



REBECCA L. COLLINS, NICOLE K. EBERHART, INGRID ESTRADA-DARLEY, ELIZABETH ROTH

Evaluation of Los Angeles County's Fall 2020 WhyWeRise Mental Health Campaign and WeRise 2021

WhyWeRise is a social marketing campaign conducted by the Los Angeles County Department of Mental Health (LACDMH) that is focused on prevention of and early intervention for mental health challenges among county residents. It is intended to promote community engagement with mental health issues along a continuum from self-care to professional treatment services, reduce barriers to care, and increase awareness of how

to seek mental health care. The campaign has retained this overarching goal but has shifted its emphasis since its May 2018 inception to respond to changing community needs and refreshed its content to maintain and expand community interest. The primary aim of the fall 2020 campaign was to continue to raise awareness of resources available to support mental health in Los Angeles County, increase perceptions of support, and foster feelings of hope and connection.

In prior years, a central part of the WhyWeRise campaign

KEY FINDINGS

- The WhyWeRise campaign reached an impressive percentage of Los Angeles County residents. About half of adults reported exposure to the campaign.
- Residents reported exposure to the campaign via both major forms of outreach: broadcast media (television and radio ads) and outdoor ads.
- The campaign was effective in reaching all major racial/ethnic groups, particularly Spanish-preferring Hispanic residents and those with lower income and less education.
- Most survey respondents said that the campaign made them feel their mental health was important and provided new information on how to get mental health help.
- Nine in ten of those who attended most WeRise events said afterward that they knew how to find mental health information or resources if needed and felt empowered to care for their own well-being.

was a WeRise event that took place during Mental Health Month in downtown Los Angeles. WeRise was an immersive experience where visitors could attend a large art gallery, a rally, performances, panels, and workshops. The 2020 WeRise event was conducted entirely online because of coronavirus disease 2019 (COVID-19); in 2021, the WeRise events used a hybrid model. Online events were a strong focus, together with pop-up COVID-19–safe in-person events in communities throughout the county; Art Rise outdoor art installations in five Los Angeles neighborhoods; Love Letters in Light, which projected poetry from residents on the outside of ten public libraries; and Rising with Chalk events, during which artists and youth created sidewalk art at 55 Los Angeles parks.

LACDMH and the California Mental Health Services Authority commissioned the RAND Corporation to conduct an evaluation of the reach and impact of the fall 2020 WhyWeRise campaign and the 2021 WeRise effort. We previously evaluated the 2018 and 2019 WhyWeRise campaigns and Los Angeles County’s COVID-19–related mental health campaign (Collins, Eberhart, Marcellino, et al., 2018; Collins, Eberhart, Seelam, et al., 2020; Collins, Eberhart, Shearer, et al., 2021). In this report, we evaluate the effects of the fall 2020 WhyWeRise outdoor ads (e.g., billboards, bus shelters), television and radio outreach, and the online portion of the 2021 WeRise events. We conducted online surveys of attendees at the WeRise online events and (separately) a representative sample of Los Angeles County residents; both surveys were limited to those ages 18 or older. The WeRise survey reflects the experiences of those who attended the online WeRise events, while the WhyWeRise countywide survey compares those who were exposed to the WhyWeRise campaign with those who were not to assess possible effects of exposure.

Event-attendee survey results indicated that the pivot to include online WeRise events in response to COVID-19 and associated restrictions on social contact was successful. Attendees felt empowered by the events, connected to community, and hopeful about the future. Nine in ten of those who attended most of the events said afterward that they knew how to find

mental health information or resources if needed and felt empowered to care for their own well-being.

Countywide survey results indicated that the WhyWeRise campaign reached an impressive percentage of Los Angeles County residents: About half of adults reported exposure to the campaign.

The campaign was effective in reaching all major racial/ethnic groups, particularly Spanish-preferring Hispanic residents and those with lower income and less education. Residents reported exposure to the campaign via both major forms of outreach: broadcast media (television and radio ads) and outdoor ads. **The majority of individuals reached by the campaign found it beneficial, in that it made them feel their mental health was important and provided new information on how to get mental health help.** Residents exposed to the campaign were nearly twice as likely to be aware of the information and resources offered by LACDMH and were significantly more likely to say that the agency is there for them if they need help. The campaign was also effective in driving traffic to the LACDMH website and Help Line, although reported overall rates of use for both resources were low.

In summary, there is evidence that both elements of the LACDMH WhyWeRise campaign successfully reached a racially, culturally, and economically diverse group of Los Angeles County residents, fostered a feeling of support among those exposed, boosted awareness of county mental health resources, and conveyed how to seek help with mental health issues.

Background

Mental health problems are common and debilitating, but many people do not receive the mental health treatment that they need (Eberhart et al., 2018; Walker et al., 2015). In 2018, LACDMH undertook a campaign to increase community engagement (i.e., interest and activism) around removing barriers to mental health care access, promote awareness of county mental health resources and services, and communicate messages of resilience, community, hope, and support. Around the globe (Gaebel, Rössler, and Sartorius, 2016), in California (Collins, Wong, Roth, et al., 2015), and in Los Angeles County

(Collins, Eberhart, Marcellino, et al., 2018), social marketing campaigns have been effective in shifting attitudes related to mental health, increasing social acceptance of those experiencing mental health challenges, and increasing awareness and use of mental health services (Collins, Eberhart, Marcellino, et al., 2018; Collins, Wong, Breslau, et al., 2019; Collins, Eberhart, Seelam, et al., 2020; Collins, Eberhart, Shearer, et al., 2021).

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

Since 2018, LACDMH has dedicated some MHSA funds to the development and implementation of WhyWeRise. An initial goal was to create a movement among youth to address barriers to mental health access (including stigma and structural issues faced by underserved populations). In 2019, there was an increased focus on confronting challenges to well-being, with messaging noting the importance of life purpose and meaning, hope, and obtaining and providing social support. When the COVID-19 pandemic hit Los Angeles, LACDMH diverted some of the WhyWeRise funding toward addressing the mental health consequences of the pandemic. The COVID-19 campaign enhanced the emphasis on themes of community, hope, and support and promoting awareness of Los Angeles County mental health resources and services. This COVID-19-specific campaign ended in July 2020. However, the primary aim of the fall 2020 WhyWeRise campaign was to continue to raise awareness of resources available to support mental health in Los Angeles County during COVID-19 and integrate WhyWeRise with the COVID-19 effort. A secondary aim was to drive

people to the LACDMH Help Line and LACDMH website. An additional effort in fall 2020 involved a partnership with the Los Angeles Dodgers baseball team and focused on awareness of resources and stigma reduction among Hispanic residents of Los Angeles County. This additional effort will be evaluated in a separate report.

The 2020 WhyWeRise campaign targeted residents across Los Angeles and had an emphasis on reaching Hispanic, Black, and Asian residents. The campaign ran in English-, Spanish-, and Asian-language media outlets. Materials were distributed in English, Spanish, Mandarin, Cantonese, Korean, and Persian. Outreach efforts were conducted via outdoor media (e.g., billboards, posters, rail, buses, bus shelters), radio and television advertising, and interviews and stories in community press outlets.

This report describes the methods and findings of our evaluation of this campaign. Our methods involved conducting an online survey of a representative sample of Los Angeles County adults ages 18 or older. A separate brief online survey provided data specific to the WeRise online events. A link to it was emailed to attendees immediately after the events, and the survey assessed the characteristics of event attendees and their reactions to the events. All evaluation activities were reviewed and approved by RAND's Human Subjects Protection Committee, RAND's institutional review board.

