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Evaluation of Los Angeles County's 2022 WeRise Mental Health Events

WeRise is an annual set of events funded by the Los Angeles County Department of Mental Health (LACDMH) as part of the county's slate of programs targeting prevention and early intervention (PEI) for mental health challenges among county residents. The primary aim of WeRise 2022 events was to promote health, healing, and well-being and to address community-identified needs. The events also aimed to raise awareness of resources available to support mental health and well-being in Los Angeles County and emphasized reaching youth under age 25 and their support networks.

WeRise has been a central component of LACDMH's broader social marketing campaign, known as WhyWeRise. The initial WeRise event, in May 2018, was held in downtown Los Angeles, coinciding with Mental Health Month. It was an immersive experience where visitors could choose to spend time at a large art gallery, a rally, performances, panels, and workshops. The

2020 WeRise events were conducted wholly online because of the coronavirus disease 2019 (COVID-19) pandemic. In 2021, LACDMH used a hybrid model for WeRise. Online events were a strong focus, together with "pop-up" COVID-19-safe in-person events held in communities throughout the county. In 2022, LACDMH took this strategy of diverse, "hyper-local," community-centered events throughout the county a step further. As a strategy of promoting wellness, LACDMH provided direct support to a set of trusted community partners

KEY FINDINGS

- One in three county youths ages 14 to 25 and one in six adults ages 26 and older were exposed to some aspect of WeRise.
- WeRise reached most major racial or ethnic groups in the county, particularly Hispanic- or Latino-identifying residents.
- Only a small portion of those reached attended the events, indicating the importance of embedding events in the context of a larger campaign to have a broad impact.
- Perceptions of the events were very positive, with the vast majority saying that the event they attended connected them with resources and community, showed some of the strengths of their community, empowered them to take care of their well-being, helped them heal, and showed the healing power of creative expression.
- Residents exposed to the campaign were more likely to feel mobilized around mental health issues.

with diverse missions and populations served to conduct WeRise events that the community partners independently conceived.

This community-led approach was founded on the idea that communities know their needs best and more closely integrated WeRise with the community mobilization strategy that has driven the county's WhyWeRise social marketing campaign. The WhyWeRise campaign was designed to engage and mobilize county residents around the topic of mental health (i.e., to "rise up" and change the way mental health challenges and well-being are addressed). LACDMH's strategy for WeRise in 2022 included providing organizations in Los Angeles County communities with the funding to do so. WeRise events and the WhyWeRise campaign have always included youth and individuals with diverse racial, cultural, economic, and other backgrounds as important sub-populations to reach with their activities. This was true of WeRise in 2022 as well.

To gain insight into the reach and impact of the 2022 WeRise effort, LACDMH and the California Mental Health Services Authority (CalMHSA) commissioned the RAND Corporation to conduct an evaluation. We previously evaluated the 2018 and 2019 WeRise events and the online portion of the 2021 WeRise events. Events were canceled in 2020 because of COVID-19 (Collins et al., 2018; Collins et al., 2019; Collins, Eberhart, Estrada-Darley, and Roth, 2022a). In prior years, we conducted our WeRise evaluations alongside evaluations of WhyWeRise. In 2022, updates to WhyWeRise were in progress, so the WeRise events were evaluated as a stand-alone. We conducted in-person surveys of attendees at the WeRise events and (separately) online surveys of representative samples of Los Angeles County residents ages 14 to 25 ("youths" hereafter) and 26 and older ("adults" hereafter). The WeRise event survey looks at the experiences of those who attended the WeRise events. The WeRise countywide survey allows for comparison of those who attended the WeRise events and/or encountered marketing and other outreach associated with the events with those who did not, two months after attendance, to assess program reach and possible short-term effects of attendance.

Event-attendee survey results indicated that the events were very positively received. Events were well branded as WeRise, and the purpose of WeRise was understood by those attending, indicating that the move to fund community organizations did not result in loss of branding or messaging around mental health. Attendees felt empowered by the events, connected to community, and mobilized to address issues related to mental health in their communities.

Countywide survey results indicated that the WeRise events and outreach reached a fairly substantial percentage of Los Angeles County residents: One in three youth and one in six adults reported exposure. WeRise was effective in reaching most major racial or ethnic groups in the county, particularly Hispanic- or Latino-identifying residents. However, only a small portion of those reached attended the events. Although this is to be expected, it reveals the importance of embedding events in the context of a larger campaign to have a broad impact. The majority of individuals reached by WeRise found it beneficial. Residents exposed to the campaign were more likely to feel mobilized around mental health issues, were more aware of mental health information and resources, and felt better able to heal from past-year stress than were those not exposed. However, there were few differences in well-being or stigma associated with exposure. These outcomes may be harder to change and require a different approach.

In summary, there is evidence that the LACDMH WeRise events and outreach successfully reached groups of Los Angeles County residents particularly in need of mental health support, such as youth. Although we see no evidence that community well-being improved, the events may have mobilized those exposed around mental health issues and boosted awareness of mental health resources.

Background

Mental health problems are common and debilitating, but many people do not receive the mental health treatment they need (see, for example, Eberhart et al., 2018; Walker et al., 2015). Recognizing this, in 2018, LACDMH undertook a campaign that sought

to increase community engagement around barriers to mental health care access (i.e., interest in and activism regarding this issue), promote awareness of county mental health resources and services, and communicate messages of resilience, community, hope, and support. Around the globe (Gaebel, Rössler, and Sartorius, 2017), in the state of California (Collins et al., 2015), and in Los Angeles County (Collins et al., 2018), social marketing campaigns have been effective in shifting attitudes related to mental health, increasing social acceptance of those experiencing mental health challenges, and increasing awareness and use of mental health services (Collins et al., 2018; Collins et al., 2019; Collins et al., 2021).

Since 2018, LACDMH's WeRise mental health events have been the centerpiece the WhyWeRise mental health community engagement campaign. To fund the events and campaign, LACDMH used funds from Proposition 63, which was signed into law as the Mental Health Services Act (MHSA) (Title 9, 2018). The MHSA levied a 1 percent tax on all California personal incomes over \$1 million, resulting in a substantial investment in mental health prevention and treatment in the state. The MHSA made resources available to counties to support treatment for individuals with mental illness; it also provided PEI services for mental health. (PEI can include mental health services, wellness support and efforts to reduce stigma related to mental health conditions, change attitudes about mental health treatment, and increase awareness of resources.) A portion of MHSA-related funds is specifically allocated for PEI activities and cannot be used for other purposes (e.g., treatment or housing).

LACDMH has dedicated some of these funds to the development and implementation of WeRise and WhyWeRise. Initial goals of WhyWeRise and the WeRise events were to create a movement among youth to address barriers to mental health access (including stigma and structural issues faced by underserved populations). A key component was the use of the arts for expression and healing. In 2019, there was an increased focus on confronting challenges to well-being with messaging noting the importance of life purpose and meaning, hope, and obtaining and providing social support. When the COVID-19 pandemic hit Los Angeles, LACDMH

channeled some of the WhyWeRise funding toward addressing mental health consequences of the pandemic and canceled the WeRise events. The new campaign addressing COVID-19 stress built on elements of WhyWeRise but enhanced the emphasis on existing themes of community, hope, and support and on promoting awareness of Los Angeles County mental health resources and services (Collins, Eberhart, Seelam et al., 2020). The 2021 WhyWeRise effort continued in the same vein, although the themes of coping with the stress of COVID-19 and racial injustice became secondary, and WeRise events were reinstated as a combination of online events and a set of COVID-safe neighborhood and community events scattered across Los Angeles.

In WeRise 2022, LACDMH took this strategy of diverse, hyperlocal, community-centered events a step further, providing direct support to a set of community partners across Los Angeles County to conduct community-led events promoting wellness. The strategy of funding partners to conduct community events emphasized the empowerment, community-building, and community connectedness themes that have always undergirded the broader WhyWeRise campaign. The ongoing WeRise event strategy of promoting healing through the arts was reflected in the funding of art festivals and installations, and some events and messaging referenced community renewal and healing, a theme since the COVID-19 campaign. Finally, to address rising rates of mental health problems among youth—and consistent with the youth mobilization that has been historically integral to WhyWeRise—WeRise 2022 emphasized positive programming for youth. A list of WeRise 2022 events is provided in Table 1.

Outreach materials promoted the events on social media; these contained their own messages supporting mental health awareness, hope, self-esteem and belonging—"Mental health is health," "It gets better," "You belong here," and "You are beautiful"—and those encouraging engagement and/or mobilization—"I RISE . . . because I'm not alone," ". . . when I feel loved," ". . . when I feel safe," ". . . when I feel seen," ". . . when I can be me." Both #WeRiseLA and #WhyWeRise were used in these materials, as were the WeRise and WhyWeRise logos. Additional digital advertising and radio, print, and

TABLE 1
WeRise 2022 Events

Event Title	Dates
Creating our Next LA at Grand Park (Oak Trees Installation) ^a	Ongoing in May
Toe Fo'i: The Return, PIEAM Art Gallery ^b	Ongoing in May
IDEPSCA Wellness Circle for Domestic Workers	Ongoing in May
Arts Council Long Beach Bridging Wellness	Ongoing in May
Abuelitas Remedios (Belvedere Lake Park) ^b	May 7
Garden Block Party (Columbia Street) ^b	May 7
Soil to Stomach: Growing and Foraging Food ^b	May 7
BIPOC Community Care Fest	May 7
Mujeres de Maiz "Sisterhood" Book Reading (online)	May 11
Tlalapahtiz: The Act of Healing Through Colors and Painting ^b	May 14
Levitt LA's Community Healing Open Mic at Mercado la Paloma	May 14
East Village Arts Park ^b	May 14–15
Compound, Long Beach ^b	May 14–15
South Central Film Festival ^a	May 20–21
Celebrating Words Festival ^b	May 21
Gente Here and Queer Resource Fair (Pomona)	May 21
PEIAM Art Walk ^b	May 21–22
Union de Vecinos Eastside Community Clean-Up and Food Distribution	May 31
LA Baby Cooperative's Diapers and Art Fair	May 22
Walk the Talk Parade: Creating Our Next LA (downtown LA)	May 28
Lancaster Youth Art Festival ^b	May 27
Bringing Community Together Art Walk ^b	May 28
Culture Cures Arts Festival and Walk (South LA) ^b	May 28
Rock the Vet Memorial Day Concert (Signal Hill)	May 30
Skid Row Women's Healing Circle	May 30

NOTE: BIPOC = black, indigenous, and people of color.

