

UNIVERSITY OF WISCONSIN-LA CROSSE

Graduate Studies

A SOCIAL MARKETING CAMPAIGN TO EDUCATE UNIVERSITY OF
WISCONSIN-LA CROSSE STUDENTS ABOUT SIGNS OF EMOTIONAL
DISTRESS AND COMMUNITY MENTAL HEALTH RESOURCES

A Chapter Style Project Report Submitted in Partial Fulfillment of the Requirements for
the Degree of Master of Public Health in Community Health Education

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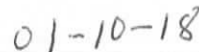
By: Nicole Lundgren

We recommend acceptance of this project report in partial fulfillment of the candidate's requirements for the degree of Master of Public Health in Community Health Education.

The candidate has met all of the project completion requirements.



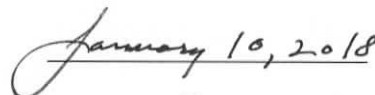
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SECTION I: INTRODUCTION

Overview

The Campaign to Change Direction is a national awareness campaign that was started by Barbara Van Dahlen, a psychologist in the Washington D.C. area. The initiative was inspired by a conversation about mental health held at the White House in 2013 after the tragic shootings at Sandy Hook Elementary in Newtown, Connecticut. According to the national steering committee for the Campaign to Change Direction, the conversation mostly centered on the fact that, “despite the resources available for mental health, there is a need to improve coordination and collaboration. There are also cultural obstacles that prevent those in need from seeking the care they deserve” (Van Dahlen et al., 2013, para. 5).

Van Dahlen originally created a non-profit organization in 2005 called Give an Hour, whose mission is “to harness the expertise of volunteer mental health professionals that are capable of responding to acute and chronic conditions that arise in our society” (Van Dahlen, 2005). Give an Hour currently is dedicated to providing mental health support to military personnel and the families affected by their time of service. On top of providing counseling to individuals, families, couples, children, and adolescents, the providers work to reduce the stigma of mental illness.

After the discussion held at the White House, Barbara Van Dahlen saw the need to not only help those who serve in the military and their families, but civilian citizens as well. By bringing together concerned citizens, non-profit leaders, and leaders from the private sector, a movement was sparked to address how we can allow people to free themselves and see that their mental health has equal value to their physical health, create

a common language so that people are able to recognize the signs of emotional suffering in themselves and others, and encourage all citizens to care for their mental well-being, as well as the mental well-being of others. When the campaign first launched, there were only 50 partners and now there are over 520; because of these incredible partnerships, over 26 million Americans have been exposed to the five signs of emotional suffering (Van Dahlen, 2016).

The aforementioned partnerships have helped the campaign become widespread in cities all over the U.S. and the campaign currently is being recognized in La Crosse, Wisconsin. I was fortunate to be involved with the Campaign to Change Direction steering committee that was developed in La Crosse, through the work I did at my preceptorship. Specifically, I was asked to develop educational materials to address the five signs of emotional suffering and to offer support and resources for mental health that the students of the University of Wisconsin- La Crosse could utilize.

Statement of the Purpose

According to the Give an Hour foundation (2013):
America is at a crossroads when it comes to how our society addresses mental health. We know that one in five of our citizens have a diagnosable mental health condition, and that more Americans are expected to die this year by suicide than in car accidents. While many of us are comfortable acknowledging publicly our physical suffering, for which we almost always seek help, many more of us privately experience mental suffering, for which we almost never reach out. (<https://www.changedirection.org/about/>).

In light of the mental health crisis in America, the purpose of this project was to educate University of Wisconsin-La Crosse (UWL) students about the five signs of emotional distress and provide them with on-campus, community, and national resources that would offer mental health support for themselves and others. If students are able to

recognize when someone is suffering, they can begin to connect, reach out, offer help, or inspire hope to someone in a time of need. Moreover, if we can begin to dissolve the stigma that surrounds mental illness, then we can begin to have open and honest communication about pain and suffering, and those in need can receive the help they deserve.

Providing an array of resources to students can offer hope for those in need of compassion and a way to reach out for help for those who are not sure where to begin. There has been an influx of college students across the U.S. who are seeking assistance for mental health issues and with the rise of those seeking help, college counseling centers usually are taxed with providing more services with fewer resources. The lack of adequate mental health services on campuses around the U.S. equates to students not receiving the quality care and help they deserve, to include referrals that may assist them. This can impact a wide range of issues including students' quality of life, academic performance, and safety (Wood, 2009).