In this report, we first describe the methods and results of our countywide survey of Los Angeles residents, followed by methods and findings from the survey of WeRise online-event attendees. Finally, we provide an overall discussion of the findings and our conclusions.

Survey of Los Angeles County Residents

We designed and analyzed a survey of residents of Los Angeles County to understand (1) the reach of the WhyWeRise campaign and its components and (2) the campaign's impact: how residents perceived campaign messages and how those who were reached by the campaign differ from others in terms of attitudes, beliefs, and behavior related to mental illness.

Method

Data Collection

We conducted a survey of adults ages 18 or older. The surveys were fielded by Ipsos from March 12, 2021, to April 21, 2021. Surveys were conducted using the web platform KnowledgePanel, which was used to recruit a probability-based sample. Although the survey was administered online, KnowledgePanel uses address-based sampling to ensure a comprehensive sample that represents all households regardless of their access to phone or internet services. To further ensure representativeness, panel members were provided with a web-enabled device (e.g., tablet computer) and free internet service as needed. Sample weighting is used to compensate for differential response rates among different demographic groups. For this study, the sample was weighted to be demographically representative of the Los Angeles County population ages 18 or older. The survey was offered in both Spanish and English, was completed online, and was approximately 13 minutes long.

Measures

The survey measured demographics and other background characteristics, campaign exposure, and key targeted outcomes of the campaign. Some demographics were previously measured as part of KnowledgePanel participation.

Campaign Exposure

We used three items to measure exposure to the campaign, focusing on different forms of campaign activities and resources: recognition of images from outdoor advertising, recalled exposure to radio or television ads, and recognition of radio and television ad content. The survey showed respondents all of the images that were used in campaign ads. Respondents were asked whether they had seen any of the images since July 2020. Respondents were also asked whether they had heard a radio ad or seen an ad on television from LACDMH since July 2020. Those who responded affirmatively were asked to identify what the ad(s) were about (checking all that applied): feeling anxious; feeling isolated, angry, sad, or overwhelmed; a new kind of psychotherapy; a phone number to call or text for help with emotions;

a website to use for help with emotions; or an app to use for meditation and well-being. Incorrect response options (“feeling angry” and “a new kind of psychotherapy”) were included to check that responses were true recall and not a result of guessing. That is, we report percentages endorsing incorrect options as a comparison to those endorsing correct options.

Those who responded that they had seen or heard at least one campaign image or at least one ad on television or radio were categorized as having been exposed to the campaign. We note that, because this measure requires individuals to recall the ads, it also measures whether those exposed paid attention to the ads and remember them. These individuals may be a select group who are particularly interested in mental health issues or who are in need of the resources and support that the ads describe.

Perceptions of Campaign Effects

In addition to driving county residents to resources, key goals of the campaign were to increase awareness of mental health resources, perceptions of support, and hope. The campaign also was intended to normalize having mental health concerns. Those reporting exposure to a campaign radio or television ad, outdoor ad, or social media post were asked to rate (on a scale from *strongly agree* to *strongly disagree*) the extent to which it

- gave them new information about how to get help with emotions or mental health
- made them feel more connected to community
- made them feel supported
- made them feel hopeful
- made them feel it is normal to feel anxious or stressed
- made them feel that their mental health is important.

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

Although perceptions are important indicators, people are often poor judges of what affects them and how (Collins, Taylor, et al., 1988; Nisbett and Wilson, 1977). An alternative methodological approach is to compare targeted outcomes between those who were exposed

to the campaign and those who were not. To do so, we created campaign-specific items asked of all respondents, regardless of exposure. Participants were asked, for example, how strongly they agreed or disagreed that they are “aware of the information and resources offered by the Los Angeles County Department of Mental Health” (see text box). The items focus on endorsement of key mental health–related knowledge, attitudes, and beliefs targeted by the WhyWeRise campaign and/or referenced in its ads. For each item, we measured the extent of agreement on a five-point scale (*strongly agree* to *strongly disagree*). Responses were recoded to reflect any agreement (*agree* or *strongly agree*) versus none.

Stigma and Mobilization Against Barriers to Mental Health

As noted previously, the original WhyWeRise campaign was designed to engage county residents with the issue of mental health by mobilizing them around issues of injustice, stigma, and barriers to care. We

employed a set of previously validated items assessing stigma-related mental health challenges and their treatment. Although not the main targets of the campaign, the constructs measured are implicit in many of the WhyWeRise messages. Because these items have been used in prior surveys (Evans-Lacko, Henderson, and Thornicroft, 2013; Jorm, Christensen, and Griffiths, 2006; Wyllie and Lauder, 2012), including in the evaluation of the Each Mind Matters campaign in California (Collins, Wong, Roth, et al., 2015), they also allow comparison of WhyWeRise with other mental health–related campaigns. These previously validated items were composed of three items measuring social distance (a key indicator of mental illness stigma) on a four-point scale (from *definitely willing* to *definitely unwilling* to have contact with “someone who has a serious mental illness”), three items measuring intent to conceal a hypothetical mental health problem out of concern over others’ reactions on a four-point scale (from *definitely would* to *definitely would not*), and eight items measuring negative beliefs about mental

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

- I know how to find information or resources to help if I or someone I know experiences a mental health problem.
- I am aware of the information and resources offered by the Los Angeles County Department of Mental Health.
- The Los Angeles County Department of Mental Health is here for me if I need help.
- The Los Angeles County Department of Mental Health has resources for families.
- I know how I could be supportive of people with a mental illness if I wanted to be.
- It’s normal to feel anxious, sad or overwhelmed about COVID-19, racial injustices, uncertain jobs, and fluctuating school and childcare needs.
- Since the coronavirus outbreak and shutdowns, more people are experiencing mental health problems.
- Seeking help for mental health problems is a sign of strength.
- Everyone needs support to get through these challenging times.
- Talking about our feelings is important for mental health.
- It’s important to let people know if you need help.
- I can get through things with the support of others.
- Since the coronavirus outbreak and shutdowns, it is more important than usual to take care of your mental health and well-being.
- Since the coronavirus outbreak and shutdowns, it is more important than usual to stay connected to family and friends.
- It’s natural to feel anxious and concerned during COVID-19.
- It’s normal for kids to be sad or anxious during COVID-19 and shutdowns.
- Keeping a routine and normal activities is important to mental health and well-being.

health challenges and those confronting them, using a five-point scale (from *strongly agree* to *strongly disagree*). A set of six items measured mobilization and related beliefs (e.g., “Everyone deserves to be well,” “I plan to take action to prevent discrimination against people with mental illness”), using the same five-point scale. Responses to all items were recoded to reflect any willingness, concealment, or agreement versus none.

Use of the LACDMH Website and Help Line

The campaign was also designed to drive residents to the LACDMH website (DMH.LACounty.gov) and to the county’s Help Line (800-854-7771 for voice or 741741 for text). Use of the website was measured by asking whether respondents had visited the website DMH.LACounty.gov. To assess helpline use, respondents were asked whether they had called the LACDMH helpline since the shutdowns.