^a Event attendees were surveyed at the venue on two occasions.

^b Event attendees were surveyed at the venue on one occasion.

outdoor ads were also used and included dissemination in English and Spanish and some advertising in Korean, Chinese, and Farsi. In addition, events were promoted on the WeRise website, which contained a calendar of events with titles, locations, and community-organization leads identified for each. The WhyWeRise website (WhyWeRise.la) con-

tained links to community mental health resources as well as mobilization and community messaging. WhyWeRise linked to WeRise.la, and vice versa. These outreach efforts were designed to promote WeRise attendance and to bolster the events.

This report describes the methods and findings of our evaluation of the 2022 WeRise events and

outreach.¹ Our methods included conducting an online survey of representative samples of Los Angeles County youths and adults. This survey allowed us to gain a complete picture of those reached by WeRise promotional materials and of WeRise attendees across all events to compare their demographic characteristics, attitudes toward mental health, and awareness of mental health resources with those of residents not reached by the events or promotional materials. The survey took place two to three months after the events to determine whether there were any longer-term effects of the events and materials. A separate brief survey conducted at the events provided data specific to the WeRise attendee experience “in the moment.” It assessed the characteristics of event attendees and their immediate reactions to the events. All evaluation activities were reviewed and approved by RAND’s Human Subjects Protection Committee, which serves as RAND’s Institutional Review Board. In this report, we first describe the methods and results of our countywide survey of Los Angeles residents, followed by methods and findings from the survey of WeRise attendees conducted at the events. Finally, we provide an overall discussion of the findings and our conclusions.

Survey of Los Angeles County Residents

We designed and analyzed a survey of two samples of residents of Los Angeles County to understand (1) the reach of the events and (2) the events’ impact—that is, how residents perceived events and materials and how those reached differ from others in terms of attitudes, beliefs, and behavior related to mental illness. The samples recognize the important WeRise goal of reaching youth ages 14 to 25 by separately sampling sufficient numbers of these individuals to make separate, stable estimates of youths’ beliefs and behavior. Youth of these ages typically make up only a very small portion of full population surveys both because of their naturally occurring numbers and because they are difficult to recruit to survey. The second sample represents county adults age 26 and older.

Method

Data Collection

The surveys were fielded by Ipsos from July 29, 2022, to August 31, 2022. The target populations were Los Angeles County youths and adults. Adults were sampled exclusively through the Ipsos Knowledge-Panel (KP). KP allows recruitment of a probability-based sample. Although the survey was administered online, KP enrollment uses address-based sampling to ensure a comprehensive sample that represents all households regardless of their access to phone or internet services. To further ensure representativeness, panel members were provided with a web-enabled device (e.g., tablet computer) and free internet service as needed. A total of 868 usable adult surveys were collected from KP participants. Of these, 739 were surveys of panel members, and 129 were surveys of panel members’ children ages 26 or older.

One hundred and fourteen youth surveys were also obtained from KP participants; 29 from panel members and 85 from children of panel members. Because too few youth ages 14 to 25 were included among KP panel members and their children to meet our study needs, Ipsos simultaneously recruited an additional 268 participants in that age range using an opt-in approach. “Opt-in participants” were individuals known to be in the relevant age group participating in other online panels. They were sent invitations to participate in the RAND survey by the administrators of those panels.

These procedures resulted in a sample of 382 Los Angeles County youths and a sample of 868 Los Angeles County adults. These samples were weighted to adjust for probabilities of selecting one participant child among KP parents with more than one child in the 14 to 25 age range and to be demographically representative of the Los Angeles County population of the same age, using benchmarks from the U.S. Census Bureau’s American Community Survey (U.S. Census Bureau, undated).

The youth sample was weighted on the following characteristics:

- age (14–15, 16–17, 18–21, 22–25)
- gender (male, female)
- race or ethnicity (non-Hispanic, Hispanic)

- language proficiency for Hispanics (English-proficient Hispanic, bilingual/Spanish-proficient Hispanic, non-Hispanic)
- household income (under \$49,999, \$50,000–\$74,999, \$75,000 and over)
- household size (<=3, 4, 5+).

The adult sample was weighted on the following characteristics:

- age (26–34, 35–44, 45–59, 60+)
- gender (male, female)
- race or ethnicity (White, Black, Asian, Hispanic, other or two or more races)
- education (less than high school, high school, some college, bachelor or higher)
- household income (under \$25,000, \$25,000–\$49,999, \$50,000–\$74,999, \$75,000–\$99,999, \$100,000–\$149,999, \$150,000 and over)
- household size (1, 2, 3, 4, 5+)
- language proficiency for Hispanics (English-proficient Hispanic, bilingual Hispanic, Spanish-proficient Hispanic, non-Hispanic).

Opt-in youth respondents were weighted using a proprietary calibration formula derived by Ipsos that corrects for biases in opt-in samples using the following variables:

- How long do you watch TV on an average day? (14–24 less than 3 hrs/day, 14–24 3+ hrs/day)
- How long do you spend on the internet? (14–24 less than 10 hrs/week, 14–24 10+ hrs/week)
- How often do you use the internet to express opinions about political/community issues? (14–24 not at all, 14–24 less than once a month or more often)
- How often do you try new products? (14–24 not at all/somewhat, 14–24 a lot/completely)

The survey was offered in both Spanish and English, was completed online, and was an average of 17.6 minutes long. Completion rates were 65 percent for all KP participants, 50 percent for KP participants' adult children, and 82 percent for KP participants' children ages 14 to 25). Because the number of invitations sent to opt in participants is unknown, the completion rate is unknown for this

portion of the sample. Consent from a parent or guardian was obtained for all participants under 18, as was youth assent.

Measures

The survey measured demographics and other background characteristics, attendance at WeRise events, exposure to materials promoting WeRise events, key targeted outcomes of WeRise, and broader PEI-relevant outcomes. Some demographics were previously measured as part of KP participation. The survey also asked questions about an L.A. Dodgers mental health campaign related to WeRise that was conducted by LACDMH in the summer of 2022. The results of RAND's evaluation of the Dodgers campaign are reported elsewhere (Collins, Eberhart, Estrada-Darley, and Roth, 2022b).

WeRise Attendance

A single item asked about attendance at WeRise events: "Did you attend or participate in any WeRise events in May 2022?" Response options were "Yes, in person," "Yes, online," "No," and "Not sure." A list of the 14 events that we were asked to evaluate accompanied the question, "WeRise 2022 events included . . ." A list of these events is included in Table 1. The question also noted that there were other WeRise events not listed (" . . . but there were others"). Those who responded "Yes" (either in person or online) were coded as attending.²

Exposure to WeRise Promotions and Materials

We used four items to measure exposure to WeRise, including materials that promoted attendance at the WeRise events and/or supplemented the events through branding imagery or wellness messaging. We asked: "Have you heard of WeRise or WhyWeRise, Los Angeles' wellbeing movement?" Response options were "Yes" and "No." (This question was asked before any other items in the survey referring to WeRise). A second item asked: "Have you visited the websites werise.la or whywerise.la?" (with response options of "Yes" and "No"). The WeRise website listed the WeRise events and the organizations hosting them while WhyWeRise linked to WeRise and to mental health resources. Both websites included mental health and well-being messages.

A third item tapped exposure to paid and unpaid promotional messages in social media: “Have you seen any social media posts (e.g., on Twitter, Instagram or Facebook) about WeRise or WhyWeRise?” (“Yes” or “No”).” The fourth item measured recognition of the logos used to promote WeRise attendance and to promote WeRise at the WeRise events (i.e., create brand recognition and support for the movement at the community-hosted events). Participants were asked: “Since April 2022, have you seen any of these images? (“Yes” or “No”).” The three logos used in summer 2022 as part of WeRise promotion and branding accompanied the question.

Understanding of WeRise

Two items tapped understanding of WeRise among those who reported they had heard of it. A multiple-choice question asked, “What is WeRise? A campaign to . . . (a. combat hunger, b. encourage wellbeing and healing, c. promote COVID-19 vaccinations, d. promote women’s rights, or e. You don’t know what WeRise is)?” Those who chose option b were categorized as correctly understanding WeRise goals. The second item asked participants to rate their agreement that “WeRise is a community-centered campaign (led by and for the community).” Responses were on a five-point, “strongly agree” to “strongly disagree” scale and were recoded to reflect agreement or strong agreement versus none. This item tapped agreement with the campaign creators’ intentions regarding the campaign and event structure.

Perceptions of WeRise Events

Five key goals of the events were tapped by asking those who reported attending any WeRise event to rate (on a scale from 1 “strongly agree” to 5 “strongly disagree”) the extent to which the event:

- connected them with information and resources to support their own and others’ well-being
- made them feel more connected to community
- showed some of the strengths of their community
- made them feel empowered to take care of their own well-being

- helped them heal from the stress of the past year (the pandemic, racial injustice, etc.)
- showed the healing power of creative expression.