Providing students with information about the five signs of emotional suffering and a list of comprehensive resources can help improve their mental health because students have plenty of resources to turn to for support. Students also can become more aware of what someone suffering may be experiencing or the outward signs they may be showing, so they can better reach out to someone in need. Making the five signs more visible across campus may reduce any stigma someone may feel surrounding mental illness and may make it easier for an individual to reach out for help.

Rationale

The Campaign to Change Direction steering committee determined a need for me to create educational materials for college students. Students who attend the University of Wisconsin-La Crosse were chosen as the target population for this project because information from the campaign has not been clearly conveyed to college campuses and as a graduate student who attends the University of Wisconsin-La Crosse, I easily could access the population.

More available resources and educational materials were seen as a need because research by Watkins, Hunt and Eisenberg (2011) indicates: (a) an increase in the severity of mental health concerns and demand for services among college students, (b) overall psychosocial differences in today's college student population, (c) changes in the roles of campus counseling centers, and (d) institutional challenges and how institutions respond to those challenges because there has been an increase in the demand for counseling services on college campuses.

One of the most prominent concerns for young adults today is their mental well-being, particularly as they progress through major life events, such as attending college, and as they become increasingly independent. According to Watkins et al. (2011), evidence suggests that the mental health problems of students are more severe now than they have been in the past and that a greater number of students are seeking help. The increase in the number of students who need to be seen by counseling services is met with the challenges and struggles the institutions must deal with to provide enough resources for those students (Watkins et al., 2011).

Creating educational materials about the five signs of emotional distress to be displayed around campus will assist students to express themselves in ways that others can recognize, as well as assist them to identify others who may be suffering. Additionally, the resources provided to students will grant them further opportunities, whether they be in the community or nationally, to explore if someone who works on campus in counseling services is not readily available or if they do not feel comfortable being seen by a mental health professional on campus.

It takes teamwork to handle difficult and complex cases, as well as channels of open communication. Counseling centers play an important consultative, coordinative, and educative role to help campuses cope with the increasing challenges of mental health issues among college students (Watkins et al., 2011). Providing students with alternative resources and educational materials enhances their ability to adequately provide services (Watkins et al., 2011).

LITERATURE REVIEW

Mental Health Issues Among College Students

The increased need for mental health services on college campuses in recent years has been staggering. The changing demographics of college students have led to the need for varying, more comprehensive mental health resources. Matters facing today's students on college campuses include gender issues, violence, career concerns, life changes, stress, rising costs of tuition, and severe psychological disturbances (Wood, 2009). According to Kruisselbrink Flatt (2013), students are now demanding different types of counseling services than were provided in previous decades. In fact, many

college counseling programs have had to change their role from personal counseling to crisis management to meet the acute needs of students in higher education.

In addition to the increase in the amount of students presenting with psychological issues, the types of mental health problems students present with are more serious and complex (Wood, 2009). According to the American College Health Association National College Health Assessment (2006), depression and anxiety are the top two mental health issues facing college students. The assessment also found that almost 70% of women and more than 50% of men had experienced feelings of hopelessness at least once within the last twelve months. In addition, 36% of men and 45% of women had problems functioning due to feelings of depression. Moreover, ten percent of women and nine percent of men seriously had contemplated taking their own lives. Lastly, 49% of students listed stress, anxiety, or depression as the main barrier to stronger academic performance (American College Health Association, 2006). Statistics such as the ones listed above show the need for students to be able to receive immediate interventions.

There are several explanations that can account for the increase in the number of college students who need mental health services. Explanations could include an increase in the number of people seeking a college education, some of whom are poorly prepared for academic demands, juggling work, school and extracurricular activities, and over-protection from parents (Cook, 2007). In a study conducted by Watkins et al. (2011), administrators discussed the notion of societal pressures and how those may result in increased anxiety among current college students. One administrator noted:

Due to the perception that the current millennial population has to be more competitive in order to be successful, they have to achieve, at even higher rates than their predecessors, we see a larger number of students with double majors and a minor – they’re taking on more. The high achieving millennial starts before they even go to preschool, and they bring the same attitudes about achievement to college with them and they haven’t learned how to fail. We’ve taught them how to succeed very well – we haven’t taught them how to fail, and learning to cope with failure is a significant part of adolescence. (p. 325)

The impression given to these young adults that they cannot fail can lead to an array of mental health issues that may be brought on before they even attend college. Once students begin their college careers, mental health disorders may flare up or worsen (Watkins et al., 2011).

