Bateman Competition Team 2017
Stop the Stigma

UNC-Chapel Hill School of Media and Journalism

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EXECUTIVE SUMMARY

Mental health is something that everyone deals with, in college more than ever. According to the National Alliance on Mental Illness, 1 in 3 college students reports having prolonged feelings of depression, and 1 in 4 students reports having suicidal thoughts or feelings. Every college student feels stress, and probably too much of it.

Yet, in spite of this prevalence of mental illness and emotional suffering, no one talks about it. People see each other walking down the street, and when one asks, "How are you?," the other probably says "I'm good," or, at worst, "I'm fine," even if they're not. Overall, people are afraid to talk about not just mental illness, but even the emotional suffering that everyone experiences.

In support of the Campaign to Change Direction and the 2017 PRSSA Bateman Competition, one team at UNC formed Stop the Stigma, a campaign aimed at breaking down stigmas and helping people get the help that they need.

The team chose to work with the Department of Psychology Community Clinic to create the Stop the Stigma campaign on UNC-Chapel Hill's campus. The Community Clinic is a community-based training program for UNC Psychology Ph.D students. The clinic provides quality care to UNC students and the community at a reduced cost. This directly correlated with the stigma of mental health treatment being incredibly expensive that the Stop the Stigma team was trying to discount.

The team planned and executed a variety of events and social media posts. We got students to share their own pledges and become advocates for mental health, we had friends share encouraging messages with one another, and we brought the campus together through art to show how connected everyone is to mental health.

Stop the Stigma hosted events that would break stigmas surrounding mental health and educate students on the accessibility and different forms of treatment. The events featured free food and distractions that support mental health such as yoga, art and music. The team also used social media to educate and break down barriers.

The team successfully worked to break the perception that mental health and mental illness only affect a small percentage of the population and cannot be treated. Stop the Stigma wanted to create an open conversation around campus about the prevalence of mental health issues, particularly among college-age students. In doing so, the team also wanted to share accessibility to affordable treatment on campus, educate young adults on ways to strengthen their mental health, and support others suffering.

Stop the Stigma! Learn more about how one UNC PRSSA Bateman team used communications to break down barriers, change attitudes, and bring its campus together in support of mental health.

Secondary Research

Before planning primary research, the UNC-Chapel Hill Stop the Stigma Bateman team conducted secondary research to better understand mental health stigmas and how to break them down. A study done by the Canadian Mental Health Association showed that some of the most common misconceptions on mental illness were that those with it are dangerous and violent, aren't intelligent, and cannot function in society (Arboleda-Flórez, 5). Additionally, research showed that "fear is the primary impulse to the development of stigma" (6). The text also showed stigmas surrounding therapy and psychiatrists, who are often depicted in movies as "eccentric buffoons" or "repressive agents of society" (7). Research also showed that some of the best ways to fight stigma include activities that denounce stigma and correct misconceptions, educational activities to increase knowledge about mental health, and contact with those with mental illnesses to show that they're a "normal" person (12-14) (Appendix 4).

As part of the secondary research, the team also participated in a training offered by a campus mental health organization. Through the training, the team learned how prevalent mental illness is on college campuses and how little college students know about mental health. According to National Alliance on Mental Illness, approximately half of students report getting no information on mental health, yet one in five Americans is diagnosed with a mental illness, and 35% of UNC students are diagnosed with a mental illness. The team also learned more about campus resources and how to help a friend with a mental illness. Additionally, the training equipped the team with the knowledge on how to talk about mental illness in a way that's not stigmatizing by avoiding, for example, words like "crazy" or "psycho." This information enforces the idea that someone's mental illness is not their sole identity (Appendix 4).

Primary Research

The team's primary research consisted of a survey sent to students and faculty at UNC-Chapel Hill (Appendix 5A). We also conducted focus groups of students (Appendix 5B) and multiple in-depth interviews with different specialists in the field of psychology at UNC-Chapel Hill and in the community (Appendix 5C).

Surveys

We collected 220 survey responses for our online survey (Appendix 5A), which was distributed through email listservs targeting psychology and journalism students, all four Greek council email newsletters on campus, and the student readers/writers of Mezcla, a Spanish and English bilingual student magazine. There were a total of 25 questions. Some key results include the following:

- 82% of UNC students support the addition of a mandatory mental health online module similar to the alcohol and Title IX education trainings.
- Students were more comfortable sharing feelings and signs of emotional suffering with family rather than with friends.
- Over 50% of students believe that the cost of mental health treatment is greater than $31 per session.
- Most students enjoy listening to music, watching TV or exercising when they are feeling emotionally low and talking with friends whom they noticed showing signs of emotional suffering.

Focus Groups

We conducted two, 1-hour focus groups (Appendix 5B). There were 10 students in each focus group. This research helped us gain a greater understanding of what students thought of mental health and the resources available to them on campus. Some notable focus group results include the following:

- Students thought that they had more of control of their physical health than their emotional health. For example, they can eat healthy and work out, or if they are sick can take medicine, but if they are depressed it is harder to make themselves happy.
- They believe our society seems to value and speak more about good physical health compared to mental health. There are also more resources for maintaining good physical health than mental health.
- At UNC, there is a constant pressure to always be perfect. There is also a competitive nature on campus between students.
- Barriers for UNC students included not wanting to admit that something is wrong with them, perceived cost, being too busy and thinking they can solve it on their own.

Interviews

The Stop the Stigma team conducted a total of four in-depth interviews (Appendix 5C). We interviewed an eating disorder specialist, an art therapist, a retired mental health professional and a Ph.D student studying mental health's relationship with socioeconomic level, race and ethnicity. Interviews ranged from 30 minutes to an hour in length. Some points raised by these experts include the following:

- The negative relationship between racial and ethnic minorities and the medical industry stems from historical medical experiments, a lack of minority practitioners, and a need to provide more accommodating services
- Online communities and treatment processes allow for people in rural areas to seek mental health treatment and help those who are nervous about treatment. They also spread awareness about mental health faster. Technology opens up the conversation about the importance of mental health.
- College students in particular need to know more about mental health resources, as college can be a particularly stressful time for anyone, whether they have a mental illness or not.
- There is racial misdiagnosis in mental health illnesses and a prevailing stereotype that only middle class white females develop eating disorders, but all people can experience them. This assumption exists because research has only focused on white females and this demographic has a cultural acceptance of seeking medical treatment.
- Eating disorders are not usually about body image, but about feelings of shame, anxiety and acceptance, and being able to control something.
- Stigmas can be eliminated through education and normalization of mental illness, using storytelling, sharing resources, and educating people that there is hope and there can be an end to mental illness.
- There are many ways to stay healthy mentally, which can include the following: journaling, yoga, swimming, meditation, prayer and eating the right foods.

AUDIENCES, CHALLENGES/OPPORTUNITIES & KEY MESSAGES

Target Audiences

Primary

Traditional UNC Students – undergraduate male and female students primarily 18–22, mostly from North Carolina, within a range of socioeconomic categories.

Secondary

Students with mental illnesses or who might be suffering emotionally, minority students

Challenges and Opportunities

Challenge: According to our research, students do not see mental health issues as clearly as physical health issues. Nor do they receive clear information about what these issues are, what they are caused by, ways to feel supported, or access to resources on campus and in the community.

Opportunity: To educate students on mental health issues, the team distributed useful information and resources through social media, handouts and events. This information educated students on the causes of mental illness, the prevalence of mental illness, and the various free or low-cost treatment options and resources available to them on campus.

