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Evaluation Report

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Evaluation of Los Angeles County's 2025 Take Action for Mental Health Social Marketing Campaign

Mental health challenges are common and can affect physical health and well-being throughout a person's life. Despite this, about half of those who need mental health treatment fail to obtain it for a variety of reasons, including lack of knowledge, barriers to access, perceived stigma, and a shortage of providers and services (Substance Abuse and Mental Health Services Administration [SAMHSA], 2025). In addition to treatment, efforts at prevention and early intervention (PEI) are critical (World Health Organization [WHO], 2021). Such efforts include increasing awareness of mental health resources, access to accurate information, stigma reduction, and bolstering a sense of belonging, supportive relationships, hope, and a sense of purpose or meaning. These latter well-being assets are indicators of thriving and can also serve as buffers against the potential negative effects of stress and adverse life events by providing coping resources (Centers for Disease Control and Prevention [CDC], 2023b; CDC, 2024; WHO, undated). Short-term, relatively low-intensity intervention, often before a diagnosis, is also included in PEI approaches and can help to improve mental health and avoid long-term, high-intensity treatment.

In Los Angeles County, the Los Angeles County Department of Mental Health (LACDMH) serves a population of nearly 10 million people (U.S. Census Bureau, undated). In the county in 2024, an estimated 37 percent of youth (ages 14 to 25) and 21 percent of adults (ages 26 and older) reported currently experiencing moderate to serious psychological distress (Collins et al., 2024). To support these individuals, the county provides a variety of programs, services, and resources. Their prevention efforts follow a PEI plan that was developed and funded following the passage of California's Mental Health Services Act (MHSA). The MHSA provided funds to counties across the state to address mental health and earmarked a portion of the funds specifically for PEI. The LACDMH PEI plan focuses on "prevention and early intervention services, education, support, and outreach to help inform and identify individuals and their families who may be affected by some level of mental health issue" (LACDMH, undated). Social marketing campaigns have been a key aspect of these efforts. Prior research indicates that such campaigns can reduce mental health stigma and might enhance treatment-seeking (e.g., Collins et al., 2019; Gaebel, Rössler, and Sartorius, 2017).

KEY FINDINGS

- Take Action for Mental Health Los Angeles County reached more than one in four Los Angeles County adults and one in three youth ages 16 to 25.
- Among youth, the campaign was particularly likely to reach those with a history of either mental health challenges or treatment and those recently experiencing serious psychological distress.
- Among adults, the campaign reach was greater among those with lower levels of education and income and Hispanic residents with a Spanish-language preference.
- Perceptions of the campaign among county youth and adults, particularly the Los Angeles County Department of Mental Health (LACDMH)–hosted events, were positive.
- The campaign appeared to have an impact on targeted outcomes. Residents exposed to the campaign were more likely to report that they knew about mental health resources provided by LACDMH and those available in their communities.
- Adults exposed to Take Action for Mental Health felt significantly more connected to their communities and also reported greater mobilization around mental health than their unexposed peers. This was not true of county youth exposed to Take Action for Mental Health.
- Campaign events appeared to foster positive perceptions of and trust in LACDMH among county residents.
- Take Action for Mental Health events hosted by LACDMH disproportionately attracted residents experiencing ongoing mental distress as a result of the January 2025 wildfires, and these residents perceived the events as very helpful in linking them to mental health resources.

The county's 2025 campaign, Take Action for Mental Health Los Angeles County (hereafter referred to as *Take Action for Mental Health*), has previously been effective in raising awareness of county and local-area mental health resources, building trust in LACDMH, creating a sense of community and support among county residents, and mobilizing residents to address mental health issues (Athey et al., 2023; Collins et al., 2024). As part of an evaluation that we conducted in 2024, we recommended that the campaign (1) expand its reach by devoting more funding to outreach methods (such as mass media and social media), (2) focus greater effort on creating messages and outreach that mobilize youth and create a sense of community for them,[1] and (3) continue conducting community events, which were found to be highly engaging and were rated by attendees as effective with regard to all campaign goals.

To gain insight into the reach and impact of the 2025 Take Action for Mental Health campaign, LACDMH and the California Mental Health Services Authority (CalMHSA) commissioned RAND researchers to conduct an evaluation. RAND evaluators previously examined LACDMH social marketing campaigns, including the WhyWeRise campaign that was conducted from 2018 to 2022 (Collins et al., 2018; Collins et al., 2020; Collins, Eberhart, and Roth, 2022; Collins, Eberhart, Estrada-Darley, and Roth, 2022a; Collins, Eberhart, Estrada-Darley, and Roth, 2022b), and the 2023 and 2024 Take Action for Mental Health campaigns (Athey et al., 2023; Collins et al., 2024).

We used two approaches to evaluate the 2025 LACDMH campaign. To evaluate the Take Action for Mental Health community events, we conducted a brief survey of the events' attendees while they were at the events. This survey provided data specific to the Take Action for Mental Health attendee experience in the moment and assessed attendees' characteristics, their immediate reactions to the events, and their reasons for attending. In contrast to previous years, we collected these data only at larger events hosted by LACDMH. We did not survey attendees at Take Action for Mental Health events hosted by

community-based organizations (CBOs). Later, we fielded an online survey of representative samples of Los Angeles County youth ages 16 to 25 (reflecting a transition age–youth [TAY] target population) and adults 26 and older. This survey allowed us to

- gain a more complete picture of those reached by Take Action for Mental Health across all activities, including the CBO events, the county-hosted events, and other campaign outreach methods (e.g., traditional and social media) across these two Los Angeles County subpopulations
- measure perceptions of the campaign among those exposed to it
- evaluate the potential countywide impact of the campaign on the two targeted subpopulations.

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 2025 Take Action for Mental Health campaign and then turn to our methods and findings from the county-wide survey of adults and youth pertaining to that campaign. We follow this with a description of the methods and results of our survey conducted at county-hosted events. Finally, we provide an overall discussion of the findings along with our conclusions and recommendations.

The 2025 Take Action for Mental Health Campaign

As implied by the campaign title, Take Action for Mental Health includes among its central goals mobilizing county residents to action around mental health. The 2025 campaign tagline remained the same as 2024: "Take Action—for yourself, for your circle, for your community." The inclusion of the three groups that county residents care for—themselves, their families and friends, and their communities—was first introduced in 2024. The campaign also maintained the same four additional goals as last year: promoting community connections, increasing knowledge about LACDMH and its resources, improving well-being, and reducing stigma. Beyond the general public, target audiences were TAY (ages 16 to 25); lesbian, gay, bisexual, transgender, queer, and more (LGBTQ+) individuals; and Asian and Pacific Islander, Black/African American, and Latino communities. In 2023 and 2024, Take Action for Mental Health targeted a wider age-range of youth: 14- and 15-year olds as well as TAY. As in previous years, the majority of campaign events and advertisements took place in May 2025, which is Mental Health Awareness Month in the United States.

The campaign's general outreach included advertising messages delivered through multiple media channels. There were radio, print, and television ads and social media, digital media, and out-of-home advertising. The latter included ads on buses and metro rail, transit shelters, college campus kiosks, posters, coffee cup sleeves, and gas station pump-toppers. Additionally, there was a particular focus on billboards that were strategically placed to reach TAY and distributed equitably across Los Angeles County's eight service areas. The campaign website, TakeActionLA.com, provided information about Take Action for Mental Health events and links to mental health resources. Take Action for Mental Health messages and graphics were the same as those used in 2024, with some updates.

The campaign also continued its practice of partnering with professional sports and media organizations to complement and expand on this outreach. The sports partnerships newly included the men's soccer team Los Angeles Football Club (LAFC) and continued prior relationships with the Los Angeles Sparks (women's basketball) and the Los Angeles Dodgers (men's baseball). In addition to digital ads at games, LAFC featured the LACDMH during halftime at all four home games in May, aligning with Major League Soccer's league-wide mental health campaign. The Dodgers also provided TV, radio, online, and print ads leading up to a Mental Health Awareness Night with same-day emails and a giveaway item featuring the department's logo; a homepage takeover of the Dodgers' website during May; Dodgers social media posts

featuring Take Action for Mental Health; and a full-page ad in *Dodger Insider* magazine. The Sparks partnership included a dedicated Mental Health Awareness game and mention of LACDMH in all marketing leading up to and at the game, including "Know Before You Go" emails, a giveaway item, an "activation" table at the game with mental health resources,[2] light-emitting diode (LED) and other arena visual ads during games, and audio ads during games. Univision was also a partner, as in prior years, supplying television, radio, and social media ads for the campaign, allowing Take Action for Mental Health to reach a large Latino and Spanish language–preferring audience. Finally, in an effort to better promote Take Action for Mental Health to TAY, the county added a new set of radio partners: KDAY 93.5, POWER 106, and CALI 93.9. The partnership with KDAY included promotions involving the Krush Groove Music Festival (which took place at the end of April).

As in past years, a key aspect of the Take Action for Mental Health campaign was community events held throughout the county. These events were hosted by 68 CBOs that were awarded grants by LACDMH for this purpose. The CBOs serve a diverse array of geographic communities and subpopulations prioritized by the campaign. There were approximately 100 events held in May 2025. A handful of the events were held online. In addition, LACDMH hosted nine events, one in each of the eight Los Angeles County service planning areas plus one meant to attract residents from across the county held at Gloria Molina Grand Park in downtown Los Angeles. In a shift from previous years, the service area events were held on community college campuses, with the intent of better targeting the events to TAY while keeping them accessible to the broader communities surrounding the colleges. The events focused on bringing together the community and highlighting local mental health resources and neighborhood CBOs.

A key aspect of the Take Action for Mental Health campaign was community events held throughout the county.

Representative Survey of Los Angeles County Transition-Age Youth and Adults 26 and Older

Method

Data Collection

We designed and analyzed an online survey of Los Angeles County residents to understand

- the reach of the social marketing campaign, including the events
- how residents perceived events and campaign messages
- Take Action for Mental Health's potential impact on outcomes targeted by the campaign.

Two samples were surveyed to ensure that our analyses could address the reach and impact of Take Action for Mental Health on both county TAY (ages 16 to 25) and adults (ages 26 and older; hereafter referred to as *adults*). The surveys were fielded by Ipsos from June 2 to June 25, 2025, using the portion of their online panel of adults residing in Los Angeles County. This panel is representative of the population of Los Angeles County, based on U.S. Census Bureau data (U.S. Census Bureau, undated). The youth sample was a combination of younger panel members (ages 18 to 25), the children of panel members (ages 16 to 25), and opt-in youth pulled from other panels, all residing in Los Angeles County. The survey was offered in both Spanish and English, and the median completion time was 12 minutes. Consent from a parent or guardian, as well as youth assent, was obtained for all participants younger than 18.

Measures

Demographic and Mental Health Characteristics

We assessed a variety of demographic characteristics, including age, race/ethnicity, gender identity, and history of mental health challenges. Survey respondents were asked whether they had ever experienced a mental health problem, whether they had ever received treatment for a mental health problem, whether they had experienced a mental health problem in the past 12 months that they thought might require treatment, and whether they had received mental health treatment in the past 12 months. The variable "unmet perceived need for mental health treatment in past 12 months" was calculated as those who said both that they needed treatment and also that they did not receive it. Psychological distress was measured using the Kessler Psychological Distress Scale (K-6) (Kessler et al., 2003). Those whose score was 13 or higher were classified as currently experiencing serious psychological distress.

Exposure to Take Action for Mental Health

We created several measures of exposure to capture *any exposure* to the campaign and each of the main forms of outreach. The specific forms of outreach measured were: (1) exposure through CBO or LACDMH-hosted events, (2) exposure through LACDMH general outreach, (3) exposure through campaign partnerships (i.e., the Dodgers, Sparks, LAFC, Univision, the Krush Groove concert, or KDAY, POWER, or CALI radio stations). *Any exposure* included individuals reached through one or more of these three activities and those with *unspecified exposure*—individuals who were aware of the campaign but did not recall exposure through a specific form of outreach.

We used the following two survey items to measure unspecified exposure to Take Action for Mental Health (i.e., exposure through an unspecified source):

1. "Have you heard of Take Action for Mental Health L.A. County?"
2. "Since April 2025, have you seen this image [the Take Action for Mental Health logo, presented alongside the item]?"

Response options were "yes" or "no." These questions were asked before any other items in the survey referring to the campaign.

Respondents who recognized the campaign logo or had heard of Take Action for Mental Health were asked separately about each of the media platforms through which the campaign was promoted. They were asked (yes or no): "Since April 2025, did you see or hear any ads for Take Action for Mental Health . . . on a billboard, poster, bus or bus stop; on a college campus [where outreach for the service area events took place], at a bar or restaurant [to capture the cup sleeves]; on the radio; on television; in an article in a newspaper or online [to capture print media]; on social media (e.g., Facebook, Instagram, X); or online, but not through social media?" Respondents were also asked: "Have you visited the website TakeActionLA.com?" and "Do you follow L.A. County Department of Mental Health (LACDMH) on social media?" If respondents answered "yes" to the latter question, they were asked, "Have you seen any social media posts from LACDMH about Take Action for Mental Health L.A. County?" Individuals that indicated campaign exposure through one or more of these methods were considered exposed to Take Action for Mental Health through general outreach.