Mental Health Literacy

Mental health literacy (MHL) is a multifaceted concept, which can be defined as knowledge and beliefs about mental disorders which aid their recognition, management, or prevention (Jorm, Korten, & Jacomb, 2000). MHL consists of several components, including: (a) the ability to recognize specific disorders or different types of psychological distress, (b) knowledge and beliefs about risk factors and causes of mental health disorders, (c) knowledge and beliefs about self-help interventions, (d) knowledge and beliefs about professional help available, (e) attitudes that facilitate recognition of mental health disorders and appropriate help-seeking, and (f) knowledge of how to seek mental health information (Jorm et al., 2000). Compared with physical health, the general population has limited knowledge of the factors that affect mental health, which

may compromise their ability to recognize mental disorders and seek effective treatment (O'Connor et al., 2014).

Research by Jorm et al. (2000), suggests that if people experience disabling psychological symptoms or have close contact with others who have such symptoms, they will attempt to manage those symptoms. People's symptom-management activities are influenced by their mental health literacy. If successful, these symptom-management activities may lead to a reduction in disabling symptoms and also a change in mental health literacy. The need for the public to have greater mental health literacy is highlighted by the high lifetime prevalence of mental disorders (i.e., up to 50%), which indicates that virtually everyone will either develop a mental disorder or have close contact with someone who has one (Kessler, McGonagle, & Zhao, 1994).

Stigma

National policy makers have identified mental illness stigma as an important barrier to help seeking for mental health. According to Eisenberg, Downs, Golberstein, and Zivin (2009), the majority of adults with mental disorders in the U.S. do not receive mental health care despite the availability of evidence-based treatment. Those who do receive services often delay seeking help or do not adhere to recommended treatment. As stated by Eisenberg et al. (2009), reducing barriers to help seeking has particular significance in college student populations for the following reasons: (a) approximately three-quarters of lifetime mental disorders first occur by age 24, (b) mental health problems early in life are associated with adverse academic, occupational, health, and social outcomes, and (c) colleges provide a unique opportunity to identify, prevent, or

treat mental disorders because campuses often encompass students' residences, social networks, services (e.g., health and counseling services), and activities (e.g., sports teams, extracurricular activities, etc.).

Studies examining people's own stigmatizing attitudes have generally found that higher personal stigma is associated with lower help seeking among adults. For example, Eisenberg et al. (2009) suggest that stigma reduction efforts are more likely to increase help-seeking behavior among college students if they reduce personally held stigmatizing attitudes as opposed to perceptions of what others believe. Programs that decrease stigma can help reduce the attitudes and behaviors that might be barriers to care seeking (Corrigan, 2004).

Efficacy of Social Marketing Campaigns

Several definitions of social marketing exist, but one of the most useful (Andreasen, 1995) describes social marketing as follows:

Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of society. (p. 7)

The rapid proliferation of community-based health education programs has outpaced the knowledge base of behavior change strategies that are appropriate and effective for public health interventions, but principles and techniques of social marketing may help bridge this gap (Lefebvre & Flora, 1988). According to Lefebvre and Flora (1988), studies have pointed to the usefulness of social marketing principles in

formulating and implementing broad-based behavior change programs. They also state that the expansion of health promotion/education activities from those that focus primarily on individuals and small groups to those that target whole communities, segments of society, or entire populations has brought with it the realization that traditional methods may not be as applicable or effective in these larger contexts (Lefebvre & Flora, 1988).

The widespread adoption of social marketing in public health has garnered important successes. According to Grier and Bryant (2005), many government and nonprofit agencies, such as, the Centers for Disease Control and Prevention (CDC), the U.S. Department of Agriculture (USDA), and the U.S. Department of Health and Human Services successfully have used social marketing campaigns to promote behavior change or provide information. Social marketing campaigns provide the best infiltration into the population and the most efficient way for a message to be heard by the greatest number of people (Corrigan, 2011).