Knowledge, Attitudes, Beliefs, and Behaviors Targeted by the Campaign

Although perceptions are important indicators, people are often poor judges of what affects them and how (Collins et al., 1988; Nisbett and Wilson, 1977). An alternative methodological approach is to compare targeted outcomes between those who attended WeRise or encountered its materials and those who did not. To do so, RAND created campaign-specific items asked of all respondents, regardless of exposure to WeRise. Participants were asked, for example, how strongly they agreed or disagreed that they are “aware of the information and resources offered by the Los Angeles County Department of Mental Health” (see text box).

The items tap endorsement of key mental health-related knowledge, attitudes, and beliefs targeted by the WhyWeRise campaign and/or referenced in their promotional materials. They include questions assessing knowledge and awareness of mental health information and resources, mobilization to action, creative expression, beliefs about mental health, and healing from stressors like the pandemic and racial injustice. 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.

Stigma

One key goal of California PEI programs is to reduce the stigma of mental health problems, which can be a barrier to treatment seeking and well-being (Title 9, 2018). Indeed, the WhyWeRise campaign and WeRise events were originally designed to engage county residents in the issue of mental health by mobilizing them around issues of stigma, injustice, and other barriers to care. To measure stigma among WeRise attendees in 2022, we employed a set of previously validated items tapping perceptions of mental health challenges and

Items Assessing Knowledge, Attitudes, and Beliefs Targeted by the Campaign

- I know how to find information or resources to help if I or someone I know experiences a mental health problem.
- I am aware of the information and resources offered by the Los Angeles County Department of Mental Health.
- The Los Angeles County Department of Mental Health is here for me if I need help.
- There are resources in my community to help with wellbeing and healing.
- Connecting with others in our community can improve well-being.
- Mental health is health.
- I plan to make sure people in my life don't feel judged if they need help for mental health challenges.
- I know how I could be supportive of people with a mental illness if I wanted to be.
- I can help change how my family, friends and community talk about and deal with mental health issues.
- I plan to break down barriers that keep people with mental health challenges from getting treatment.
- I have the power to change how our communities deal with mental health issues.
- Art and creative expression can help people heal.
- None of us are well until all of us are well.
- Mental health is important.
- I feel able to heal from the stress of the pandemic and racial injustice.
- To heal from the stress of the coronavirus pandemic, it is more important than usual to take care of your mental health and wellbeing.
- To heal from the stress of the coronavirus pandemic, it is more important than usual to stay connected to family and friends.

those experiencing them. Although not the main targets of the events, the constructs measured are implicit in many of the WeRise messages. Because these stigma items have been used in prior surveys (Evans-Lacko, Henderson, and Thornicroft, 2013; Jorm, Christensen, and Griffiths, 2006; See Change, 2012; Wyllie and Lauder, 2012), including in the evaluation of the Each Mind Matters campaign in California (Collins et al., 2015), and prior WhyWeRise evaluations (Collins et al., 2018; Collins et al., 2020; Collins, Eberhart, and Roth, 2022; Collins, Eberhart, Estrada-Darley, and Roth, 2022a), they also allow comparison of attendees and nonattendees to others in the county and state. These previously validated items were composed of three items measuring social distance (a key indicator of stigma) on a four-point scale (from definitely willing to definitely unwilling to have contact with “someone who has a serious mental illness” under varying conditions); three items measuring intent to conceal a hypothetical mental health problem out of concern over others’ reactions on a four-point scale (from definitely would to definitely would not); and

eight items tapping positive and negative beliefs about mental health challenges and those confronting them, measured on a five-point scale (from strongly agree to strongly disagree).

Well-Being

We examined the campaign’s potential impact on aspects of well-being with several measures. Loneliness was measured with three items drawn from the UCLA Loneliness Scale, responded to on a three-point scale from “hardly ever” to “often” (Hughes et al., 2004). Those with scores of six or higher were classified as lonely. Hope was measured with a single item, “I feel hopeful about the future,” rated on a five-point scale from “strongly agree” to “strongly disagree.” Social support was measured with the item, “How often do you get the social and emotional support you need,” rated on a five-point scale from “always” to “never.” Self-esteem was measured with a single item drawn from the Rosenberg Self-Esteem Scale (Rosenberg, 1965): “I feel that I am a person of worth, at least on an equal basis with others.” Single items were also used to assess well-being dimensions

directly targeted in WeRise social media posts, using the same phrasing as the posts. The items were “I feel loved,” “I feel safe,” “I feel seen,” and “I can be myself.” Each of these measures used a five-point response scale from “strongly agree” to “strongly disagree.” Responses to all single items were recoded to reflect agreement (i.e., agreement or strong agreement versus none).

Awareness and Use of the LACDMH Help Line and Website

In recent years, the WhyWeRise campaign was designed to drive residents to the LACDMH website (DMH.LACounty.gov) and to the county’s Help Line (800-854-7771 for voice or 741741 for text). Promotion of the LACDMH website or the Help Line was not a prominent aspect of the 2022 WeRise events or outreach, but they were referred to occasionally. For example, the Help Line number appeared in small print at the top of the WeRise and WhyWeRise websites. To assess whether WeRise exposure was associated with awareness of these resources, we asked whether respondents knew that LACDMH has a Help Line. Those who said “yes” were asked if they had called or texted the Help Line (“yes” or “no”). A parallel set of items assessed awareness and use of the LACDMH website.

Background Characteristics: Demographics and Experience with Mental Health Challenges

A variety of demographic characteristics was collected to assess reach according to categories mandated to be assessed by the state of California’s PEI legislation (Title 9, 2018). These were also used to describe the two samples. In addition, survey respondents were asked whether they had ever experienced a mental health problem, whether they had experienced one that they thought might require treatment in the past 12 months, and whether they had sought treatment for a mental health problem in the past 12 months. Psychological distress was measured using the Kessler 6 (Kessler et al., 2003), which consists of six items asking respondents to rate how often in the past 30 days they felt (for example) nervous, hopeless, restless, or fidgety (from 1 “all of the time” to 5 “none

of the time”). Those whose summed score was 13 or higher were classified as currently experiencing serious psychological distress.

Analyses

All analyses were conducted separately for the youth and adult samples. For each group, we conducted analyses to describe the characteristics of study participants, WeRise reach (prevalence of WeRise attendance or materials-exposure and characteristics of those reached), and perceptions of the events. The main results compared mental health-related attitudes, beliefs, behaviors, and well-being between those who were exposed to WeRise and those who were not.

Sample weights (described earlier) were applied so that youth and adult results represent those for the Los Angeles County population ages 14 to 25 and 26 and older, respectively.

We report unweighted frequencies and percentages, weighted percentages, and significance tests. All percentages are weighted unless otherwise indicated. All reported differences are statistically significant at $p < 0.05$.

The data analysis for this report was generated using SAS/STAT software (2016).

Results

Sample Characteristics and WeRise Exposure

We obtained a sample of 382 youth. Characteristics of our youth sample, expressed as the number of persons in each demographic group who were surveyed, can be viewed in Table 2 (column 1). All racial and ethnic categories in the PEI regulations were present in our sample. This was also true of all disabilities other than serious mental illness and all sexual orientations and gender identities described by the regulations. However, only five individuals with a primary language other than English or Spanish were present. This is likely because our survey was conducted only in these two languages. About 20 percent of the weighted sample reported levels of distress consistent with serious mental illness, 39 percent reported a lifetime history of mental health problems, and 31 per-

cent thought they had needed mental health treatment at some point in the prior 12 months. These numbers are generally consistent with national statistics. For example, the National Institute of Mental Health (2021) estimates that 50 percent of adolescents have had a mental health disorder. Because respondents to our survey somewhat overrepresented youth with certain characteristics (e.g., more than half of participants were designated female at birth) and underrepresented others, these data were weighted to the county population (as described in our Method section above) (see Table 2, column 2).

One in three county youths, or 33 percent, were exposed to some aspect of WeRise. Applying this percentage to the total population of county youth ages 14 to 25 (as reported in the American Community Survey), WeRise reached 536,364 county youth in 2022 (not shown in table).

Exposure to the campaign among subgroups of the Los Angeles County youth population is presented in Table 2. By comparing the percentages in the sample (Table 2, column 3) to the percentage reached (column 4), it is possible to observe those groups that have been reached more often than would be expected if all groups were equally exposed to WeRise (rows in which the value in column 4 is greater than in column 3). Youth identifying as American Indian or Alaska Native or as White were more likely to be reached, and those identifying as Asian were less likely to be reached. Hispanic or Latino youth were particularly likely to report exposure to some aspect of WeRise, representing 66 percent of those reached but only 57 percent of the weighted sample. Youth whose primary language is Spanish were somewhat more likely to be reached than would be expected based on their prevalence in the weighted sample.³ Caution should be used in interpreting these differences, particularly for characteristics describing few individuals surveyed. In these cases, our estimates are statistically less reliable.

Notably, youth with a lifetime history of mental health problems and those who perceived a need for treatment in the past 12 months were no more likely to be exposed to WeRise than those without a lifetime problem or a past-year perceived need for treatment. In some past years, we found that individuals

who had personal experiences with mental health issues were more likely to be reached by WhyWeRise. We had recommended expanding reach to those without such background. WeRise appears to have effectively done this in 2022.

Our final sample of Los Angeles County adults included 867 individuals. Their characteristics are shown in the first column of Table 3. In this sample, which was much larger than our sample of youth, respondents represented all population subcategories to be assessed under the PEI regulations (Title 9, 2018) with the exception of individuals whose primary language is Hindi, Khmer/Cambodian, or Vietnamese. As with youth, weighting was used for adults to adjust sample demographics to known Los Angeles County demographic percentages. Among adults, 9 percent reported levels of distress consistent with serious mental health problems, 17 percent reported a perceived need for mental health treatment in the past 12 months, and 24 percent reported ever having a mental health problem. These percentages are consistent with our prior surveys of Los Angeles County adults and with national data.