Challenge: Many students said mental health issues are treated as culturally private conversation making it difficult to talk openly about. Also there is the medical confidentiality of people experiencing mental health issue that needed to be constantly considered throughout the campaign.

Opportunity: Another reason for the privacy surrounding mental health issues is the stigma surrounding them. Therefore, when people spoke out about their experience with mental health, it became more rewarding to hear such authentic responses and reactions. It signaled a step toward stopping the stigma surrounding mental health.

Challenge: The implementation period was during a very busy time. Students were busy studying for midterms and preparing to leave for spring break, which began before the campaign's end date.

Opportunity: To take advantage of this hectic atmosphere, we chose to host two of our events in the busiest places on campus and to offer free candy and motivational quotes to students preparing for midterms. Additionally, we had food at three of our events, and hosted two events – art therapy and mindfulness yoga – that were more unique than a typical lecture series and offered students a way to relax during their stressful couple of weeks.

Key Messages

1. Life is hard. College life is particularly hard, as it is a time of transition and constant stress. Because of this, emotional suffering is extremely common on college campuses, and it shouldn't be something to be afraid to talk about.

2. Having a mental illness can be a challenge, but that doesn't mean that those with a mental illness cannot function in society or that their mental illness solely defines them.

3. Many people can benefit from therapy, whether they have a mental illness or not. Those with a mental illness can usually get better with treatment, and treatment can be different from a typical therapy by involving things like art or exercise.

OBJECTIVES, STRATEGIES AND TACTICS

Objective 1: Educate at least 200 students on mental health and the Campaign to Change Direction's Five Signs of Emotional Suffering.

Strategy 1: Create opportunities for students to learn and discuss mental health through a small group setting.

Tactic 1: Eating Disorder Awareness Workshop (Appendix 7B)

Stacy Lin, a Department of Psychology Ph.D student, led a workshop informing attendees about eating disorders in college, and the impact on minority students. At the event, the team also distributed a handout on campus and national resources related to eating disorders and getting help. This event was done during National Eating Disorder Awareness Week

Tactic 2: Art Without Expectations (Appendix 7C)

Erika Hamlett, a local art therapist who has her own experiences with depression, led participants in creating art while talking about anxiety and stress. Throughout the session, she taught participants more about anxiety, stress and emotional suffering as well as how to cope with mental illness through art.

Tactic 3: Mindfulness Yoga (Appendix 7D)

Linda Vejvoda, a yoga enthusiast and retired mental health professional with over 30 years of experience, led a yoga session focused on mindfulness and relaxation. Afterwards, the team distributed a handout with tips on mindfulness and its benefits.

Strategy 2: Create opportunities for students to learn and discuss mental health through a high-traffic area.

Tactic 1: Random Acts of Kindness Day (Appendix 7A)

The team leveraged National Random Acts of Kindness Week to kick off our campaign on Feb. 15. We stood in a high-traffic area of campus and distributed candy and pamphlets that directed recipients to the campaign social media platforms for more information on mental health. Additionally, the team spoke with students about mental health as we handed out pamphlets.

Tactic 2: Mental Health Awareness Day (Appendix 7E)

As part of Mental Health Awareness Day on March 8, the team distributed fliers with information on the Five Signs of Emotional Suffering to students, faculty and staff walking by a high-traffic area of campus.

Strategy 3: Create opportunities for students to learn and discuss mental health through social media.

Tactic 1: Social Media (Appendix 8)

Through posts on Facebook, Instagram and Twitter, the team shared resources, information and facts on mental health. These posts directed viewers to places they could get help and educated people more on mental health facts.

Tactic 2: Five Signs Posts (Appendix 8)

Throughout the implementation period, the team posted often on its social media platforms about the Five Signs. To make sure that all viewers had the opportunity to learn the signs, the team also used a graphic including the Five Signs for its social media cover photos.

Objective 2: Normalize conversations and perceptions about mental health to break mental health stigmas on campus.

Strategy 1: Provide stories that show people with mental illnesses to the campus community.

Tactic 1: Social Media Stories (Appendix 8)

One of the best ways to normalize mental health and to break stigmas is to give people opportunities to see and meet others with a mental illness. One way the team did this was by posting videos of people with mental illnesses sharing their stories and experiences with them. In doing so, this showed viewers that people with mental illnesses can be "normal people" and live normal lives.

Tactic 2: Art Without Expectations (Appendix 7C)

Through the Art Without Expectations event, the team gave students the opportunity to meet and get to know someone who struggles with a mental illness. Like the social media stories shared, this event showed participants that people who have a mental illness can be just as "normal" as those who do not. Erika Hamlett, the art therapist who led the event who has struggled with depression, also facilitated conversation among participants that normalized discussions about mental health and emotional suffering.

Strategy 2: Show the prevalence of mental illness and emotional suffering.

Tactic 1: Art Without Expectations (Appendix 7C)

Through conversations at this event and the art created, participants saw that they are not alone in their emotional suffering and that everyone suffers emotionally sometimes.

Tactic 2: Mental Health Awareness Day (Appendix 7E)

As part of Mental Health Awareness Day, the team displayed a tri-fold poster board and encouraged passersby to add streamers of various colors that represent different mental illnesses or other mental health related experiences, like going through successful treatment or feeling stressed, for example. Located in the most high-traffic area of campus, this visualization of mental health on campus showed all who participated and all who walked by how mental health touches everyone on campus. It showed that mental illness is common and that no one is alone when it comes to mental health experiences.

Tactic 3: Social Media (Appendix 8)

Many social media posts focused on sharing facts and information to show the prevalence of mental illness or emotional suffering in general. Messages focused on how college can be a challenging and stressful time that leads to emotional suffering in everyone and mental illness in many people as well.

Tactic 4: Stop the Stigma Pledge Campaign (Appendix 8)

As part of the social media efforts, Stop the Stigma encouraged people to share on their own social media platforms why they pledge to stop the stigma on mental health. Through this campaign, the team aimed to reach a wider audience and have viewers see their own peers standing up to stop the stigma. By seeing people that they personally know posting about mental health, it would show even more of the campus community how prevalent it is and would help normalize mental health.

EVALUATION

Objective 1: EXCEEDED
Educate at least 200 students on mental health and the Five Signs of Emotional Suffering.

Between the three strategies to create opportunities for students to learn and discuss mental health through a small group setting, a high-traffic area and social media, we educated approximately 16,193 people, thus exceeding our goal by 7,994 percent. With our three small group setting events, the Eating Disorder Awareness Workshop, Art Without Expectations and Mindfulness Yoga, we reached a total of 20 different people. While these small settings did not reach high quantities of people, they provided a higher quality of education. With this quality over quantity mentality in mind, students felt much more comfortable and opened up much more about their experiences with mental health. One Eating Disorder Awareness Workshop participant said, "She [the speaker] made us feel very comfortable when talking about this difficult topic that affects so many people and made it relatable to us being students in college. It was definitely a positive experience." Through our two high-traffic area events, Random Acts of Kindness Day on Feb. 15 and Mental Health Awareness Day on March 8, we reached at least 280 people, far exceeding our goal of 200. These events were highly successful in educating busy college students in a quick and helpful manner. Social media also helped us to expand education, and we reached a total of 15,893 people through our Facebook, Twitter and Instagram accounts and Snapchat filter. Through Facebook, Stop the Stigma had 3,493 unique users. On Twitter, there were 11,047 impressions. The Instagram account had 123 followers. Through the Snapchat filter, Stop the Stigma reached 1,230 people (Appendix 8).

Objective 2: EXCEEDED
Normalize conversations and perceptions about mental health to break mental health stigmas on campus.