Well-Being

We examined the campaign’s potential impact on aspects of well-being with three measures. Loneliness was measured with three items drawn from the University of California, Los Angeles, Loneliness Scale, which uses a three-point scale from *hardly ever* to *often* (Hughes et al., 2004). Those whose summed scores were six or higher were classified as lonely. Hope was measured with a single item, “I feel hopeful about the future,” rated on a five-point scale from *strongly agree* to *strongly disagree*. Social support was measured with the item “How often do you get the social and emotional support you need” and rated on a five-point scale from *always* to *never*.

Background Characteristics: Demographics and Experience with Mental Health Challenges

Respondents provided their gender, age, household income, highest level of education achieved, and race/ethnicity as part of previous KnowledgePanel participation. Respondents also told us whether they had ever experienced a mental health problem, whether they had experienced one they thought might require treatment in the past 12 months, and whether they had sought treatment for a mental health problem in the past 12 months. Psychological distress was measured using the Kessler-6 (Kessler et al., 2003), which

consists of six items asking respondents to rate how often in the past 30 days they felt (for example) nervous, hopeless, restless, or fidgety (from 1 [*all of the time*] to 5 [*none of the time*]). Those whose summed score was 13 or higher were classified as currently experiencing serious psychological distress.

Analyses

We conducted analyses to describe the characteristics of study participants, campaign reach (prevalence of exposure to the WhyWeRise campaign), and perceptions of that campaign. The main results compared mental health–related attitudes, beliefs, behaviors, and well-being between those who reported exposure to the campaign and those who did not.

Sample weights were applied to account for any differential nonresponse that might have occurred. Demographic distributions for Los Angeles County target populations were obtained from the March 2020 supplement of the U.S. Census Bureau’s Current Population Survey and the American Community Survey (ACS). Data were weighted to represent the Los Angeles County adult population on the following variables:

- age (18–29, 30–44, 45–59, 60+)
- gender (male, female)
- race/ethnicity (Non-Hispanic White, Non-Hispanic African American, Non-Hispanic Asian, Hispanic, Non-Hispanic all other races)
- education (high school or less, some college, bachelor’s degree or more)
- household income (under \$49,999, \$50,000–\$74,999, \$75,005 and over)
- ACS language (English Proficient, Bilingual/Spanish Proficient, Non-Hispanic).

We report weighted percentages and odds ratios. All reported differences are statistically significant at $p < 0.05$.

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

Results

Characteristics of the Sample

Sample characteristics (unweighted and weighted percentages) are shown in Table 1. The survey was com-

TABLE 1
 Characteristics of the Sample of Los Angeles County Residents

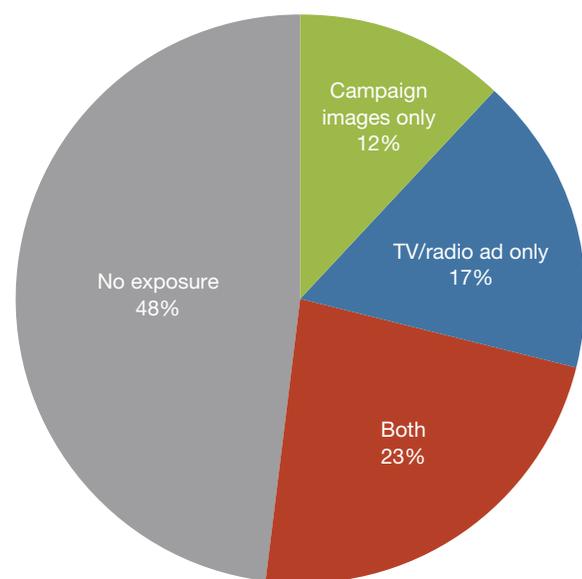
Characteristic	Unweighted Frequency	Unweighted Percentage	Weighted Percentage
Female	594	59	53
Age			
18–25	33	3	8
26–44	306	30	40
45–64	397	39	34
65+	274	27	18
Education			
Less than high school	79	8	18
High school	138	14	22
Some college	304	30	29
Bachelor’s degree or more	489	48	31
Household income			
Less than \$25,000	214	21	19
\$25,000–\$49,999	211	21	16
\$50,000–\$74,999	158	16	13
\$75,000–\$99,999	166	16	16
\$100,000–\$149,999	139	14	16
\$150,000 or more	122	12	19
Race/ethnicity/language			
Black, non-Hispanic	69	7	8
White, non-Hispanic	365	36	29
Asian, non-Hispanic	76	8	16
Other, non-Hispanic	22	2	2
Hispanic, English survey language	261	26	22
Hispanic, Spanish survey language	217	21	23
Personal experience with mental illness			
Ever had a mental health problem	254	25	25
Past 12 months perceived need for mental health treatment	207	21	21
Past 12 months serious psychological distress	66	7	9

pleted by 67 percent of those invited. The resulting sample consisted of 1,010 Los Angeles County residents ages 18 or older. Compared to the population residing in Los Angeles County, our sample included somewhat fewer males, young adults 18–25, individuals of Asian descent, those with less education, and those with higher income. As the table indicates, our weights corrected for these differences so that the weighted sample is representative of the county. Consistent with prior California statewide findings (Collins, Wong, Roth, et al., 2015), about 25 percent reported ever having had a mental health problem. Twenty-one percent reported having felt that they might need treatment for a mental health concern in the past 12 months; 9 percent had symptoms of distress consistent with a serious mental illness.

Campaign Exposure

About half (52 percent) of respondents reported exposure to an aspect of WhyWeRise (see Figure 1). Forty percent had heard or seen a WhyWeRise

FIGURE 1
Fifty-Two Percent of Los Angeles County Residents Recognized a WhyWeRise Ad, and 23 Percent Were Reached Through Multiple Approaches



NOTE: Exposures were classified as self-reported (1) recognizing any campaign image, (2) seeing or hearing a television or radio ad, or (3) both recognizing an image and seeing or hearing a television or radio ad.

radio or television ad, and 35 percent recognized a WhyWeRise image used in campaign outdoor advertising. The latter is consistent with our observations of past evaluations. For example, in 2019, 30 percent of respondents agreed that they had heard of WeRise or WhyWeRise.¹ The percentage of respondents reporting any WhyWeRise exposure equals or exceeds major mental health campaigns conducted internationally (Evans-Lacko, Henderson, and Thornicroft, 2013; Wyllie and Lauder, 2012). In comparison, California’s statewide Each Mind Matters campaign, which focused on reducing the stigma of mental illness, reached 17 percent of adults in its first year and 38 percent in its second year (Collins, Wong, Roth, et al., 2015).

Almost one-quarter of respondents (23 percent) noted more than one form of WhyWeRise outreach during the past year (see Figure 1). They reported both recognizing a campaign image and hearing or seeing an ad on radio or television (the images in our survey were not part of television ads). Marketing efforts tend to be more effective when the message is received through more than one medium or approach (Hornik, 2002).

Predictors of Campaign Exposure

To understand who was most likely to be exposed to the WhyWeRise campaign, we tested associations between (1) exposure and demographic characteristics and (2) exposure and prior experiences with mental health challenges.

We found that the campaign was particularly effective in reaching Spanish language–preferring Hispanic adults (those who opted to complete the survey in Spanish). This group made up 36 percent of those reached by the campaign, although they constituted only 23 percent (weighted) of those surveyed.