The unique feature of social marketing is that it takes learning from the commercial sector and applies it to the resolution of social and health problems (Stead, Gordon, Angus, & McDermott, 2006). In the U.S., social marketing is increasingly being advocated as a core public health strategy to improve health and reduce health inequalities (Stead et al., 2006). According to Stead et al. (2006), social marketing campaigns focus on three key features which include: (a) voluntary behavior change and not coercion or enforcement (b) trying to induce change by applying the principle of exchange (i.e., there must be a clear benefit if change is to occur), and (c) improving individual welfare and society.

SECTION II: METHODS

Procedures

The idea to create educational materials about the five signs of emotional distress and provide mental health resources to students who attend the University of Wisconsin-La Crosse (UWL) first interested me when I began my preceptorship experience with Riverside Corporate Wellness. My mentors, Teresa Pulvermacher and Michelle Pless, allowed me to sit in on the Campaign to Change Direction steering committee meetings once a month; these meetings were held with other business stakeholders in La Crosse, WI. Members of the committee found that it may be beneficial for me, as a student, to create information about the Campaign to Change Direction to disseminate to all students who attend UWL because that population had not been reached.

When I first began looking into creating some of the promotional materials, I reached out to one of the liaisons who works for the Campaign to Change Direction to make sure I had permission to use their logo for my materials. I was allowed to use their logo, but the logo is trademarked so I was not able to edit or tweak it in anyway. I only was allowed to share my messages with their logo. From there, I began exploring different items that could be displayed around campus or given to students for their own personal use. I decided to create a magnet to be distributed among students. In order to create a design for the magnet, I worked with a marketing student intern, who worked for Logistics Health Incorporated (LHI). I sent him the Campaign to Change Direction logo and he assisted me with creating a 3” X 5” horizontal design for the magnet. One hundred magnets were made for the purpose of passing them out during campus events involving mental health. The design for the magnet can be found in Appendix A.

After meeting with my advisor, Dr. Michele Pettit (Associate Professor of Community Health Education and Public Health at UWL), it was decided, that although the magnet would be helpful in spreading my message, it needed to be supplemented with other educational materials. I was advised to meet with the wellness coordinator on campus, Kate Ebert, as well as another graduate student, Christy Prust, who had worked on a social marketing campaign on campus called the *15 for Better Health*. I sought their advice about materials with which students would really connect. After speaking with them, I felt that it was necessary to keep the magnet, but also create slides that could be electronically displayed around campus, and a short video that potentially could be used on UWL's Counseling and Testing website.

Christy had worked closely with an undergraduate marketing student who helped her design the *15 for Better Health*, so she connected us through email to see if he would be willing to help with my designs. The marketing student I worked with was Ryan Borgardt and he graciously helped me create my display slides. I met with him and gave him a copy of the design I was looking for and he took the design and constructed it into a jpg. file so that I could put the layout into Microsoft Publisher. I created five different display slides--one for each sign of emotional distress to include: personality change, agitation, withdrawal, poor self-care, and hopelessness. The display slides were created using Microsoft Publisher and were formatted to fit the dimensions of the display monitors around campus (20" X 11.25"). Each display slide addresses what the sign is and what someone may be exhibiting if they are experiencing that particular sign. All display slides can be found in Appendices B-F.

The video was created using Animoto. The video begins by showing the five faces that represent the five signs of emotional distress and then goes into introducing the Campaign to Change Direction. It then presents each of the five signs separately and discusses what to look for in someone experiencing those signs. The video ends with resources to visit for more information regarding the five signs. A link to the video can be found in Appendix G.

Once my materials were finished, I emailed them to the liaison at the Campaign to Change Direction for approval. When the materials were approved for use, it was time to send them out to be evaluated.

In addition to the aforementioned materials, I put together a list of national, local, and campus mental health resources that can be provided by the UWL Wellness Office and Counseling and Testing Services for students seeking other outlets for help. The list of mental health resources can be found in Appendix H.

Evaluations

The primary evaluation method for my educational materials was a survey that was created through Survey Monkey. One survey was developed for all of the materials, but questions regarding each item were refined and incorporated into the survey. All of the questions were answered using a Likert scale. When a question was asked, participants had the option of choosing between “not at all useful” to “very useful” or “not at all appropriate” to “very appropriate.” Each question had additional space underneath it for comments on how to improve the material if the respondent rated the item less than “very useful” or less than “very appropriate.”

Data from the survey responses were closely reviewed. Furthermore, each comment recorded on the survey was taken into consideration so that I could make modifications to the educational materials in order to develop the best possible products for students. All survey questions can be found in Appendix I.