Through both strategies of providing stories and showing the prevalence of mental illness and emotional suffering, the team succeeded in normalizing conversations and perceptions about mental health to break stigmas on campus. With social media stories and Art Without Expectations, our target audience met, digitally and in-person, real people who live with mental illnesses. Through this meeting, people saw that mental illness didn't have to be as scary as people think it is, and that people with mental illnesses are just as normal as people without them. By breaking down this stigma, our audience felt more comfortable discussing mental health, and they opened up about it. By showing the prevalence of mental illness and emotional suffering through Art Without Expectations, Mental Health Awareness Day, social media and the Stop the Stigma Pledge Campaign, the team helped to break down barriers of feeling isolated when it comes to mental health, which opened people up to talking about it more. Through these events, people realized that they weren't alone in their emotional suffering or experiences with mental illness and that it's completely normal and nothing to be afraid of. With the Stop the Stigma Pledge Campaign, for example, the team noticed that among those who shared why they pledge to stop the stigma about mental health, there were overwhelming amounts of support from family and friends. For example, one UNC student who shared about her experiences with anxiety, received 17 comments on her post, all sharing love and thanking her for sharing her story (Appendix 8). Many people also thanked us for our Mental Health Awareness Day event. They told us that we were doing "a really good thing" and that it was a great way to visualize how affected everyone is by mental illness or emotional suffering.

Media Coverage

In order to gain media coverage and inform students, faculty, staff and members of the community about the campaign, the team pitched a story idea to Carolina Week, the UNC School of Media and Journalism's newscast that features national and local news to stories that focus on notable accomplishments or events going on UNC's campus through student organizations.

Stop the Stigma was featured in an episode that aired on Wednesday, March 29, 2017. The episode featured a student at UNC who discussed her struggle with an eating disorder and Stacy Lin, a Ph.D. student who discussed the research she is doing at UNC regarding eating disorders and mental health issues. Stop the Stigma's Eating Disorder Awareness Workshop, which included a discussion from Stacy Lin, was featured on the episode. The newscast was televised on a local news station, which allowed not only students and staff to access the show, but also those in the community--Carolina Week was chosen solely for that reason. The Department of Psychology Community Clinic is open to members of the community as well as affiliates of UNC, which made a feature on Carolina Week the perfect opportunity to reach the audience targeted by the campaign. https://www.youtube.com/watch?v=zX60hHVZnWg&-feature=youtu.be

Conclusion

The Stop the Stigma team succeeded in its goals of opening conversations around mental health and educating students about the topic in order to break stigmas and misconceptions. Through five campus-wide events and a strong social media presence, the Bateman team successfully stopped the stigmas surrounding mental health particularly among college students. We did this by facilitating in-person communication efforts, as well as by sharing information and personal stories across multiple social media platforms.

Impact

The Stop the Stigma Team harnessed national observances in order to connect the campus campaign to the larger community, such as the events throughout Random Act of Kindness Week and Eating Disorders Awareness Week. We also spearheaded our own observance: Mental Health Awareness Day. The team wanted to change the broken narrative of those suffering from mental health issues and to end the misconceptions of the cost, diagnosis and accessibility of treatment. The campaign connected people to stories of those with mental illnesses and also connected the campus by showing everyone that they're not alone in their mental illness or emotional suffering. Additionally, the campaign promoted healthy ways for college students to maintain their mental health, as well as stop the isolation and misunderstanding of those suffering from a mental illness or any form of emotional suffering.

Longevity

Campus organizations, like Embody Carolina, a student group that works to help students become effective allies to those struggling with eating disorders, drew inspiration from our work and might continue some of it moving forward. The president of Embody Carolina attended our Eating Disorder Awareness Workshop and connected with our speaker for future events. Additionally, the School of Media and Journalism asked to display our posters on the Campaign to Change Direction's Five Signs of Emotional Suffering throughout the building for the rest of the academic year.

1: Finances

In-Kind Donations

Donor:	Date:	Item(s):	Amount:	Category:
Mikala Whitaker	2/11/17	Candy	$2.99	Event
Mikala Whitaker	2/13/17	15 Color printed Sheets	$4.50	Event
Emily Brice	2/13/17	15 Color-printed Sheets	$4.50	Event
Emily Brice	2/19/17	32 Color-printed Sheets	$9.60	Event
Mikala Whitaker	2/24/17	16 Color-printed Sheets	$4.80	Event
Lois Boynton	3/8/17	Team T-shirts	$80	Apparel
Lois Boynton	3/8/17	Starbucks Gift Card	$20	Prize
Livis Freeman	3/8/17	Antawn Jamison Signed Basketball	$60	Prize

Total In-Kind Donations: $186.39

Out-of-Pocket Expenses

Purchaser:	Date:	Item(s):	Amount:	Category:
Mackenzie Self	2/13/17	Candy	$21.48	Event
Mikala Whitaker	2/14/17	Stickers	$57.61	Publicity
Emily Brice	2/19/17	Refreshments	$29.46	Event
Emily Brice	2/26/17	Posterboard	$13.52	Event
Mikala Whitaker	3/6/17	Streamers	$35.14	Event
Mikala Whitaker	3/8/17	Posterboard/Trifold	$5.00	Event
Mikala Whitaker	3/8/17	Snapchat Geofilter	$14.89	Publicity

Total Out-of-Pocket Expenses: $177.10

2: Faculty Advisor Review Letter

UNC
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April 6, 2017

NiRey Reynolds
PRSSA Bateman Competition
PRSA
120 Wall Street, 21st Floor
New York, NY 10005

Dear NiRey:

I am writing to affirm that I have reviewed the campaign and evaluation by the Carolina PRSSA Bateman Team, Stop the Stigma, and confirm that no results beyond March 15, 2017, were factored into the results.

Although social media accounts are still accessible, any additional traffic beyond March 15 was not included in their submission.

Additionally, the Carolina PRSSA Chapter here at UNC-Chapel Hill has two teams submitting to this year's competition. I affirm that these teams worked independently throughout the process. They did not share or review any materials from the other team.

Please note that the training on mental illness is open to all students at UNC, and members of both teams participated to gain insights used in their secondary research. They did not collaborate, but only consulted a common source of information.

If you have any questions or need additional information, please contact me at 919/843-8342 or by email at lboynton@email.unc.edu.

Sincerely,

Lois A. Boynton

Lois A. Boynton
Associate Professor
Co-Adviser, Carolina PRSSA

3: Definition of Terms

- **The Pit:** A high-traffic area on UNC-Chapel Hill's campus where many events are held
- **Freedom Forum:** a meeting room on the third floor of the building of the School of Media and Journalism. There are windows all around the room creating a scenic and serene space.
- **Polk Place Quad:** the main quad on campus that is named after the late President Polk. This is where the majority of class buildings and libraries are located.
- **Traditional Student:** A 18-21 year-old college student who became a first year immediately following their high school graduation. These students usually live on campus at the beginning of their college career, enjoy coffee, sweets, local restaurants' food and Carolina basketball.
- **The Triangle:** Also known as the Research Triangle, the geographical area including Chapel Hill, Raleigh and Durham in North Carolina

4: Secondary Research Appendices

Source

Arboleda-Flórez, J. Understanding the Stigma of Mental Illness : Theory and Interventions. Chichester, England ; Hoboken, NJ: John Wiley & Sons, 2008. Print.

Some Screenshots from the Rethink Psychiatric Illness Training:

Rethink & Social Justice

What is the purpose of this training?

We are trying to engage and educate the community about the challenges people with mental illness face on a daily basis.

Why this training?