Although considerable outreach was directed at individuals of Asian descent, they were less likely to report exposure than those from other backgrounds (Asian respondents were 10 percent of those exposed but were 16 percent of those surveyed). However, our findings may be somewhat biased because we only conducted surveys in Spanish and English, missing those who might have completed the survey in an Asian language had it been available. Much of

the WhyWeRise outreach targeted to Asians was in a language other than English; 11 percent of county residents speak an Asian language as their first language (Ichinose et al., undated).

The campaign was slightly more likely to reach county residents with a high school degree or less than it was to reach more educated residents, and it was more likely to reach residents with lower incomes.

The campaign was equally likely to reach males and females and adults of various ages. There also were no differences in exposure between those with prior mental health experiences and those without.

Recall and Perception of Campaign Messages

Respondents who were exposed to the campaign understood and retained the messages that were the main goals of the campaign. When asked what the radio and television ads were about, most residents who saw or heard them correctly identified anxiety (58 percent) and isolation (53 percent). A large percentage also accurately recalled mentions of feeling sad (41 percent) or overwhelmed (41 percent). A substantial majority (68 percent) knew that the ads contained a number to call or text for help with emotions, and a large percentage also recalled mention of a website for this purpose. Although some of these correct responses might reflect guesses or a tendency to endorse the options offered, only 4 percent indicated that the ads were about a new kind of psychotherapy, and 18 percent indicated the ads were about anger (the incorrect response options), suggesting that most respondents accurately recalled the ads.

Perceptions of both the radio and television and the outdoor/image ads were positive. Roughly

50 percent to 80 percent of respondents who saw any type of ad found it helpful in at least one of six defined ways (see Table 2 for these ways). Outreach was particularly viewed as making respondents feel that their mental health was important, with 78–79 percent endorsing this outcome (depending on the form of advertising). Response to the informational content in outdoor ads was particularly positive, with 79 percent agreeing the images provided them with new information about how to get help (the ads provided the Los Angeles County Help Line number and the LACDMH website address).

Use of the LACDMH Website and Help Line

Only a small percentage of respondents reported that they visited the LACDMH website (6 percent) or contacted the LACDMH Help Line (1 percent) between July 2020 and the time of the survey.

Two of the resources targeted for increased awareness and use were the LACDMH website and the LACDMH Help Line. Low use of these resources is to some extent expected; these resources would be appropriate for individuals who both need mental health services and wish to seek services through LACDMH instead of through private insurance or other avenues. We might also expect greater use over a longer period; the reference period for the question was eight to nine months.

Association of Campaign Exposure with Endorsement of Campaign-Targeted Outcomes

Targeted Attitudes, Knowledge, and Beliefs
Those who were exposed to the campaign were nearly twice as likely as those who were not to

TABLE 2
 Perceptions of WhyWeRise Outreach Messages Among Respondents

Form of Outreach	Percentage of Campaign-Exposed Adults Agreeing That WhyWeRise . . .					
	Gave Me New Information About How to Get Help with Emotions or Mental Health	Made Me Feel More Connected to Community	Made Me Feel Supported	Made Me Feel Hopeful	Made Me Feel That It's Normal to Feel Anxious or Stressed	Made Me Feel That My Mental Health Is Important
Outdoor ad ^a	79	59	65	68	72	79
Television or radio ad	60	48	59	60	69	78

^a Ratings of outdoor ads were statistically significantly more positive than ratings of television and radio ads.

agree that they were aware of information and resources offered by LACDMH (see Figure 2). As previously noted, a central goal of the campaign was to increase awareness of LACDMH resources and improve perceptions that the county is available to support those in need. The campaign appears to have achieved important impacts in these areas. Similarly, those who were exposed were about 70 percent more likely than those who were not exposed to agree with the statement that LACDMH “is here for me if I need help.”

Significantly more respondents who were exposed to the campaign agreed that seeking help for mental health problems is a sign of strength, that everyone needs support to get through these challenging times, and that they personally can get through things with the support of others. These three items central to the campaign showed differences across the exposed and unexposed, with **about nine in ten of exposed respondents endorsing these ideas** (see Table 3).

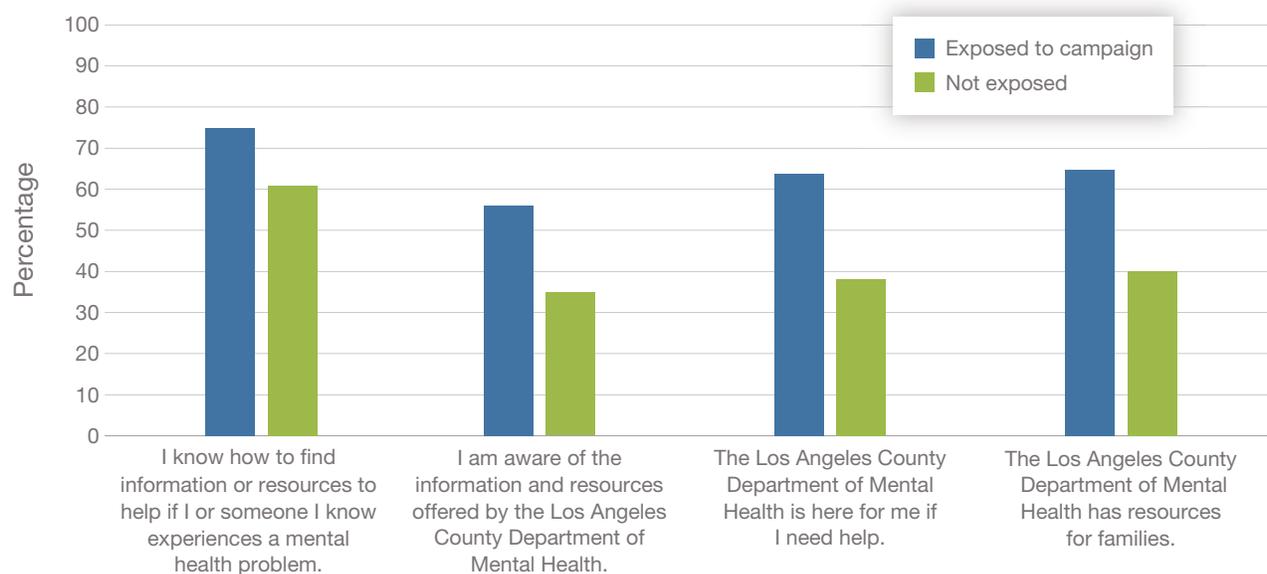
We did not find significant differences between those who were reached and those who were not in other targeted attitudes and beliefs less central to the campaign, such as awareness of the impor-

tance of self-care and staying connected and of the likely mental health challenges of the COVID-19 pandemic. However, most of these key campaign messages already were endorsed by 80 percent or more of unexposed respondents, suggesting that it may have been difficult to increase agreement. Alternatively, because many of these items were COVID-19–related, the integration of the COVID-19 messages in WhyWeRise might not have succeeded in influencing residents’ perceptions of the pandemic’s challenges.

Use of the LACDMH Website and Help Line

Although only a small percentage of county residents made use of the LACDMH website and Help Line, those exposed to WhyWeRise were much more likely to make use of these resources. All but one of the respondents who said that they had used the helpline reported WhyWeRise exposure (2 percent of those exposed used it, compared with 0.5 percent of those unexposed; see Figure 3). Among those exposed to the campaign, 8 percent had visited the LACDMH website, while only 3 percent of unexposed county residents had done so. Our methods do not allow us to determine cause and effect, but this suggests that the

FIGURE 2
Those Exposed to the Campaign Were Significantly More Likely to Know That LACDMH Provides Resources and Support



NOTE: All differences between those exposed and those not exposed are statistically significant.

