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# Health Campaign

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# Health Campaign: Opening communication between parents and children about mental health

# Health Issue

Mental Health is a hot topic for society. We’ve gotten more and more resources devoted to getting people to seek help if needed, but a majority of these resources were dedicated to trying to focus a solution on an older age group instead of trying to jumpstart the process with the younger people. The health issue that this campaign is looking at is suicide in children ages 8-12 and trying to promote open and destigmatized communication between these children and their adult authority figures. When looking at this issue, it continues to grow each year. According to the Center for Disease Control and Prevention (CDC), from 1999 through 2015, 1,309 children ages 5 to 12 took their own lives in the United States. They also noted at 54% spike in the suicides of 11- and 12-year-olds compared to the three years prior (CDC 2015). But suicide in this age group is often a reflex, without realizing the long-term effects of their choices. Many young people are struggling with mental health, but that only addresses the ones who have been diagnosed. According to the CDC, 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder. More than 17 million children in the United States have or have had a diagnosable mental illness, yet most are not treated, according to the first annual Children's Mental Health Report released by the Child Mind Institute (CMI) in New York City. These children are struggling, and many are not getting the help they need, which can translate into suicide. One researcher interviewed 65 elementary school children, ages 6-12, to see what they understand about death and suicide. Only one first grader was familiar with the word “suicide,” but almost all knew what “killing oneself” meant. (Mishara 1998). This research was conducted in 1998, when our society was not as interest savvy as they were today. The fact that 13-year-old are allowed to get social profiles on sites like Facebook, Twitter, SnapChat and Instagram, and now Facebook is even allowing younger people to use Facebook Messenger with parent approval to chat with friends and approved family members. Children have access to internet at home and at school. Many kids over the age of 8 have cell phones, with access to Google. The information that these children can access is startling, and there is no one to discuss mental health, suicide, and many other issues with them in an understanding manner. The hope of this campaign is to improve that. We hope to give strategies and support to open the channels of communication between children and their trusted adult guardian in order to allow them to ask questions, and openly admit to how they are feeling. The stigma of mental health is slowly decreasing but many people feel it is not an acceptable topic for children of this age, but results are showing they are taking action before they can get all the facts. It’s time to give the facts to them in an age appropriate way and give them the understanding they need to accept help.

# Communication Objective

For this campaign, our goal is to promote open lines of communication between parents and children on mental health. We hope by focusing on the aspect of communication itself we can intercept and improve mental illness before this group grows up to face the challenges of high school, college and beyond. For this campaign, our objective is Adolescents will know that mental health and mental illness is nothing to be ashamed of and is commonplace in our society and not something that needs to be hidden from others.

Our goal is that in 10 years, we will reduce the number of adolescent suicides by 20% and within 1 year, 80% of adolescents will report feeling more comfortable about communicating about their mental health at the end of the program.

# Intended Audience

The primary audience for this campaign will be adolescents age 8 to 12 years of age. This population is the main focus instead of trying to focus on ages 5 to 18. We chose a specific group who will have similar situations and easier to create a message that will impact that age window. We will be targeting students from all different economic background for phase one to see how that makes a difference in the impact of the program. Additional audiences that will need to be influenced in this process will be parents of adolescents age 8 to 12. This audiences will be making decisions that will impact the campaign and the effectiveness, so they need to be included in order to get the greatest benefit for our target audience.

This population has been chosen because of the lack of campaigns targeting this age group. Many campaigns are designed to impact high school and college age students, but by helping connect to this audience will reduce the need for so many mental health interventions for college age students. This age group has been shown to make decisions without considering the consequences and this includes suicide. Targeting this population with a campaign that increases knowledge as well as providing students a tool kit of skills to use to help them express their feeling would be very beneficial and would serve them better in the long run.

# Theoretical/Strategic Approach

For this campaign, we are using a health belief model. We believe that by fully informing our target audience of the impact of committing suicide that those individuals will be more likely to seek alternative action to prevent the outcome of suicide. This theoretical approach seems to be most effective because we are trying to educate through promoting open communication.

We will address the perceived susceptibility of the audience. These adolescents are exposed to many aspects of information, and most does not come from a trusted adult. These young people have not reached the correct developmental age in order to realize the true ramifications of committing suicide and how it impacts those around you. They read and watch information about suicide and see how people react. They are sad and appreciate the person more. They think this is a solution for being hurt by a friend or relative. This directly also correlates with the perceived severity of the action, because especially on the younger end of the demographic, they do not quite understand the seriousness of committing, or attempting to commit suicide. We hope to provide them with correct information and resources for help and give the adults in their lives materials to help make discussions easier and more accurate and helpful in the long run. The benefits of taking advantage of open communication and factual information could help adolescents get help, manage their mental illness, and find new ways to deal with bullying, stress, and other pressures that effect children of this age. The communication can hopefully allow the adolescents to overcome the barriers that they face such as stigma, bullying, and misinformation on mental illness and suicide.