Our results indicate that **an estimated 17 percent of county adults were reached by WeRise in 2022, which is equivalent to more than one million (1,144,958) adults.** 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 and 38 percent in its second year (Collins et al., 2015). **This suggests strong annual reach for WeRise.**

County adults identifying as Asian were less likely to be reached by WeRise than would be expected by chance, and those identifying as more than one race were more likely to be reached than would be expected by chance. Hispanic- or Latino-identifying individuals were somewhat more likely to be reached than would be expected. The percentage whose primary language was Spanish was largely representative of the sample (i.e., those individuals were neither more nor less likely to be reached by WeRise). Adults reached by WeRise were more likely to have a history of mental health problems (32 percent of those reached versus 24 percent of the sample), more likely to have experienced serious levels of distress, and more likely

TABLE 2

Sample Characteristics and WeRise Exposure Among Los Angeles County Youth
Ages 14 to 25

Variable	Unweighted Frequency	Weighted Percentage of the Sample	Weighted Percentage Among Those Reached
Race			
American Indian or Alaska Native	8	2	6
Asian	45	16	10
Black or African American	32	8	8
Native Hawaiian or other Pacific Islander	5	1	1
White	175	34	40
More than one race	27	8	9
Other race	87	31	27
Refused to answer	3	1	—
Ethnicity			
Hispanic or Latino, specifically . . .	200	57	66
Caribbean	2	—	—
Central American	18	4	8
Mexican/Mexican American/Chicano	151	45	48
Puerto Rican	7	2	6
South American	7	1	—
Other Hispanic or Latino	15	4	3
Refused to answer	0	—	—
Non-Hispanic or Non-Latino, specifically . . .	159	38	27
African	17	5	5
Asian Indian/South Asian	4	2	3
Cambodian	2	1	—
Chinese	18	6	2
Eastern European	5	1	—
European	43	10	7
Filipino	8	3	—
Japanese	1	—	—
Korean	8	2	1
Middle Eastern	4	—	—
Vietnamese	1	—	—
Other non-Hispanic or non-Latino	47	7	9
Refused to answer	1	—	—
More than one ethnicity	21	5	7
Refused to answer	2	1	—

Table 2—Continued

Variable	Unweighted Frequency	Weighted Percentage of the Sample	Weighted Percentage Among Those Reached
Primary language			
Arabic	0	—	—
Armenian	0	—	—
Chinese (Mandarin or Cantonese)	0	—	—
English	351	93	89
Farsi	1	—	—
Hindi	0	—	—
Japanese	0	—	—
Khmer/Cambodian	1	1	—
Korean	0	—	—
Russian	0	—	—
Spanish	26	6	10
Tagalog	0	—	—
Thai	0	—	—
Vietnamese	0	—	—
Other	3	1	—
Refused to answer	0	—	—
Gender assigned at birth			
Female	210	50	48
Male	170	49	52
Refused to answer	2	1	—
Gender identity			
Female	199	48	43
Male	167	49	52
Transgender	5	1	4
Genderqueer	3	—	—
Questioning or unsure of gender identity	5	1	1
Uses a different term	2	—	—
Refused to answer	1	—	—

Table 2—Continued

Variable	Unweighted Frequency	Weighted Percentage of the Sample	Weighted Percentage Among Those Reached
Sexual orientation			
Heterosexual or straight	296	79	83
Gay or lesbian	10	1	1
Bisexual	40	10	8
Questioning or unsure of sexual orientation	16	5	5
Queer	6	2	—
Uses a different term	9	3	4
Refused to answer	5	1	—
Impairment of 6 months or more (not due to SMI), specifically . . .			
Difficulty seeing	1	—	—
Difficulty hearing or having speech understood	1	—	—
A learning disability, developmental disability, dementia, or another mental condition or impairment	4	1	—
A physical/mobility impairment or medical condition	3	2	—
Chronic pain or another chronic health condition	3	1	—
Another impairment or medical condition	1	—	1
No such impairment	371	97	99
Refused	2	1	—
Ever had a mental health problem			
Yes	153	39	41
Refused to answer	2	1	—
Past 12 months perceived need for mental health treatment			
Yes	126	31	34
Refused to answer	2	1	—
Past 12 months serious psychological distress			
Yes	91	21	23
Refused to answer	2	1	—
Military Veteran			
Yes	6	2	2
Refused to answer	2	1	—

NOTES: — Indicates that the estimate is less than 0.5 percent or less than 2,682 people. Estimated reach is calculated by multiplying the estimated (weighted) percent of youth reached by the size of the total youth population ages 14 to 24, according to the American Community Survey. SMI = serious mental illness.

TABLE 3

Sample Characteristics and WeRise Exposure Among Los Angeles County Adults Ages 26 and Older

Variable	Unweighted Frequency	Weighted Percentage of the Adult Sample	Weighted Percentage Among Those Reached
Race			
American Indian or Alaska Native	7	1	1
Asian	76	16	4
Black or African American	83	8	9
Native Hawaiian or other Pacific Islander	8	1	—
White	482	49	49
More than one race	59	7	14
Other	140	17	22
Refused to answer	12	1	1
Ethnicity			
Hispanic or Latino, specifically . . .	329	41	47
Caribbean	4	—	—
Central American	44	6	8
Mexican/Mexican American/Chicano	234	31	32
Puerto Rican	3	—	—
South American	23	1	2
Other Hispanic or Latino	18	2	5
Refused to answer	3	—	—
Non-Hispanic or Non-Latino, specifically...	476	55	48
African	51	5	5
Asian Indian/South Asian	4	1	—
Cambodian	1	1	3
Chinese	26	6	—
Eastern European	31	4	4
European	167	15	20
Filipino	13	1	1
Japanese	16	2	—
Korean	9	2	—
Middle Eastern	13	2	2
Vietnamese	3	1	—
Other non-Hispanic or Non-Latino group	137	13	14
Refused to answer	5	1	—
More than one ethnicity	50	4	3
Refused to answer	12	1	2

Table 3—Continued

Variable	Unweighted Frequency	Weighted Percentage of the Adult Sample	Weighted Percentage Among Those Reached
Primary language			
Arabic	3	—	—
Armenian	1	—	—
Chinese (Mandarin or Cantonese)	5	1	—
English	682	73	74
Farsi	1	—	—
Hindi	0	—	—
Japanese	1	—	—
Khmer/Cambodian	0	—	—
Korean	1	—	—
Russian	2	—	—
Spanish	149	23	25
Tagalog	3	—	—
Thai	1	—	—
Vietnamese	0	—	—
Other	16	2	—
Refused to answer	2	—	—
Gender assigned at birth			
Female	485	52	48
Male	377	48	50
Refused to answer	5	1	2
Gender identity			
Female	477	51	46
Male	373	47	50
Transgender	2	1	—
Genderqueer	3	—	3
Questioning or unsure of gender identity	3	—	—
Uses a different term	6	—	1
Refused to answer	3	—	—
Sexual orientation			
Heterosexual or straight	747	88	86
Gay or lesbian	51	4	7
Bisexual	26	3	1
Questioning or unsure of sexual orientation	5	—	1
Queer	3	—	1
Uses a different term	15	2	—
Refused to answer	20	2	4

Table 3—Continued

Variable	Unweighted Frequency	Weighted Percentage of the Adult Sample	Weighted Percentage Among Those Reached
Impairment of 6 months or more (not due to SMI), specifically . . .			
Difficulty seeing	13	1	1
Difficulty hearing or having your speech understood	12	1	—
A learning disability, developmental disability, dementia, or another mental condition or impairment	10	1	1
A physical/mobility impairment or medical condition	56	5	2
Chronic pain or another chronic health condition	44	4	2
Another impairment or medical condition	21	2	3
No such impairment	766	92	93
Refused	4	—	—
Ever had a mental health problem			
Yes	247	24	32
Refused to answer	7	1	—
Past 12 months perceived need for mental health treatment			
Yes	159	17	22
Refused to answer	10	1	—
Past 30 days serious psychological distress			
Yes	68	9	14
Refused to answer	2	1	—
Military Veteran			
Yes	59	5	3
Refused to answer	4	1	1

NOTE: — Indicates that the estimate is less than 0.5 percent or less than 5,725 people. Estimated reach is calculated by multiplying the estimated (weighted) percent of adults reached by the size of the total adult population ages 26 and older, according to the American Community Survey.

to have perceived a need for mental health treatment in the past 12 months than would be expected by chance. This greater reach to those with mental health challenges has been seen in some prior evaluations of WhyWeRise but not in the most recent, 2021 evaluation (see Collins, Eberhart, and Roth, 2022). It is unclear why the differential reach was present in 2022 but not in 2021. The difference could be methodological. Our evaluation approach this year focused only on WeRise, so the comparison is not as direct as it might be.

Our estimates of overall reach represent exposure to any aspect of WeRise. Table 4 shows the percentages of youth and adults reached by each aspect

of WeRise, separately. **We estimate that 1 percent of Los Angeles County adults attended a WeRise event. Among the additional 16 percent of adults exposed to WeRise in another way, 12 percent had heard of WeRise or WhyWeRise, and about the same number, 11 percent, had seen one or more of the WeRise logos in the spring or summer of 2022.** Smaller percentages saw a WeRise social media post or visited the WeRise website. **Among youth, where exposure to WeRise was more prevalent, 6 percent attended a WeRise event, 16 percent had heard of WeRise or WhyWeRise, 18 percent saw a WeRise social media post, and 12 percent had visited the campaigns' websites. More than a quarter of Los**

TABLE 4
How Residents Were Exposed to WeRise

Exposure Indicator	Population	
	Adults (%)	Youth (%)
Attended a WeRise event	1	6
Heard of WeRise or WhyWeRise, Los Angeles' wellbeing movement	12	16
Saw a social media post about WeRise or WhyWeRise	5	18
Visited the websites werise.la or whywerise.la	1	12
Since April 2022, have seen the WeRise or WhyWeRise logos	11	28

Angeles County youth reported seeing one or more of the campaign logos in spring or summer 2022.