To assess exposure to the campaign through attendance at a CBO or Los Angeles County service-area or countywide event, we asked: "Did you attend or participate in any Take Action for Mental Health L.A. County events in May 2025?" Response options were "yes, in person"; "yes, online"; "no"; or "not sure." Those who responded "yes" were classified as exposed to Take Action for Mental Health through the events. To distinguish the CBO events from the others, we asked, "Were any of the Take Action for Mental Health LA County events you attended in May at a community college?" and "Were any of the Take Action for Mental Health events you attended in May hosted by a community-based organization

in your community (and NOT at a community college)?" Response options were "yes" and "no."

Remaining exposure questions asked about exposure through the campaign's partnerships with the Dodgers, LAFC, Sparks, Univision, Krush Groove concert, and KDAY, CALI, and POWER radio stations. We began by assessing potential exposure, asking survey respondents whether they had visited places or used media outlets or materials where Take Action for Mental Health advertising appeared. Participants reported whether they had attended the Dodgers game on mental health night ("Did you attend the Dodgers versus the Angels on May 17, 2025?"), listened to Dodgers games on the radio, followed the Dodgers on social media, visited the Dodgers' website, or read *Dodger Insider* in May 2025. For LAFC, we asked about attendance at each of the four May home games where Take Action for Mental Health was promoted (e.g., LAFC versus Houston Dynamo at BMA Stadium May 3). For the Sparks, we assessed whether participants attended a Los Angeles Sparks game since May 1, 2025, or received "Know Before You Go" game-day emails from the Los Angeles Sparks in that period. For campaign exposure via Univision, we asked participants whether they watched Univision on television, listened to Univision on the radio ("for example, KRCD, 103.9 FM"), or followed Univision on social media. To assess exposure through the music partnerships, we asked respondents whether they "listened to any of the following radio stations: KDAY 93.5, POWER 106, or CALI 93.9 since April, 2025," and whether they "attended the Krush Groove music festival at the Kia Forum in Inglewood on Saturday April 19, 2025."

If participants indicated any potential exposures, they were asked a subsequent question (for each potential exposure) to assess actual campaign exposure: whether they saw or heard an ad for Take Action for Mental Health at the venue(s) or in the outreach materials indicated since April 2025. A "yes" response in any of these instances was considered an indication of exposure through the partnership or partnerships.

Finally, the measure of "any Take Action Exposure" included all those who had heard of Take Action for Mental Health or seen the logo or been exposed through CBOs or service-area events, event outreach, or one or more partnerships.

Perceptions of the Campaign and Its Effects

Survey participants who reported attending events or being exposed to event-promoting materials or through one or more partnerships were asked ten items about their perceptions of each of these three forms of outreach and how they believed that they were affected by them (e.g., "made you want to take action to support your own mental well-being," ". . . the mental well-being of your family and friends," ". . . the mental well-being of your community," "connected you to information and resources," "made you feel more connected to community"). These were presented as statements, and participants rated each on a five-point scale from 1 (*strongly agree*) to 5 (*strongly disagree*). Responses were recoded to reflect any agreement (*agree* or *strongly agree*) versus none.

Campaign Outcomes

Although perceptions are important indicators, people are often poor judges of what affects them and how, including judgments about media messages (Nisbett and Wilson, 1977; Collins et al., 1988). An alternative methodological approach is to compare targeted outcomes between those who attended Take Action for Mental Health events or encountered Take Action for Mental Health promotional materials and those who did not. This approach can reveal key differences between the exposed and unexposed, but caution must be used in interpreting these differences—they could indicate selective exposure to the campaign (preexisting differences in who did and did not encounter messages or attend events) rather than changes in outcomes caused by the campaign.

We asked all participants, regardless of their exposure to the campaign, to respond to a set of statements. Many were created specifically for understanding whether the Take Action for Mental Health campaign reached its stated goals in 2023, 2024, and 2025, while others were created by RAND evaluators to assess prior LACDMH campaigns with similar goals. Participants were asked to rate

their extent of agreement on a five-point scale from 1 (*strongly agree*) to 5 (*strongly disagree*). Responses were recoded to reflect any agreement (*agree* or *strongly agree*) versus none.

Community connectedness: Three of the statements assessed county residents' perceptions of community connectedness and its impact on mental health. These items asked participants to rate their level of agreement with the statements, "I feel connected to my community," "Connecting with others in our community can improve well-being," and "If we can talk about mental health issues, we can heal them."

Resource awareness: Four statements measured county residents' awareness of LACDMH resources, community mental health resources, and community well-being and healing resources. In addition, we assessed awareness of the LACDMH Help Line, a key resource that links residents to other resources, with a yes-or-no item. Those who were aware of the Help Line were asked whether they had called or texted the Help Line since April 2025 (yes or no). Although increasing Help Line use was not a main goal of the campaign, exposure to some of LACDMH's prior campaigns has been associated with its use, and it is an indicator of resource awareness.

Mobilization to action: Six statements assessed county residents' mobilization around mental health. They were as follows:

- "I can help change how my family, friends, and community talk about and deal with mental health issues."
- "I know how I could be supportive of people with a mental illness if I wanted to be."
- "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."
- "I know how to take action for my mental health."
- "I can recognize the signs that someone may be dealing with a mental health problem or crisis."

Stigma: Another target of the campaign, stigma reduction, is implicit in many of the Take Action for Mental Health messages and one goal of state PEI funding. We used previously validated stigma measures to explore whether exposure to Take Action for Mental Health was associated with lower levels of stigma around mental health challenges. Three measures assessed social distance—individuals' willingness to (1) move next door to someone who has a serious mental illness, (2) spend an evening socializing with someone who has a serious mental illness, and (3) start working closely on a job or project with someone who has a serious mental illness (Pescosolido et al., 2010). Response options were *definitely willing*, *probably willing*, *probably unwilling*, and *definitely unwilling*. To measure self or internalized mental health stigma, we also used three items. We asked participants to imagine that they had a problem that needed to be treated by a mental health professional and asked them to rate their likely response to three hypothetical questions. These questions asked whether respondents would "put off seeking treatment for fear of letting others know," "try to hide their mental health problem from family

Comparing targeted outcomes between those who attended events or encountered promotional materials and those who did not can reveal key differences, but caution must be used in interpreting these differences.

or friends," and "try to hide their mental health problem from co-workers or classmates." Response options were on a four-point scale ranging from 1 (*yes, definitely would*) to 4 (*no, definitely would not*). Three items assessed respondents' stigma-based beliefs about functioning, treatment, and recovery among people experiencing mental health challenges (Kobau et al., 2010). Items were assessed using a five-point scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree).* Statements included, "A person with mental illness can eventually recover," "Treatment can help people with mental illness lead normal lives," and "People with mental illness are able to do things as well as most other people."

Well-Being

The campaign also had a goal of increasing well-being among residents. We assessed three aspects of well-being (loneliness, hopefulness, and social support) at the end of the survey, using previously validated scales and items (Hughes et al., 2004; Tong et al., 2010; CDC, 2023a).

Perceptions of Los Angeles County Department of Mental Health

County residents' perceptions of LACDMH were assessed by asking them to rate their level of agreement with the following five statements:

- "The Los Angeles County Department of Mental Health is here for me if I need help."
- "The Los Angeles County Department of Mental Health cares about my well-being."
- "The Los Angeles County Department of Mental Health is trusted in my community."
- "I feel good about the Los Angeles County Department of Mental Health."
- "The Los Angeles County Department of Mental Health offers resources that are important and helpful for the community."

The last item was newly added to the survey in 2025. Although promoting trust in and positive perceptions of LACDMH was not a main goal of the campaign, it was identified by LACDMH as an "additional" goal.

Mental Health Impact of the 2025 Los Angeles Fires

In January 2025, two wildfires—the Palisades Fire and the Eaton Fire—caused unprecedented destruction to Los Angeles County's neighborhood business and residential areas. RAND evaluators included a set of questions in the 2025 survey to help LACDMH understand the mental health impact of these wildfires among county residents. Prior research indicates that disasters and other traumatic events can affect people directly (through experiences of personal loss) and indirectly (by experiencing others' losses through media, observation, or word of mouth) (Holman, Garfin, and Silver, 2014). Both experiences can have significant mental health consequences.

We asked county residents whether they were "affected by the Los Angeles wildfires in January, 2025" (yes or no), how often in the past 30 days they had felt "mental distress as a result of the Los Angeles wildfires" (all, most, some, a little, or none of the time), whether any of several adverse experiences happened to them as a result of the wildfires (e.g., evacuation, displacement, loss of property; respondents marked all that applied), and whether they had received any of several types of assistance to help with the impacts of the Los Angeles wildfires (e.g., medical, financial, or housing assistance or food or clothing; respondents marked all that applied).

Analyses

All analyses were conducted separately for the TAY and adult samples. For each sample, we conducted analyses to describe the characteristics of survey participants, the reach of the Take Action for Mental Health campaign (i.e., percentage with campaign exposure), and perceptions of the campaign's impact. We also compared campaign-specific beliefs, perceptions of LACDMH, Help Line awareness and use, stigma, and well-being between those who were exposed to the Take Action for Mental Health campaign with those who were not, using chi-square tests.

Sample weights were applied to account for non-responses so that the TAY and adult results represent those for the Los Angeles County population ages

16 to 25 (TAY) and the population ages 26 and older (adults), 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 version 9.4 (SAS Institute Inc., 2024).

Results

We obtained surveys from 1,040 Los Angeles County residents: 306 TAY (ages 16 to 25) and 734 adults (26 or older). Characteristics of these two samples are presented in Table 1 (TAY) and Table 2 (adults). The samples were diverse and included individuals of all age groups, gender identities, racial and ethnic backgrounds, educational histories, and income levels measured by the survey. As noted in the "Analyses" section, because those who agreed to participate somewhat underrepresented some county residents and overrepresented others, we weighted the samples (using a set of demographic and other characteristics) to represent the two Los Angeles County populations: TAY and adults 26 and older (as described by census data). These weighted percentages are in the final columns of Tables 1 and 2. As expected, the demographics of the weighted TAY sample closely match those for county youth in the 16-to-25 age range. The data also indicate that 30 percent of Los Angeles County TAY say they have ever had a mental health problem, and an approximately equal number have received treatment. Nonetheless, 9 percent report that they had a need for mental health treatment in the past year and did not receive it, and 12 percent have had recent, serious levels of psychological distress. Nearly one in five youth report that they were affected by the Los Angeles wildfires, but just 3 percent say they were distressed by the fires all or most of the time in the past 30 days.

The demographic characteristics of the weighted sample of county adults (also as expected) align with recent census data (2019–2023) describing those 26 and older residing in Los Angeles County. The table also shows that 28 percent of adults say that they have ever had a mental health problem, and 34 percent say that they have been treated for one. Nonetheless, 11 percent perceive an unmet need for treatment in the past 12 months, and 9 percent have had recent, serious levels of psychological distress. About 1 in 7 (14 percent) report being affected by the Los Angeles wildfires, and 3 percent report feeling distress all or most of the time in the past 30 days as a result of the fires.

Overall Exposure to the Take Action for Mental Health Campaign

Overall, **32 percent of TAY and 27 percent of adults in Los Angeles County were exposed to Take Action for Mental Health in 2025** (see bottom rows of Tables 3 and 4, respectively). Although we did not test for statistical differences across years, the percentage of youth exposed appears to have decreased from the 38 percent observed in 2024, while that of adults appears to have increased from the 23 percent observed in 2024.

Youth experiencing mental health challenges were substantially more likely to be exposed to the campaign than other youth. Nearly half of TAY who had experienced a mental health problem or been treated for such a problem were exposed to Take Action for Mental Health (this compares

Nearly half of transition-age youth who had experienced a mental health problem or been treated for such a problem were exposed to Take Action for Mental Health.

TABLE 1

Characteristics of Transition-Age Youth Participants in the Countywide Take Action for Mental Health Survey (*N* = 306)

Characteristic	Unweighted Number of Youth	Unweighted Percentage of Youth	Weighted Percentage of Youth
Age			
16–17	67	22	20
18–25	239	78	80
Race/ethnicity			
Hispanic, English-language survey preference	147	48	55
Hispanic, Spanish-language survey preference	13	4	3
Non-Hispanic, Black	27	9	7
Non-Hispanic, Asian	26	8	10
Multiple races, non-Hispanic	18	6	5
Non-Hispanic, White	75	25	18
Sex assigned at birth			
Male	150	49	49
Female	155	51	51
Gender identity			
Male	149	49	49
Female	152	50	49
Transgender	1	0	0
Genderqueer, gender nonconforming	7	2	2
Uses a different term	1	0	1
Difference between sex assigned at birth and current gender identity			
Yes	7	2	2
Ever had a mental health problem			
Yes	116	38	30
Ever treated for a mental health problem			
Yes	115	38	29
Serious psychological distress in the past 30 days (K-6 score > 12)	64	21	12
Unmet perceived need for mental health treatment in past 12 months	29	9	9
Affected by January 2025 fires (self-report)	75	25	18
Self-reported distress as a result of January 2025 fires (all, most, or some of the time in the past 30 days)	112	37	21

NOTE: Frequencies sum to fewer than 306 because of missing responses. Education and income are not shown for youth because these measures are difficult to interpret for this population.