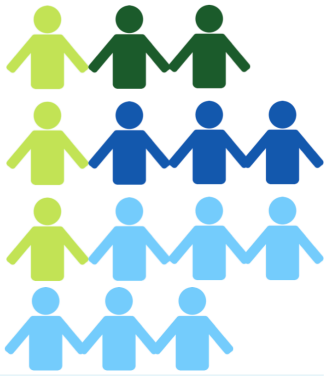
- Approximately half of students report receiving no information on mental health from their college or university (NAMI)
- Over 75 percent of students would turn to friends if they were struggling (Jed Foundation)

Mental Health in College

1 in 3 students reports having experienced prolonged periods of depression

1 in 4 students reports having suicidal thoughts or feelings

1 in 7 students reports difficulty functioning at school due to mental illness



(National Alliance on Mental Illness)

FACT!

According to the National Institute on Mental Health, depression is the second leading cause of disability worldwide and is a major contributor to the global burden of disease worldwide.

How does stigma develop?

1. A group of individuals is labeled and distinguished from other groups.
2. Dominant cultural beliefs result in the linking of the labeled persons to undesirable characteristics (i.e., negative stereotypes).
3. The labeled persons are placed into distinct categories, which results in a separation of "ingroups" from "outgroups"
4. The labeled persons experience discrimination and status loss that lead to negative consequences (housing, income, etc.).

-Link and Phelan, 2001

Why does stigma still exist?

What perpetuates the stigma surrounding mental illness?

Several key factors to consider:

- Interpersonal
- Cultural
- Institutional
- Internalized

4: Secondary Research Appendices

SWOT Analysis

Strengths

- With the many students, researchers, doctors and professors at UNC and in the UNC community, there is ample access to a wealth of knowledge on the topic of mental health.
- We have easy and well-received access to a large, college-centered community that's open to learning.
- There is always support and encouragment for UNC organizations on campus.
- We, as studnets, have a unique perspective with offerings that are tailored toward specific audience--students. Many organizations have already been established and come from a more medically-driven perspective; we, on the other hand, know what students are thinking on this side of things.

Weaknesses

- Starting an organization (Stop the Stigma) from scratch poses problems.
- Due to such a short period of implementation (one month), there is a limited amount of time to publicize, implement and gain supporters for a new organization.
- Many people are already involved in other organizations on campus.
- The implementation period is during an extremely busy time of the year, as midterms take up the first two weeks and spring break takes up the third week.
- The message/topic is sensitive, some may be reluctant to join due to reputation, having others know, etc.

Opportunities

- Many of the organizations dealing with mental health topics on campus are unknown to most students, so we have the opportunity to communicate well and get our name out there so everyone is familiar with Stop the Stigma.
- We know what students want because we see things from their perspective, as students ourselves.
- Many students struggle with mental illness and emotional suffering on campus, which creates a large target audience.
- Random Acts of Kindness Week and Eating Disorder Awareness Week take place during the implementation period, which we could capitalize on for spreading the word and hosting events.

Threats

- Competition—there are many organizations on campus that offer treatment, support, counseling, education, events and other services for those suffering emotionally.
- The stigma itself that surrounds mental illness is one that is very tough to break.
- Confusion between campaigns—we are competing with another Bateman group on campus, which may cause confusion for the audiences we are trying to reach.

5: Primary Research Appendices

5A: Digital Survey Results

1. How familiar are you with the Campaign to Change Direction?
a. Extremely Familiar – 1.16%
b. Moderately Familiar – 1.16%
c. Slightly Familiar – 1.73%
d. Not Familiar at all – 95.95%

2. How did you hear about the Campaign to Change Direction?
Top Answers Included: UNC School of Media and Journalism, Bateman competition, on campus and word-of-mouth

3. How familiar are you with the UNC Department of Psychology Community Clinic?
a. Extremely Familiar – 2.31%
b. Moderately Familiar – 12.14%
c. Slightly Familiar – 47.98%
d. Not Familiar at all – 37.57%

4. How did you hear about the UNC Department of Psychology Community Clinic?
Top Answers Included: Psychology Department, a friend, UNC informational materials/ orientation, and seeing the building on campus

5. How familiar are you with Counseling and Psychological Services (CAPS)?
a. Extremely Familiar – 13.87%
b. Moderately Familiar – 31.79%
c. Slightly Familiar – 31.21%
d. Not Familiar at all – 23.12%

6. How did you hear about CAPS?
Top Answers Included: a friend, UNC informational material/orientation, brochures/flyers, campus health and personal experience

7. What barriers do you see for getting help for mental health?
Top Answers Included: Stigma, cost, time, denial, embarrassment/shame, fear, lack of knowing resources, judgment from others and accessibility

8. What do you think is the potential cost of a therapy session for college students or community members?
a. $10 or below – 16.18%
b. $11– $20 – 10.98%
c. $21 – $30 – 15.03%
d. $31 – $40 – 29.48%
e. $41 – $50 – 28.32%

9. How comfortable are you in sharing any of the following feelings with your friends? (On a scale from 1 – 5; 1 being not comfortable at all to 5 being extremely comfortable)

a. Personality Change – mean score of 2.93
b. Agitation – mean score of 3.30
c. Withdrawal – mean score of 2.73
d. Hopelessness – mean score of 2.60
e. Poor Self-Care – mean score of 2.61

10. How comfortable are you in sharing any of the following feelings with your family? (On a scale from 1 – 5; 1 being not comfortable at all to 5 being extremely comfortable)

a. Personality Change – mean score of 2.99
b. Agitation – mean score of 3.37
c. Withdrawal – mean score of 2.75
d. Hopelessness – mean score of 2.88
e. Poor Self-Care – mean score of 2.73

11. How comfortable do you think your friends would be in talking with you about the following feelings?(On a scale from 1 – 5; 1 being not comfortable at all to 5 being extremely comfortable)

a. Personality Change – mean score of 3.15
b. Agitation – mean score of 3.41
c. Withdrawal – mean score of 3.05
d. Hopelessness – mean score of 3.05
e. Poor Self-Care – mean score of 2.99

12. How comfortable do you think your family would be in talking with you about the following feelings? (On a scale from 1 – 5; 1 being not comfortable at all to 5 being extremely comfortable)

a. Personality Change – mean score of 3.21
b. Agitation – mean score of 3.46
c. Withdrawal – mean score of 3.08
d. Hopelessness – mean score of 3.06
e. Poor Self-Care – mean score of 3.11

13. When you're feeling emotionally down or low, what do you do to make yourself feel better?

Top Answers Included: Listen to music/watch TV, talk with someone about it, rest/relax, hang out with friends, eat, be alone, write/journal

14. If you notice a friend is having a bad day or is showing some of the signs previously mentioned (personality change, agitation, withdrawal, hopelessness or poor self-care), what would you do to help them?