Importantly, almost a quarter of county youth (23 percent) and 9 percent of county adults were reached by more than one form of outreach in the past year. Marketing efforts tend to be more effective when the message is received through more than one medium or approach (Hornik, 2002).

Perception of WeRise Events

Perceptions of the events were largely positive. Among the adults who reported attending an event, 89 percent said the event helped them heal from the stress of the past year, made them feel empowered to care of their own well-being, and showed the healing power of creative expression. Fewer than half of adults (40 percent) said the events connected them with well-being resources, made them feel connected to community, or showed them strengths of their community. A strong majority of youth endorsed each of these perceptions, with 78 to 98 percent of youth attendees agreeing. The least endorsed perception among youth was the idea that the event helped with healing from past-year stress of the pandemic and racial injustice; the most endorsed perception was that the event connected them with well-being resources (see Table 5 for all results).

Understanding of WeRise

Understanding of the campaign's central purpose—to improve county residents' well-being—is present among a majority of adults and present among a

greater percentage of youth than adults. About two in three adults who said they had heard of WeRise were able to correctly identify that WeRise is a campaign to encourage well-being and healing and is community centered. Among youth who had heard of WeRise, 86 percent know it is about well-being and 88 percent know it is community centered (see Table 6).

Association of Campaign Exposure with Endorsement of Campaign-Targeted Outcomes

Awareness of Mental Health Resources and Support

As previously noted, one goal of the WeRise campaign was to increase awareness of LACDMH resources and perceptions that the county is available to support those in need. The campaign appears to have achieved important impacts in this area. **Among adults, awareness of county mental health resources was about 50 percent greater for those exposed to the campaign, and the perception that the LACDMH is there for them was 30 percent greater than it was for those not exposed** (see Figure 1). **Youth who were exposed to the campaign were more than twice as likely as those who were not to agree that they were aware of information and resources offered by LACDMH** (see Figure 2). **Youth who were exposed were about 40 percent more likely than those who were not to agree with the statement that LACDMH “is here for me if I need help.”** General awareness of mental health and

TABLE 5
Perceptions of WeRise Events Among Attendees

Perceptions	Los Angeles County Population (% agreeing)	
	Adults	Youth
The event connected you with information and resources to support your own and others' wellbeing.	40	98
The event helped you heal from the stress of the past year (the pandemic, racial injustice, etc.).	89	78
The event made you feel empowered to take care of your own wellbeing.	89	90
The event made you feel more connected to community.	40	95
The event showed some of the strengths of your community.	40	86
The event showed the healing power of creative expression.	89	87

TABLE 6
Understanding of the WeRise Campaign Among Those Who Had Heard of It

Indicator	Los Angeles County Population (%)	
	Adults	Youth
Correctly identified that WeRise is a wellbeing campaign	68	86
Agree that WeRise is a community-centered campaign (led by and for the community)	65	88

well-being resources was also greater among WeRise-exposed youth.

Other Knowledge, Attitudes, Beliefs, and Behaviors Targeted by the Campaign

Several items central to the campaign showed differences across WeRise exposed and unexposed residents (see Table 7). There were no differences for two taglines used in the campaign (“Mental health is health” and “Mental health is important”), possibly because the vast majority of county residents agree with these ideas. It may have been difficult for the campaign to increase agreement with them. We also did not find significant differences between those who were reached and those who were not (among adults or youth) for some other targeted attitudes and beliefs less central to the campaign, such as the power of creative expression to assist with healing or the importance of staying connected. **Both adults and youth exposed to WeRise were more likely to agree**

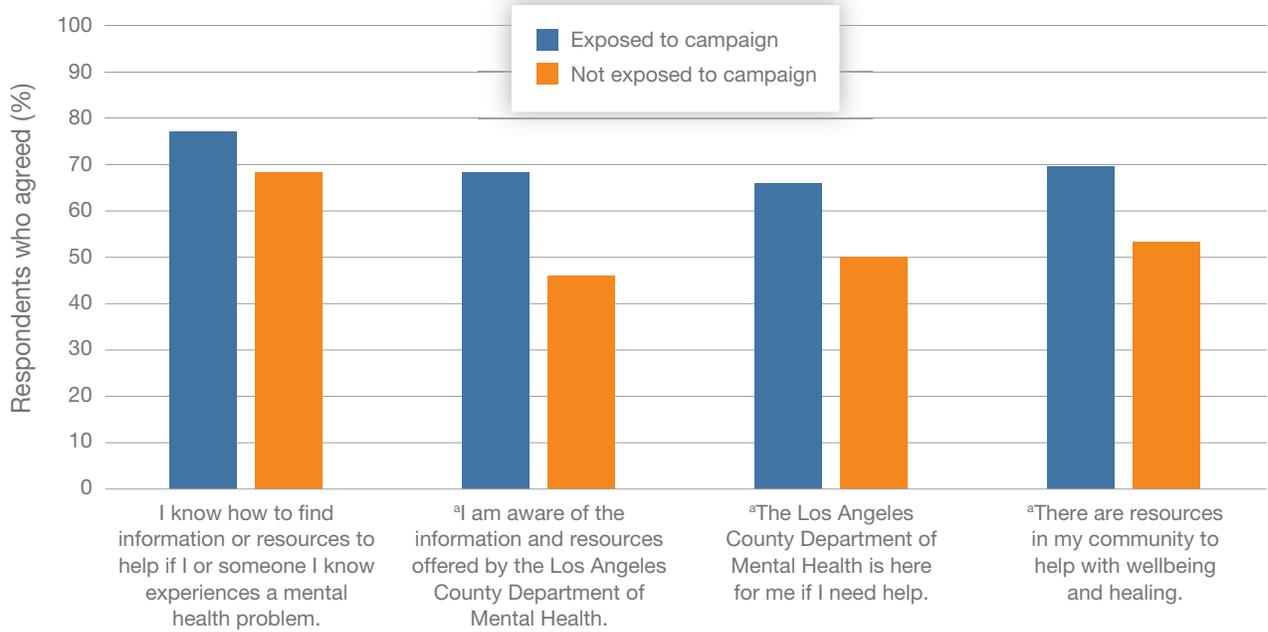
that they feel able to heal from the stress of the pandemic and racial injustice compared with unexposed individuals in the same age group.

Adults (but not youth) who were exposed to WeRise were also more likely than unexposed adults to say they can recognize the signs that someone may be experiencing a mental health problem and that they know they can be supportive of people with mental illness if they want to be. This may indicate efficacy of the campaign in producing greater support for individuals experiencing mental health challenges. However, the association between exposure and knowing how to be supportive may instead indicate that adults supportive of individuals with mental health problems are more likely to be exposed to, attend to, or remember WeRise outreach.

We also observed differences for items related to mobilization—a core message of WeRise. **Both adults and youth exposed to WeRise were more likely than unexposed individuals to endorse beliefs related**

FIGURE 1

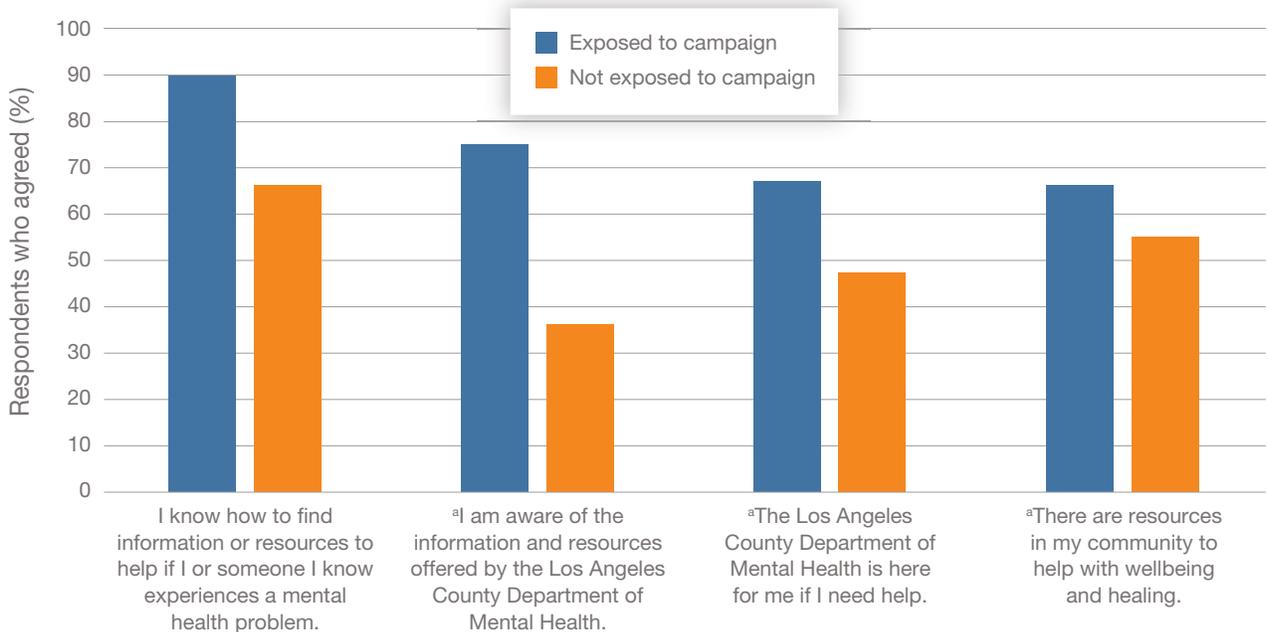
Los Angeles County Adults Exposed to the Campaign Were Significantly More Likely to Have Awareness of County and Community Mental Health Resources (% Agreeing)



^a Differences between those exposed and not exposed are statistically significant within population (youth or adult).

FIGURE 2

Los Angeles County Youth Exposed to the Campaign Were Significantly More Likely to Have Awareness of County and Community Mental Health Resources (% Agreeing)



^a Differences between those exposed and not exposed are statistically significant within population (youth or adult).

