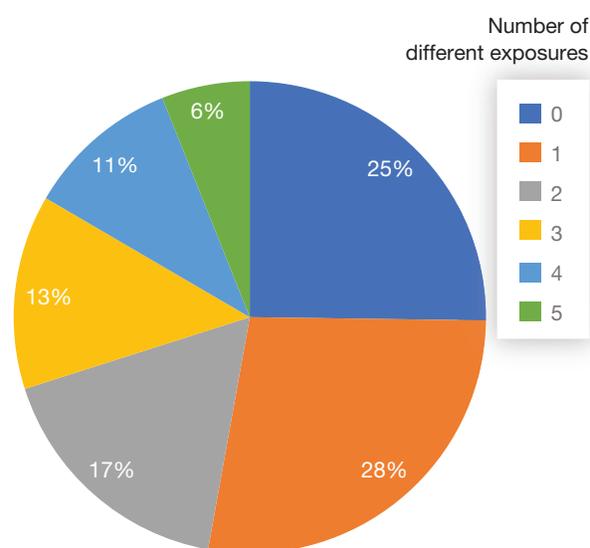
only 27 percent reported ever having had a mental health problem. Differences may be a result of different survey methods (online versus telephone), the differing ages of the samples, or the different regions studied (California versus Los Angeles County). The high percentage for the current survey may also indicate a tendency for those with a history of problems to be more interested in study participation. Our weights do not directly correct for any such overrepresentation, which could potentially bias our findings to some unknown extent. This should be kept in mind when interpreting the results presented below.

### Campaign Exposure

Three in four Los Angeles County youth (75 percent) reported exposure to one or more aspects of WhyWeRise (see Figure 5). Eight percent of county youth said that they attended WeRise, 17 percent visited the WeRise or WhyWeRise websites (werise.la, whywerise.la), 38 percent saw one or more posts on social media, and 69 percent saw a WhyWeRise image (e.g., a poster, billboard, or logo). In 2018, several weeks after the start of WhyWeRise, RAND estimated the reach of the campaign as 20 percent of youth (Collins et al., 2018). Our measure in the current report was substantially different from that in 2018, allowing for recalled exposure to any of the several campaign images without recollection of the campaign title, something we had not done previously.<sup>5</sup> If we apply our prior metric to assess reach in 2019, reach was 30 percent in this year (i.e., 30 percent agreed that they had heard of WeRise or WhyWeRise in our 2019 survey). Thus, it is clear that reach of WhyWeRise has expanded by at least

50 percent, compared with last year. Both metrics are valid but may tap different kinds of exposure or different levels of engagement with the campaign (see note 4). According to either measure, reach of the campaign was very good. By way of comparison, California’s statewide Each Mind Matters campaign, which focused on reducing the stigma of mental illness, reached 17 percent of adults in its first year

FIGURE 5  
A Component of WhyWeRise Reached 75 Percent of Los Angeles County Youth in the 12 Months Prior to the Survey; 47 Percent Were Reached Through Multiple Forms of Outreach



NOTE: Types of exposures counted were self-reported: (1) recognizing any campaign image or logo, (2) attending the WeRise event, (3) visiting werise.la or whywerise.la, (4) seeing a social media post about WeRise or WhyWeRise, and (5) having heard of WeRise or WhyWeRise.

and 38 percent in its second year (Collins et al., 2015). The percentage with any exposure is also in line with or exceeds major mental health campaigns conducted internationally (Evans-Lacko et al., 2013; Wyllie and Lauder, 2012).

Marketing efforts tend to be more effective when the message is received through more than one medium or approach (Hornik, 2002). Importantly, nearly one-half of county youth (47 percent) reported that they were reached by more than one form of outreach in the past year (see Figure 5). Some of these “multiple” exposures may actually be the result of a single event. For example, campaign images were distributed via outdoor media and at the Los Angeles International Airport, and they were also featured on the campaign websites and at the WeRise event. So, someone indicating exposure to an image and to the website might have been exposed once, seeing the image when visiting the website. Exposure to one form of outreach also probably drove youth to another (e.g., interest in the outdoor images might have driven some individuals to the website, the website might have driven youth to attend the event, and so on); this was intended by the campaign.