Project Timeline:

Note: Below is the timeline for completing all aspects of the project. The dates presented indicate when each task or activity was completed.

Project Proposal	October 2016
Conduct Research	Ongoing
Meet with Dr. Pettit	Ongoing
Receive Approval from Campaign to Change Direction to Use Design	November 2016
Create First Designs of Materials	January 2017
Meet with Wellness Coordinator (Kate Ebert) and Graduate Student (Christy Prust)	February 2017
Redesign my Educational Materials	February-April 2017
Create Survey	June 2017
Disseminate Survey	July 2017
Review Responses to Survey and Edit Materials	July 2017
Write Sections I-IV	August-September 2017

SECTION III: FINDINGS

Data Collected from Evaluations

The survey was sent out to 5 individuals who were closely chosen to represent several different entities around campus and who had knowledge about or a background in public health or mental health. The individuals chosen included: one undergraduate public health student (Sarah Creswell), one graduate public health student (Cortney Springer), my project advisor (Michele Pettit), the Wellness Coordinator on UWL’s campus (Kate Ebert), and the Director of the Counseling and Testing Center at UWL (Gretchen Reinders). Once the surveys had been sent out, I waited eight days for responses. Before closing the survey, I made sure to send out reminder emails so I could receive as much feedback as possible. I received responses from 3 individuals.

Likert Scale Questions

The survey included nine questions with 5-point Likert scales. The Likert scale responses varied for each question; see Appendix I for a copy of the survey questions. Overall, the feedback I received was very positive and the three respondents felt that my materials were “very useful” or “very appropriate” for students who attend UWL. The responses I received that were rated less than “very useful” or less than “very appropriate” were followed up with suggestions for improvement in the accompanying comment boxes.

Table 1 depicts the three participants’ responses to the Likert scale questions on the survey.

Table 1. Participant Responses to Questions on Marketing Tools Survey

Question	Participant 1	Participant 2	Participant 3
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Please rate the usefulness of the refrigerator magnet in providing resources that can offer support for mental health to students that attend the University of Wisconsin La Crosse.	Very useful	Very useful	Less than “very useful”
How appropriate do you feel the graphics are for the refrigerator magnet?	Very appropriate	Very appropriate	Less than “very appropriate”
Please rate the usefulness of the Animoto video in adequately providing information about the 5 signs of emotional suffering.	Less than “very useful”	Less than “very useful”	Very useful
How appropriate do you feel the graphics are for the Animoto video?	Less than “very appropriate”	Very appropriate	Less than “very appropriate”
How appropriate do you think the music video <i>Fire Away</i> is for University of Wisconsin La Crosse students in raising awareness about the 5 signs of emotional suffering?	Less than “very appropriate”	Less than “very appropriate”	Very appropriate
How useful do you feel the display slides are in providing sufficient information regarding the 5 signs of emotional distress to students attending the	Less than “very useful”	Very useful	Less than “very useful”

University of Wisconsin La Crosse?			
How useful do you feel the display slides are in providing information pertaining to mental health resources for University of Wisconsin La Crosse students?	Very useful	Very useful	Less than “very useful”
How appropriate do you feel the graphics are for the display slides?	Very appropriate	Very appropriate	Less than “very appropriate”

Some of the suggested edits I received for the refrigerator magnet included changing wording and adding more color to help catch people’s attention. The color scheme could not be changed due to the fact that the design is trademarked. The wording was changed as much as possible without violating rules of the trademark. When looking at the comments section for the Animoto video, suggestions included making the font size larger, editing the background music so it did not overlap with the music video, taking the music video out altogether because the people in the video did not reflect diversity, changing some of the wording, and keeping capitalization consistent. Finally, suggested edits for the display slides included using different wording, incorporating a larger font size, and putting boxes around the faces of the emotions that were highlighted, so students could easily depict which emotions were being described.

After carefully considering all comments and suggestions, I worked diligently to incorporate as much of the feedback into my designs as possible. The only things that were not changed were what I was unable to change due to the trademarked design. Font

sizes were made larger, wording was updated to adequately describe the five signs of emotional suffering, display slide graphics were highlighted to make it easier to depict which emotion was being displayed, and the music video was removed.