TABLE 7

Associations Between Campaign Exposure and Campaign-Targeted Attitudes, Knowledge, and Beliefs

Survey Item	Los Angeles County Population (% agreeing)			
	Adults		Youth	
	Not Exposed	Exposed	Not Exposed	Exposed
I can help change how my family, friends and community talk about and deal with mental health issues.	70	82 ^a	64	80 ^a
I plan to make sure people in my life don't feel judged if they need help for mental health challenges.	88	93	84	88
I know how I could be supportive of people with a mental illness if I wanted to be.	68	83 ^a	75	76
I plan to break down barriers that keep people with mental health challenges from getting treatment.	48	57	57	75 ^a
I have the power to change how our communities deal with mental health issues.	31	44 ^a	47	57
Art and creative expression can help people heal.	79	86	78	82
I feel able to heal from the stress of the pandemic and racial injustice.	69	80 ^a	53	70 ^a
I can recognize the signs that someone may be dealing with a mental health problem or crisis.	48	68 ^a	59	62
I plan to take action to prevent discrimination against people with mental illness.	45	60 ^a	59	79 ^a
We need to act now to address healing and wellbeing.	83	90	80	95 ^a
Mental health is health.	92	91	84	90
None of us are well until all of us are well.	57	72 ^a	57	67
Access to mental health care is a right.	82	89	83	94 ^a
Everyone deserves to be well.	94	97	93	96
Mental health is important.	94	95	91	86
Connecting with others in our community can improve wellbeing.	85	89	78	83
To heal from the stress of the coronavirus pandemic, it is more important than usual to take care of your mental health and wellbeing.	85	93 ^a	86	85
To heal from the stress of the coronavirus pandemic, it is more important than usual to stay connected to family and friends.	88	93	87	87

^a Percentages of exposed and unexposed individuals agreeing with the statement differ statistically from one another within population (youth or adults).

to mobilization. More youth and adults who were exposed to WeRise say they can help change how their family, friends, and community talk about and deal with mental health issues—and plan to take action to prevent discrimination against people with mental illness—compared with those not exposed. Adults also more often say they have the

power to change how their communities deal with mental health issues if they were exposed to WeRise. Among youth, exposure to WeRise was also related to agreeing that “We need to act now to address healing and wellbeing” and planning to break down barriers that keep people with mental health challenges from getting treatment (see Figures 3 and 4).

Stigma

Reduction of the stigma of mental illness was not a specific goal of the 2022 WeRise campaign, though it was central to the original WhyWeRise and is considered a key component of California’s mental health PEI initiatives. We observed few differences associated with WeRise exposure. The likelihood of concealing a hypothetical mental health problem or of positive beliefs about people with mental health challenges and mental health treatment were not lower among those reached by the campaign. **Adults exposed to WeRise were more likely to express willingness to work closely with a person experiencing mental health challenges compared with unexposed adults, and WeRise-exposed youth were more likely to be willing to socialize with such a person compared with unexposed youth** (see Table 8).

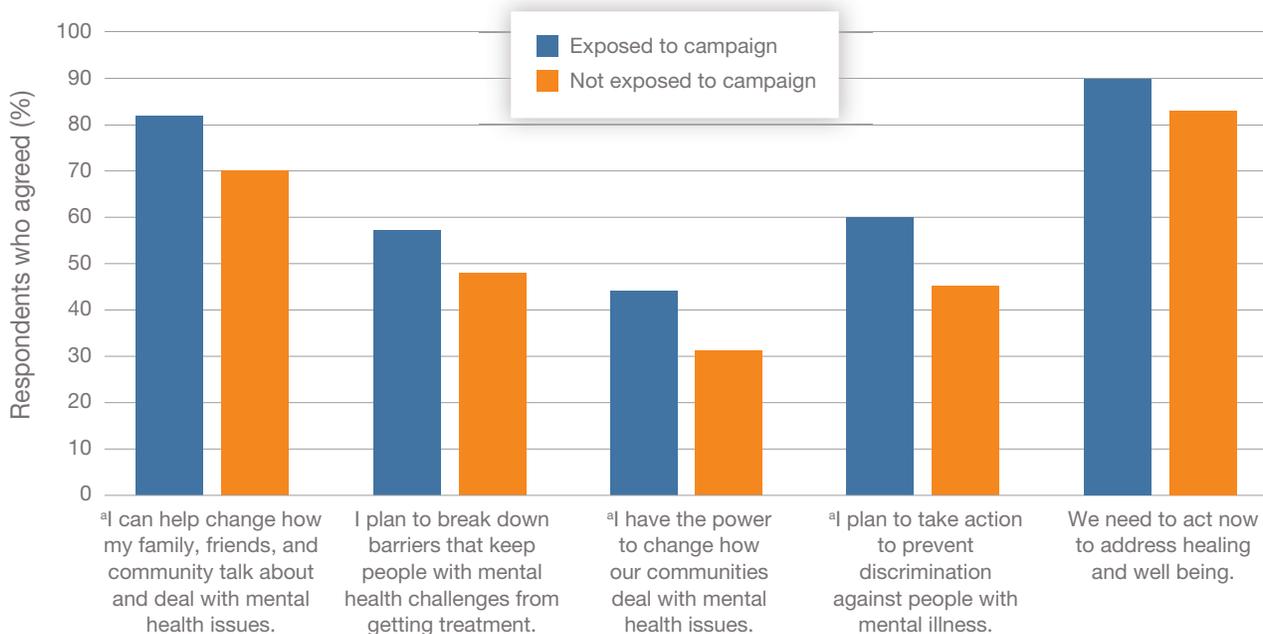
Well-Being

We did not observe any association between exposure to WeRise and most well-being indica-

tors among adults. Only one item, feeling hopeful about the future, was more likely to be endorsed by both adults and youth exposed to the campaign than by those not exposed to it (see Table 9). Youth were about 40 percent more likely to agree with this sentiment if they were exposed to WeRise; the association was weaker among adults. Youth exposed to WeRise were also more likely to agree that they feel seen and can be themselves, relative to unexposed youth. In our 2021 WhyWeRise evaluation, we argued that “it might be too much to expect that social marketing might affect well-being in the context of factors such as unemployment, school closings, and widespread illness from the pandemic” (Collins, Eberhart, and Roth, 2022). We cannot know whether the differences observed for the 2022 WeRise reflect differential reach of the campaign to youth with greater well-being or a causal effect of WeRise on well-being; either is possible.

FIGURE 3

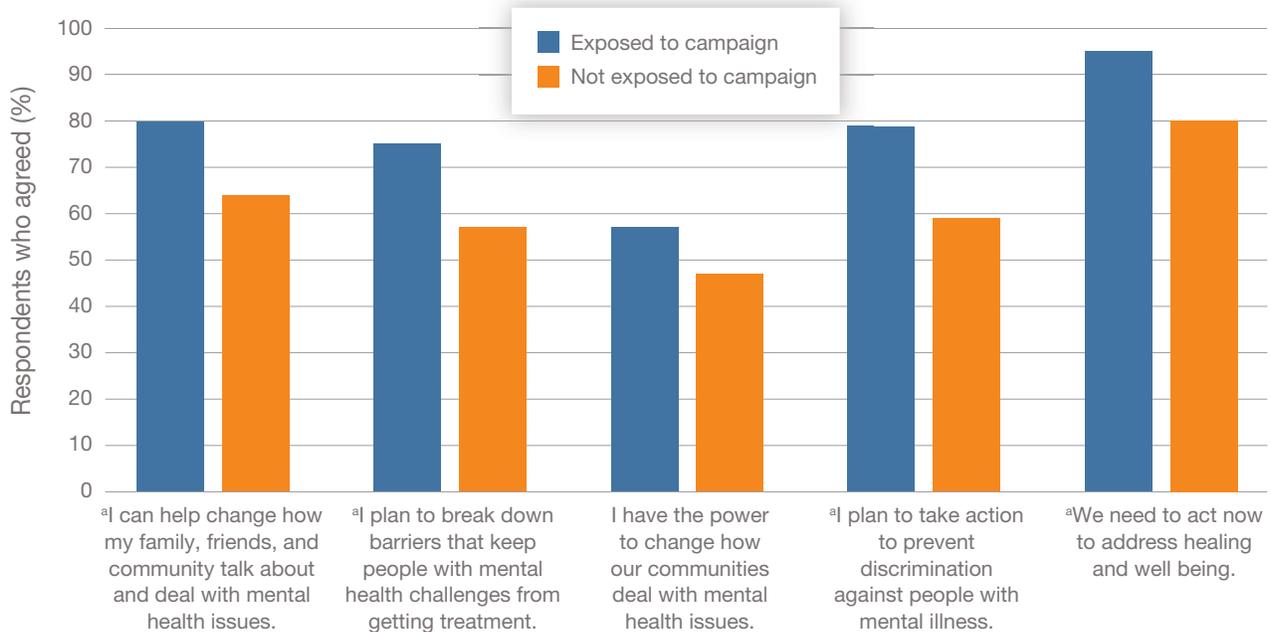
Los Angeles County Adults Exposed to the Campaign Were More Likely to Feel Mobilized Around Mental Health Issues (% Agreeing)



^a Differences between those exposed and not exposed are statistically significant within population (youth or adult).

FIGURE 4

Los Angeles County Youth Exposed to the Campaign Were More Likely to Feel Mobilized Around Mental Health Issues (% Agreeing)



^a Differences between those exposed and not exposed are statistically significant within population (youth or adult).