Exposure to one or more campaign images was the most commonly reported form of campaign exposure; 95 percent of those who reported exposure to any aspect of the campaign reported image exposure. The images differed in the percentage of youth who reported any exposure, as well as in frequency of exposure (see Table 8). This variation could be a result of differential frequency of use in campaign outreach, differential image placement (i.e., in higher- versus lower-traffic venues or bigger- versus smaller-audience media), or differences in the likelihood of youth engagement (noticing, attending to, or remembering the image). Examining differential recognition in relation to frequency of use and image placement may assist LACDMH in understanding which images are most engaging or which venues are most likely to result in engagement.

### Predictors of Campaign Exposure

We examined the characteristics of those more likely to have been exposed to the campaign. Those who had a friend or family member who had had a mental

TABLE 8  
Reported Exposure Was Greater for Some Campaign Images Than Others

Image	Percentage of Youth Exposed*	Average Frequency of Exposure*
WeRise logo	20.2	0.42
WhyWeRise logo	16.6	0.37
“Everyone’s going through something”	16.5	0.39
“Your feelings are also your superpowers”	13.1	0.34
“Hotline bling”	13.9	0.31
“Let’s talk about suicide”	34.3	0.88
“None of us are well unless all of us are well”	23.1	0.57

NOTE: Frequency of exposure was measured on a scale from 0 to 5: 0 = none, 1 = once, 2 = two to four times, 3 = five to ten times, 4 = 11 to 20 times, 5 = more than 20 times.

\*  $p < 0.05$  for difference between images.

health problem were substantially more likely to report exposure to WhyWeRise than others without this personal experience with mental illness. Those reporting a race/ethnicity other than white, black, Asian, or Latino were also more likely to report campaign exposure (compared with non-Latino whites). There were no differences in exposure based on age, gender, education, employment, income, marital status, past-year contact with someone experiencing a mental health problem, or working or volunteering in the mental health area. Among the subgroup age 18 or older (i.e., those for whom we had this information), we also found that individuals who experienced serious psychological distress in the past month were more likely to have been exposed, but not those who had ever had a mental health problem or those who had ever sought treatment for a mental health problem.

### Association of Campaign Exposure with Endorsement of Campaign Messages and Goals

A central goal of WhyWeRise was to spur a youth movement to address inequalities in access to mental health. We found that youth exposed to the

campaign were no more likely than those unexposed to agree that “access to mental health care is a right.” However, consistent with the mobilization goals of WhyWeRise, campaign-exposed youth were more likely to report that they had “the power to change how our communities deal with mental health issues” and planned to “help break down barriers that keep people with mental health challenges from getting treatment” (see Figure 6). These findings are consistent with the campaign’s goal of mobilizing action around mental health disparities. That is, WhyWeRise was associated with positive expectations among those exposed that they could effect changes related to barriers to treatment and how communities deal with mental health.

Youth exposed to WhyWeRise also agreed that youth with mental illness often wind up in jail rather than treatment (see Figure 7).

FIGURE 6  
Young People Exposed to the Campaign Were More Likely to Report Being Mobilized to Action Around Mental Health Issues