Top Answers Included: talk to them and listen, invite them to do something fun to distract them, direct them to resources

15. What is your race/ethnicity?
a. Black – 3.47%
b. White – 82.66%
c. Hispanic – 4.05%
d. Asian – 6.36%
e. Other – 3.47%

16. Do you think adding a mental health training to the mandatory alcohol education and sexual assault online modules would be beneficial to the campus community?
a. Yes – 83.14%
b. No – 16.86%

17. Why or why not?
Top Answers Included:
- College is a drastically different environment, where students are usually separated from their home and family. They need a firm supporting system but also the training to deal with their emotions and thoughts themselves.
- Yes, alcohol is just as much a part of college as mental health; therefore, incoming students should receive trainings dealing with both.
- It is important to educate people on mental health so they don't feel that they cannot reach out to someone if they are feeling any of those symptoms.
- I personally had a terrible first two years at college due to a decline in mental health (stress, anxiety, depression) and felt so lost because I felt like no one cared and I was the only one. I hope a training is added to help others who feel the same way, and to let people know that they are not alone.
- It is a very real problem most people are not comfortable facing, so making people learn about will start those conversations

18. Are you a UNC-CH student?
a. Yes – 98.84%
b. No – 0.58%
c. Recent Graduate – 0.58%

19. What year are you?
a. First-year – 6.43%
b. Sophomore – 31.58%
c. Junior – 43.86%
d. Senior – 18.13%

20. Where do you live?
a. On Campus – 37.21%
b. Off Campus – 62.79%

21. Are you a transfer student?
a. Yes – 11.05%
b. No – 88.95%

22. How old are you?
a. 18 – 3.47%
b. 19 – 22.54%
c. 20 – 37.57%
d. 21 – 30.06%
e. 22 – 4.05%
f. 23 – 0%
g. 24 – 0%
h. Other – 2.31%

23. What is your gender?
a. Male – 24.28%
b. Female –75.72%

Link to Qualtrics Survey: https://unc.az1.qualtrics.com/jfe/form/SV_9Qqre0wlDOHvqGV

Screenshot of Survey Homepage:

Thank you for taking the time to complete this survey! The responses from this survey will help UNC students develop a public relations campaign as part of the PRSSA Bateman Competition.

The purpose of this survey is to learn about your perceptions and views on mental health and should take approximately 10 minutes to complete.

Your responses to the survey will remain anonymous to protect your privacy. Participation in the study is voluntary. You may refuse to take the survey or stop at any time, for any reason, without penalty.

If you have any questions about this survey, please contact Lois Boynton via email

5B: Focus Group Transcripts

Introduction that was read to all participants:

Thank you for your participation in this focus group. We are a team of undergraduate students in the School of Media and Journalism that are competing in the national Bateman competition. Each year, the Public Relations Student Society of America chooses a national partner in which to implement a campaign on college campuses. This year the client is The Campaign to Change Direction, an organization that works to reduce the stigma of mental health in a variety of targeted audiences, one of them being college students and young adults. Today we are just trying to gain some insight on what the typical UNC student thinks about mental health, the stigmas surrounding it and their access to treatment on campus. We will be recording this session, but all responses will remain anonymous.

Focus Group 1 – 2:00 pm 2/2/17

Bateman Team: When someone asks you, "How are you?" How do you typically respond to that?

Student 8: Good
Student 7: I usually say I'm good then I ask them how they're doing
Student 9: Yeah, I mean I'd say if I am not having a great day I am never going to come right out and say, 'yeah I'm feeling awful I'd say, yeah man I'm just trucking along…just going with the flow.'

Bateman Team: How truthful would you say your responses are?

Student 10: It depends how well I know the person. If it's just someone on the way to class, I would just say good no matter what.
Student 8: I feel like it's an expected response. Like its automatic.

Bateman Team: Do you ever feel like you can share when you're having a bad day?

Student 10: There are certain people, like my parents and my close friends. But like anyone else, probably not. They probably don't care and wouldn't give good advice anyways.
Student 3: It also depends on where the person is asking me. Like if its on campus and a bunch of people are around me, I would not say anything.
Student 1: I don't want to burden people with bad news if they're not close to me.
Student 8: I think the setting matters, as you were saying. Because no matter who it is, if its passing between classes you don't have the time to have the conversation about what's going on. But if it's in a quieter more personal setting, it's a lot easier to open up to someone.
Student 6: I think I'm less likely to provide context too, like if it's someone that already knows what's going on in my day to day life, they know if i'm having a bad day. Where as if I felt like I had to explain myself and my feelings then I am not going to get into that.

Bateman Team: How do you think that mental health compares to physical health?

Student 6: I mean I think they're related and they're both important. Like I like going to the gym everyday and blowing off some steam and not do homework. But I think every person handles it differently, but I know for me that's a positive outlet for me to get out like day-to-day anxieties.
Student 3: I feel like if you don't feel very good, you don't treat yourself well, you don't eat healthy, you don't go work out, then you feel bad.
Student 9: So like mental health issues are less visible than something physical. If someone is having a physical ailment it's generally pretty visible. I think if someone is having a mental health issues it's something that's going on within them. You might notice that their behavior is different but just by looking at them, you could probably not be able to tell.
Student 1: It's interesting that people compliment you if you are being healthy and doing physically healthy things, but no one is ever going to be like "Oh you're being so mentally healthy today"

Bateman Team: Do you see mental or physical health as more important than the other?

Student 10: I feel like I take my mental health for granted sometimes, like it's not something that I focus on. But with my physical health it's something that I actively tell myself that I am going to the gym and working out. So I guess I don't really do that with my mental health.
Student 3: I also think you focus more on your physical health because other people can see it.
Student 2: I think I'm kinda different and I focus more on my mental health because I am always feeling a different emotion, so it's more in the forefront of what I'm thinking. Whereas, if something is really hurting me, I pay more attention to my thoughts and feelings than my body.
Student 5: I think we're also able to affect our physical health more than our mental health so I think maybe that puts a bigger price tag on it because we do have some impact on how that can be determined. Like you can't make yourself happy if you're depressed but you can eat healthy and go to gym and take medication if you're sick.

Bateman Team: What would you say is the common perception of mental illness on our campus and in the Chapel Hill community?

Student 9: I transferred from a community college on the coast so this is my first year here and it seems like every week I hear something about reducing the stigma of mental illness or boosting mental health. This is something that I never heard of back home. So, there's certainly an awareness here which is great, I don't think I grew up with a stigma of if you're having an issue, with your mental health that you're weird or wrong. So I still think "Gee, there's a stigma?" because in my mind it doesn't connect. But yeah, I definitely notice there's an awareness of it at UNC and that people are putting it out there.
Student 8: I feel like on campus the stigma is that you don't need to hide from having a mental illness and you don't need to shy away from it, but I don't feel like necessarily as many people do. I feel like, if somebody had something wrong with them and they didn't really know what it was, then someone suggested something that kinda met their symptoms then that person would jump all over it. So like if you felt weak for a couple of days and someone suggested that you might have mono so then you just assume that you have mono. But if it's

not presented to you, then it's not the first thing that comes to mind. So I feel like on campus mental health is stressed a lot and it's something that university officials have resources to offer you, and yet the idea of me having a mental illness would never cross my mind until it was presented so frequently here.
Student 2: I think that with the competitive nature of this school, I think that sometimes I feel pressure to be ok all the time. Like always have a game face, and not letting anything affect me. From that standpoint, I think on a day to day issue, people are not willing to accept the fact that you're not feeling well today and they aren't ready to talk about that.
Student 3: I am from Germany, and back home I never thought or talked about mental illness, but coming here I think people are very aware of it. So this is like the first time that it crossed my mind that there is a high percentage of people who are affected by mental health.
Student 6: There's less of a stigma around if you have a mental health issue, but more of a stigma of if and how you are going to seek treatment. Like in the past, it was accepted that some people were depressed and that was just the way it was but now if you know someone who might be depressed you would expect that that person would be seeking therapy and help to better their lives and their situation.
Student 10: I think it's interesting because if you get hurt, like playing basketball, you can cry. But if you're just having a really bad day I would be too embarrassed to cry even around my friends. Even though there's not a stigma around a bad day, but personally it would just be embarrassing to me.
Student 7: It's also easier to hide your mental health than your physical health. Like you said, you can put on a game face. People aren't going to keep asking you questions, like if you say that you're good then people won't dig deeper.

Bateman Team: How can you tell when someone is suffering emotionally?