TABLE 3

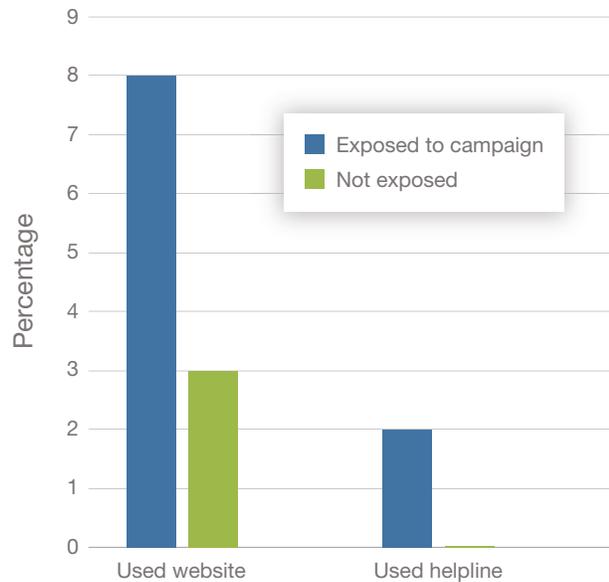
Associations Between Campaign Exposure and Campaign-Targeted Attitudes, Knowledge, and Beliefs

Campaign-Targeted Attitudes and Beliefs	Los Angeles County Adults (% agreeing)	
	Unexposed	Exposed
I know how to find information or resources to help if I or someone I know experiences a mental health problem.	61	75
I am aware of the information and resources offered by the Los Angeles County Department of Mental Health.	35	56
The Los Angeles County Department of Mental Health is here for me if I need help.	38	64
The Los Angeles County Department of Mental Health has resources for families.	40	65
I know how I could be supportive of people with a mental illness if I wanted to be.	55	63
It's normal to feel anxious, sad, or overwhelmed about COVID-19, racial injustices, uncertain jobs, and fluctuating school and childcare needs.	81	82
Since the coronavirus outbreak and shutdowns, more people are experiencing mental health problems.	81	88
Seeking help for mental health problems is a sign of strength.	79	87
Everyone needs support to get through these challenging times.	83	90
Talking about our feelings is important for mental health.	86	92
It's important to let people know if you need help.	89	93
I can get through things with the support of others.	80	91
Since the coronavirus outbreak and shutdowns, it is more important than usual to take care of your mental health and well-being.	88	91
Since the coronavirus outbreak and shutdowns, it is more important than usual to stay connected to family and friends.	88	90
It's natural to feel anxious and concerned during COVID-19.	87	86
It's normal for kids to be sad or anxious during COVID-19 and shutdowns.	81	81
Keeping a routine and normal activities is important to mental health and well-being.	90	91

NOTE: Shaded rows denote that the differences in percentages of exposed and unexposed individuals agreeing with the statement are statistically significant.

FIGURE 3

Exposure Was Strongly and Positively Associated with Use of the LACDMH Website and Help Line



campaign may have been effective in driving individuals to these resources. Alternatively, those with mental health needs may have been more likely to have been reached by the campaign. It is also unclear to what extent the low percentages of residents using these key LACDMH resources, even among those exposed to WhyWeRise, reflect a lack of awareness or interest versus a lack of need during the study period.

Differences between those exposed and unexposed are statistically significant for both website and helpline use.

Stigma and Mobilization Against Barriers to Mental Health

Only one of the 14 items involving stigma was differentially endorsed by those exposed to WhyWeRise: Those exposed to the campaign were more likely to believe that a person with mental illness can eventually recover. However, no differences were identified for the other items assessing negative beliefs about mental health challenges, for the social distance measures, or for the measures examining intent to conceal a hypothetical future mental health challenge. Among respondents exposed to WhyWeRise, 71 percent agreed that a person with mental illness can eventually

recover, while 60 percent of county residents not exposed to the campaign did so. Seeing mental health challenges as a permanent condition is a common negative stereotype (Evans-Lacko, Henderson, and Thornicroft, 2013), so this may be an important campaign effect. However, it should be kept in mind that the difference may have emerged by chance, given the large number of items tested and no other differences observed for other stigma-related measures.

Those who saw or heard a WhyWeRise message were more likely to agree that they can recognize the signs that someone may be experiencing a mental health problem and were more likely to say they plan to take action to prevent discrimination against those experiencing mental illness. Agreement with two of the six items assessing mobilization against barriers to mental health differed among those exposed and unexposed to the campaign. Fifty-four and 52 percent of those exposed to the campaign agreed with these items, respectively, compared with 39 percent and 40 percent of those unexposed.

Well-Being

We did not observe any association between exposure to WhyWeRise and the three well-being indicators of loneliness, hopefulness, and social support (see Table 4). About 36 percent of residents were lonely, 77 percent were hopeful, and 84 percent get the social and emotional support they need, regardless of campaign exposure, suggesting that the messages (including images with the text “Resources. Help. Hope.”) did not bolster perceptions of support and hope substantially over the long term, in spite of residents indicating that the ads made them feel connected, supported, and hopeful. It may be too much to expect that the

TABLE 4
Associations Between Campaign Exposure and Well-Being Indicators

Indicator	Percentage of Respondents Agreeing	
	Unexposed	Exposed
Lonely	37	36
Hopeful about the future	74	80
Get the social and emotional support I need	84	83

social marketing of WhyWeRise would affect well-being in the context of such factors as unemployment, school closings, and pandemic illness.

WhyWeRise Summary and Conclusions

The fall 2020 WhyWeRise campaign reached an impressive percentage of Los Angeles County adults: approximately one in two. The campaign was effective in reaching all major racial/ethnic groups in the county, particularly Spanish-preferring Hispanic residents and those with lower income and less education. Reach to these groups provides the potential to close gaps in mental health resource use and deliver services to some of those most in need. Los Angeles County residents were exposed to the campaign via both major forms of outreach: broadcast media (television and radio ads) and outdoor ads. The majority of individuals reached by the campaign found it beneficial. They agreed it made them feel their mental health was important and provided new information on how to get mental health help.

We found that survey respondents exposed to the campaign were nearly twice as likely to be aware of the information and resources offered by LACDMH. The campaign was also effective in driving those exposed to the LACDMH website and Help Line, as intended. Those exposed to the campaign were more than twice as likely to use these services as those who were not exposed, although overall rates of use for both resources were low. Among those exposed, 8 percent reported visiting the LACDMH website. This is the same percentage observed among survey respondents ages 26 or older in our evaluation of the LACDMH COVID-19 campaign, which was done about one year prior to this report's publication (Collins, Eberhart, Shearer, et al., 2021). The numbers may not be comparable because the current survey also included adults ages 18 to 25 and because characteristics of the pandemic—and perhaps stress levels—have changed over time. Either factor may have affected the need for the website resource among county residents.

An even smaller percentage of respondents used the LACDMH Help Line (2 percent). Both the website and the helpline provide important information on LACDMH services that might be useful to many residents. However, we might anticipate that only a small

subset of the Los Angeles County population—those with greater needs—would access them. Those who have no mental health issues and those who prefer to use other (e.g., private) resources might not use the website even if exposed to the campaign. Furthermore, the small percentages who accessed these resources represent large numbers at the population level—roughly 800,000 county residents using the website and 200,000 using the helpline. Increasing these rates would nonetheless be helpful in closing the gap between the percentage of county residents experiencing psychological distress and the percentage accessing treatment (Collins, Eberhart, Shearer, et al., 2021).