TABLE 2

Characteristics of Adult Participants in the Countywide Take Action for Mental Health Survey (*N* = 734)

Characteristic	Unweighted Number of Adults	Unweighted Percentage of Adults	Weighted Percentage of Adults
Age			
26–44	213	29	41
45–64	293	40	38
65 or older	228	31	21
Race/ethnicity			
Hispanic, English-language survey preference	173	24	23
Hispanic, Spanish-language survey preference	113	15	20
Non-Hispanic, Black	86	12	8
Non-Hispanic, Asian	65	9	16
Multiple races, non-Hispanic	14	2	4
Non-Hispanic, White	283	39	29
Sex assigned at birth			
Male	326	45	48
Female	405	55	52
Gender identity			
Male	321	44	47
Female	400	55	51
Transgender	5	1	1
Genderqueer, gender nonconforming	6	1	1
Uses a different term	4	1	0
Refused to answer	3	0	0
Difference between sex assigned at birth and current gender identity			
Yes	12	2	2
Education			
No high school diploma or GED	57	8	18
High school or GED	131	18	21
Some college or associate degree	192	26	25
Bachelor's degree or higher	354	48	37

Table 2—Continued

Characteristic	Unweighted Number of Adults	Unweighted Percentage of Adults	Weighted Percentage of Adults
Household income			
Less than $25,000	111	15	10
$25,000 to $49,999	131	18	13
$50,000 to $74,999	111	15	13
$75,000 to $99,999	98	13	12
$100,000 to $149,999	109	15	19
$150,000 or more	174	24	33
Ever had a mental health problem			
Yes	209	29	28
Ever treated for a mental health problem			
Yes	291	40	34
Serious psychological distress in the past 30 days (K-6 score > 12)	60	8	9
Unmet perceived need for mental health treatment in past 12 months	59	8	11
Affected by January 2025 fires	101	14	14
Self-reported distress as a result of January 2025 fires (all, most, or some of the time in the past 30 days)	91	12	14

NOTE: Frequencies sum to fewer than 734 because of missing responses. GED = General Educational Development.

with 27 percent who have not had a mental health problem and 26 percent who were not treated for a mental health problem who were exposed to the campaign). Similarly, 57 percent of TAY who reported having recent, serious psychological distress were exposed to the campaign, relative to 29 percent who did not have recent serious psychological distress who were exposed. There were no differences in campaign exposure related to an unmet perceived need for treatment.

Among adults, Spanish language–preferring Hispanic individuals were the racial/ethnic group most likely to be exposed, and English language–preferring Hispanics were the second most likely group to be exposed. Asian and non-Hispanic White residents were least likely to be exposed. Adults with less education and lower household incomes were also more likely to be reached by Take Action than were residents with higher levels of education and income. These patterns among TAY and adults are consistent with findings from the 2024 evaluation.

How Los Angeles County Residents Were Exposed to Take Action for Mental Health

There were three arms to the campaign in 2025, as in previous years: events, general outreach, and outreach through partnerships with sports teams and Univision. The bottom row of Table 5 indicates that **the campaign arms were differentially effective at reaching youth; general outreach was the most successful, and events were the least successful.** Specifically, 17 percent of youth recalled encountering ads through the partnerships, 25 percent through general outreach, and 8 percent through the events. The events particularly attracted older youth, who

TABLE 3

Characteristics of Los Angeles County Transition-Age Youth Exposed to Take Action for Mental Health

Characteristic	Percentage Exposed to Campaign
Age	
16–17	22
18–25	34
Race/ethnicity	
Hispanic, English-language survey preference	35
Hispanic, Spanish-language survey preference	52
Non-Hispanic, Black	39
Non-Hispanic, Asian	16
Multiple races, non-Hispanic	8
Non-Hispanic, White	32
Sex assigned at birth	
Male	38
Female	27
Gender identity	
Male	37
Female	26
Uses another term	43
Ever had a mental health problem[a]	
Yes	44
No	27
Ever treated for a mental health problem[a]	
Yes	45
No	26
Serious psychological distress in past 30 days (K-6 score > 12)[a]	
Yes	57
No	29
Unmet perceived need for mental health treatment in past 12 months	
Yes	29
No	32
Percentage of all TAY exposed	32

NOTE: Education and income are not shown for youth because they are difficult to interpret for this population.

[a] Categories within this group had significant differences ($p < 0.05$) in exposure to the campaign.

TABLE 4

Characteristics of Los Angeles County Adults Exposed to Take Action for Mental Health

Characteristic	Percentage Exposed to Campaign
Age[a]	
26–44	34
45–64	26
65 or older	17
Race/ethnicity[a]	
Hispanic, English-language survey preference	32
Hispanic, Spanish-language survey preference	49
Non-Hispanic, Black	25
Non-Hispanic, Asian	11
Multiple races, non-Hispanic	24
Non-Hispanic, White	17
Sex assigned at birth	
Male	26
Female	28
Gender identity	
Male	26
Female	28
Uses another term	6
Education[a]	
No high school diploma or GED	40
High school or GED	39
Some college or associate degree	20
Bachelor's degree or higher	19
Household income[a]	
Less than $25,000	47
$25,000 to $49,999	35
$50,000 to $74,999	31
$75,000 to $99,999	23
$100,000 to $149,999	29
$150,000 or more	16
Ever had a mental health problem	
Yes	28
No	26

Table 4—Continued

Characteristic	Percentage Exposed to Campaign
Ever treated for a mental health problem	
Yes	26
No	28
Serious psychological distress in past 30 days (K-6 score > 12)	
Yes	38
No	26
Unmet perceived need for mental health treatment in past 12 months	
Yes	34
No	26
Percentage of all adults exposed	27

[a] Categories within this group had significant differences ($p < 0.05$) in exposure to the campaign.

make up 80 percent of TAY overall and 93 percent of TAY who attended events. Partnerships and events, but not general outreach, were more likely to expose those assigned male gender at birth than those assigned female gender. All three arms were more likely to expose youth with recent distress or a history of mental health issues, although the exact pattern varied across the arms of the campaign.

As with youth, the three arms differed substantially in their reach among adults 26 and older. The bottom row of Table 6 shows that **13 percent of adults recalled encountering ads through the radio partners (KDAY, POWER, or CALI), Univision, the Sparks, the Lakers, or LAFC; 21 percent through general outreach; and just 3 percent through the events.** The low percentage that reported event attendance does not appear to be a function of the shift in 2025 to holding the large service area events at community colleges. In 2024, when service area events were at community locations (such as parks), reach among adults 26 and older was just 2 percent.

There were few differences in the characteristics of those reached by each arm among adults. General outreach was less likely to include those 65 and over and more likely to reach those ages 26 to 44; no differences by age were observed for the other arms. Although it appears that the data trends toward younger adults exposed to the campaign through events, the small number of adults attending the events overall makes this difficult to reliably test. General outreach was also more likely to reach Spanish language–preferring Hispanic adults and less likely to reach non-Hispanic Asian adults; a similar but not statistically significant pattern is present for the other arms. All three campaign arms were more likely to reach low-income adults compared with those with higher incomes, and there was a similar tendency for education. **However, events were substantially more likely to reach adults experiencing recent serious psychological distress.** These individuals make up 9 percent of the adult population in Los Angeles County but 32 percent of event attendees. No such pattern was in evidence for the other campaign arms.

Figure 1 explores overlap in the reach of the three campaign arms. The top half of the figure indicates that **the largest group of youth, 39 percent of all campaign-exposed youth, was reached by only the campaign's general outreach arm—advertising through social media, radio, billboards, and posters.** The next largest group (24 percent) were exposed to all three arms of the campaign. About half of campaign-exposed youth were exposed to more than one form of outreach. Repeated exposure, especially through different message formats and sources, can

TABLE 5

Recalled Source of Exposure to Take Action for Mental Health Among County Transition-Age Youth

Characteristic	Event Attendance	General Outreach	Partnerships
Age			
16–17	7[a]	13	12
18–25	93	87	88
Race/ethnicity			
Hispanic, English-language survey preference	49	55	57
Hispanic, Spanish-language survey preference	11	7	9
Non-Hispanic, Black	5	11	12
Non-Hispanic, Asian	4	3	2
Multiple races, non-Hispanic	2	1	2
Non-Hispanic, White	30	22	19
Sex assigned at birth			
Male	81[a]	52	75[a]
Female	19	48	25
Gender identity			
Male	81	52	74[a]
Female	19	45	25
Uses another term	—	3	1
Ever had a mental health problem			
Yes	46	39	38
No	54	61	62
Ever treated for a mental health problem			
Yes	48	46[a]	39
No	52	54	61
Past 30 days serious psychological distress (K-6 > 12)			
Yes	54[a]	24[a]	30[a]
No	46	76	70
Unmet perceived need for mental health treatment in past 12 months			
Yes	21	10	13
No	79	90	87
Percentage of county youth reporting each source of exposure[b]	8	25	17

NOTE: Event-related outreach includes advertising on billboards, bus stops (or in buses), radio, television, social media, or online but not specifically through a partnership. Partnerships include advertising with the Dodgers, LAFC, Sparks, Univision, Krush Groove music festival on April 19, 2025, or radio ads on KDAY, POWER, or CALI. A dash indicates that a value was not reported or tested because of a small sample size.

[a] Categories within this group had significant differences ($p < 0.05$) in exposure to the campaign.

[b] There were significant differences ($p < 0.05$) across the three sources of exposure.

TABLE 6

Recalled Source of Exposure to Take Action for Mental Health Among County Adults

Characteristic	Event Attendance	General Outreach	Partnerships
Age			
26–44	66	54[a]	39
45–64	11	35	46
65 or older	23	11	15
Race/ethnicity			
Hispanic, English-language survey preference	50	27[a]	32
Hispanic, Spanish-language survey preference	31	38	50
Non-Hispanic, Black	12	6	3
Non-Hispanic, Asian	—	4	1
Multiple races, non-Hispanic	—	4	—
Non-Hispanic, White	7	21	13
Sex assigned at birth			
Male	69	45	45
Female	31	55	55
Gender identity			
Male	69	45	45
Female	31	55	55
Uses another term	—	0	—
Education			
No high school diploma or GED	34	27[a]	33[a]
High school or GED	24	33	39
Some college or associate degree	19	16	16
Bachelor's degree or higher	24	24	13
Household income			
Less than $25,000	36[a]	19[a]	19[a]
$25,000 to $49,999	14	20	16
$50,000 to $74,999	10	14	15
$75,000 to $99,999	19	9	13
$100,000 to $149,999	4	17	25
$150,000 or more	17	20	13
Ever had a mental health problem			
Yes	31	26	25
No	69	74	75
Ever treated for a mental health problem			
Yes	34	34	34
No	66	66	66

Table 6—Continued

Characteristic	Event Attendance	General Outreach	Partnerships
Serious psychological distress in past 30 days (K-6 score > 12)[a]			
Yes	32[a]	15	14
No	68	85	86
Unmet perceived need for mental health treatment in past 12 months			
Yes	19	11	17
No	81	89	83
Percentage of county adults reporting each source of exposure[b]	3	21	13