Student 8: Their demeanor changes.
Student 1: If their routine behaviors change, like if they pull away from interaction of if they turn down things they usually like.
Student 3: They try to separate themselves from the group and be alone.

Bateman Team: Do yall find it difficult to approach a friend if they are suffering emotionally?

Student 5: Sometimes it's hard because you don't know if you want to cross boundaries. Like some people do want to open up about it and it might not also be my place. Like it might be better for a parent to talk to them vs. a roommate you just met.
Student 3: It depends on the person a lot. If the person is open minded then I am more likely to talk to.
Student 2: I feel like if it was any of my friends then I would have no problem talking with, but if it was for someone else I didn't know as well I would maybe go get someone else closer to them to help.

Bateman Team: [Gives participants a handout with information on the Five Signs] What are some initial thoughts about the information on the page?

Student 9: It reminds me of my parents and the way that they interacted. My mother would drop hints about what she would want and how she was feeling. And my dad couldn't pick up

on those hints and then she would get very agitated, she wouldn't talk. But if something came up with my dad, he couldn't communicate what it was that he wanted. He just assumed she knew. And so there was always this tension between them. I notice personality change, for sure, withdraw, agitation.
Student 10: I would say that I didn't realize that poor self care was a sign, or one that I thought about a lot. The other ones makes sense to me, except that one.
Student 8: I dated a girl about a year ago who ended up attempting suicide while we were dating, and it's interesting because if you asked me to list some of the things she was struggling with while we're dating, I would not have been able to list these 5 things, but now looking at this paper, I can identify every one of them, which I think is interesting.

Bateman Team: Have you thought of a different sign that isn't on the list?

Student 8: Physical changes can be added too. People are in an emotionally suffering position and people want to change something about themselves to make them feel better about where they are.
Student 2: Yeah, I was going to say weight gain/weight loss, but I guess that's kind of self care.

Bateman Team: Which sign do you think is the most common or easiest to spot?

Student 6: I think withdrawl, I think if I had a friend who I consistently hung out with that all of sudden they hang out less and less. That's something I would easily notice, where as personality change I could just chalk it up as "oh well she's just having a weird day."
Student 3: For me it would be poor self care because it's something you can see.
Student 2: I would say agitation because your confrontations with them are kinda confrontational. So you can tell that they aren't happy to be interacting with you.
Student 7: I was going to say personality change because if you're with someone and they're acting different then you can quickly figure it out. With the other ones, you can make up excuses for, like withdrawal you could say I was busy.
Student 3: It depends on how well you know the person. Like if you don't know them that well but they get aggressive then you wouldn't think agitation.

Bateman Team: After knowing these 5 signs, do you think you have better knowledge of spotting emotional distress and know ways to help those suffering?

Student 9: I think so, for example, with my brother, if he starts being mean to me I know there's a problem but I don't know why. So I can spend all day guessing what's up but now I have all these 5 tools to work through.
Student 5: I think these tools make it easier to spot, but I wouldn't say that I feel comfortable helping or treating someone with mental problems.
Student 2: I think ultimately that person is going to come to you or you need to see these things and then opening up the conversation. If you care about the person enough and you want to show empathy than these are the things you would notice before talking about mental health.

Student 10: I think these are helpful, but I also think every person is different and not every person is going to exhibit all of these.

Bateman Team: Do you see any barriers to openness about mental health?

Student 6: In college you're just in such close proximity to so many people your age that there's an aura of everyone is fine and you don't want to be the person that isn't doing fine. You're constantly comparing yourself to others and it might be easier when you have space from everyone and you have somewhere to go that's your own. When you're constantly around so many people, it's hard to not compare.
Student 3: I feel like on campus there's a constant competition and you don't want to be seen as the weak person.
Student 7: Well, no one ever wants to admit that there is something wrong with them. That's just an insecurity, they don't want to be wrong. And so that's why people don't want to open up about it because they are afraid. And you feel vulnerable when someone else knows about your issue
Student 10: I feel like people are busy too. Like I have homework and test, like are people really going to carve out the time in their day, I mean I know mental health is an important issue but… it's just not a priority
Student 1: I think people also feel like they can just solve it on their own and try to get on with it.
Student 8: Not everyone is sympathetic. And so sometimes you can talk to someone and it's a great conversation. You can let a lot out on the table. And then sometimes the person just doesn't have the right thing to say to make you feel better so you have to pick and choose and who you talk to.
Student 2: I think there's a lot of conversation around accepting that you have a mental health issue, but not a lot on how to navigate your own emotions. Like emotional intelligence, like knowing what's going on inside of you. I feel like it's ok to feel a certain way but sometimes I don't even know what I'm feeling and that causes anxiety for me. That's why I feel like mental health is an interesting term, like you can say depression and anxiety and stuff but if you don't know what those terms are for yourself then it's kinda hard to even address it.
Student 9: Something I would like to see more in tips for helping people who are struggling outside of just telling them about CAPS. Is that what the university wants? Just to ship them into the doctor's office and cough up the cash and we will take care of you. I want to know conversation techniques to use, and how can I be a better listener.
Student 4: Also sometimes you don't want to burden your friends with all your complaints. And then going to CAPS, you don't want to tell a complete stranger what you're going through.

Bateman Team: How do you think some of these barriers could be eliminated?

Student 10: I think it's hard to eliminate some barriers because it comes from within. The person has to be willing to talk to someone or go get help. So it's hard to implement a program because you can tell people about the services but they themselves have to make the decision to go.
Student 2: I think not labeling things so much, and just having discussion around on what emotional wellness looks like. Because it's not cut and dry.

Bateman Team: What do you think could be done to better educate people at Chapel Hill on mental health?

Student 6: I think one thing that comes to mind is, how I place importance on my physical health because it is something that I can just schedule into my day. In theory, mental health isn't as clear cut, but really you can just go schedule in a therapy session just the same as a gym. It doesn't have to be a huge ordeal
Student 10: I know I hated those alcohol edu modules, but you could maybe implement a module that students had to take so that they knew more about it. And that it was ok to feel stressed.
Student 8: The university provides a lot of stuff, especially during exam week, to deal with stress so like maybe during the rest of the year, continuing these efforts.
Student 6: Highlighting it more in courses like LFIT, to have more of a mental fitness aspect to the course.

Bateman Team: Do you think you would feel more comfortable going to a campus organization to either talk about mental health or learn more?

Student 10: Honestly probably not. I'm just busy and don't see myself carving out the time.
Student 6: I think I'm aware of the option, but I won't schedule an appointment any time soon.
Student 8: I agree. I mean there's just not time in the day.

Focus Group 2 – 3:00 pm 2/2/17

Bateman Team: When someone asks you "How are you?" how do you usually respond?

Student 6: I would usually just say I'm good. It's just such an american thing to say, but if it's a friend and something is actually going on then I'll sometimes take the time to actually tell them what's going on and what's the problem. So I don't always say it's fine, but that's usually the case.
Student 1: I would probably say "I'm doing good, how are you?"
Student 7: Even if you're just passing someone and they ask you how your day is you're still going to say good even if it's not. It's not like you're having an actual conversation, it's just what you do to be polite.

Bateman Team: How truthful do you think you're answer is?

Student 3: I don't know if I consider it truthful or not, because it's sort of like a script at this point, especially if it's someone that I don't know well. Or i'm just saying something in passing.
Student 1: I'd say 75% of the time, good is an accurate description of how I am feeling.
Student 6: I mean, I'd say that most of the time, I wouldn't say that if I didn't mean it because generally I am doing good or well overall even if something bothered me, like that's one small thing, I'm not going to let it affect my entire day or mood. But like I said, if it was a friend and something was going on then I would take the time to talk to them and I'd hope that they would do the same for me.