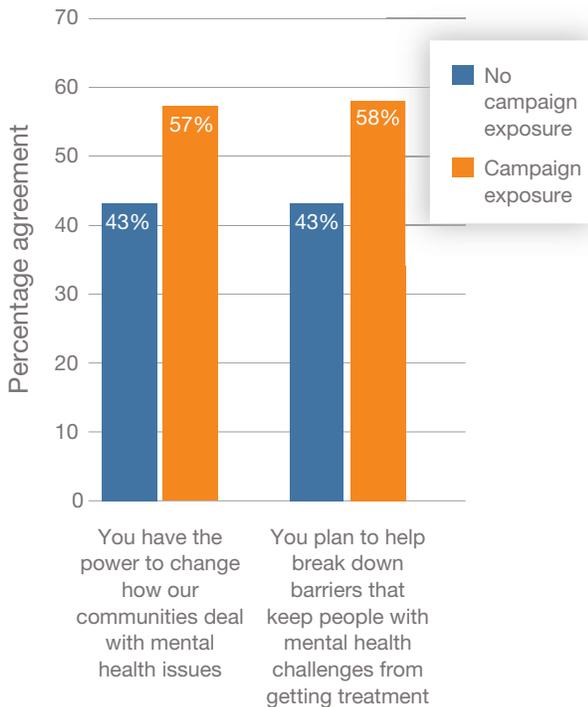
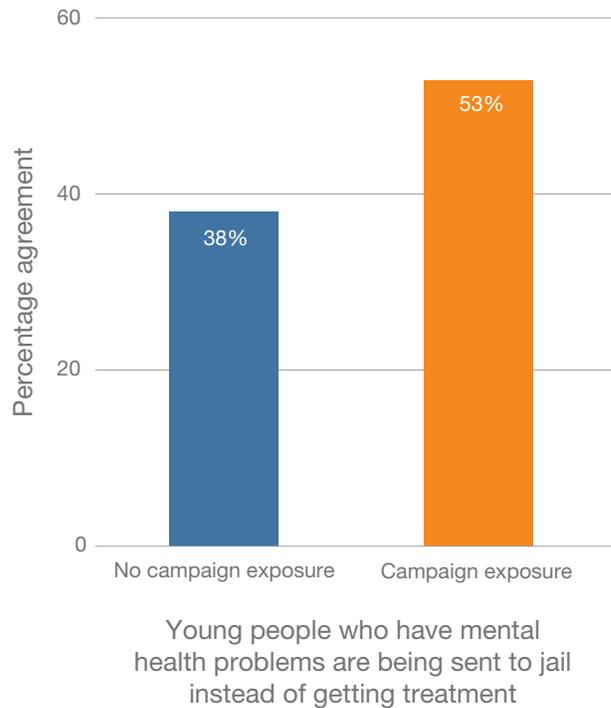


FIGURE 7  
Young People Exposed to the Campaign Were More Likely to Be Aware of a Key Issue Targeted by the Campaign: The High Rates of Mental Illness Among the Incarcerated Population



Youth who were exposed to WhyWeRise were no more or less likely to endorse any of the other WhyWeRise messages and themes described in the “Mental Health–Related Knowledge, Attitudes, Beliefs, and Actions” section than were other youth.

#### Association of Campaign Exposure with Other Mental Health–Related Knowledge, Attitudes, Beliefs, and Actions

Aspects of the campaign also directly or indirectly targeted reducing stigmatizing attitudes and beliefs about mental illness; improving knowledge regarding treatment, symptoms, and where to find help; and increasing supportive actions toward those with mental health challenges. Some of the content of the event gallery and panels and the WhyWeRise website addressed these issues, and stigma reduction is implicit in the social media messages of inclusion and normalization of mental illness through a focus

on the well-being of all people. However, exposure to WhyWeRise was associated with few differences along these dimensions. Analyses indicated that responses to two survey items tapping these dimensions were more positive among those exposed to WhyWeRise than those unexposed to the campaign. Campaign-exposed youth were more likely to report that they had assisted someone with a mental health problem to seek professional help and were also more likely to say that they had connected a person experiencing a mental health problem with mental health-related community resources (see Figure 8).<sup>6</sup>

Counter to expectations, youth exposed to the campaign were *more* likely to agree that those who have had a mental illness “will never contribute much to society.” Only about one in ten individuals endorsed this belief overall, but it was significantly more common among those exposed to WhyWeRise

than among others (see Figure 9). Those exposed to the campaign were no more or less likely to endorse the other negative stereotype measured: that people with mental health problems are a danger to others.

There were no other associations between campaign exposure and mental health-related knowledge, attitudes, beliefs, or actions. There were no statistically significant differences in self-reported awareness of the warning signs of mental health distress, recognition of when someone is experiencing a mental health problem, or knowledge of how to support someone experiencing mental illness. Awareness of stigma (agreement that people with mental health problems face high levels of prejudice and discrimination) had been higher among those exposed to WhyWeRise when RAND evaluated the campaign in 2018, but we did not find this to be the case in 2019. Social distance, the desire to avoid contact with

FIGURE 8  
Those Exposed to the Campaign Were More Likely to Assist Those Experiencing Mental Health Problems to Obtain Community Resources or Professional Help