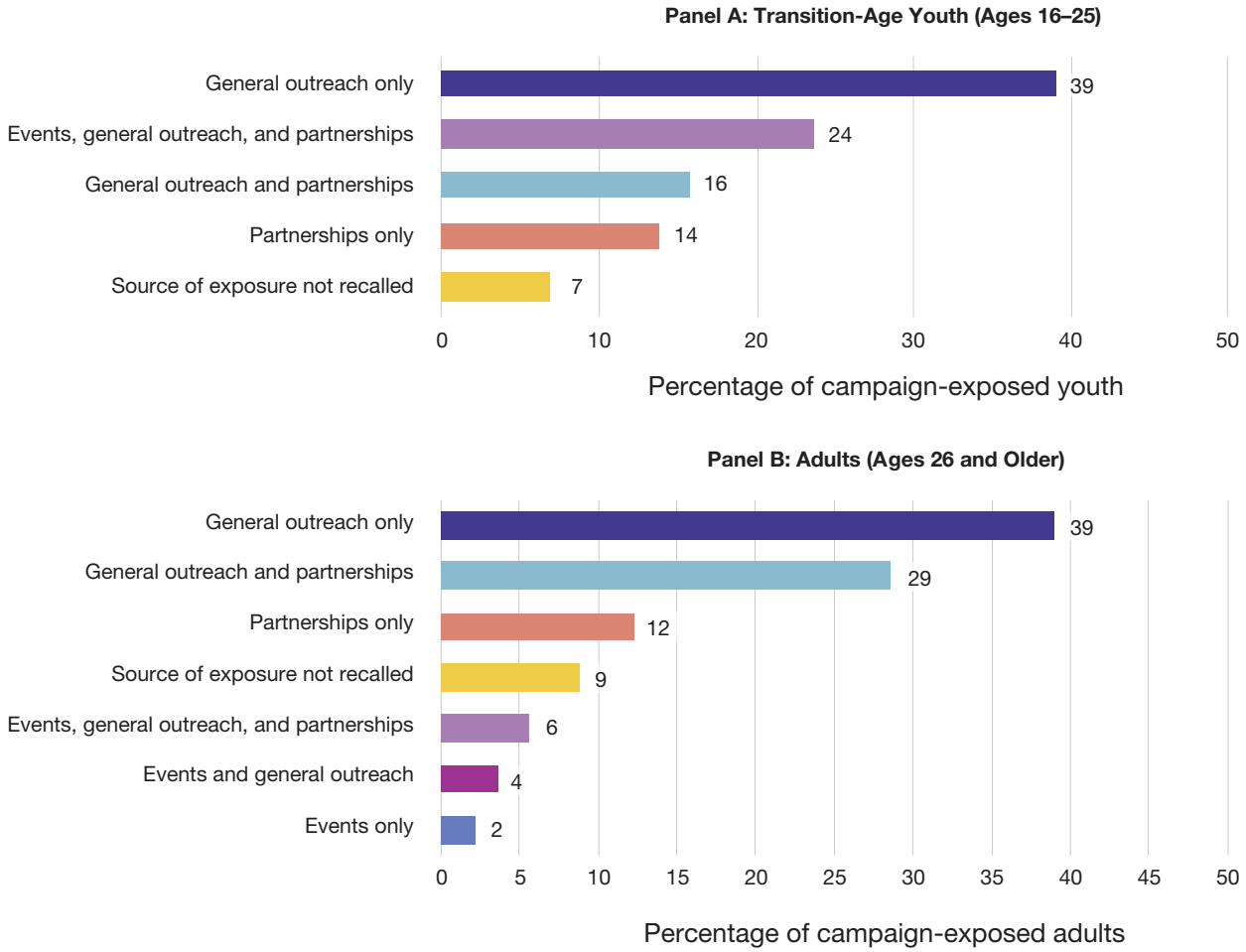
NOTE: Event-related outreach includes advertising on billboards, bus stops (or in buses), radio, television, social media, or online but not specifically through a partnership. Partnerships include advertising with the Dodgers, LAFC, Sparks, Univision, Krush Groove music festival on April 19, 2025, or radio ads on KDAY, POWER, or CALI. A dash indicates that a value was not reported or tested because of a small sample size.

[a] Categories within this group had significant difference ($p < 0.05$) in exposure to the campaign.

[b] There were significant differences ($p < 0.05$) across the three sources of exposure.

FIGURE 1

The Largest Campaign-Exposed Subgroup Was Exposed Only to the General Outreach



help to reinforce campaign messages (Hornik, 2002). There were no youth who were exposed through event attendance only. This might suggest the importance of other forms of outreach in drawing youth to an event, although it is also possible that their multiple sources of exposure were independent from one another. **The largest group of adults exposed were also reached by general outreach only. As with youth, this was 39 percent of those reached.** The next largest group, 29 percent of campaign-exposed adults, were reached through both general outreach and the partnerships. As with youth, this multisource exposure could help reinforce any effects of either exposure alone. Exposed adults were rarely reached through all three arms (6 percent of those exposed).

Figure 2 provides another way of looking at overlap among exposures, focusing specifically on overlap within the group exposed to one or more campaign partnerships. This information can help LACDMH understand the unique contribution that each partnership made to extend the Take Action for Mental Health campaign's reach. The left side of the figure shows that, **of Los Angeles County youth reached by any partnership, the largest group, 67 percent, were reached by the Dodgers.** Of the remaining youth reached by a partnership (but not by the Dodgers), the largest group was exposed through the radio partnerships with KDAY, POWER, and CALI. Each of the other partnerships added 1 to 3 percent of additional campaign-exposed youth.

Among adults, Univision had the greatest reach, accounting for 54 percent of those exposed through partnerships. The Dodgers provided an additional 30 percent of exposure, and radio provided the remaining 16 percent. LAFC, Sparks, and Krush Groove festival did not result in any additional campaign-exposed adults beyond those three partnerships. The implication of this is that, were these three partnerships ended in 2026 and the budget reallocated, there would likely be no impact on the number or characteristics of adults reached by Take Action for Mental Health. In parallel, it would have only a small effect on youth reach. It is important to note, however, that these partnerships might add other value—reinforcing messages from a different and perhaps more trusted source or providing a uniquely engaging experience (as in the Krush Groove music festival). The details of partnerships might also be important; some provided more or different message opportunities for the campaign compared with others.

Perceptions of the Take Action for Mental Health Campaign and Its Effects

Overall, **youth perceptions of the campaign were positive and, in some respects, very positive** (Table 7). Anywhere from 57 to 94 percent of TAY agreed with presented statements about the positive effects of the campaign. The highest level of agreement was with the statement that the events made them more aware of LACDMH resources, and the lowest level of agreement was with the statement that the partnership outreach made them feel more supportive of others experiencing mental health challenges. There were three survey items for which we observed significant differences in agreement among youth across the campaign arms and all of these items indicated that youth had less positive perceptions of the partnerships than the other campaign arms. Youth were less likely to agree that the partnerships made them more aware of mental health resources provided by LACDMH, that the partnerships connected them with information and resources to support well-being, and that the partnerships made them feel more supportive of those experiencing mental health challenges relative to the other arms of the campaign. Notably, **the perceived increase in awareness of LACDMH resources was significantly higher for youth who attended events (94 percent) than for youth who were exposed to the campaign through partnerships (68 percent).**

Perceptions of the campaign were also positive among adults (Table 7). Agreement that exposure to Take Action for Mental Health had positive effects on respondents ranged from 46 to 91 percent of adults. Two items were endorsed by less than half of adults surveyed: 46 percent of those exposed to general outreach reported that the campaign mobilized them to support the mental well-being of their community, and 48 percent of those exposed through partnerships reported that the campaign made them feel connected to their community. There

FIGURE 2

Largest Partnership Reach and Percentage of Additional Reach for Each Advertising Partnership

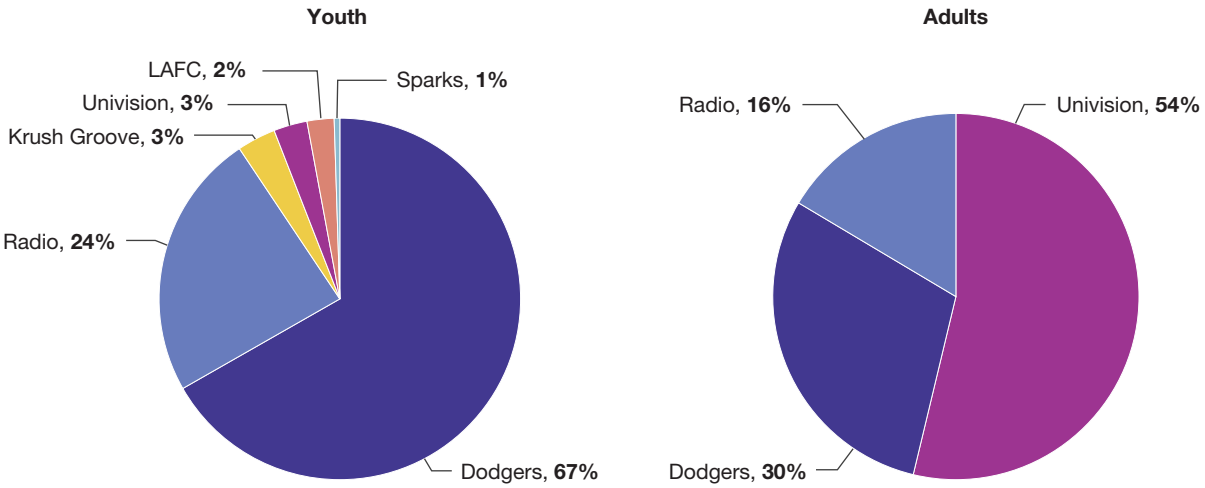


TABLE 7

Perceptions of the Take Action for Mental Health Campaign Among Those Exposed, by Type of Exposure

	Youth (% Agreeing)			Adults (% Agreeing)		
Perceived Positive Effect	Events	General Outreach	Partnerships	Events	General Outreach	Partnerships
Mobilization						
Made you want to take action to support your own mental well-being[a]	82	75	81	91	51	61
Made you want to take action to support the mental well-being of your family and friends	78	81	83	91	59	60
Made you want to take action to support the mental well-being of your community	78	69	73	78	46	53
Awareness of resources						
Made you more aware of mental health resources provided by the L.A. County Department of Mental Health[b]	94	80	68	82	67	71
Made you more aware of mental health resources in your community	66	75	68	91	66	69
Connected you with information and resources to support your own and others' well-being[a, b]	91	—	79	72	—	63
Made you feel more connected to community	80	—	58	89	—	48
Made you feel more supportive of people experiencing mental health challenges[b]	80	—	57	77	—	76
Made you feel supported	69	—	65	84	—	64

NOTE: General outreach includes advertising on billboards, bus stops (or in buses), radio, television, social media, or online but not specifically through a partnership. Partnerships include advertising with the Dodgers, Sparks, LAFC, Univision, Krush Groove Festival, and KDAY, POWER, and CALI radio. A dash indicates a question that was not asked about this form of outreach because it was not expected to have an effect on the item given the message's content.

[a] There was a significant difference across the message source for adults.

[b] There was a significant difference across the message source for youth.

were significant differences across campaign arms in agreement with a key item. **Of the adult event attendees, 91 percent agreed that the campaign made them want to take action to support their own well-being, but only 51 percent of adults who were exposed to general outreach and 61 percent of adults who were exposed to partnership outreach agreed with the same statement.** Somewhat fewer adults agreed that the partnerships connected them with resources to support their own well-being compared with those exposed to the events (63 versus 72 percent), which parallels the results among youth for the same item.

Association Between Take Action for Mental Health Exposure and Targeted Outcomes

Exposure to the campaign was associated with differences across many of the outcomes it targeted, suggesting that it was effective in eliciting change. In the following sections, we look at differences for each campaign goal in turn.

Community Connectedness

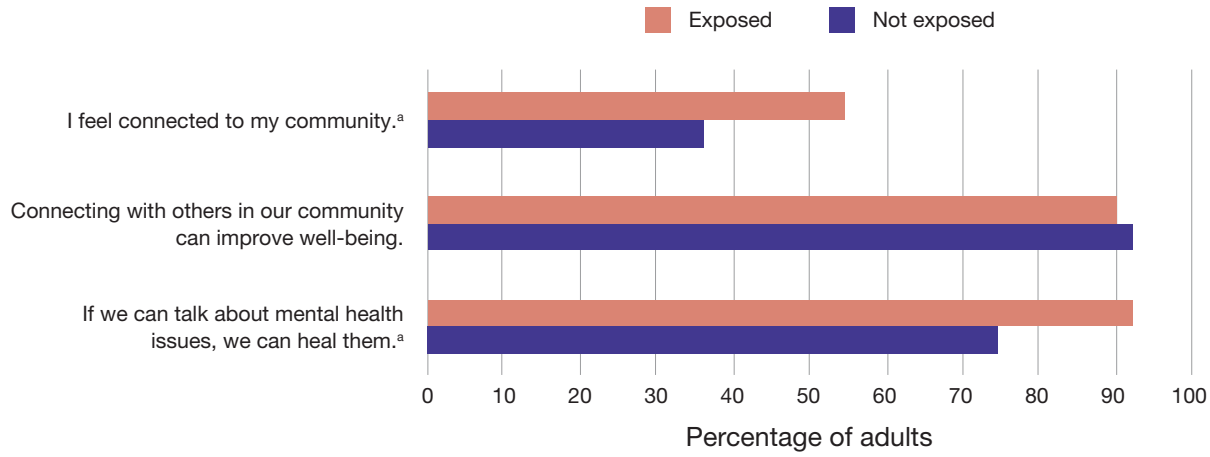
The Take Action for Mental Health campaign appears to have reached its goal of promoting community connection among adults, but it is not clear whether it did so among youth. None of the differences between campaign-exposed and -unexposed youth were significant for the community connectedness measures (this was also true in 2024). In contrast, Los Angeles County adults who were exposed to the campaign were significantly more likely to report that they felt connected to their community (Figure 3). Specifically, 54 percent of county adults who were exposed to the campaign agreed that they felt connected to community compared with 36 percent of unexposed county adults—a sizable difference and similar to the percentages observed in 2023. Similarly, adults exposed to the campaign were more likely than campaign-unexposed adults to agree that "if we can talk about mental health issues, we can heal them." No differences were observed for the item about whether connecting with others in the community can improve well-being.

Knowledge About Los Angeles County Department of Mental Health and Community Mental Health Resources

A central goal of the Take Action for Mental Health campaign was to increase awareness of LACDMH resources and the mental health resources in one's community. The campaign appears to have achieved important impacts in this area. **Youth who were exposed to the campaign were significantly more**

FIGURE 3

Adults Exposed to the Take Action for Mental Health Campaign Felt More Connected to Community



[a] Differences between those exposed and not exposed are statistically significant.

likely to report that they knew about LACDMH resources, about the LACDMH Help Line, and about well-being resources in their communities than were their unexposed peers (Figure 4). Indeed, youth who were exposed to Take Action for Mental Health were twice as likely to be aware of LACDMH resources generally and more than three times as likely to be aware of the Help Line. Campaign-exposed youth were not more likely to know how to find resources if someone they know experiences a mental health problem, and they were not more likely to have used the Help Line.