Bateman Team: What factors affect your ability to share if you're not having a good day?

Student 4: Sometimes if it's just someone like a cashier at the student store, then I might just say stressed, and like that's so common because everyone is stressed.
Student 1: I also feel like its the severity of what's going on. Like if it's because I have a test tomorrow then I'm more willing to share, but if it's something more personal then I would refrain from telling that and say "I'm ok"
Student 8: Yeah, I'm not going to tell someone if I'm having any problems with someone I'm not close to.

Bateman Team: How do you think mental health compares to physical health?

Student 8: Well obviously mental health is harder to detect than physical health because its interior and there's a stigma against it so often times people aren't comfortable talking about it in open spaces. Where with physical, it's obvious because it's out in the open.
Student 1: I think there's also a lot more resources for physical health than mental health. Like if you had a mental health issues, there's more of a challenge to get access to help and figure out your problems. And if you do need professional help then there's a big stigma attached to it. There's a lot more barriers to overcome mental health issues than physical health issues.
Student 5: I feel like physical health is a lot more affected by societal trends, because it's an aesthetic, it's something you can see. Whereas mental health is internal and so people can brush over it.
Student 6: So, kind of different. I don't think physical health is always as obvious. You can look fit, and not necessarily be healthy. But another thought is that mental health and physical health go hand and hand a lot, because when you are physically active, your stress level decreases and you can think more logically and you feel better about yourself. So I think they go hand and hand but often mental health isn't solely treated through physical health.

Bateman Team: In comparing mental and physical health, do you see one as more important?

Student 8: They are both so different that I wouldn't even put them in the same genre, but I think there needs to be a lot more emphasis on mental health, more so than physical health.
Student 1: I think they're equally as important. I think physical health is important because you need to be physically healthy to survive and do day to day functions but then you need mental health to be able to cope and deal with stress and emotions.

Bateman Team: What do you think the common perception of mental health and mental illness is on campus and in our community?

Student 3: I feel like at UNC in particular, its more embraced, not like it's a good thing, but it's more accepting than other communities I know of. But maybe it's not a discussion that I have a lot. I just see support for it but I don't have any genuine conversations about it.
Student 2: I feel like we have a very open culture toward mental health at UNC.
Student 7: I definitely think there are instances of when people don't want to talk about it though. It's not like i would just come up to my friend and bring up any of my potential mental health problems. Like I don't know, it's just a hard conversation to have. As much as we want

to say there's not a stigma, there is. People have a hard time breaking out of that, and I know that if I had mental issues I'm not sure where I would go first. I would probably Google it.
Student 1: I also feel like the more severe the mental health issue is the more apprehensive people are about talking about it and accepting it. Like if its stress, then it's not as big of a deal because everyone has stress. But when it comes to actual depression, then nobody wants to talk about it. And if people do have issues then they shy away from talking about it.
Student 6: I can't speak for anyone else, but by being an RA for two years, I was cognizant of all the resources on campus and had to deal with lots of students who needed those resources. From my experience, I think that people wait until it is too late to seek help because I think they feel isolated. It's easy to think you're the only one that feels that way and that no one else will understand and they will think you're crazy or weird. It takes a lot of trust to tell someone how you're feeling. You have to have some kind of base level of trust. I would say that UNC students don't know all the resources on campus and how to use them. And even if they are aware, they might not be the best. LIke I've had a lot of residents have bad experiences with CAPS. Just cause there are resources doesn't mean they are helpful.

Bateman Team: Why do you think there's an atmosphere of openness on campus, but like a stigma still exists?

Student 7: I think about what she said earlier about the severity of the illness. Like there are a lot of resources on campus, but it just depends exactly what's wrong on how comfortable you are telling a bunch of people.
Student 1: I also think that UNC as a system as a whole is very open and accepting to talking about mental health but because a lot of people at UNC are very diverse and come from many different backgrounds that they bring their own opinions. So like UNC as a whole may be open to the conversation around mental health, certain student individually may not be. Its mixed. So unless you come to school with an open mind, I don't think you can change it.

Bateman Team: [Gives participants a handout with information on the Five Signs] What are some initial thoughts you have after reading the sheet?

Student 4: I would definitely agree with poor self care because i know we were talking about mental and physical health and I was thinking that mental illness is directly correlated to one another. Like if you're stressed and feel like you're over worked then you definitely don't have time to work out or goto the gym or take care of yourself and eat properly.
Student 3: I think withdrawal is also very easy to spot too. Like with my friends, I can tell when they're suffering because they just shut themselves down and don't talk as much.

Bateman Team: Do you find it difficult to tell when someone is suffering emotionally?

Student 1: I personally feel like with my close group of friends it's easy to. I mean we live together, so that's different. After living with others i know their personality traits and they know mine. And because of that, if one of these traits starts popping up then it's easy to detect personally. Even with people I'm not as close with, I think if you take a step back from our own bubble you can still see it.
Student 2: I think it takes time. It takes time for them to show these personality traits and for

you to interact with them because of our busy schedules and to notice them in the first place. It could take up to a few weeks, maybe.

Bateman Team: Which sign do you think is the most common or easiest to spot?

Student 6: Agitation, because if you're interacting with someone you can tell how they are going to respond to you, and obviously that would be the most obvious. If someone who is usually pretty happy and patient snaps at you it would be hard to miss. You might not know their true personality traits, or you might not be able to notice poor self care, and they might not share with you thoughts of hopelessness but like agitation is obvious because that's how they are treating you.
Student 7: I think withdrawal is easy to recognize because if you are usually with the person and they sort of pull away from seeing you.

Bateman Team: Which of these signs do you think it is easiest to talk with a peer about?

Student 4: Probably agitation, because you can just bring it up and say I've noticed you've been on edge or moody. It's easier than saying "I've noticed you're not taking care of yourself or you're hopeless." But then I feel like it's also easy for someone to play it off and be like I'm just stressed about things that happened that day.
Student 5: I think it depends on your level of comfort with that person on your ability to bring it up.
Student 6: I think withdrawal as well, because you might be afraid to address someone who is angry or annoyed with us because we think that they might get more angry or annoyed, but if someone is just pulling away it's easier to just be like "Hey, I've been trying to hang out with you. Whats going on?" I feel like that would be easier because you don't assume that they will snap at you.

Bateman Team: Do you think that knowing these 5 signs better equips you to help a friend who may be suffering?

Student 1: I think so. It helps you connect the dots. If everyone can recognize all five signs then it allows people to notice if they see them all together or more than one in a friend's behavior then maybe they should be worried about their mental health.
Student 5: I think they're good, but I don't think people go through a list in their minds. I think if you see that someone you're close with is going through something then you might talk to them but you're not going to be like ohh I see you're exhibiting personality change and hopelessness, you must be suffering.
Student 6: I just think it makes you aware, if anything else. It gives you another level of awareness. It's like when you learn about theory in class, like you never use it in real life, it just increases your understanding and awareness.

Bateman Team: What kinds of barriers do you see toward openness on mental health?

Student 2: I know that the resources are there but I don't necessarily think of them as helpful.