Awareness and Use of the LACDMH Website and Help Line

Outreach materials, including the social media posts that were responsible for much of WeRise exposure, promoted the WeRise and WhyWeRise websites, and these in turn promoted the LACDMH Help Line. There were substantial differences in awareness of and the likelihood of using both the LACDMH Help Line and LACDMH website associated with exposure to WeRise. Differences were observed among both adults and youth (see Table 10). **Youth exposed to WeRise were more than twice as likely to have heard of the Help Line and 16 times as likely to have used it, compared with unexposed youth. Adults exposed to WeRise were 50 percent more likely to be aware of the Help Line but were not more likely to have used it. Similar patterns were observed for the LACDMH website.** Our methods do not allow us to determine cause and effect, but this suggests that the campaign may have been effective in driving individuals to these resources. Alternatively, those with mental health needs may have

been more likely to have been reached by the campaign (Table 2 suggests this is true of county adults but not of county youth).

Survey of Los Angeles Residents: Summary and Conclusions

WeRise reached substantial numbers of Los Angeles County residents, approximately 1 in 3 youths and about 1 in 6 adults. Only small percentages of these individuals attended WeRise events; most reach was through the various promotional activities. The campaign was effective in reaching the major racial or ethnic groups in the county except Asians and was particularly effective in reaching Hispanic- and Latino-identifying residents and, among youth, those whose primary language is Spanish. Consistent with campaign goals, youth were reached at about double the rate of adults (33 versus 17 percent of each population was exposed, respectively). A strong majority of youth reached by the campaign perceived it positively; among adults

TABLE 8
Associations Between Campaign Exposure and Stigma

Stigma-Related Belief	Los Angeles County Population (% agreeing)			
	Adults		Youth	
	Not Exposed	Exposed	Not Exposed	Exposed
Social Distance				
Willing to move next door to someone with a mental health problem	50	62	60	60
Willing to socialize with someone with a mental health problem	62	67	69	82 ^a
Willing to work closely with someone with a mental health problem	57	70 ^a	66	78
Concealment				
Would delay treatment for MHP fearing others might know	50	62	60	60
Would try to hide MHP from family/friends	62	67	69	82
Would try to hide MHP from co-workers/classmates	57	70	66	78
Positive Beliefs About Mental Health Challenges				
A person with mental illness can eventually recover.	70	74	75	69
Treatment can help people with mental illness lead normal lives.	88	90	81	83
People with mental illness are able to do things as well as most other people.	66	73	77	79

NOTE: MHP = mental health problem.

^a Differences between those exposed and not exposed are statistically significant within population (youth or adult).

TABLE 9
Associations Between Campaign Exposure and Well-Being Indicators

Survey Item	Los Angeles County Population (% agreeing)			
	Adults		Youth	
	Not Exposed	Exposed	Not Exposed	Exposed
Lonely	30	34	51	45
I get the social and emotional support I need.	87	84	80	88
I feel hopeful about the future.	63	76 ^a	60	86 ^a
I feel loved.	84	84	79	87
I feel safe.	84	86	79	82
I feel seen.	76	77	59	75 ^a
I can be myself.	85	86	66	82 ^a
I feel that I am a person of worth, at least on an equal basis with others.	88	80	69	80

^a Differences between those exposed and not exposed are statistically significant within population (youth or adult).

TABLE 10

Associations Between Campaign Exposure and Awareness and Use of the LACDMH Help Line and Website

Survey Item	Population			
	Adults (%)		Youth (%)	
	Not Exposed	Exposed	Not Exposed	Exposed
Aware that there is a Help Line	36 ^a	55	30 ^a	65
Used Help Line at least once	0	1	1 ^a	16
Aware that there is a LACDMH website	36 ^a	68	20 ^a	70
Used LACDMH website at least once	1 ^a	15	3 ^a	29

^a Differences between those exposed and not exposed are statistically significant within population (youth or adult).

perceptions were also positive, though fewer than half of adults (40 percent) felt it connected them to their communities.

Youth and adults exposed to WeRise outreach were more likely to be aware of mental health resources and said they were better able to heal from the stress of the pandemic and racial injustice than unexposed same-age residents. They were also more likely to report mobilization to address mental health challenges and barriers to receiving mental health treatment. This mobilization has been a core strategy and goal of WeRise and its parent campaign, WhyWeRise, since their inception and appears to have been realized with the shift to hyperlocalized events and community organization funding in 2022. In addition, adults who were exposed felt better able to recognize the symptoms of mental health challenges and better able to provide support to those experiencing them. The latter might suggest progress toward the 2022 WeRise goal of connecting youth to those who love them, if these adults are their parents.

At the same time, the events and outreach seem to have had limited, if any, effect on the well-being of residents and on the stigma associated with mental health challenges. Because PEI for mental health issues rests on improvement in these two areas, it will be important for the county to address them moving forward. As noted in RAND's 2021 evaluation of WhyWeRise, it may be that improvements in social support, loneliness, and other aspects of well-being will require more time and perhaps also intervention that goes beyond messaging (Collins, Eberhart,

and Roth, 2022). The WeRise events are a part of WhyWeRise and are intended to provide opportunities to connect with other community members, rich information, and healing experiences going beyond what exposure to the mass media aspect of social marketing campaign materials can offer. But it is possible for social marketing to have an impact on stigma (Collins et al., 2019; Wong et al., 2021), and its reduction has always been a goal, if not always a central one, of WeRise and WhyWeRise. Perhaps progress will be made on this front as WhyWeRise undergoes redesign.

Limitations in our evaluation design mean that we cannot confirm causality. We can detect associations, but only data that tracks changes in individuals from a time prior to their exposure to a time postexposure can come close to assessing causality. With our more simple, cross-sectional (i.e., single point in time) design, we can detect only patterns of associations. If the campaign does not have causal effects, we might expect to see similar attitudes and beliefs regardless of exposure. If the campaign *does* have causal effects, we might expect those exposed to it to have beliefs more consistent with campaign goals than those unexposed. The latter is what we observed in many cases. Nonetheless, cross-sectional designs cannot distinguish patterns resulting from the effects of exposure and patterns resulting from selective exposure of certain groups. Although the attitudes and knowledge of those exposed to the campaign are more consistent with campaign goals than the attitudes of county resi-

dents who were unexposed, this might be because individuals interested in or experiencing mental health issues are more likely to be exposed or more likely to take note of and remember campaign materials. Our measure of exposure requires this attention and recall, not just exposure *per se*. Thus, we can conclude only that the pattern we observed is consistent with what we would expect if the messages are effective and note that participants in our study also reported perceptions of the campaign messages that are consistent with their effectiveness. In summary, what evidence we have from RAND's survey of Los Angeles County residents suggests that the 2022 WeRise events, and their promotion in particular, may have met many of their key goals, including perceived healing from pandemic and racial stress, mobilization of residents, and connection of them to mental health resources.

Survey at WeRise Events

We conducted surveys at 14 of the approximately two dozen WeRise events. The events where we surveyed were determined by Cause Communications, the LACDMH subcontractor for WeRise. The events studied included ones from across the geographic area of Los Angeles County, of varying sizes, with varying themes, and taking place on varied dates throughout May 2022. The full list of events and those where surveys were conducted can be viewed in Table 1.

Method

Our staff attended each designated event with flyers containing a QR code that linked to a brief online survey. Paper copies of the survey were also available. Eligibility for the survey was limited to those who were 14 or older and spoke Spanish or English. Surveys took approximately five minutes to complete. Participants received a \$10 gift card as an incentive.

We attempted to survey up to 100 individuals per event. For some events, the actual number of attendees during the period we were surveying was far less than 100; for others, it was far more. We estimate that a total of 2,200 attendees were present at the 14 events

during the times we were conducting surveys. We obtained 792 completed surveys. Of these, 74 surveys were completed in Spanish, the rest in English; 227 were completed on paper, the rest online. Between 14 and 102 surveys were collected per event; the typical number was about 60.

Measures

Most items were identical to those included in the county survey (described earlier) or slightly reworded versions of the county survey items to adapt them to the immediate context.

WeRise Awareness

One item showed the three WeRise promotional logos and asked respondents if they saw any of them at the event ("yes" or "no"). A second asked respondents to identify the goal of WeRise from a set of four possibilities ("combat hunger in low income groups," "encourage wellbeing and healing," "promote COVID-19 vaccination," or "promote women's rights"). The third item asked respondents to rate their agreement or disagreement with the statement, "WeRise is a community-centered campaign (led by and for community)," on a five-point scale from strongly agree to strongly disagree.

Perceptions of the WeRise Event

We used six WeRise-specific items to assess perceptions of the event and their alignment with WhyWeRise goals. They were "The event showed the healing power of creative expression," "The event made you feel empowered to take care of your own wellbeing," "The event showed some of the strengths of your community," "The event connected you with information and resources to support your own and others' wellbeing," "The event made you feel more connected to community," and "The event helped you heal from the stress of the past year (the pandemic, racial injustice, etc.)." Participants indicated extent of agreement on a five-point scale (strongly agree to strongly disagree) for all six items; items were recoded to reflect any agreement versus none.

Awareness of Mental Health Resources

One awareness item asked, “Did you know that WeRise has a website (<http://whywerise.la> or <http://werise.la>)?” Response options were “yes” or “no.” Two additional items about resources asked participants how strongly they agreed or disagreed with these statements: “I know how to find information or resources to help if I or someone I know experiences a mental health problem,” and “The Los Angeles County Department of Mental Health is here for me if I need help.” Both were rated on a five-point scale from strongly agree to strongly disagree.

Mobilization

Three items were used to tap mobilization of event attendees: “I plan to make sure people in my life don’t feel judged if they need help for mental health challenges,” “I can help change how my family, friends, and community talk about and deal with mental health issues, and “I plan to help break down barriers that keep people with mental health challenges from getting treatment.”

Stigma

Three items were used. The first is a well validated measure of treatment-seeking stigma, highly relevant to the PEI mission of WeRise: “If I had a serious emotional problem, I would seek professional help.” The second stigma item is identical to one of the WeRise outreach messages, “Mental health is health,” communicating that mental illness is not different from other illnesses and is integral to well-being. The third stigma item taps into an underlying message of the L.A. Dodgers campaign also associated with WhyWeRise (see Collins, Eberhart, Estrada-Darley, and Roth, 2022b, for an evaluation of that effort): “Seeking help for mental health problems is a sign of strength.”