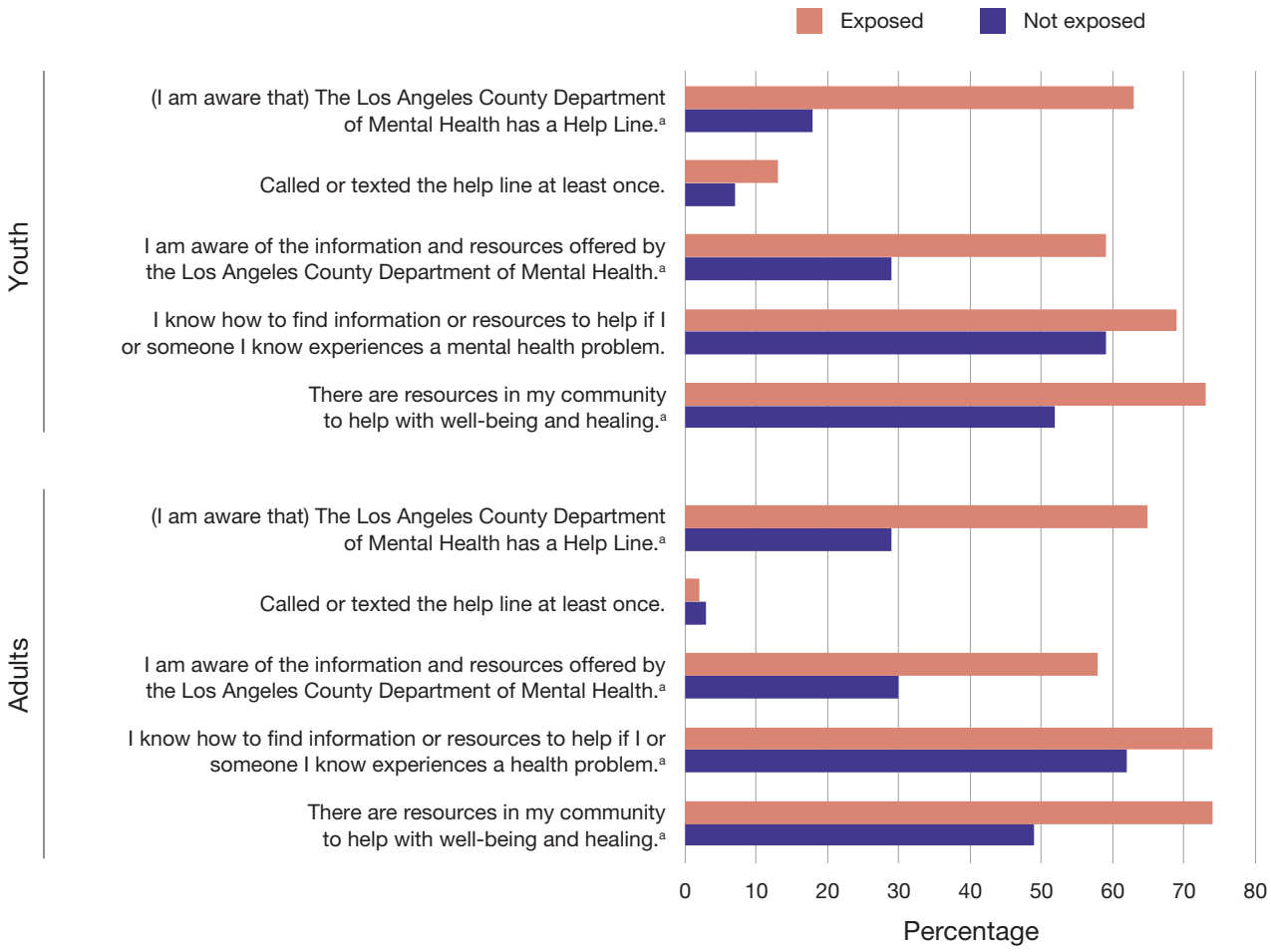
Of the five questions that we asked about resources, four showed that adults exposed to the campaign were more aware of both LACDMH and community resources than those not exposed. Most notably, adults (similar to TAY) were about twice as likely to report that they were aware of LACDMH resources if they were exposed to the Take Action for Mental Health campaign. The only item on which adults did not differ based on their campaign exposure was use of the Help Line, but campaign-exposed adults were significantly more aware of the Help Line than those unexposed.

Mobilization to Address Mental Health Challenges

Adults exposed to the Take Action for Mental Health campaign were more likely to feel mobi-

FIGURE 4

Adults and Transition-Age Youth Who Were Exposed to the Campaign Were More Aware of Mental Health Resources Than Their Unexposed Peers



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

lized to address mental health challenges when compared with their unexposed peers. Of the six items assessing mobilization, four revealed significant differences in agreement among campaign-exposed versus campaign-unexposed adults, such that those exposed to the campaign were more likely to report feeling that they can change how their contacts and community talk about and deal with mental health and can recognize signs of mental health challenges. Campaign-exposed adults are particularly more likely to plan to break down barriers to treatment and report believing that they have the power to make a change (see Figure 5). **However, an item that is arguably central to the campaign, "I know how to take action for my mental health," did not show any significant differences related to campaign exposure among adults** this year. This was also true in 2024 and contrasts with RAND's 2023 findings for this item.

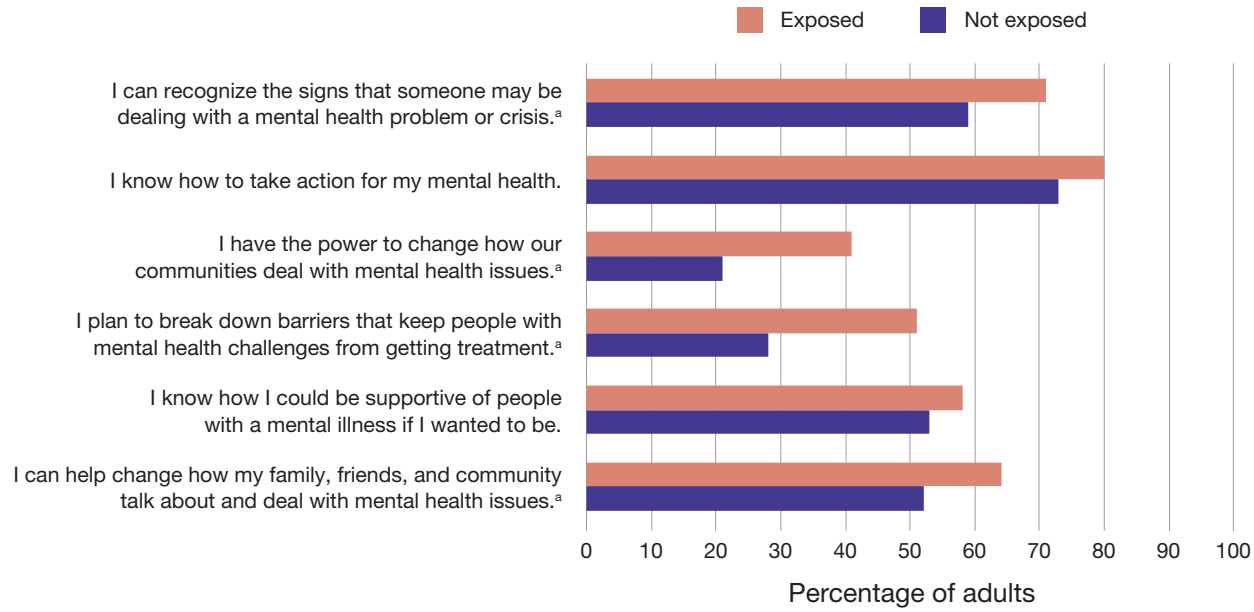
Youth showed no statistically significant differences between those exposed to Take Action for Mental Health and those who were not exposed on any of the mobilization to action items, including the item "I know how to take action for my mental health." About 60 percent of youth tended to agree with the mobilization items, whether they were exposed to the campaign or unexposed (these results are not shown in Figure 5).

Stigma

Few associations between campaign exposure and stigma were observed (Table 8). A key indicator of stigma is an unwillingness to move next door to someone experiencing mental health challenges. In our survey, 72 percent of campaign-exposed TAY agreed that they *would be willing* to move next door to a person experiencing mental health challenges compared with 42 percent of campaign-unexposed TAY. There were two significant findings for adults. Compared with adults who were unexposed, adults exposed to the campaign were more likely to report believing that people with mental health challenges can recover. This difference fits with campaign messages of hope and inclusivity. In contrast, we found that adults who were exposed to Take Action

FIGURE 5

Adults Exposed to the Take Action for Mental Health Campaign Felt Mobilized To Address Mental Health Challenges



[a] Differences between those who were exposed and not exposed to the campaign are statistically significant.

TABLE 8

Three Associations Between Campaign Exposure and Stigma Were Identified Among Eighteen Tested

	Los Angeles County Population (% Agreeing)			
	Youth		Adults	
Stigma-Related Belief	Not Exposed	Exposed	Not Exposed	Exposed
Social distance				
Willing to move next door[a]	42	72	38	49
Willing to socialize	56	69	53	61
Willing to work closely	57	71	49	54
Concealment				
Would delay treatment for MHP fearing others might know[b]	31	41	21	32
Would try to hide MHP from family/friends	42	44	32	33
Would try to hide MHP from coworkers/classmates	72	62	61	53
Beliefs about recovery, treatment, and functioning				
A person with mental illness can eventually recover.[b]	65	81	58	74
Treatment can help people with mental illness lead normal lives.	73	87	81	82
People with mental illness are able to do things as well as most other people.	61	76	60	65

NOTE: MHP = mental health problem.

[a] Differences between those exposed and not exposed are statistically significant for youth.

[b] Differences between those exposed and not exposed are statistically significant for adults.

for Mental Health (compared with those who were unexposed) were more likely to say that, if they had a mental health issue, they would delay treatment out of fear that others might find out about it. Given the large number of statistical tests conducted in relation to the stigma outcome, this could be a random anomaly. However, increases in stigma are not uncommon in response to mental health awareness campaigns, presumably because, as they call attention to issues faced by those with mental health challenges, fear of being stigmatized for such challenges oneself could arise (Walsh and Foster, 2021).

Well-Being

No differences in well-being were associated with campaign exposure among TAY (Table 9). **Among adults, we found that those exposed to Take Action for Mental Health were more likely to feel hopeful about the future than those who were not exposed.** No differences in perceived social support or loneliness were observed based on adults' exposure to the campaign.

Perceptions of the Los Angeles County Department of Mental Health

Although it is not a main goal of Take Action for Mental Health, additional positive effects of the campaign might be to increase familiarity with and trust in LACDMH and help residents form a positive perception of the county's work. LACDMH appears to have been highly successful in meeting this secondary goal. Among youth, differences in beliefs were significantly associated with campaign exposure on all four measures (Figure 6). **Youth who were exposed to the campaign were, on average, about 50 percent more likely to have positive perceptions of LACDMH than those who were not exposed.** The largest difference was for the statement, "LACDMH is trusted in my community." Agreement with this statement was expressed by 21 percent of campaign-

TABLE 9

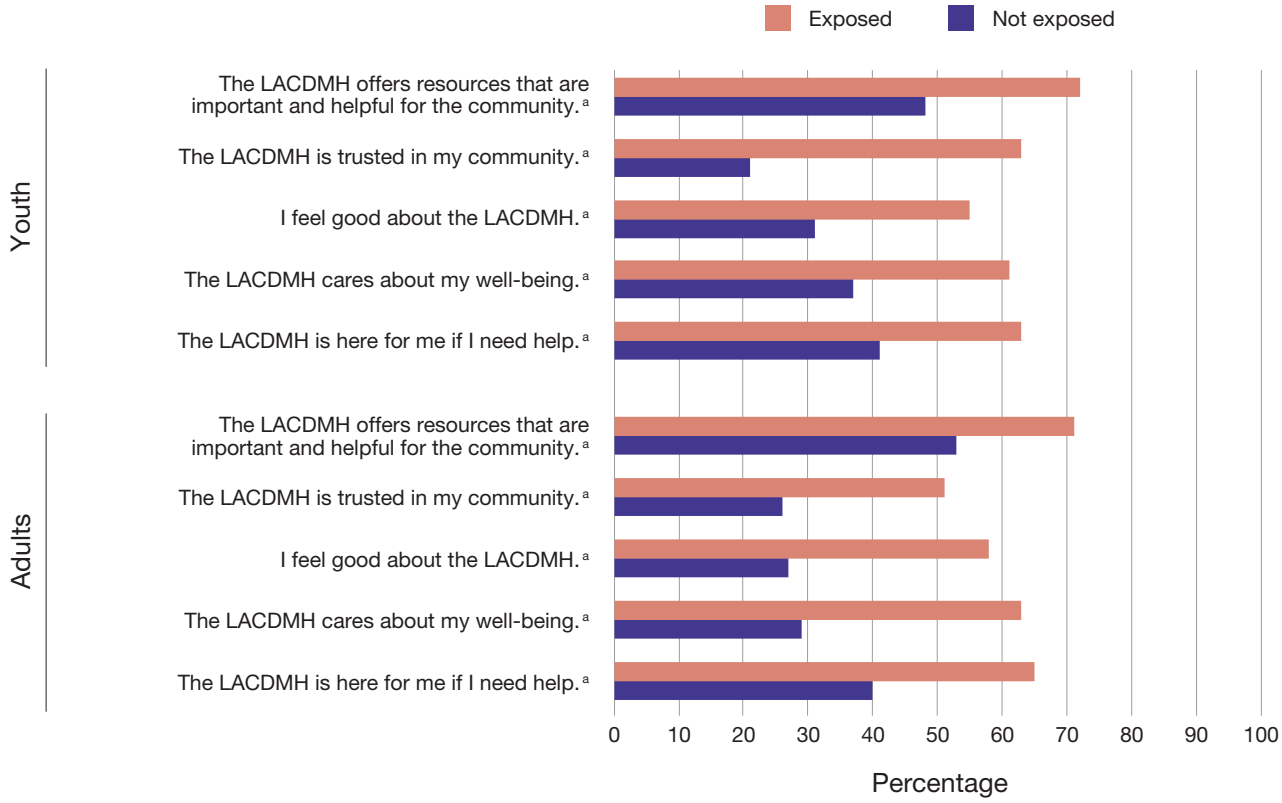
Adults and Transition-Age Youth Exposed to Take Action for Mental Health Were More Likely to Feel Hopeful About the Future

	Los Angeles County Population (% Agreeing)			
	Youth		Adults	
Well-Being Indicator	Not Exposed	Exposed	Not Exposed	Exposed
Lonely	39	34	33	35
I get the social and emotional support I need.	86	87	86	80
I feel hopeful about the future.[a]	68	76	59	71

[a] Differences between those exposed and not exposed are statistically significant for adults.