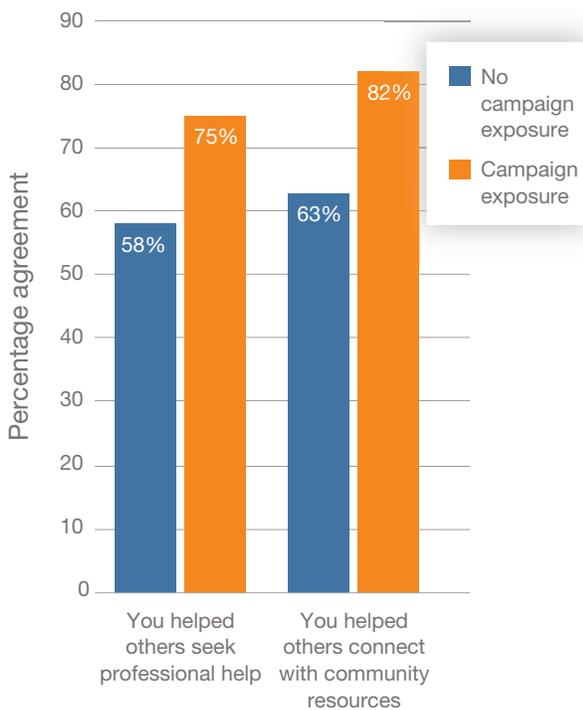
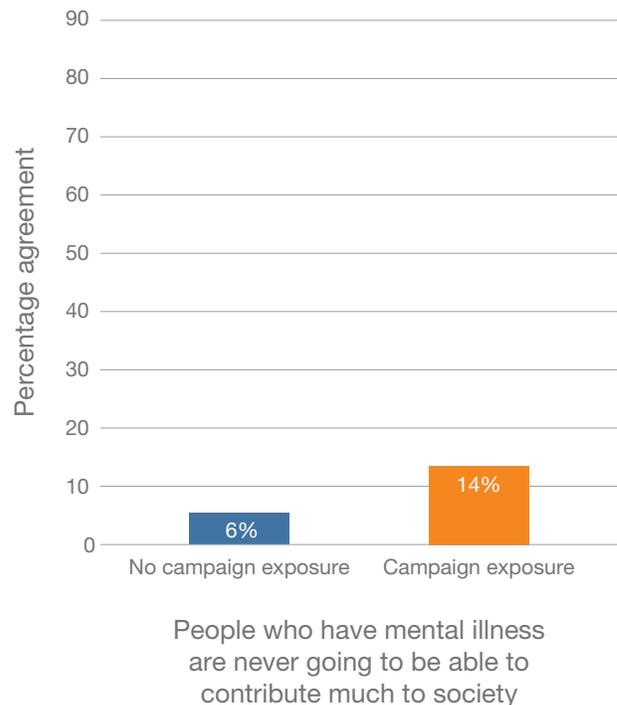


FIGURE 9  
Young People Exposed to the Campaign Were More Likely to Endorse the Negative Stereotype That People Who Have Had a Mental Illness Will Never Contribute Much to Society



individuals experiencing mental health challenges, is perhaps the most widely recognized aspect of stigma. In 2018, we found lower levels of one measure of social distance, but we observed no such difference in 2019. California’s Each Mind Matters campaign was associated with positive reductions in social distance of between 2 and 5 percentage points after one year (Collins et al., 2015), and similarly large changes over time were observed after ten to 20 months of the Like Minds, Like Mine campaign in New Zealand (Wyllie and Lauder, 2012). However, other campaigns have been associated with only small decreases in social distance, even over a period of three years (Evans-Lacko, Henderson, and Thornicroft, 2013).

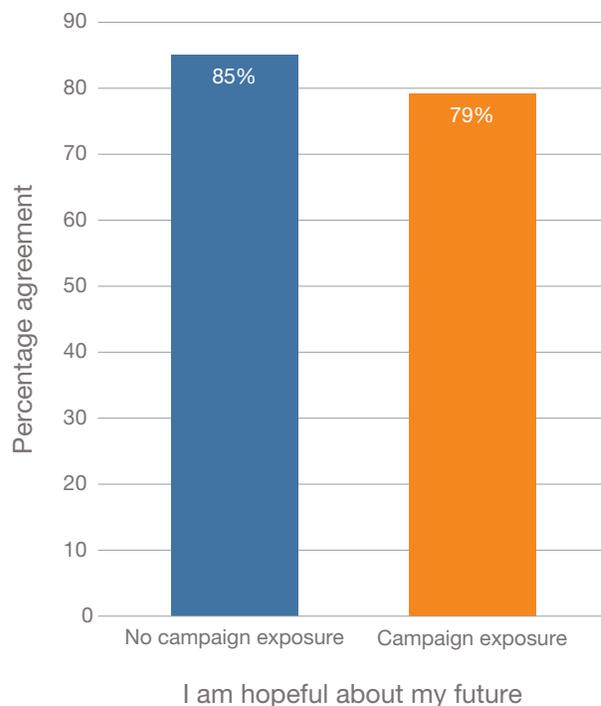
### Associations Between Campaign Exposure and Social Support and Well-Being