We had made these same points in our evaluation of the LACDMH COVID-19 campaign (Collins, Eberhart, Shearer, et al., 2021) and suggested that Los Angeles County feature the LACDMH website address and Help Line number more prominently in its outdoor and print images instead of in broadcast media, where such details are harder to process and memorize. County staff did so in the materials evaluated in this report, but it does not appear to have increased uptake.

Another parallel to the COVID-19 campaign evaluation was observed: In spite of respondents feeling supported as a result of the campaign ads, the campaign does not appear to have elevated feelings of well-being. Increases in hope and social support and reductions in loneliness may require more time and perhaps intervention that goes beyond messaging. The WeRise events (evaluated separately below) are intended to offer opportunities to connect with other community members and provide rich information and healing experiences going beyond what exposure to WhyWeRise social marketing campaign materials can offer.

Finally, the campaign seemed to have little influence on residents' attitudes and beliefs about mental health challenges and those who experience them. There was little or no association between exposure to campaign materials and mental illness stigma. Stigma reduction was not a key goal in 2020, although it has been a central aspect of WhyWeRise in other years and is considered a major barrier to mental health service use (Wong et al., 2018).

Limitations in our evaluation design mean that we cannot confirm causality. The attitudes

and knowledge of those exposed to the campaign are more consistent with campaign goals than the attitudes of respondents who were unexposed, but this might be because individuals interested in or experiencing mental health issues are more likely to take note of and remember campaign materials. Our measure of exposure requires this attention and recall, not just exposure per se. Nonetheless, the pattern observed is consistent with what we would expect if the messages are effective, and respondents reported perceptions of the messages that are consistent with this interpretation. What evidence we have from this survey of Los Angeles County residents suggests that the fall 2020 WhyWeRise campaign effectively reached and supported substantial percentages of county residents at a time when they were experiencing significant challenges to their well-being and that the campaign might have reduced barriers to the use of mental health resources and treatment.

Survey of 2021 WeRise Online Event Attendees

Because of the COVID-19 pandemic, we did not evaluate the 2020 WeRise activities. In 2021, we evaluated the virtual portion of WeRise activities. Maintaining the focus on art, creativity, advocacy, and wellness of prior years, these events included a participatory drum circle; musical performances; speakers and panels addressing stigma, injustices, and other mental health topics; a student leadership conference; yoga classes; Drag Queen Story Hours; and a poetry contest in partnership with Get Lit. Events were live and available for later streaming. The theme was “None of us are well until all of us are well.” We surveyed WeRise attendees to evaluate their demographic characteristics; their perceptions of the events; and their attitudes, beliefs, and intentions to act with regard to mental health challenges.

Method

We provided a link to the online survey to the event organizers, who displayed it during each online event that occurred after the evaluation began on May 13

(the last 16 of the 24 digital events). Organizers estimated that 790 attendees viewed these 16 events. An email with the survey link was also sent at the end of WeRise to an email list of individuals who had expressed interest in WeRise events. Eligibility for the survey was limited to those who were 18 or older and spoke Spanish or English (both the invitation and the survey were provided in those languages). Three surveys were completed in Spanish; the rest were completed in English. We received 197 completed surveys; after we removed surveys that were largely incomplete and surveys in which more than five were submitted from the same IP address or geolocation, 148 surveys were usable. All events took place in May 2021; the survey field period closed on June 6, 2021. Surveys took approximately two minutes to complete. Participants received a \$5 online gift card as an incentive.

Measures

WeRise Awareness

One item showed the WeRise logo and asked respondents whether they saw it at the event. A second asked respondents to identify the goal of WeRise from a set of four possibilities (combat hunger in low-income groups, encourage well-being and healing, promote COVID-19 vaccination, or promote women’s rights).

Demographics

The survey measured gender (male, female, non-binary, other), age (18–24, 25–34, 35–49, 50–64, 65+), and race/ethnicity (White/Caucasian, Latino/Hispanic, Black/African American, Asian/Pacific Islander, American Indian/Native American).

Perceptions of the WeRise Event

We used five campaign-specific items to assess perceptions of the event and their alignment with WhyWeRise goals. For example, “The event connected you with information and resources to support your own and others’ well-being” and “The event made you feel more connected to community.” Participants indicated the extent of agreement on a five-point scale (*strongly agree* to *strongly disagree*) for all five items; items were recoded to reflect any agreement versus none.

Mental Health–Related Attitudes and Beliefs

Seven items were used to assess endorsement of key goals and beliefs targeted by WeRise. The 2021 WeRise theme “None of us are well until all of us are well” was included among these, as was the item “The Los Angeles County Department of Mental Health is here for me if I need help.” The remaining five items measured constructs about LACDMH resources, stigma, barriers to mental health treatment, advocacy, and hope. These items were used in a statewide survey of a representative sample of California adults for an evaluation of the Each Mind Matters campaign (Collins, Wong, Roth, et al., 2015). For each item, we measured the extent of agreement on a five-point scale (*strongly agree to strongly disagree*) and recoded responses to reflect any agreement versus none. We also employed one previously validated item that assesses stigma related to mental health challenges and their treatment (Collins, Wong, Roth, et al., 2015): “Imagine you had a problem that needed to be treated by a mental health professional. Would you put off seeking treatment for fear of letting others know about your mental health problem?” Responses were made on a four-point scale (*yes definitely would to no definitely would not*) and recoded to indicate those who definitely or probably would delay treatment.

Analysis

We report univariate and bivariate analyses and significance tests.

Results

Of the 148 usable surveys received, 65 were from attendees of a single event: a student leadership conference. The remaining 83 were distributed fairly evenly across the other events. Preliminary tests were conducted to determine the influence of the large number of conference attendee responses on our findings. Those attending the student leadership conference gave significantly different responses to nearly every survey item, even after correcting for demographic differences between conference attendees versus those attending other events. For this reason, we present results for this event separately from results for all other events.

Characteristics of WeRise Attendees

Data on the characteristics of those who completed the survey can be seen in Table 5. Although we cannot know to what extent they reflect the characteristics of all attendees at WeRise online events, they suggest that the audience for most events included strong representation of Hispanic residents and non-Whites, who together made up 80 percent of the audience at the other events. Audiences for most events also spanned a wide age range, although a preponderance were in their 30s and 40s. Most of them were female. In contrast, the student leadership conference attracted an audience that included more non-Hispanic whites than other groups; more than half were male, and more than one in three were under 24 years of age.

TABLE 5
Characteristics of WeRise Events Participants

Characteristics	Student Leadership Conference (%)	Other WeRise Events (%)
Age		
18–24	37	14
25–34	29	22
35–49	22	41
50+	12	23
Gender		
Male	63	18
Female	29	78
Nonbinary	8	4
Other		
Race/ethnicity		
Hispanic	11	39
Non-Hispanic White	43	21
Non-Hispanic Black	22	14
Non-Hispanic Asian	9	21
Non-Hispanic Native American	14	1
Multiple race/ethnicities	2	4

NOTE: Percentages are rounded and might not sum to 100.