FIGURE 6

Campaign-Exposed Youth and Adults Were Substantially More Likely to View Los Angeles County Department of Mental Health Positively



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

unexposed youth and by 63 percent of campaign-exposed youth—a threefold difference.

Results were similar among adults. **Adults who were exposed to Take Action for Mental Health were 50 to 100 percent more likely to see LACDMH in a positive light than county adults who were not exposed.** The largest difference in this group was for the statement, "LACDMH cares about my wellbeing," which was endorsed by twice as many adults who were exposed to the campaign as those who were unexposed.

Mental Health Impact of the January 2025 Los Angeles Wildfires

A substantial proportion of youth, 18 percent, reported that they were affected by the Los Angeles wildfires. Most (13 percent of all youth) reported having to evacuate. **Among TAY, 44 percent reported fire-related mental distress in the 30 days prior to the survey, four months after the fires were extinguished** (Table 10). Among adults, 14 percent reported that they were affected, 8 percent were evacuated, and **34 percent experienced fire-related mental distress in the 30 days prior to the survey.**

Looking at the characteristics of county TAY experiencing recent mental distress from the fires (some, most, or all of the time in the past 30 days) and comparing their characteristics with those of county TAY who did not, we found no statistically significant differences (Table 11). Among adults, those reporting recent mental distress from the fires were younger and had less education and lower incomes than those who reported little or no fire-related distress.

Take Action exposure was greater among residents who were fire-distressed (Table 12). Among TAY who experienced recent mental distress from the fires (some, most, or all of the time), 54 percent reported exposure to Take Action for Mental Health, and 25 percent reported that they attended a campaign event in May. This contrasts with the overall campaign exposure rate among TAY of 32 percent and event attendance of 8 percent, and it suggests that Take Action For Mental Health outreach might have been particularly helpful in reaching county youth who were distressed by the fires. Similarly, 8 percent of adults experiencing recent fire-related distress attended a campaign event, while in the general population, only 3 percent attended a campaign event. Adults reporting fire-related distress were not more likely to be exposed to the campaign overall than less distressed adults.

Survey of Los Angeles County Department of Mental Health–Hosted Take Action for Mental Health Event Attendees

We surveyed Take Action for Mental Health event attendees while they were at the events. Event surveys evaluated attendees' demographic characteristics, their perceptions of the event and LACDMH, and their attitudes, beliefs, and intentions to act related to mental health challenges. Two types of events were held: LACDMH-hosted events (one in each of the eight service planning areas and one in Gloria Molina Grand Park in downtown Los Angeles) and CBO-hosted events. In a change from prior years, **RAND surveys were conducted only at the LACDMH-hosted events; CBO-hosted events are not included in the RAND event attendee surveys described in this section.** Table 13 provides locations and dates for the nine events evaluated. The methods and findings for the RAND event surveys follow.

Method

The RAND Survey Research Group (SRG) fielded the surveys. SRG attempted to survey up to 100 individuals per event. The actual number of attendees surveyed ranged from 97 to 104. Attendees were invited to complete the survey either on a scannable paper form or by following a QR code that provided a link to the online survey. Surveys were available in English and Spanish. To ensure that attendees were able to experience the event before responding to the survey, they were asked to complete the survey after they had spent time at the event.

TABLE 10

Percentages of Los Angeles County Adults and Transition-Age Youth Who Were Affected by the Fires

	Los Angeles County Population (%)	
Impacts from the Wildfires	**Youth**	**Adults**
Affected by the fires (self-report)		
Yes	18	14
No	82	86
Fire impact		
Had to evacuate	13	8
Displaced from home	3	1
Lost neighborhood	1	1
Lost home, property, or work	2	1
Other impact	4	9
No impact	81	85
Fire-related mental distress (past 30 days)		
All of the time	1	1
Most of the time	2	2
Some of the time	17	11
A little of the time	23	20
None of the time	56	66

TABLE 11

Characteristics of County Residents Experiencing Recent Fire-Related Stress (Some, Most, or All of the Time in the Past 30 Days)

Characteristic	**Youth (%)**	**Adult (%)**
Age		
16–17	21	NA
18–25	79	NA
26–44	NA	60
45–64	NA	25
65 or older	NA	15
Race/ethnicity		
Hispanic, English-language survey preference	61	25
Hispanic, Spanish-language survey preference	5	29
Non-Hispanic, Black	1	5
Non-Hispanic, Asian	6	21
Multiple races, non-Hispanic	7	2
Non-Hispanic, White	21	17

Table 11—Continued

Characteristic	Youth (%)	Adult (%)
Education		
No high school diploma or GED	NA	31
High school or GED	NA	21
Some college or associate degree	NA	13
Bachelor's degree or higher	NA	35
Household income		
Less than $25,000	NA	28
$25,000 to $49,999	NA	17
$50,000 to $74,999	NA	17
$75,000 to $99,999	NA	6
$100,000 to $149,999	NA	11
$150,000 or more	NA	21
Sex assigned at birth		
Male	35	38
Female	65	62
Gender identity		
Male	35	38
Female	61	62
Transgender	0	0
Genderqueer, gender nonconforming	4	0
Uses a different term	4	0
Difference between sex assigned at birth and current gender identity		
Yes	4	0
Ever had a mental health problem		
Yes	43	32
Ever treated for a mental health problem		
Yes	34	39
Serious psychological distress in the past 30 days (K-6 score > 12)	28	22
Unmet perceived need for mental health treatment in past year	18	10

NOTE: NA = not applicable.

TABLE 12

Campaign Exposure Was Common Among Those Experiencing Recent Fire-Related Stress (Some, Most or All of the Time in the Past 30 Days)

Exposure Indicator	Youth (%)	Adults (%)
Any campaign exposure	54[a]	36
Attended a Take Action for Mental Health event	25[a]	8[a]

[a] The difference between those experiencing fire-related distress some, most, or all of the time and those who were less or not distressed is statistically significant ($p < 0.05$).

TABLE 13

Take Action for Mental Health Events Hosted by the Los Angeles County Department of Mental Health in 2025

Date	Service Area	Location
May 7, 2025	1	Antelope Valley College
May 12, 2025	2	Los Angeles Valley College
May 28, 2025	3	Pasadena City College
May 15, 2025	4	Los Angeles Community College
May 8, 2025	5	Santa Monica College
May 5, 2025	6	Los Angeles Southwest College
May 13, 2025	7	Río Hondo College
May 14, 2025	8	Harbor College
May 31, 2025	NA	Gloria Molina Grand Park

Participants were eligible for the survey if they were 16 or older, were able to read and understand the survey materials, and had the capacity to engage in the informed consent process. Participants were allowed to complete only one survey across the evaluation period, so people who attended multiple events were excluded after completing one survey. Surveys took approximately five minutes to complete. Participants received a $10 gift card as an incentive.

Measures

The measures assessing attendees' responses to the Take Action for Mental Health campaign largely matched those that measured individuals' perceptions of campaign events, which were included in the countywide survey described previously; we included only a subset of those items, and we slightly reworded some measures given the context in which data were collected.

Demographics

The survey measured gender (man, woman, transgender man, transgender woman, nonbinary, or "I use a different term"), age (16 to 25, 26 to 59, 60 or older), and race/ethnicity (White/Caucasian, Latino/Hispanic, Black/African American, Asian/Pacific Islander, American Indian/Native American, Middle Eastern/North African, other). As in the countywide survey, we created categories of Hispanic county residents surveyed in English and Hispanic county residents surveyed in Spanish because these groups might respond differently to survey items.

To understand whether the events were considered "community-centered" (i.e., drew a local crowd),

we added an item that asked participants whether they lived in the community where the event was held. To understand the extent to which the community college locations for the service area events affected the characteristics of attendees, we also asked whether the respondent was a student, staff, or faculty at the event location (there was a "Not Applicable" option for those attending the event at Gloria Molina Grand Park) or whether none of these things applied.

How and Why Attendees Were Drawn to the Events

We asked how participants learned of the event, what kinds of resources they were seeking, and for whom were they were seeking sources (e.g., self, community member, family member). All items were close-ended and had several options based on a review of the types of events planned and the campaign goals of taking action for self, family and friends, and community.

Take Action for Mental Health Brand Awareness

The first item assessed event attendees' awareness of the Take Action for Mental Health campaign brand. The item showed the Take Action for Mental Health logo and asked respondents whether they had seen the logo at the event.

Perceived Impact of Take Action for Mental Health Events

We used 16 items to assess attendees' perceptions of the impact that their Take Action for Mental Health event attendance had on the targeted outcomes of community connectedness, knowledge about LACDMH and community mental health resources, mobilization to address mental health challenges, improved well-being, and reduced stigma. We also measured LACDMH's secondary goal of improving community perceptions of LACDMH. Participants indicated the extent of their agreement on a five-point scale from 1 (*strongly agree*) to 5 (*strongly disagree*) for all items; we recoded items to reflect any agreement versus none (exact item wording is provided in the "Results" section).

Impact of the January 2025 Los Angeles Wildfires

As in the countywide survey, we included two questions in the events survey to assess possible mental distress as a result of the Los Angeles wildfires that took place in January, a few months before the events were held, as well as how respondents might have been affected by the wildfires.

Analyses

We conducted analyses to describe the characteristics of survey participants, Take Action for Mental Health branding exposure, and perceptions of the events and LACDMH. We also tested whether those experiencing more-frequent mental distress from the wildfires differed from those less or not distressed on any of these measures. All reported differences are statistically significant at $p < 0.05$. Data analysis was conducted using SAS/STAT software (SAS Institute Inc., 2024).

Results

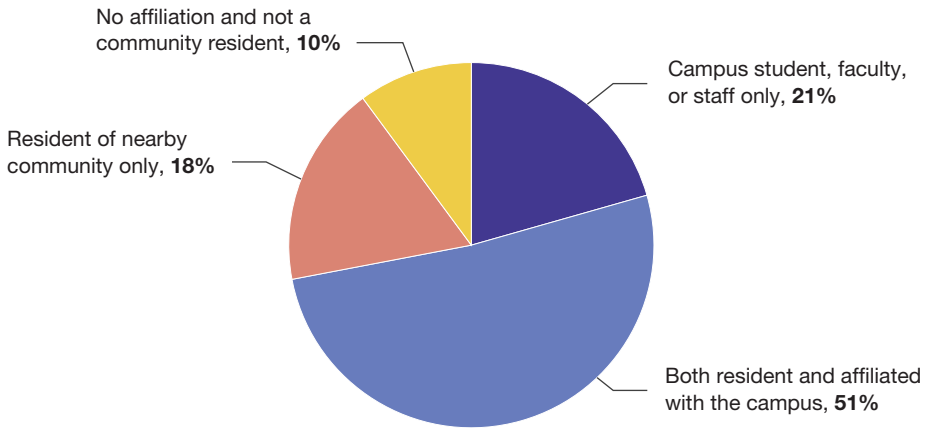
We obtained 944 surveys from the nine events (25 percent of surveys were completed on paper and 75 percent were completed online). We received 12 surveys that we did not analyze because of poor-quality data and 19 surveys that we did not analyze because the survey was discontinued at the point of consent; thus, there was a sample of 913 surveys for analysis. Most surveys were completed in English (91 percent); 9 percent were completed in Spanish.