SECTION IV: CONCLUSION

Conclusion

Through a review of the literature and the creation of my educational materials, the need for further education and awareness regarding the five signs of emotional suffering is apparent. The literature reveals that mental health issues have become one of the biggest unmet needs of our time and it is important to consider mental health in the same manner as we consider our physical health. On U.S. college campuses, mental health problems are highly prevalent, appear to be increasing, and often are untreated (Lipson, Gaddis, Heinze, Beck, & Eisenberg, 2015). Although someone may be reluctant to seek help initially, staff and students can be effective in getting them help by familiarizing themselves with the five signs of emotional suffering and recognizing those signs in someone struggling.

In order to address the lack of education surrounding the five signs of emotional suffering, social marketing tools were created to help the UWL community recognize the different signs and encourage each other to embrace their mental health, as well as seek help when necessary. The social marketing materials are intended to direct students to mental health resources, which can be accessed on campus, locally, or nationally. They include a magnet, display slides, and a video that accentuates each of the five signs and provides an explanation of what someone may be experiencing if they are displaying one

or more of those signs. These materials are to be used around campus to encourage everyone to look out for each other's mental well-being. They also are to help inspire people to take better care of themselves and not be afraid to reach out for help. The resources are present; people just need to take advantage of them.

Recommendations

After reviewing the literature and creating my educational materials, several recommendations emerged. The first recommendation to consider is that all of my materials were developed for the purpose of educating University of Wisconsin-La Crosse students, so some of the resources provided might not be applicable to other school communities or even to the general public. Also, the magnet, display slides, and video list the Counseling and Testing Center as an option to receive help or more information. This information would need to be changed for another audience. It may be beneficial to adapt these materials in order to provide helpful information and resources for community members, other schools and colleges/universities in the La Crosse region, or even health-related organizations (e.g., hospitals, the local health department, rehabilitation centers, veterans' centers). Adapting these materials to address these varying organizations/audiences would require changing some of the resources on the list of mental health resources. It also would require changing or adding other models of information delivery (e.g., social media). An adaption of these educational materials for community members would be beneficial in increasing awareness, discussion, and knowledge about the five signs of emotional distress, which may help decrease some of the stigma surrounding mental illness.

Additionally, the materials should be dispersed throughout UWL's campus.

Before leaving UWL, I did not get the chance to disperse these materials myself, so I will be able to pass along my information in hopes that another student will take on the task or create a graduate project out of spreading this important message to all students on campus. This student potentially could make it a community-wide initiative and edit the materials to include the general public, other schools throughout the community, or the recommended health-related organizations listed above.

Finally, the materials should continually be dispersed around campus each year with any edits or changes that may need to be made according to current trends. If the resources provided change or are updated in any way (i.e. phone numbers, web addresses, or emails) this should be taken into account and the necessary changes should be made to accurately keep students informed. Also, language for the five signs of emotional distress or the symptoms associated with the signs of distress may need to be altered to reflect the needs of different audiences.

REFERENCES

- American College Health Association (2007, August). *American College Health Association National College Health Assessment (ACHA-NCHA)* Retrieved from http://www.acha-ncha.org/data_highlights.html.
- Andreasen, A. (1995). *Marketing social change: changing behavior to promote health, social development, and the environment*. San Francisco, Jossey-Bass.
- Cook, L. J. (2007). Striving to help college students with mental health issues. *Journal of Psychosocial Nursing*, 45(4), 40-44.
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625.
- Corrigan, P. W. (2011). Best practices: Strategic stigma change (SSC): Five principles for social marketing campaigns to reduce stigma. *Psychiatric Services*, 62(8), 824-826.
- Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, 1-20. doi:10.1177/1077558709335173
- Give An Hour. (2013). *The Campaign to Change Direction*. Retrieved from <http://www.changedirection.org/>
- Grier, S., & Bryant, C. (2005). Social marketing in public health. *Annual Review of Public Health*, 26, 319-339.
- Jorm, A. F., Korten, A. E., & Jacomb, P. A. (2000). Mental health literacy-public knowledge and beliefs about mental disorders. *The British Journal of Psychiatry*, 177(5), 396-401.
- Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshleman, S., Kendler, K. S. (1994, January). *Lifetime and 12-month prevalence of DSM-III-R*

psychiatric disorders in the United States. Results from the National Comorbidity Survey. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/8279933?access_num=8279933&link_type=MED&dopt=Abstract

Kruisselbrink Flatt, A. (2013). A suffering generation: Six factors contributing to the mental health crisis in North American higher education. *College Quarterly*, 16(1).