# Message Concepts

This campaign will be focusing on a message concept about "You are not Alone" or "You are not your struggles" to denote that experiencing issues doesn't mean you should be ashamed or keep quiet. This message should help break down the barrier that faces these young people and let them know that they have the ability to seek help and speak out about the struggles they are facing. We will do some formative research with both surveys and focus groups in order to test the messages for their effectiveness and see what adjustments may need to be made to make the campaign successful in the long run. We will also do separate groups with parents of this age group to see what issues they face in communicating with their children and what they feel could help them be successful.

# Development of Materials

For this campaign, we will need to develop a few different materials. First, we need to develop the education materials to provide to parents. This will include both paper option, like brochures and handouts, but will also include an app that will be developed for parents to use to look up things they are unsure of and get live advice on tactics to help these conversations go easier, as well as where to get help for next steps. As we live in a digital age, the app will most likely be the preferred method for most parents to get information, but we will provide multiple options in case some people do not have smart phones in more poverty-stricken areas. We will also develop posters to hang up around elementary and middle schools with the messages of “You are Not Alone” and “You are Not Your Struggles” with pictures of parents and children together, and a bit of information like, “Talk to your parent about your struggles, they want to help.” and “Suicide is not the answer. There is help.” to help get the message out to adolescents.

# Development of Messages, Materials, and Testing

For this campaign to be successful, we will have to have a team of people actively working on the materials. We will need a group of licenses therapists, as well as people trained in health communication. We’d also make sure part of the group focused on adolescent therapy, and part will be trained on adults. This way we are able to combine the experience of all these groups into a useable, and easily understood guide of tips and advice for parents. Once we have the information gathered together, we will hire a team to design the physical paper handouts, and an additional team to design the app for both android and iOS devices. These two teams will work closely with each other for continuity, as well as our trained professionals to make sure all information is accurate and helpful for the target audience. Then the team who created the physical informational handouts will then transition to the posters for the school.

Once all materials are created, we will go to local schools, and ask for time during PTA meetings to talk to the parents about the campaign, pass out the handouts and discuss the app for their phones. We will also gather information from parents willing to participate in focus groups, and have their children participate as well.

# Pretesting

For this campaign, we definitely have to pretest our elements because we want to make sure that the posters influence the children, and that the handouts and app make things easier for the parents to discuss these issues. We have some core questions for our initial research which include:

* What do you think of this poster?
* What would make you want to talk to your parent more?
* Would you use this app?
* What are the biggest struggles talking to your child?

We would mainly focus on using focus groups and one on one qualitative interviews to gather this information. I think both parents and children may enjoy the environment of focus group and should hopefully open up the communication but will use one on one interviews if the focus groups are not proving to be useful. Based on the results, we will alter our materials to make sure they are hitting the important points, and also as impactful as possible.

# Settings Channels and Activities

For my channels, I will be focused on elementary and middle schools. This is where the adolescents spend the most time. I plan to put up the posters in schools and get participants for the focus groups as well. I will reach the parents at PTA meetings, and with mailed flyers sent to all the home addresses of the student to inform the parents of this new opportunity and give them information to participate.

# Assessing Effectiveness

In order to make sure the campaign is functioning effectively, we will gather data after 6 months, and again after 1 year. Our goal is understanding the following questions:

* Has communication improved between the audiences?
* How much of the secondary target audience is participating?
* How do the adolescents involved in the program feel about mental health and suicide?

We should hopefully see an improvement for the communication, as well as seeing a large number of parents involved in the program, and an improvement on how the adolescents feel. With improved communication we may also see an improvement of kid behavior, number of parents involved, changes in the beliefs of parents/students, reduction in suicide rates among target population, and improvement of grades for students involved. These are all extra benefits that can come from open communication and improved understanding for the adolescents. Many of the issues children face in the classroom come from mental health struggles.

We will measure these by a qualitive online survey, and in-person interviews multiple

times during the program. We will also be asking teachers to report on both grades and

behavior of the students in the program at the same time as the interviews and surveys are

issued. In the interviews, we will ask the parents about their beliefs, their opinion of the

level of communication with child, their opinion of the child’s behavior, and their

opinion of how engaged the child seems to be in the process. We will also interview the

children and ask the same questions. These interviews and surveys will be done

6-month mark in the program, and again in a year.

The overall impact we are hoping to have is seeing lives saved among our target audience, as well as injuries related to self-harm prevented. These will be measured by looking at the suicide statistics in the towns that are involved over the course of five years, as well as hospital and school records for any behavior related to suicide and self-harm every six months. With this type of campaign, it could be multiple years before we can see an actual significant decrease in these, but we will also be using the other guideposts for short-term improvement.

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