Characteristics of Take Action for Mental Health Event Survey Respondents

Data describing the characteristics of those who completed the survey can be seen in Figure 7 and Table 14. As Figure 7 indicates, about one in five of those completing a survey at a service area event (i.e., at a community college) reported that they lived in the community where the event was held but were unaffiliated with the school. A similar percentage was affiliated with the college but not area residents, and half of those surveyed were both nearby residents and affiliated with the campus. Although we cannot

FIGURE 7

Most Service Area Event Attendees Lived in the Community and/or Were Associated with the Community College Where the Event Was Held



NOTE: The figure excludes individuals who were surveyed at the Gloria Molina Grand Park countywide event.

TABLE 14

Characteristics of 913 Participants in the Take Action for Mental Health Event Attendee Survey

Characteristic	Frequency	Percentage (%)
Age		
16–25	385	43
26–59	409	45
60 or older	111	12
Gender		
Male	282	31
Female	593	65
Transgender, nonbinary, or another term	31	3
Race/ethnicity		
Hispanic, English-language survey preference	418	46
Hispanic, Spanish-language survey preference	79	9
Non-Hispanic, Black	136	15
Non-Hispanic, Asian or Pacific Islander	140	15
Non-Hispanic, Native American	28	3
Middle Eastern/North African	7	1
Multiple races/ethnicities or “other”	37	4
Non-Hispanic, White	61	7

NOTE: Frequencies sum to more than 913 because of missing responses.

know to what extent survey respondents reflect the characteristics of all attendees at the Take Action for Mental Health community college events, **this finding suggests that LACDMH met its goal of hosting community-centered events that brought local residents together.**

Additional attendee survey respondent characteristics are displayed in Table 14; the findings suggest that the audience for the events included a strong representation of Hispanic, non-Hispanic Black, and non-Hispanic Asian or Pacific Islander county residents. Survey respondents also spanned a wide age range. Most respondents (almost two in three) were women.

How Attendees Learned of the Events

Most attendees that responded to our survey came across the event when they were passing by (40 percent). The second largest category heard about it from the college where it was being held (33 percent). Most other ways of learning about the event involved informal communication rather than media outreach (e.g., from an agency, organization, or individual). A full account of responses is provided in Figure 8.

Exposure to Take Action for Mental Health Branding at Events

Nearly all (97 percent) of event attendees surveyed recalled seeing the Take Action for Mental Health logo at the event. This suggests that **the events were well branded and created or reinforced awareness of the Take Action for Mental Health campaign**. This awareness can promote interest in and engagement with other campaign outreach. Levels of brand awareness were similar among 2024 survey respondents.

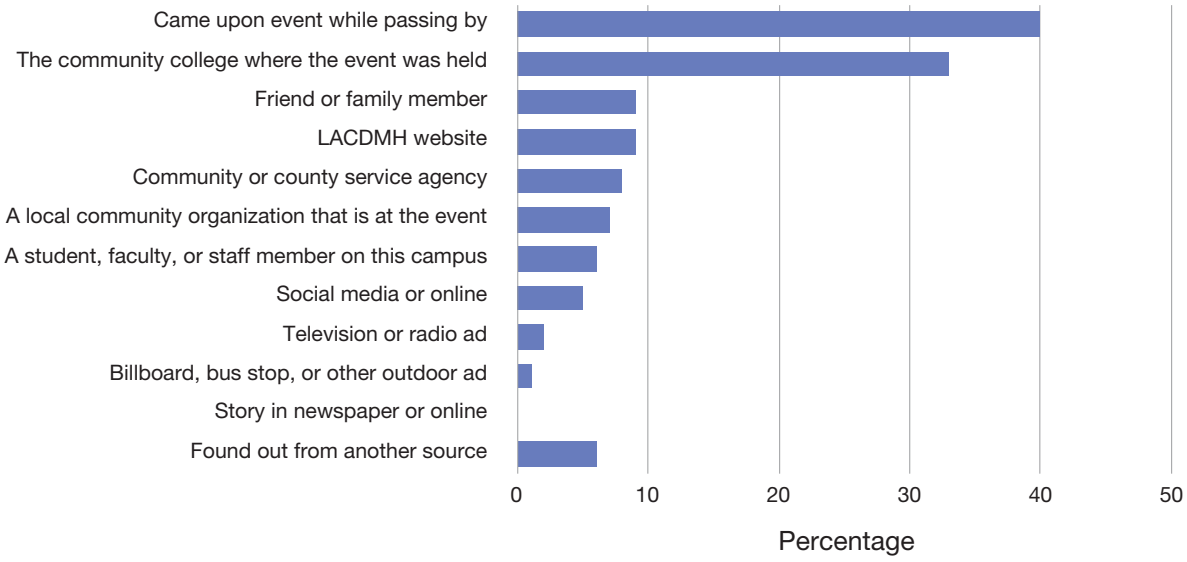
Attendees' Desire for Resources

Figure 9 displays the kinds of resources sought by attendees at the event. **Consistent with the Take Action for Mental Health goals and themes, about 50 percent of attendees came seeking well-being resources, and about 50 percent reported coming for mental health resources.** Those who were not seeking resources constituted 20 percent of respondents. Other categories in the survey were endorsed by less than 10 percent of respondents (see Figure 9 for details).

As shown in Figure 10, about two in three attendees (65 percent) were seeking these resources

FIGURE 8

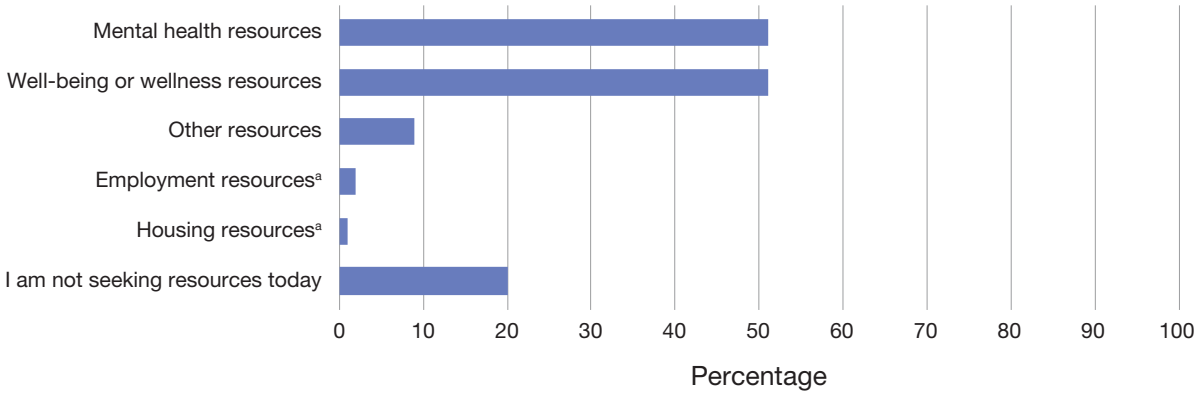
Most Attendees Learned of Events at or from the Community Colleges



NOTE: Attendees could select more than one response.

FIGURE 9

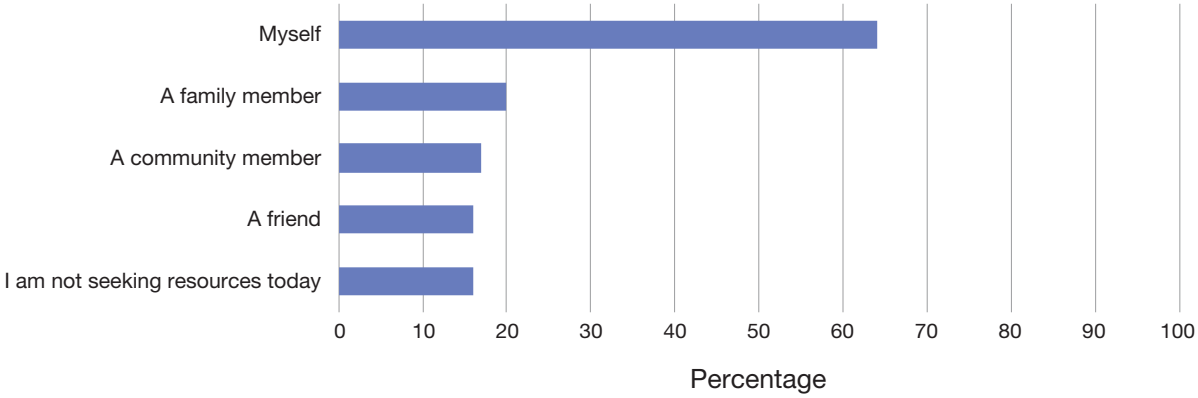
Kinds of Resources Sought by Event Attendees



NOTE: Attendees could select more than one response.
[a]These responses were written in.

FIGURE 10

Whom Attendees Sought Resources For



NOTE: Attendees could select more than one response.

for themselves, one in five (20 percent) were seeking them for a family member, and roughly one in seven (14 percent) were seeking resources for a friend and/or for a community member. This indicates that **attendees were there for themselves far more often than for their circle of friends and family or for their community, but all of these recipients motivated some attendance.**

Perceived Impact of the Take Action for Mental Health Event on Attendee Respondents

Perceptions of the events were very positive (see details in Table 15), and more than 90 percent of respondents said that the event they attended made them feel more connected to their communities, made them more likely to engage in self-care (which promotes well-being), increased their awareness of mental health resources, mobilized them to action, and reduced their mental health stigma–related beliefs and intentions. Nonetheless, more than three in four (77 percent) survey respondents endorsed treatment concealment, a form of stigma, agreeing they would put off treatment if they had a future mental health problem to hide their condition from others. This is the same item in the countywide survey in which we observed higher levels of agreement among adults exposed versus unexposed

TABLE 15

Event Attendees' Perceptions of the Take Action for Mental Health Events Suggest the Events Met All Major Campaign Goals

Indicators of Campaign Goals	Percentage Agreeing
Community connectedness	
The event made me feel more connected to community.	93
Well-being	
As a result of attending today's event, I will be more likely to engage in self-care activities to help my mind and body recharge.	94
Mental health resource awareness	
The event connected me with information and resources to support my own and others' well-being.	96
The event made me more aware of mental health resources in my community.	95
The event made me more aware of mental health resources provided by L.A. County Department of Mental Health.	95
I know how to find information or resources to help if I or someone I know experiences a mental health problem.	94
Mobilization to action	
The event made me want to take action to support my own mental well-being.	93
The event made me want to take action to support the mental well-being of my family and friends.	94
The event made me want to take action to support the mental well-being of my community.	93
Stigma reduction	
As a result of attending today's event, I will be more likely to have a conversation with friends and family about their mental health.	92
As a result of attending today's event, I will be more likely to seek professional help if I think I might be experiencing a mental health problem.	91
If I had a problem that needed to be treated by a mental health professional, I would put off seeking treatment out of fear of letting others know (agreement = greater stigma).	77[a]

[a] Indicates an item for which greater agreement indicates greater stigma, in contrast to the other items in the table.

to Take Action for Mental Health (32 percent of campaign-exposed adults agreed versus 21 percent of campaign-unexposed adults). It might be that LACDMH-hosted event attendees differ from other county residents in some way that makes them more prone to this form of stigma, regardless of event attendance. Recall that, based on the countywide survey results, those attending the broader set of Take Action for Mental Health events, both adults and TAY, were more likely to have had recent serious levels of psychological distress. Or it might be that attendance at the event created stronger levels of this form of stigma. Notably, 91 percent of attendees agreed that the event had made them more likely to seek professional help should they experience a mental health problem, contradicting the idea that attendance increases the stigma of treatment-seeking.

Perceptions of the Los Angeles County Department of Mental Health

As indicated in Table 16, 89 percent or more of event attendees endorsed positive perceptions of LACDMH. The greatest agreement (95 percent) was with the item "LACDMH offers resources that are important and helpful for the community." These data suggest that the events could also meet the county's secondary goal of creating positive impressions of and trust in LACDMH.

Impact of the January 2025 Los Angeles Wildfires on Event Attendees

Table 17 shows the percentage of event attendees who were affected by the January 2025 Los Angeles wildfires. Just under one in four (24 percent) of attendees at the LACDMH-hosted Take Action for Mental Health events reported that they had been directly affected by the wildfires in some way. This was most often because they had to evacuate. A similar number, 22 percent of attendees, said that they were distressed most or all of the time in the past 30 days because of the fires. Those directly affected by the fire were more likely to report this level of mental distress—37 percent of those who reported being affected also reported being distressed all or most of the time in the past 30 days, while 18 percent of those not affected did so. The latter group might be considered indirectly affected—they experienced

TABLE 16

Event Attendees Reported Positive Perceptions of Los Angeles County Department of Mental Health

Indicators of Positive Perceptions	Percentage Agreeing
The L.A. County Department of Mental Health is here for me if I need help.	93
The L.A. County Department of Mental Health offers resources that are important and helpful for the community.	95
The L.A. County Department of Mental Health is trusted in my community.	89
I feel good about the L.A. County Department of Mental Health.	91

TABLE 17

Event Attendees Reported Being Directly Affected by the Wildfires in a Variety of Ways

Impacts from the Wildfires	Percentage of Attendees
Affected by the fires (self-report)	
Yes	24
No	76
Fire impact	
Had to evacuate	12
Displaced from home	3
Lost neighborhood	2
Lost home, property, or work	1
Other impact	8
No impact	76
Fire-related distress (past 30 days)	
All of the time	11
Most of the time	11
Some of the time	30
A little of the time	28
None of the time	20

ongoing mental distress that they attribute to the fires, although they do not report any other impact on their lives.

