Baseline Survey of Perceptions of Behavioral Health

John Oetzel, Ph.D., MPH & Virginia McDermott, Ph.D.
Department of Communication and Journalism
University of New Mexico
October 23, 2008
Recognition and Appreciation:

New Mexico Behavioral Health Collaborative

University of New Mexico
Dept. of Communication & Journalism

University of New Mexico’s
Department of Psychiatry
Center for Rural & Community Behavioral Health
To conduct a baseline survey of perceptions of behavioral health in New Mexico

- Identify key attitudes and perceptions that are associated behavioral health stigma

- Identify key factors to consider for future campaign work
Health Belief Model (pp. 11-12)
Phases to the project
Phases I: Creating survey (p. 10)

- Generated questions about each topic in the model
  - Researchers from Communication, Psychiatry, and Social Work created questions
  - Met with representatives from Parents of Behaviorally Different Children who suggested questions
  - Used existing surveys
Phase II: Focus Groups (pp. 13-14)

- Goal: Understand general perceptions of behavioral health and test the survey
  - 6 groups (64 people)
    - 2 consumer and family focus groups
      - Las Cruces and Albuquerque
    - 4 community focus groups
      - Las Cruces, Albuquerque, Roswell, and Farmington
Phase III: Pilot Test (p. 15)

- Purpose: to eliminate items and confirm scales
- 144 participants

- Original 175-item survey was reduced by experts to 100 items, then reduced to 90 in focus group, and then reduced to 75 with testing.
Phase IV: Survey (pp. 16-18)

- 490 via telephone
  - Random digit dialing of home phones
  - Approximately 12-15 minutes to complete

- 185 paper/pencil
  - UNM-Albuquerque and UNM-Gallup students
  - Approximately 8-10 minutes to complete
### Demographics of the Survey (p. 19)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Telephone Sample</th>
<th>Pencil-Paper Sample</th>
<th>Total N=675</th>
<th>New Mexico Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>39.10%</td>
<td>33.00%</td>
<td>37.50%</td>
<td>49.40%</td>
</tr>
<tr>
<td>Female</td>
<td>60.60%</td>
<td>66.50%</td>
<td>62.50%</td>
<td>50.60%</td>
</tr>
<tr>
<td>18/20-24</td>
<td>3.50%</td>
<td>70.10%</td>
<td>21.50%</td>
<td>9.20%</td>
</tr>
<tr>
<td>25-34</td>
<td>11.80%</td>
<td>14.10%</td>
<td>12.70%</td>
<td>18.20%</td>
</tr>
<tr>
<td>35-44</td>
<td>14.90%</td>
<td>7.60%</td>
<td>13.00%</td>
<td>21.80%</td>
</tr>
<tr>
<td>45-54</td>
<td>23.30%</td>
<td>7.10%</td>
<td>18.70%</td>
<td>19.00%</td>
</tr>
<tr>
<td>55-64</td>
<td>24.90%</td>
<td>0.50%</td>
<td>18.20%</td>
<td>12.30%</td>
</tr>
<tr>
<td>65 and older</td>
<td>20.20%</td>
<td>0.50%</td>
<td>14.80%</td>
<td>16.50%</td>
</tr>
</tbody>
</table>
### Demographics (cont)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Telephone Sample (N=490)</th>
<th>Pencil-Paper Sample (N=185)</th>
<th>Total (N=675)</th>
<th>New Mexico Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>59.00%</td>
<td>38.90%</td>
<td>53.50%</td>
<td>42.20%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>25.90%</td>
<td>31.40%</td>
<td>27.40%</td>
<td>44.00%</td>
</tr>
<tr>
<td>Native American</td>
<td>2.20%</td>
<td>21.60%</td>
<td>7.60%</td>
<td>9.60%</td>
</tr>
<tr>
<td>African American</td>
<td>1.20%</td>
<td>2.70%</td>
<td>1.60%</td>
<td>2.80%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2.40%</td>
<td>1.10%</td>
<td>2.10%</td>
<td>1.30%</td>
</tr>
<tr>
<td>Other/No Answer</td>
<td>9.20%</td>
<td>4.30%</td>
<td>8.60%</td>
<td></td>
</tr>
</tbody>
</table>
## Demographics (cont.)

<table>
<thead>
<tr>
<th>Education</th>
<th>Telephone Sample N= 490</th>
<th>Pencil-Paper Sample N=185</th>
<th>Total N=675</th>
<th>New Mexico Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some HS</td>
<td>3.10%</td>
<td>2.70%</td>
<td>3.00%</td>
<td>18.50%</td>
</tr>
<tr>
<td>HS Grad/GED/Tech Cert.</td>
<td>24.20%</td>
<td>27.60%</td>
<td>25.00%</td>
<td>27.70%</td>
</tr>
<tr>
<td>Some college</td>
<td>29.60%</td>
<td>61.60%</td>
<td>38.40%</td>
<td>21.30%</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>26.70%</td>
<td>5.90%</td>
<td>21.00%</td>
<td>14.40%</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>16.30%</td>
<td>2.10%</td>
<td>12.00%</td>
<td>10.90%</td>
</tr>
</tbody>
</table>
Alicia is 24 years old and working in a shop. For the last few weeks, she has been feeling unusually sad and anxious. She is physically and emotionally tired all the time, and most nights she has trouble sleeping. She becomes angry more easily than usual and some days she feels slower, sad, and hopeless. Alicia doesn't feel like eating and has lost weight. Even day-to-day tasks seem too much for her and she puts off making decisions. Generally, people with Alicia’s symptoms are diagnosed with major depression.
Vignette Modifications