Perceptions of the WeRise Events

Perceptions of the events were very positive, with the vast majority saying the event they attended connected them with resources and community, empowered them to take care of their well-being, helped them heal, and showed the healing power of creative expression (Table 6). This is strong support for the events fulfilling their WeRise goals. For events other than the leadership conference, the strongest positive responses related to empowerment and healing through creativity. Responses were somewhat more tempered for the student leadership event, but they were still quite positive. For this event, the most common responses were help with healing from the stress of the pandemic and racial injustice and healing through creativity.

Awareness of WeRise

Nearly all (94 percent) of those attending an event other than the leadership conference remembered seeing the WeRise logo, and 86 percent of those attending the leadership conference did so. This is evidence of strong branding for the online events, which can help to tie participants to other WeRise events and WhyWeRise messaging before and after the event.

Importantly, nearly all participants (95 percent of those attending an event other than the leadership conference and 73 percent of conference attendees) also correctly identified WeRise as a campaign to encourage well-being and healing.

Mental Health–Related Attitudes and Beliefs

The attitudes of attendees at most events were overwhelmingly positive and generally only somewhat less positive for those participating in events other

than the leadership conference (Table 7). Ninety-five percent of those attending most events agreed with the WeRise slogan for 2021 “None of us are well until all of us are well.” Nine in ten of those event attendees said that they knew how to find mental health resources, and eight in ten agreed that LACDMH is there for them if they need help. Consistent with the themes of the events and WhyWeRise more broadly, 90 percent or more also agreed that they were hopeful about the future and that seeking help for mental health problems is a sign of strength.

The community mobilization aspect of WeRise also appears to have remained in play in 2021: 90 percent said they had the power to change practices around mental health issues, and 94 percent planned to break down barriers to treatment.

Agreement with these ideas and awareness of LACDMH resources and support was less prevalent among those attending the student leadership conference, though still strong. Seventy percent to 80 percent of them agreed with each item.

One item in the survey focused on stigma and its association with treatment-seeking. **When asked whether, if they were to experience a mental health problem, they would delay seeking treatment out of concern over others learning of the issue, one in two of those attending the student leadership conference said that they would, while one in five of those attending other events said they would do so.**

WeRise Events Summary and Conclusions

The WeRise online events appear to have attracted an audience with a wide age range and gender diversity. Not as many minorities participated as are present in the county population, especially Hispanic and

TABLE 6
Perceptions of the WeRise Events

Event Type	Percentage of Adult Attendees Agreeing				
	Connected Me with Resources to Support My Own and Others' Well-Being	Made Me Feel More Connected to Community	Made Me Feel Empowered to Take Care of My Own Well-Being	Helped Me Heal from the Stress of the Past Year (pandemic, racial injustice, etc.)	Showed the Healing Power of Creative Expression
Student leadership conference	74	67	77	84	82
All other events	84	88	93	82	94

TABLE 7

Online Event Attendees' Mental Health–Related Attitudes And Beliefs

Event-Targeted Attitudes and Beliefs	Percentage of Adult Attendees Agreeing	
	Student Leadership Conference	Other WeRise Events
None of us are well until all of us are well.	73	95
I know how to find information or resources to help if I or someone I know experiences a mental health problem.	77	90
The Los Angeles County Department of Mental Health is here for me if I need help.	71	80
Seeking help for mental health problems is a sign of strength.	80	94
I feel hopeful about my future.	73	93
I plan to help break down barriers that keep people with mental health challenges from getting treatment.	75	94
I have the power to change how our communities deal with mental health issues.	72	90
I would put off seeking treatment for fear of letting others know about my mental health problem.	52	21

Asian residents, but there was diversity in attendees' racial and ethnic backgrounds. Most of the attendees who responded to our survey were aware of WeRise branding and the events' goal of encouraging well-being. Perceptions of the events were highly positive and provide strong support for the conclusion that the events fulfilled their WeRise goals. Attendees overwhelmingly reported that they were connected with resources and empowered to take care of their own well-being. Attendees' reports also suggest they embraced the WeRise theme "None of us are well unless all of us are well," as well as the community mobilization aspect of the events. The student leadership event was effective in attracting an audience of more youthful adults but appears to have been somewhat less effective in other regards. It should be kept in mind, however, that those responding to our survey may not be representative of all those attending the events, and we cannot test the causal impact of attending beyond individuals' perceptions. Thus, any conclusions must be cautious.

Finally, we note the fairly high levels of agreement with the item about delaying treatment out of stigma-related concerns among WeRise attendees (20 percent to 50 percent endorsed this response). They suggest that further work in reducing potential self-stigmatization may be needed to improve use of county mental health services, even among these audiences that were otherwise very supportive of those with mental health challenges.

General Conclusion

Overall, we found evidence that the LACDMH fall 2020 WhyWeRise campaign and the spring 2021 WeRise online events successfully reached Los Angeles County residents, especially Hispanic residents and those who are economically and educationally less advantaged. Moreover, they made those reached feel supported and aware of county mental health resources. Los Angeles County residents exposed to the campaign were more likely to be aware of the information and resources offered by LACDMH and to say that LACDMH is available for them if they need help, and those attending most WeRise events overwhelming agreed that they knew of these resources and support.

NOTE

¹ Our measures of exposure have differed from year to year. This is because of shifts in the major forms of campaign outreach and changes in the information available at the time of survey launches compared with implementation time frames. In 2019, 69 percent were reached over the prior six months; in 2018, several weeks after the start of WhyWeRise, we estimated the reach of the campaign as 20 percent of youth (Collins, Eberhart, Marcellino, et al., 2018). All prior exposure metrics are valid but may measure different kinds of exposure or different levels of engagement with the campaign. According to any of these measures, the reach of the campaign was very good in all years.