Well-Being

All well-being measures used single items to keep the event survey brief. Some of the phrases in these items were directly drawn from WeRise social media posts. All were rated on a five-point scale from “strongly agree” to “strongly disagree,” and then recoded to

reflect agreement (moderate or strong). Hope was measured with the item “I feel hopeful about my future.” Loneliness was measured as its inverse with “I am not alone.” Social support was measured with the item: “I feel connected with others.” Self-esteem was measured with a single item drawn from the Rosenberg Self-Esteem Scale (Rosenberg, 1965): “I feel that I am a person of worth, at least on an equal basis with others.” Items reflecting the content of WeRise social media posts were “I feel loved,” “I feel safe,” “I feel seen,” and “I can be myself.”

Demographics

The survey measured gender (male, female, nonbinary, other), age (14–24, 25–34, 35–49, 50–64, 65+), and race or ethnicity (White/Caucasian, Latino/Hispanic, Black/African American, Asian/Pacific Islander, American Indian/Native American). Because we have found distinct differences in the mental health attitudes of English- and Spanish-speaking persons of Hispanic ethnicity (Wong et al., 2021), we created categories of Hispanics surveyed in English and Hispanics surveyed in Spanish for our reporting.

Results

Characteristics of WeRise Attendees Surveyed

Data on the characteristics of those who completed the survey can be seen in Table 11.

Although we cannot know to what extent they reflect the characteristics of all attendees at WeRise events, they suggest that the audience for most events included strong representation of Hispanic and non-White residents. Audiences also spanned a wide age range. Most of those responding (about two in three) were female.

Perceptions of the WeRise Event

Perceptions of the events were very positive, with the vast majority saying that the event they attended connected them with resources and community, showed some of the strengths of their community, empowered them to take care of their

TABLE 11
 Characteristics of Participants in the WeRise Event Survey

Characteristics	Frequency	Percentage
Age		
14–24	152	19
25–34	226	29
35–49	245	31
50–64	122	16
65+	39	5
Gender		
Male	247	31
Female	500	64
Nonbinary or “other”	39	5
Race/ethnicity		
Hispanic—English survey preference	372	48
Hispanic—Spanish survey preference	69	9
Non-Hispanic White	107	14
Non-Hispanic Black	142	18
Non-Hispanic Asian or Pacific Islander	52	7
Non-Hispanic Native American	11	1
Multiple race/ethnicities	25	3

NOTE: Frequencies sum to < 792 due to missing responses.

TABLE 12
 Event Attendees’ Perceptions of the WeRise Events

Perception	Percentage Agreeing
The event connected you with information and resources to support your own and others’ wellbeing.	89
The event helped you heal from the stress of the past year (the pandemic, racial injustice, etc.).	80
The event made you feel empowered to take care of your own wellbeing.	91
The event made you feel more connected to community.	93
The event showed some of the strengths of your community.	94
The event showed the healing power of creative expression.	92

well-being, helped them heal, and showed the healing power of creative expression (see Table 12). This is strong support for the events fulfilling their WeRise goals. The strongest positive responses were to “showing some of the strengths of their community,” suggesting that the community-led, hyperlocal approach of the 2022 events was effective in this regard. Responses were more tempered for the item about healing from the stress of the pandemic and racial injustice. Nonetheless, eight in ten participants in our survey agreed that the events helped with such stressors.

Awareness and Understanding of WeRise

Nearly all, 91 percent, of those completing an event survey remembered seeing the WeRise logo. This is suggestive of strong branding of the events, which can help to tie participants to other WeRise events and WeRise and WhyWeRise messaging. Understanding of WeRise was not as prevalent, but still strong—**78 percent of survey participants correctly identified WeRise as a campaign to encourage well-being and healing. And most participants, 84 percent, agreed that WeRise was a community-centered campaign led by and for community.** The move to funding independent community organizations in 2022 ran the risk that branding and messaging would be lost. In 2021, among those surveyed at WeRise events, we found that 95 percent knew that

WeRise was a campaign to encourage healing and well-being. Thus, it appears there has been some slippage, although a strong majority of attendees remain aware of the events’ central theme.

Awareness of Resources

Only about half of those surveyed (47 percent) were aware of either the WeRise or WhyWeRise websites. Although this was not a major goal of the events, it may indicate a missed opportunity for ongoing delivery of WeRise and WhyWeRise messaging. Messages are more impactful when recipients are exposed multiple times and through a variety of media and sources. It might also indicate a missed opportunity for linkage to resources via these websites. However, **more participants, 85 percent, said they knew how to obtain information and resources to help with mental health challenges. Just under seven in ten of the attendees surveyed (67 percent) said that the LACDMH is there for them if they need help.** This is less than the eight in ten endorsing this notion in prior WeRise surveys and may indicate that the move to community-led events resulted in slightly less appreciation for the role that LACDMH plays in supporting residents. The shift is small but should be kept in mind for future event planning.

TABLE 13
Participating Event Attendees’ Mental Health Attitudes and Beliefs

Mental Health Attitudes and Beliefs	Participating Attendees Agreeing (%)
Mobilization	
I can help change how my family, friends, and community talk about and deal with mental health issues.	95
I plan to help break down barriers that keep people with mental health challenges from getting treatment.	93
I plan to make sure people in my life don’t feel judged if they need help for mental health challenges.	97
Stigma	
If I had a serious emotional problem, I would seek professional help.	90
Mental health is health.	96
Seeking help for mental health problems is a sign of strength.	94

Mobilization

The community mobilization aspect of WeRise appears to have remained strong in 2022—97 percent plan to make sure “people in my life don’t feel judged if they need help for mental health challenges”; 95 percent said they “can help change how their family, friends, and community talk about and deal with mental health issues”; and 93 percent planned to break down barriers to treatment. See Table 13 for these results.

Stigma

Responses to each of the items assessing stigma are consistent with the goal of reducing stigma to support early mental health intervention (see Table 13). **When asked whether, if they were to experience an emotional problem, they would seek professional help, 90 percent of survey participants said that they would do so. Slightly greater percentages (96 and 94 percent, respectively) agreed that “Mental health is health” and “Seeking help for mental health problems is a sign of strength,” two anti-stigma messages disseminated by WeRise.**

Survey at WeRise Events: Summary and Conclusions

The WeRise events appear to have attracted an audience with a wide age range, and there was good diversity in attendees’ racial and ethnic backgrounds. Fewer men participated than women. This may be an artifact of those who responded to the survey or may indicate that the events were more likely to attract women. Most of the attendees responding to our survey were aware of WeRise branding and the events’ goal of encouraging well-being, although the shift to community-driven events may have undermined the well-being awareness somewhat. The latter is an area to watch for and

address in the planning of future events. Perceptions of the events were highly positive and provide support for the conclusion that the events fulfilled their WeRise goals. Those responding to our survey described the events as connecting them to their community and showing them the power of their communities. Attendees also endorsed beliefs consistent with empowerment, mobilization, and low levels of stigma. It should be kept in mind, however, that those responding to our survey may not be representative of all those attending the events. Nor can we be certain that the events where we surveyed are representative of all WeRise events. And finally, we cannot test the causal impact of attending events beyond individuals’ perceptions. Thus, any conclusions must be made with caution.

General Conclusion

Our evaluation found evidence that the 2022 WeRise events and associated outreach successfully reached large numbers of Los Angeles County residents, especially Hispanic and Latino residents and youth. Those attending WeRise events viewed them in a positive manner. Moreover, those exposed to events or outreach felt more mobilized around mental health, were more likely to be aware of mental health resources, and felt better able to heal from recent stress than residents who were not exposed to WeRise. The overwhelming majority of those who reported exposure were exposed through WeRise-related outreach rather than events, highlighting the importance of continuing to link these events to a broader campaign and messaging in future years, as part of WeRise or WhyWeRise. At the same time, WeRise may need to address the very limited differences in well-being and stigma associated with exposure, going beyond the messages of affirmation and support that were used in 2022 outreach.

Notes

¹ During 2022, the broader WhyWeRise campaign that typically accompanies WeRise and that has been evaluated in the same RAND report in previous years engaged in limited outreach as it underwent a redesign and, thus, was not evaluated.

² We considered the inclusion of “Not sure” responders among the attendees. A sensitivity analysis showed that doing so generated an implausible estimate of the number of Los Angeles County residents attending WeRise.

³ Significance tests were not conducted to identify statistical differences in Table 3 as they are elsewhere in this report because of the very large number of characteristics and small number of individuals in most categories, which render such tests difficult to conduct and interpret.

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About This Report

WhyWeRise is a social marketing campaign conducted by the Los Angeles County Department of Mental Health (LACDMH) that is focused on prevention of and early intervention for mental health challenges among county residents. The centerpiece of the campaign is WeRise, a group of events held each spring. The primary aim of WeRise in 2022 was to promote health, healing, and well-being and to address community-identified needs. It also aimed to raise awareness of resources available to support mental health and well-being in Los Angeles County and emphasized reaching youth age 25 and under and their support networks. LACDMH and the California Mental Health Services Authority (CalMHSA) commissioned the RAND Corporation to conduct an evaluation of the reach and impact of WeRise. Surveys found evidence suggesting that the LACDMH WeRise events and outreach successfully reached Los Angeles County residents, especially youth, and reached most major racial or ethnic groups in the county, including Hispanic- or Latino-identifying residents. Findings also indicated the importance of embedding the WeRise events in the context of a larger campaign to have a broad impact. It also appears the events and outreach mobilized those exposed around mental health issues and boosted awareness of mental health resources. However, we see no evidence that community well-being improved with campaign exposure.

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