- Alicia/Daniel

- 24/38/57

- Major depression, schizophrenia, panic disorder, drug dependence, alcohol dependence
Results and Recommendations
So what do we do?: Six steps

- Consider audience
- Consider diagnosis
- Consider the model of change
- Consider message development
- Develop the campaign
- Evaluate the campaign
Step 1: Consider the Target Audience

- Overall, results demonstrate more similarities than differences (pp. 51-56)
Step 1 (con’t)

- A few nuances, but not on the most important variables:
  - **Education**: In general, the less formal education, the more negative the attitudes and beliefs and the less self-efficacy.
  - **Race/ethnicity**: Native Americans tended to report more stereotypes, perceive people with mental health disorders as more of a threat and more in control of their disorder than Hispanics who were more than Whites.
Step 1 (con’t)

- **Age**: Oldest perceive fewer benefits (Should we treat people with mental health disorders equitably?) and less seriousness (Is mental health a serious problem?) than youngest;
- **Sex**: Men have higher contagion beliefs (Can we “catch” the disorder from others?) and perceived responsibility/control than women.
Step 1 (con’t)

- Bottom line: There does not appear to be differences in attitudes and beliefs that need to be addressed in the campaign.
Step 2: Consider the Diagnosis

- Not all diagnoses are the same
- By far, the strongest factor for differences in attitudes and beliefs is for the type of diagnosis.
In general, the order of diagnoses with the most negative attitudes/beliefs is:

- drug dependence
- alcohol dependence,
- schizophrenia,
- major depression
- panic disorder (pp. 49-51).
Step 2 (cont)

- Focus groups, especially community groups, reported negative aspects for mental health disorders (p. 20)
- Negative aspects are “imbalances” “deviations” and “inabilities”
- Positive aspect is creativity
Step 2 (con’t)

However, the survey indicates differences in the level of stigma for these disorders from most to least (p. 48):

- Co-occurring disorders
- Schizophrenia
- Drug dependence
- Alcohol dependence
- Bi-polar disorder
- Learning disability
- Eating disorders
- Depression
- Anxiety
- Traumatic brain injury
Step 3: Health Belief Model

- Focus groups emphasize need for systematic education (pp. 23-24)
- Reducing stigma is complex and requires a sound health model
- Increase in efficacy is key to create change in behaviors (people have to believe they have the skills and readiness to change)
Step 3 (con’t)

- Top four attitudes/beliefs to increase efficacy
  - Willingness to help
  - Knowing people with mental health disorders
  - Perceiving the problem is serious
  - Perceiving low barriers/costs in addressing the problem
Step 4: Craft Messages

Willingness to help

- Participants reported a relatively high level of willingness to help.
- Messages that emphasize supporting friends and neighbors will likely work well.
- A campaign slogan from the focus group “Let’s come together..” might fit this attitude (p. 24).
Familiarity with people with mental health disorders

- Participants report only a moderate level of familiarity (interpersonal contact)
- Messages that tell stories about real people with mental health disorders and make these people likeable will help people feel that they know someone.
- This message fits well with the focus group emphasizing the need to show people living productive lives (p. 24).
Step 4 (cont.)

Is the problem serious?

- Participants perceive a moderate level of seriousness.
- Messages that emphasize the importance of these issues may be beneficial (statistics + stories to show impact on families).
- However, there is a double-edged sword.
  - The DWI campaign “You drink, you drive, you lose” appears to have been effective at increasing awareness of seriousness toward drinking and driving, but it may have had an intended consequence of increasing stigma toward alcohol dependence.
Step 4 (cont)

Perceive too much money spent (bad for self-efficacy)

- Participants report relatively low perceived costs toward addressing mental health disorders.

- Messages that teach people how “a few cents can provide the needed services” may be helpful in further enhancing this belief.

- One slogan from the focus groups was “Give us a chance” which fits well with a low perceived cost (p. 24)
The term “behavioral health” is not familiar to most community members (p. 20)
- Only 50% knew what it meant
- Focus groups participants want messages that are (p. 24)
  - Positive
  - Family oriented
  - Duty and responsibility oriented
  - Opportunistic: Give us a chance
Step Five: Professional Media Campaign

- Professional products
- Multiple media channels (TV was most preferred in focus groups)
- Focus groups during initial launch ensures you are keeping on track
Step Six: Evaluate Campaign

- Post-campaign evaluations
  - Immediately at end
  - Few months later
- Compare to baseline assessments
Contact Information

John Oetzel, Ph.D.  
Dept. of Communication & Journalism  
MSC03 2240  
1 University of New Mexico  
Albuquerque, NM  87131  
joetzel@unm.edu  
505-277-1905

Virginia McDermott, Ph.D.  
Dept. of Communication & Journalism  
MSC03 2240  
1 University of New Mexico  
Albuquerque, NM  87131  
ginnymcd@unm.edu  
505-277-5305