Lefebvre, R. C., & Flora, J. A. (1988). Social marketing and public health intervention. *Health Education Quarterly*, 15(3), 299-315.

Lipson, S., Gaddis, M., Heinze, J., Beck, K., & Eisenberg, D. (2015). Variations in student mental health and treatment utilization across US colleges and universities. *Journal of American College Health*, 63(6), 388-396.

O'Connor, M., Casey, L., & Clough, B. (2014). Measuring mental health literacy: A review of scale-based measures. *Journal of Mental Health*, 23(4), 197-204.

Stead, M., Gordon, R., Angus, K., & McDermott, L. (2006). *A systematic review of social marketing effectiveness*. Retrieved from http://oro.open.ac.uk/20473/2/Ross_et_al.pdf

Watkins, D. C., Hunt, J. B., & Eisenberg, D. (2011). Increased demand for mental health services on college campuses: Perspectives from administrators. *Qualitative Social Work: Research and Practice*, 11(3), 319-337.
doi:10.1177/1473325011401468

Wood, M. (2009). The state of mental health on college campuses. *The Journal of the Virginia Community Colleges*, 5-15.

APPENDIX A

MAGNET



(Actual size is 3" X 5")

APPENDIX B

DISPLAY SLIDE 1 (AGITATED)

know the five signs.



AGITATED

1. Uncharacteristically angry, moody or anxious
2. Frequently loses temper
3. Irritable and unable to calm down
4. Trouble with sleep or becoming upset over minor issues.

#ChangeMentalHealth

www.changedirection.org

www.greatrivers211.org

www.uwlax.edu/counseling

(Actual size is 20" X 11.25")

APPENDIX C

DISPLAY SLIDE 2 (HOPELESSNESS)

know the five signs.



HOPELESSNESS

1. Overwhelmed by circumstances
2. Once optimistic, now can't be hopeful about anything
3. Suffering extreme or prolonged grief
4. Feelings of worthlessness or guilt
5. Suicidal thoughts

#ChangeMentalHealth

www.changedirection.org

www.greatrivers211.org

www.uwlax.edu/counseling

(Actual size is 20" X 11.25")

APPENDIX D

DISPLAY SLIDE 3 (PERSONALITY CHANGE)

know the five signs.



PERSONALITY CHANGE

1. Sudden changes in the way someone typically behaves
2. Person seems different
3. Behaves in ways that don't fit values

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(Actual size is 20" X 11.25")

APPENDIX E

DISPLAY SLIDE 4 (POOR SELF-CARE)

know the five signs.



POOR SELF-CARE

1. Stops taking care of one's self
2. May abuse drugs/alcohol
3. Engages in risky behavior
4. Alienates loved ones
5. Hygiene deteriorates

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(Actual size is 20" X 11.25")

APPENDIX F

DISPLAY SLIDE 5 (WITHDRAWAL)

know the five signs.



WITHDRAWAL

1. Withdraws or isolates from other people
2. Pulls away from family and friends
3. Stops taking part in activities once enjoyed
4. May begin to miss work or school

#ChangeMentalHealth

www.changedirection.org

www.greatrivers211.org

www.uwlax.edu/counseling

(Actual size is 20" X 11.25")

APPENDIX G

LINK TO ANIMOTO VIDEO

Video Link: <https://www.youtube.com/watch?v=AfKMeTabzTU>

APPENDIX H

LIST OF MENTAL HEALTH RESOURCES

Mental Health Resources

Local (La Crosse, WI) Resources:

Great Rivers 2-1-1.....24 hours/day

Phone Number: 2-1-1 or 800.362.8255

Website: www.greatrivers211.org

La Crosse County Mental Health Crisis Program.....24 hours/day

Phone Number: 608.784.HELP (4357)

Website: <http://www.co.la-crosse.wi.us/humanservices/mental.asp>

Hiawatha Valley Mental Health Center.....24 hours/day

Phone Number: 1.844.274.7472 or 1.844.CRISIS2

Website: <http://www.hvmhc.org/>

Gundersen Behavioral Health.....Phone Number: 608.775.2287

Website: <https://www.gundersenhealth.org/locations/behavioral-health/la-crosse/>

Mayo Clinic-Behavioral Health.....Phone Number: 608.392.9555

Website: <http://www.mayoclinic.org/>

La Crosse Veterans Center.....Phone Number: 608.784.3886

Website: <https://www.tomah.va.gov/locations/LaCrosse.asp>

National Alliance on Mental Illness (NAMI) La Crosse chapter.....