The percentages of event attendees who were affected and distressed by the fires appear to be higher than those reported by county TAY and adults in response to the countywide survey asking the same questions (we did not statistically compare them because we cannot be sure whether any of the same individuals completed both surveys). Eighteen percent of county TAY and 14 percent of county adults reported being directly affected, and just 3 percent of each population reported mental distress all or most of the time in the past 30 days. The higher proportions of affected and distressed attendees observed in the event survey are consistent with the countywide data showing that fire-distressed individuals were more likely to attend the Take Action for Mental Health events than other county residents. The percentage of fire-affected individuals was similar across the nine Take Action for Mental Health events (data not shown), suggesting that these individuals are spread across the county or traveled to events outside their own communities.

Those experiencing mental distress (all or most of the time) as a result of the fires learned of the LACDMH-hosted Take Action for Mental Health events in similar ways to those not affected in this manner—through the community colleges. Somewhat more of those most distressed by the fires heard of the events through a community or county service agency (12 percent versus 7 percent among those less distressed). This suggests county staff or outreach at offices other than LACDMH were referring fire-affected individuals to the events.

Compared with others at the events, those who were often mentally distressed by the fires (all or most of the time) were slightly more likely to be there seeking resources (88 versus 78 percent), more likely to be seeking resources for themselves rather than others (78 versus 61 percent), and more likely to be seeking mental health resources (64 versus 48 percent).

Perceptions of the events also differed for those who were often mentally distressed by the fires compared with other event attendees in some important ways. **Attendees who were often fire-distressed were more likely to agree that the event connected them with information and resources to support their own well-being, compared with other attendees** (Table 18). This is particularly notable because we also observed a greater interest among members of this group (compared with other attendees) in obtaining mental health resources for themselves. **Event attendees who reported frequent fire distress said that their attendance made them more likely to have a conversation about others' mental health and more likely to seek professional help if they have a mental health problem** when compared with others at the event, suggesting that the event might have reduced their mental health stigma and, if so, reduced it more than it did others' stigma. However, attendees experiencing frequent distress from the wildfires were more likely to agree that they would delay seeking treatment for fear of letting others know about a mental health problem, as compared with other attendees with less or no fire distress. There were no differences by levels of fire distress for other measures of the events' perceived effects on respondents.

Summary, Limitations, Recommendations, and Conclusions

Summary

Our conclusions are similar to those that we reached in our evaluation of the 2024 Take Action for Mental Health campaign. The 2025 Take Action for Mental Health campaign reached a substantial proportion of Los Angeles County residents: approximately one in three TAY and more than one in four adults in Los Angeles County were exposed to the campaign. This percentage is slightly higher than that obtained for adults in both prior years of the campaign (2023 and 2024). Among youth, the campaign reach this year was slightly less than it was in 2024 (when it was 38 percent) but still greater than in 2023 (25 percent). The Take Action for Mental Health campaign's reach continues to fall below the reach achieved by a prior LACDMH mental health campaign, WhyWeRise (Collins et al., 2020; Collins, Eberhart, and Roth,

TABLE 18

Attendees Experiencing Frequent Wildfire-Related Distress Had More-Positive Perceptions of the Take Action for Mental Health Events Than Others at the Events

Indicators of Campaign Goals	Percentage Agreeing	
	Infrequent or No Fire Distress	Fire Distress All or Most of the Time
Community connectedness		
The event made me feel more connected to community.	93	93
Well-being		
As a result of attending today's event, I will be more likely to engage in self-care activities to help my mind and body recharge.	94	95
Mental health resource awareness		
The event connected me with information and resources to support my own and others' well-being.	95[a]	99
The event made me more aware of mental health resources in my community.	94	97
The event made me more aware of mental health resources provided by L.A. County Department of Mental Health.	94	97
I know how to find information or resources to help if I or someone I know experiences a mental health problem.	94	96
Mobilization to action		
The event made me want to take action to support my own mental well-being.	93	95
The event made me want to take action to support the mental well-being of my family and friends.	93	96
The event made me want to take action to support the mental well-being of my community.	93	94
Stigma reduction		
As a result of attending today's event, I will be more likely to have a conversation with friends and family about their mental health.	90[a]	98
As a result of attending today's event, I will be more likely to seek professional help if I think I might be experiencing a mental health problem.	90[a]	94
If I had a problem that needed to be treated by a mental health professional, I would put off seeking treatment out of fear of letting others know (agreement = greater stigma).	74[a, b]	88

NOTE: Frequency of distress was measured for the 30 days prior to the events.

[a] The difference between those experiencing fire-related distress most or all of the time and those who were less or not distressed is statistically significant ($p < 0.05$).

[b] Indicates an item for which greater agreement indicates greater stigma, in contrast to the other items in the table.

2022). Reach was particularly strong for youth experiencing mental health challenges or with a history of such problems. Among adults, reach was greatest among diverse populations—Hispanics (both English language– and Spanish language–preferring) and those with less education and less income. This was also true in 2024.

General outreach was the strongest campaign arm among both youth and adults, reaching 25 percent of TAY and 21 percent of adults. The percentage of county adults exposed to general outreach was greater than the percentages for the other two arms combined. And for adults and TAY reached by only one arm, it was typically general outreach, indicating

its important role among the outreach tools. (There is some unavoidable overlap in the measurement of general outreach and that of partnerships because both include television and radio ads.) However, given the total numbers for each arm and their key audiences, both appear to make strong, independent contributions to county residents' campaign exposure. The events, as in prior years, reached only small percentages of youth and adults, despite the fact that most of the events were held on community college campuses this year.

Among the various partnerships, the Dodgers most effectively reached youth, accounting for about two-thirds of partnership reach in this group. The new radio partners (KDAY, CALI, and POWER) were also substantial contributors. Univision accounted for slightly more than half of the adults reached by the partnerships, and the Dodgers and the radio partners accounted for the remainder. This suggests that the new radio partners were an important addition to the 2025 campaign and enhanced its reach.

Take Action for Mental Health continues to be perceived positively by those who come in contact with it, regardless of which aspect of the campaign reached them. There were few differences in perceptions across campaign arms, but those that exist indicate that the events were perceived most positively.

Those who were exposed to the campaign reported substantially greater awareness of both LACDMH resources and community well-being resources compared with unexposed county residents. This was true for both youth and adults. Similarly, both age groups were substantially more likely to have positive views of and trust in LACDMH if they reported exposure to Take Action for Mental Health than if they did not.

Consistent with campaign goals and 2024 results, adults exposed to the campaign were also more likely to feel connected to community and mobilized to address mental health challenges and to report feelings of hope compared with those not exposed. The latter is an important new finding of potential campaign effects on well-being, something that is difficult to achieve and has not been observed for Take Action for Mental Health in the past. Youth who were exposed to the campaign reported a greater willingness to move next door to someone experiencing mental health challenges, compared with youth who were not exposed. This, too, is a new and important potential outcome of the campaign. This form of stigma is difficult to reduce through social marketing (Collins et al., 2019). Among youth, there were no differences in well-being, mobilization, or community connectedness observed among those who were exposed compared with those who were unexposed to Take Action for Mental Health. Campaign messaging might need to be revised to more effectively address mobilization and community connectedness among youth.

The Take Action for Mental Health events were uniformly perceived positively and as meeting all major goals of the campaign by attendees. Attendees were largely seeking mental health and well-being resources for themselves and came from the communities surrounding the events or, in the case of the LACDMH-hosted events, from the campus where they were held. The events attracted a diverse multiracial and ethnic audience and (among adults over 25) those with lower incomes and less education. Events also tended to draw youth and adults experiencing distress or with a history of mental health challenges, including those experiencing ongoing mental distress as a result of the January 2025 Los Angeles wildfires. Overall, holding the LACDMH-hosted service area events on college campuses appears to have successfully met RAND's call (Collins et al., 2024) to create more-engaging outreach for youth. Events were a highly engaging, more personal form of outreach and reached similar percentages of TAY in 2025 compared with prior years.

Limitations

Some caution must be taken in drawing conclusions from our data. Interpretation of the event-attendee surveys is limited by possible selection bias and by an inability to infer causality from self-reports. The cross-sectional design of the countywide survey

also limits our ability to confirm causal impacts of the campaign. But the differences that we observed between those who were exposed and unexposed to Take Action for Mental Health are consistent with campaign effectiveness in building awareness of mental health resources, mobilizing adults and connecting them to community, and making inroads toward increased well-being among adults and reduced stigma among youth. Our measurement of exposure, which uses recalled message exposure, is likely to capture the more engaged audience for the campaign—those likely to notice and remember ads about mental health—and could partly explain the greater reach we found among those who had personal experiences with mental health challenges. But their recall and attention are important to the campaign's PEI mission of informing and identifying individuals and their families who might be affected by some level of mental health issue.

Recommendations

- Continue all arms of the campaign, including the events and the partnerships with the Dodgers, Univision, and radio partners KDAY, POWER, and CALI, each of which appears to contribute in an important way to the broad and diverse audience reached by Take Action for Mental Health and to audience engagement, even as the general outreach reaches the largest numbers of residents.
- The campaign appeared to be highly effective at increasing awareness of mental health resources and creating perceptions of and trust in LACDMH, and it might have decreased stigma, but exposure to the campaign had little associations with other outcomes among youth. This was true despite the inclusion of community college venues for LACDMH-hosted events and radio partnerships, including the Krush Groove concert, all of which might have been expected to enhance community connectedness. Campaign assets (messaging and images) might need to be revised for the county to achieve its goals of mobilizing and creating community-connectedness among youth.
- Notably, the statement "I know how to take action for my mental health" did not show any differences related to campaign exposure among adults or youth. If the county considers this knowledge a priority, it could be helpful to add specific recommendations to the incitement to "take action." Motivating action is the foundation of mobilization campaigns but articulating what action to take could also be important. Examples might include "have a conversation about mental health," or "call the LACDMH Help Line for resources," as in prior LACDMH campaigns, or there could be other key actions supportive of mental well-being that LACDMH wishes to foster that could be added to their campaign materials.
- Take Action for Mental Health exposure in general and attendance at Take Action for Mental Health events in particular was greater among residents who were fire-distressed. LACDMH might wish to keep this in mind in terms of future support and assistance to populations affected by wildfires or other potentially traumatic collective events. Piggybacking messages or material support onto the campaign or the campaign events could provide a speedy and effective response for those adversely affected. Similarly, when events are held to support those affected by adverse events (e.g., future fires, immigration raids), it could be useful to provide Take Action for Mental Health branded resources to connect people to the campaign and its events as a source of additional, ongoing mental health support.

Conclusions

The Take Action for Mental Health campaign continues to reach large percentages of Los Angeles County youth and adults and to be perceived positively by residents. The events are particularly well-received among both youth and adults. Importantly, campaign exposure is associated with substantially greater awareness of mental health resources among county residents and greater trust in and positive perceptions of LACDMH. Adults who were exposed to Take Action for Mental Health also reported greater connection to communities, mobilization to action around mental health, and greater hope for the future, compared with levels among unexposed county adults. However, campaign messages might need to be revised to better instill feelings of community connection among TAY and to mobilize them to action around mental health issues.

Notes

[1] In 2024, adults who were exposed to the campaign felt more connected to their community and mobilized to take action for mental health, but campaign-exposed youth did not (Collins et al., 2024).

[2] *Activation* is a social marketing term that describes efforts to encourage direct participation and interaction with a campaign (in contrast to passive exposure to messages). This is believed to more effectively mobilize audiences to action.

Abbreviations

CalMHSA	California Mental Health Services Authority
CBO	community-based organization
CDC	Centers for Disease Control and Prevention
GED	General Educational Development
K-6	Kessler Psychological Distress Scale
LACDMH	Los Angeles County Department of Mental Health
LAFC	Los Angeles Football Club
LED	light-emitting diode
LGBTQ+	lesbian, gay, bisexual, transgender, queer, and more
MHP	mental health problem
MHSA	Mental Health Services Act
NA	not applicable
PEI	prevention and early intervention
SAMHSA	Substance Abuse and Mental Health Services Administration
SRG	Survey Research Group
TAY	transition-age youth
WHO	World Health Organization

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About This Report

This report describes the evaluation of the Los Angeles County Department of Mental Health's (LACDMH's) Take Action for Mental Health Los Angeles County social marketing campaign. The campaign was part of the department's prevention and early intervention for mental health mission. It draws on two prior RAND evaluation reports of Take Action for Mental Health Los Angeles County:

- Alison Athey et al., *Evaluation of Los Angeles County's 2023 Mental Health Campaigns: Identifying the Reach and Impact of Take Action for Mental Health Los Angeles County and Do Worthwhile Work Campaigns*, RR-A2943-1, 2023.
- Rebecca L. Collins et al., *Evaluation of Los Angeles County's 2024 Take Action for Mental Health Social Marketing Campaign*, RR-A3569-2, 2024.

This report occasionally repeats text from those documents, sometimes verbatim.

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CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families, and communities. Prevention and early intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

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