In 2019, WhyWeRise included an enhanced emphasis on emotionally supporting those at risk for or experiencing mental health challenges and encouraging hope and meaning in their lives. We found no differences in levels of perceived social support or life-meaning among those exposed versus unexposed to WhyWeRise. However, counter to expectations, those exposed to the campaign were *less* likely to feel hopeful about their futures (see Figure 10).

## Conclusions

Our survey of Los Angeles County youth in the age range targeted by WhyWeRise indicates that the reach of the campaign in 2019 was considerable, at about three in four youth. This compares favorably with the reach of major, multiyear campaigns conducted internationally, as well as a recent campaign in the state of California. We also find that reach of the campaign was greater than in 2018 and that exposure was equivalent across the targeted age ranges and across males and females. In 2018, RAND recommended enhanced outreach to high school-age youth and males, who were less likely to see the campaign, and in 2019 the campaign successfully reached these groups. These are important signs that campaign outreach activities are both extensive and appropriately targeted.

FIGURE 10  
Those Exposed to WhyWeRise Were Less Likely to Feel Hopeful About Their Own Futures



Our evaluation also revealed important associations between campaign exposure and respondents’ attitudes and beliefs. Most notable among these was greater endorsement of items tapping empowerment and intended activism among campaign-exposed youth; these outcomes are central to the WhyWeRise goals. Similar results for these outcomes were obtained in 2018. This suggests that the campaign’s focus on mobilization around the issue of improving societal support for those experiencing mental health challenges has been effective and continues to resonate with Los Angeles County youth.

We also observed positive associations between WhyWeRise exposure and youth actions in support of those experiencing mental health challenges. Those exposed were more likely to report providing linkages to professional help and community resources to a personal contact who had mental health problems in the past year. This is consistent with the campaign’s goal of enhancing support for

mental health and well-being. Enhanced connections to professional help and community resources may also portend important progress in addressing mental health needs among Los Angeles County youth.

There were, however, some indications of what may be negative effects of campaign exposure. Those exposed to WhyWeRise were less likely to feel hopeful about their own futures and were more likely to believe that those who have experienced mental health problems are never going to contribute much to society. These associations are counter to campaign goals of enhancing hope for those with mental illness, even if our evaluation design does not permit us to confirm that these associations are effects of the campaign.

We also failed to observe differences in areas where we might expect them. Those exposed were no more likely than others to say that they would know how to get help with a mental health problem if they needed it—a pattern that was observed in 2018. This may suggest some loss of effectiveness in direct linkages to treatment. And we did not replicate another important 2018 finding that suggested reduced stigma toward those with mental illness among those exposed to the campaign. Nor did we observe the enhanced awareness of the stigma faced by those experiencing mental illness that we observed in 2018. Although stigma is not a focus of WhyWeRise, it is highly related to hope and support, issues that are central to the campaign. Indeed, none of our measures of mental illness stigma was associated with campaign exposure in 2019 (apart from the negative association with beliefs about future contributions to society already noted). These findings suggest that WhyWeRise could do more to address stigma.

This survey had some limitations. First, the sample might not be representative of Los Angeles County youth, as participants who opted to complete a survey about mental health may be particularly attuned to the campaign and the issues it addresses. Indeed, we found that greater-than-expected numbers of participants had experience with mental health problems. Our estimate of the percentage of youth exposed to the campaign may be an overestimate if people with an interest in mental health were more likely to respond to our survey and more likely to notice and remember the campaign. Similarly, we

are unable to determine the extent to which associations between WhyWeRise exposure and attitudes toward mental illness are due to people with positive attitudes noticing and remembering the campaign. It is likely that some portion of what we observed is due to these factors. For this reason, we advise caution in interpreting the results of the survey.