References

- Collins, Rebecca L., Nicole K. Eberhart, William Marcellino, Lauren Davis, and Elizabeth Roth, *Evaluation of Los Angeles County's Mental Health Community Engagement Campaign*, Santa Monica, Calif.: RAND Corporation, RR-2754-CMHSA, 2018. As of December 3, 2021: https://www.rand.org/pubs/research_reports/RR2754.html
- Collins, Rebecca L., Nicole K. Eberhart, Rachana Seelam, Rebecca De Guttry, and Matthew L. Mizel, *2019 Evaluation of Los Angeles County's WhyWeRise Mental Health Campaign*, Santa Monica, Calif.: RAND Corporation, RR-4441-CMHSA, 2020. As of December 3, 2021: https://www.rand.org/pubs/research_reports/RR4441.html
- Collins, Rebecca L., Nicole K. Eberhart, Amy L. Shearer, Elicia M. John, and Elizabeth Roth, *Evaluation of Los Angeles County's COVID-19 Mental Health Campaign*, Santa Monica, Calif.: RAND Corporation, RR-875-1, 2021. As of December 3, 2021: https://www.rand.org/pubs/research_reports/RRA875-1.html
- Collins, Rebecca L., Shelley E. Taylor, Joanne V. Wood, and Suzanne C. Thompson, "The Vividness Effect: Elusive or Illusory?" *Journal of Experimental Social Psychology*, Vol. 24, No. 1, January 1988, pp. 1–18.
- Collins, Rebecca L., Eunice C. Wong, Joshua Breslau, M. Audrey Burnam, Matthew Cefalu, and Elizabeth Roth, "Social Marketing of Mental Health Treatment: California's Mental Illness Stigma Reduction Campaign," *American Journal of Public Health*, Vol. 109, Supp. 3, June 2019, pp. S228–S235.
- Collins, Rebecca L., Eunice C. Wong, Elizabeth Roth, Jennifer L. Cerully, and Joyce S. Marks, *Changes in Mental Illness Stigma in California During the Statewide Stigma and Discrimination Reduction Initiative*, Santa Monica, Calif.: RAND Corporation, RR-1139-CMHSA, 2015. As of December 3, 2021: https://www.rand.org/pubs/research_reports/RR1139.html
- Eberhart, Nicole K., M. Audrey Burnam, Rachana Seelam, Olena Bogdan, and Joshua Breslau, *Monitoring Californians' Mental Health: Population Surveillance Reveals Gender, Racial/Ethnic, Age, and Regional Disparities*, Santa Monica, Calif.: RAND Corporation, RR-2060-CMHSA, 2018. As of December 3, 2021: https://www.rand.org/pubs/research_reports/RR2060.html
- Evans-Lacko, Sara, Claire Henderson, and Graham Thornicroft, "Public Knowledge, Attitudes and Behaviour Regarding People with Mental Illness in England 2009–2012," *British Journal of Psychiatry*, Vol. 202, No. S55, April 2013, pp. S51–S57.
- Gaebel, Wolfgang, Wulf Rössler, and Norman Sartorius, eds., *The Stigma of Mental Illness—End of the Story?* New York: Springer, 2016.
- Hornik, Robert C., ed., *Public Health Communication: Evidence for Behavior Change*, Philadelphia, Pa.: Routledge, 2002.
- Hughes, Mary Elizabeth, Linda J. Waite, Louise C. Hawkey, and John T. Cacioppo, "A Short Scale for Measuring Loneliness in Large Surveys: Results from Two Population-Based Studies," *Research on Aging*, Vol. 26, No. 6, November 2004, pp. 655–672.
- Ichinose, Daniel Kikuo, Wingshan Lo, Sara Sadhwani, Karin Wang, and Nancy W. Yu, *L.A. Speaks: Language Diversity and English Proficiency by Los Angeles County Service Planning Area*, Asian Pacific American Legal Center of Southern California, undated. As of December 13, 2021: <http://yarnpolitik.org/website/wp-content/uploads/2014/06/la-speaks-final-031908.pdf>
- Jorm, Anthony F., Helen Christensen, and Kathleen M. Griffiths, "Changes in Depression Awareness and Attitudes in Australia: The Impact of *Beyondblue: The National Depression Initiative*," *Australian and New Zealand Journal of Psychiatry*, Vol. 40, No. 1, January 2006, pp. 42–46.
- Kessler, Ronald C., Peggy R. Barker, Lisa J. Colpe, Joan F. Epstein, Joseph C. Gfroerer, Eva Hiripi, Mary J. Howes, Sharon-Lise T. Normand, Ronald W. Manderscheid, Ellen E. Walters, and Alan M. Zaslavsky, "Screening for Serious Mental Illness in the General Population," *Archives of General Psychiatry*, Vol. 60, No. 2, February 2003, pp. 184–189.
- Nisbett, Richard E., and Timothy DeCamp Wilson, "Telling More Than We Can Know: Verbal Reports on Mental Processes," *Psychological Review*, Vol. 84, No. 3, May 1977, pp. 231–259.
- SAS/STAT Software, Version 9.4 (TS1M6) of the SAS System for Linux, SAS Institute Inc., 2016.
- Walker, Elizabeth Reisinger, Janet R. Cummings, Jason M. Hockenberry, and Benjamin G. Druss, "Insurance Status, Use of Mental Health Services, and Unmet Need for Mental Health Care in the United States," *Psychiatric Services*, Vol. 66, No. 6, June 2015, pp. 578–584.
- Wong, Eunice C., Rebecca L. Collins, Joshua Breslau, M. Audrey Burnam, Matthew Cefalu, and Elizabeth A. Roth, "Differential Association of Stigma with Perceived Need and Mental Health Service Use," *Journal of Nervous and Mental Disease*, Vol. 206, No. 6, June 2018, pp. 461–468.
- Wyllie, Allan, and James Lauder, *Impacts of National Media Campaign to Counter Stigma and Discrimination Associated with Mental Illness: Survey 12: Response to Fifth Phase of Campaign*, Auckland, New Zealand: Phoenix Research, June 2012.

About This Report

WhyWeRise is a social marketing campaign conducted by the Los Angeles County Department of Mental Health (LACDMH) that is focused on prevention of and early intervention for mental health challenges among county residents. The primary aim of the fall 2020 WhyWeRise campaign was to continue to raise awareness of resources available to support mental health in Los Angeles County, increase perceptions of support, and foster feelings of hope and connection. WhyWeRise includes WeRise events each spring. Because of the coronavirus disease 2019 pandemic, WeRise events in 2021 were held both online and in person.

LACDMH and the California Mental Health Services Authority (CalMHSA) commissioned the RAND Corporation to conduct an evaluation of the reach and impact of the fall 2020 WhyWeRise campaign and the 2021 WeRise online events. Surveys found that WhyWeRise successfully reached Los Angeles County residents, especially Hispanic residents and those who are economically and educationally less advantaged. Those whom the campaign materials reached agreed that the materials made them feel that their mental health was important. Los Angeles County residents exposed to the campaign were more likely to be aware of the information and resources offered by LACDMH and to say that LACDMH is available for them if they need help. Those who attended WeRise online events said they felt empowered by the events, connected to community, and hopeful about the future. They also said that they knew where to find mental health resources.

Funding

This research was funded by CalMHSA and carried out within the Access and Delivery Program in RAND Health Care.

RAND Health Care

RAND Health Care, a division of the RAND Corporation, promotes healthier societies by improving health care systems in the United States and other countries. We do this by providing health care decisionmakers, practitioners, and consumers with actionable, rigorous, objective evidence to support their most complex decisions. For more information, see www.rand.org/health-care, or contact

RAND Health Care Communications
1776 Main Street
P.O. Box 2138
Santa Monica, CA 90407-2138
(310) 393-0411, ext. 7775
RAND_Health-Care@rand.org

CalMHSA

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.



The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest.

Research Integrity

Our mission to help improve policy and decisionmaking through research and analysis is enabled through our core values of quality and objectivity and our unwavering commitment to the highest level of integrity and ethical behavior. To help ensure our research and analysis are rigorous, objective, and nonpartisan, we subject our research publications to a robust and exacting quality-assurance process; avoid both the appearance and reality of financial and other conflicts of interest through staff training, project screening, and a policy of mandatory disclosure; and pursue transparency in our research engagements through our commitment to the open publication of our research findings and recommendations, disclosure of the source of funding of published research, and policies to ensure intellectual independence. For more information, visit www.rand.org/about/principles.

RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. **RAND**® is a registered trademark.

Limited Print and Electronic Distribution Rights

This publication and trademark(s) contained herein are protected by law. This representation of RAND intellectual property is provided for noncommercial use only. Unauthorized posting of this publication online is prohibited; linking directly to its webpage on rand.org is encouraged. Permission is required from RAND to reproduce, or reuse in another form, any of its research products for commercial purposes. For information on reprint and reuse permissions, please visit www.rand.org/pubs/permissions.

For more information on this publication, visit www.rand.org/t/RR-A875-2.

© 2022 RAND Corporation

www.rand.org