Phone Number: 1.800.273.8255

Website: <https://namilacrossecounty.org>

La Crosse County Human Services Department.....Phone Number: 608.784.HELP

Website: <http://www.co.la-crosse.wi.us/humanservices/integrated.asp>

University of Wisconsin-La Crosse Resources:

Counseling and Testing Center.....Location: 2106 Centennial Hall

Phone Number: 608.785.8073

Website: www.uwlax.edu/counseling-testing

Student Health Center.....Location: 1st Floor, Health Science Center

Phone Number: 608.785.8558

Website: www.uwlax.edu/student-health-center

Campus Safety (Police Services).....Location: 605 17th St. N.

Phone Number: 608.789.9000

Website: www.uwlax.edu/police

National Resources:

The Campaign to Change Direction.....Text: SIGNS to 741741 24 hours/day

Website: <http://www.changedirection.org/>

National Alliance on Mental Illness (NAMI).....Phone Number: 800.950.6264

Website: <https://www.nami.org/>

National Institute of Mental Health (NIMH).....Phone Number: 1.866.615.6464

Live online chat available M-F 8:30a.m. -5p.m. ET

Website: <https://www.nimh.nih.gov/index.shtml>

HOPELINE.....Text: HOPELINE to 839863

Website: <https://hopeline.com/>

ULifeline.....Text START to 741-741

Phone Number: 1.800.273.TALK

Website: <http://www.ulifeline.org/>

Active Minds.....Phone Number: 202-332-9595

Website: <http://www.activeminds.org/>

Bring Change to Mind.....Text HOME to 741741

Phone Number: 800.273.TALK

Website: <http://www.bringchange2mind.org/>

Half of Us.....Text START to 741-741

Phone Number: 800.273.TALK

Website: <http://www.halfopus.com/>

The Jed Foundation.....Text START to 741-741

Phone Number: 1.800.273.TALK

Website: <https://www.jedfoundation.org>

Mental Health America.....Phone Number: 800.969.6642

Website: <http://www.mentalhealthamerica.net/>

SAMHSA.....Phone Number: 1.877.726.4727

Website: <https://www.samhsa.gov/>

U.S. Department of Health and Human Services.....Website: Mentalhealth.gov

APPENDIX I

SURVEY

1. Please rate the usefulness of the refrigerator magnet in providing resources that can offer support for mental health to students that attend the University of Wisconsin La Crosse.

Not at all useful

Very Useful



Comments (If you rated the magnet less than very useful, please describe the reason for your rating and what you would change.)

2. How appropriate do you feel the graphics are for the refrigerator magnet?

Not at all appropriate

Very appropriate



Comments (If you rated the graphics less than very appropriate, please describe the reason for your rating and what you would change).

3. Please rate the usefulness of the Animoto video in adequately providing information about the 5 signs of emotional suffering.

Not at all useful

Very Useful



Comments (If you rated the video less than very useful, please describe the reason for your rating and what you would change).

4. How appropriate do you feel the graphics are for the Animoto video?

Not at all appropriate

Very appropriate



Comments (If you rated the graphics less than very appropriate, please describe the reason for your rating and what you would change).

5. How appropriate do you think the music video *Fire Away* is for University of Wisconsin La Crosse students in raising awareness about the 5 signs of emotional suffering?

Not at all appropriate

Very appropriate



Comments (If you rated the music video less than very appropriate, please describe the reason for your rating and what you would change).

6. How useful do you feel the display slides are in providing sufficient information regarding the 5 signs of emotional distress to students attending the University of Wisconsin La Crosse?

Not at all useful

Very Useful



Comments (If you rated the display slides less than very useful, please describe the reason for your rating and what you would change).

7. How useful do you feel the display slides are in providing information pertaining to mental health resources for University of Wisconsin La Crosse students?

Not at all useful

Very Useful



Comments (If you rated the display slides less than very useful, please describe the reason for your rating and what you would change).

8. How appropriate do you feel the graphics are for the display slides?

Not at all appropriate

Very appropriate



Comments (If you rated the graphics less than very appropriate, please describe the reason for your rating and what you would change).

9. What additional feedback do you have regarding the materials?