Although we cannot confirm causality because of limitations in our study design, the evidence from RAND's survey of Los Angeles County youth suggests that WhyWeRise had a continued positive influence on—or at least resonated with—a substantial proportion of Los Angeles youth, potentially catalyzing them to action on the issue of how communities treat those experiencing challenges to well-being and removing barriers to treatment and support.

## Discussion, Recommendations, and Conclusion

LACDMH continued the WhyWeRise campaign in 2019, including the hosting of a second WeRise event in downtown Los Angeles. **The campaign reached a large number of Los Angeles County youth:** Our survey of more than 1,000 residents ages 14–24 found that as many as **three in four young people were aware of WhyWeRise, and nearly one in ten of those surveyed attended the WeRise event.** Because those responding had more personal experience with mental health issues than other youth, this may somewhat overestimate actual reach. Nonetheless, this is quite a substantial achievement for any campaign and indicates the potential to have a major influence on the attitudes, beliefs, and actions of Los Angeles County youth.

Our in-person survey suggested that **WeRise engaged racially and ethnically diverse attendees and provided a positive experience for those attending.** Similarly, our survey of county youth found that **WhyWeRise reached across the county's racial and ethnic spectrum. Gains were made in WhyWeRise campaign reach to males and younger individuals since 2018, while the WeRise event still falls short in these respects.** Future WeRise events may want to increase efforts to attract high school-age youth and young men and boys.

There is evidence that those who were exposed to WeRise or WhyWeRise might have benefited from the campaign. Data from both the event survey and the countywide survey suggest that **those touched by the campaign and those attending the event felt empowered and expressed plans to advocate for change, meeting the main goals of WhyWeRise.** The county-wide survey also suggested that **the campaign is activating the provision of concrete support linking those with mental health problems to professional and community resources.** We cannot know for sure whether these positive associations are due to the campaign. Continued evaluation over time is needed to distinguish between the causal effects of the campaign and other potential explanations (e.g., people who are drawn to the campaign may already have greater mental health awareness).

There is still room for progress in some domains. **Neither WeRise nor WhyWeRise was associated with a reduction in mental illness stigma or increases in mental health knowledge.** This is not surprising, as knowledge and stereotypes were not directly targeted by the campaign. However, stigma is likely to affect support for those with mental health problems (a key campaign target), and both stigma and knowledge influence the likelihood of treatment-seeking (Wong et al., 2018). There was also a campaign association with one negative stereotype about those with mental illness—their lack of ability to ever contribute to society. This fits, to some extent, with the other negative correlate of WhyWeRise exposure, hope for one’s own future. Given that about one-half of youth responding to our survey reported having experienced a mental health problem, **the pattern suggests a lack of belief in recovery and hope for the future of those who have experienced mental illness among WhyWeRise exposed youth.** This is an area where the campaign sought to positively affect perceptions, and it appears that it might have fallen short or even undermined beliefs in this domain.

There is also evidence that **the WeRise event and the WhyWeRise campaign more often reach people who are already interested in and knowledgeable about mental health.** Our in-person survey at WeRise found that large percentages of attendees worked or volunteered in the mental health field

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Those touched by the campaign and those attending the event felt empowered and expressed plans to advocate for change, meeting the main goals of WhyWeRise.

or had personal experiences with mental health challenges. A similar pattern was observed among county youth more broadly, with those who reported exposure to WhyWeRise reporting work in the mental health field or personal experiences with mental health problems. This means that the campaign successfully attracted people for whom mental health was personally relevant and who can readily apply the empowerment they get from the campaign to their own life situation. However, it also means that a group of this population that has not previously engaged with the issue and might be newly mobilized to support those with mental health problems is not being reached as effectively as possible.

## Recommendations

The very strong overall reach of WhyWeRise and the WeRise event in 2019 creates great potential for change among Los Angeles County youth. **We recommend that LACDMH leverage the strong reach of WhyWeRise with stronger messages to create greater impact.**

To more strongly enhance support for those with mental health challenges and reverse any possible negative campaign effects, **LACDMH may wish to tweak its messaging around hope and belief in recovery.** A careful test of current messaging and how it is perceived by youth may help the county

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The campaign should also consider adding messages and evidence-based approaches to reduce stigma and increase mental illness–related knowledge.

address any negative impacts. An overlay of new messages might also be useful. Outside the website and the WeRise event, campaign materials do not directly address hope and recovery. Personal stories of recovery have been effectively used in other campaigns and might be considered as additions to the campaign in 2020. This might involve a shift in the mix of campaign materials beyond the outdoor images that account for much of the reach in 2019, to include video or in-person presentations. It is likely that existing campaign images and billboards could more effectively drive people to the campaign website with the addition of a prominent WhyWeRise label. Alternatively, it may be possible to convey a recovery “story” through a simple poster or billboard that could be added to the current set.

The campaign should also consider **adding messages and evidence-based approaches to reduce stigma and increase mental illness–related knowledge as a complement to those concerning inequalities in access.** Both knowledge and stigma are central to increasing social inclusion for those experiencing mental health challenges and increasing the likelihood that these individuals will seek treatment for emerging symptoms (Jorm, 2000). It may be useful for Los Angeles County to **pair any ongoing or**

**future use of the campaign with evidence-based programs,** such as Active Minds, an on-campus, student-run program that aims to create discussion around mental health issues and educate students, faculty, and staff about on- and off-campus resources for promoting mental health (Sontag-Padilla et al., 2018); Mental Health First Aid, (Hadlaczky et al., 2014); and the National Alliance for Mental Illness’s Ending the Silence (Wong et al., 2015), programs that involve small-group educational sessions about how to recognize symptoms of mental health problems. These and most other effective stigma-reduction programs involve personal contact with individuals experiencing mental health challenges. **LACDMH may wish to create more opportunities for contact, connecting these opportunities with WhyWeRise outreach.**

**Give it more time.** Our final recommendation is the same as that in our 2018 report—for the campaign to continue. Public attitudes tend to be slow to change, and social marketing campaigns must be continued for long periods (typically years) to create lasting change in social norms (Hornik, 2002), but this kind of change is possible with continued efforts. Given continuing evidence that may be pointing to the campaign’s success, it is reasonable to expect more progress with more time. In addition to continuing campaign activity, it would be helpful to conduct continued evaluation to see whether changes are maintained.

## Conclusion

Overall, the evaluation found evidence that the WeRise event and WhyWeRise campaign fostered a movement, focused on inequalities in mental health access, that had impressive reach into the Los Angeles community. There is evidence that the campaign was associated with positive attitudes, such as increased support of people with mental illness; empowerment; and mobilization toward activism around mental health issues.

## Notes

<sup>1</sup> Data from the Public Use Microdata Sample files from the U.S. Census Bureau's American Community Survey indicate that, among 14–17-year-olds in Los Angeles County, 61 percent are Latino, 17 percent are white, 8 percent are black, 10 percent are Asian, and 4 percent are “other.” Among Los Angeles County adults ages 18–49, 51 percent are Latino, 24 percent are white, 8 percent are black, 14 percent are Asian, and 3 percent are “other.”

<sup>2</sup> The questions about information and resources and how to get care were not asked in 2018.

<sup>3</sup> In 2018 the item read, “Access to mental health is a right,” and in 2019 it read, “Mental health is a right.”

<sup>4</sup> In RAND's 2018 evaluation (Collins et al., 2018), we tested associations between beliefs and campaign exposure by comparing individuals who said that they had “heard of WeRise or WhyWeRise, Los Angeles' well-being movement” with those who said that they had not heard of it. To test whether applying this alternative, more stringent definition of campaign exposure would result in a different pattern of results in 2019, we repeated all analysis testing for differences based on this definition. Results were not substantively different, suggesting that recall of the campaign title versus images alone did not tap a substantively different construct. Both approaches capture similar experiences, but the requirement that the campaign title be recognized may render the measure of exposure less sensitive, omitting some who did not note this aspect of the campaign. Most important, findings are robust to these different definitions.

<sup>5</sup> We were unable to assess image recognition beyond the campaign logos in 2018 because the campaign images came into wide distribution only after our evaluation was conducted that year.

<sup>6</sup> Regardless of campaign exposure, about 57 percent of Los Angeles County youth had a personal interaction with someone experiencing a mental health problem in the year prior to our survey. Thus, the potential to provide such support was equivalent across the campaign-exposed and campaign-unexposed groups of youth.

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