Especially when it comes to CAPS. I've heard so many bad things about it, that i think people are reluctant to go because they don't think it'll help and it'll waste their time.
Student 8: Or abusing medication. Like if they do get prescribed something they would just rely on that and not counseling/therapy type stuff
Student 7: It's also just a hard conversation to have with anyone, like a counselor or a friend.
Student 5: It's hard because you don't know when a good time is. Like how do you know that now is the time I need to seek help. Not knowing the point where you hit a hurdle that needs to be addressed.
Student 1: I Think for some people its cost. If you aren't at a university where its provided, and you don't have insurance, then it can be very expensive. And food and other necessities may come above seeking treatment for your mental health.
Student 8: Most people don't think about emotional suffering. Like most people think of mental health and something different than emotional suffering, so people that are experiencing mental health issues, don't realize that everyone experiences these things at one point or another.
Student 6: Time. It takes time and vulnerability to put yourself out there and admit that you need help. It takes an investment in yourself and another person if the route is counseling. It'll take time to figure out the issue and how to resolve it or cope with it. There's no quick and easy solution to it.

Bateman Team: What kinds of things do you think could be done to eliminate these barriers?

Student 1: I think it needs to be introduced at early elementary education level. I think to make a lasting change it's hard to change someone's behavior, thought and opinion when they're older. But when they're young, it's easier to introduce and normalize the idea of mental health and emotional suffering. It won't be as stigmatized.
Student 8: Introducing anyone to the fact that emotional suffering happens to everyone.

Bateman Team: What kinds of things could be done in order to better educate people about mental health?

Student 3: I guess for college students, there are those really informative PSA's that are shared on facebook that are beneficial for educating people. Social media helps people connect and shows people that they are not alone. Having speakers at elementary schools would also help.
Student 4: I think that because we don't talk about it, it's like a taboo thing that people assume things without being fully educated. I don't know what material or subject needs to be put out there specifically, but I feel like the public definitely stands to be benefit. If they see more positive things about mental health and overcoming mental illness that would be great. People would think about it differently.
Student 5: I also think there needs to be a different way that you frame bringing up the conversation because the second you say "This is something we need to talk about…" people shut down and don't want to talk about it. So, just coming up with a new way to introduce it. Because if you say "Let's talk about this," it already frames it as something that shouldn't be talked about and it's an issue.
Student 6: I think very few people would want to say "I have a mental illness." It's funny

because when you're sick, no one is afraid to say they have the flu. Going back to the mental and physical health thing. I think it's interesting that when we are sick, we always say how we have to get better but when its mental illness, that's something that you can't ever get better from or escape. Which isn't true.

Bateman Team: Would you feel comfortable going to one of the campus organizations or campus event at UNC to talk/learn about mental health?

Student 1: I'd be interested, because it's good to know more about it. It's a part of life, so either you accept it or ignore it and I feel like there's a lof negatives to it, so I think it's better to be open to it.
Student 2: I think I'd be hesitant. It depends on how it is set up. I think I would rather go to a counselor one on one rather than a big event in the union because I don't know if I would want people to see me there.

5C: Interview Transcripts

1/26/2017: Deb Jones's Office--she studies the mental and physical health and well-being in the family context; the mechanisms by which families transmit risk and resilience; and, most recently, the development and enhancement of prevention and intervention programs to meet the unique needs of at-risk and underserved families.

Bateman Team: We'd love to hear from y'all about your expertise on mental health stigmas and how to fight those on college campuses, and we're also interested in working with the community too?

Psychologist 1: So all of us, have a big grant and we're running a study that is aimed at figuring out whether we can improve the treatment outcomes for low income families with young children with behavior problems. So we already have an existing treatment that works well, it just doesn't work as well in low income populations. So Deb Jones created a mobile app that we're testing to see if it helps support families throughout the treatment to keep them engaged and enrolled. And see if that can create better outcomes for the families involved.

Psychologist 3: I thought it was interesting when I would run into people in public and the kids weren't at all embarrassed to see me and they would run up and hug me, but their parents reactions were always very different. As if, I had a sign on my head that I was their psychologist. Like you could just tell that they didn't want anybody to know that their kid knew me. So I thought that was interesting, when do we learn that it's not OK to seek help. I think with low income samples there is less of a culture around seeking mental health services. The idea of going outside of your family, talking about your family with people you don't know, yeah I think research shows that too. They may be more likely to ask for advice from a pediatrician because that's more acceptable than a mental health professional. Even if it's the same question.

Psychologist 4: I also think there's something to be said about the aspect of working with parents. Because there's so much stigmatization about what's right and what's wrong in terms of parenting. I don't think this is specific to low income families, but working with any parent whose child is exhibiting behavioral problems or any kind of problems at all, I think it's easy for them to internalize and not seek help because in their minds it may reflect poorly on their parenting. And especially since our treatment does use the parent's parenting as the agent of change, but that's not to blame them, so it's a complicated idea. It's hard to work with and empower and help without making people feel worse. Also, looking for people who would benefit from this can be touchy. Parenting at large has a lot of stigma around it.

Psychologist 2: I am the coordinator for the study, and recruit for the study. I do try to keep some of the language in mind that we use on our flyer and the language that I use with families on the phone if they are interested. I specifically don't use the word therapist at all because I know that some people will have a stigma about it and I want to get them in the study before they hear that word and become deterred. I pitch it more like a service that we're offering to the community. We also have a whole stigma as were recruiting low income

families. But if we say, "are you poor" that might not rub people the right way. So there's trickiness with that. As far as the mental health stigma, I try to be really aware of it and try to use neutral language just so that we can recruit more people.

Psychologist 1: In the research context we use the word "participants," and then we kind of call ourselves "the providers". Outside of the research context, there's a lot more people saying clients. It might be easily agreed upon that it reduces some stigma.

Bateman Team: Do you think that race and ethnicity play a factor in stigma?

Psychologist 3: Yeah, there is a fair amount of literature on race and ethnicity and health seeking. I think the problem with what we have so far is that it is so confounded with income. When you think about mental health research for a very long time it was on white middle class samples. And then when people realized that we need to look more broadly than that, the focus interestingly shifted from white middle and high income to racial and ethnic minority low income. Sometimes it's hard to tell when you're reading an article about stigma whether it's a factor of race and ethnicity or a factor of socioeconomic and education, or both. I think the things that come up when you think about race and ethnicity is the probability of your provider looking like you or have the same experiences based on skin color in terms of navigating the world. We have an underrepresentation of minorities who serve as therapists. And then with research you have the history of things like the Tuskegee experiments that have made racial minority communities acceptable of research. And that is an experience that would be unlike what white, low income people would have,

Psychologist 1: So much of stigma comes from how many people you know in your social circle that have seeked help and have had an experience with mental health services and does your family and friends talk about it or is it kept hush hush. It's more of a product of your social circle. So more high income people will have the resources to seek mental health services, and then you see more people becoming open about it. I think that can get really confounded and it's really hard to separate.

Psychologist 3: Even very simply do people talk about their thoughts and feelings and I think that varies dramatically between families but again it is often confounded with income but if you look at research on very low income racial and ethnic minorities, people talk about things like kids who are distressed are more likely to act out their feelings than talk about feeling sad. There may, just by necessity, not be a lot of tolerance for perceived wallowing. You know if mom and dad are literally worried about keeping the lights on and getting food on the table then "I feel sad today" may not fit as well. So they may end up looking like fighting at school or something.

Psychologist 1: I am currently treating young adults and adults on the campus clinic, and I think people's perception of what therapy looks like comes from TV or movies. And I think it's often not accurate. And I've noticed people tend to think that you need to have a more severe problem in order to seek help when in reality there are lots of things that can be helped before they get as far as they do before people seek help. So I think that would be one major benefit of reducing stigma, is having people seek help when symptoms first start arising rather than just toughen up for longer and then it gets much worse.

Bateman Team: I'm curious if you have any other advice to reduce stigma?

Psychologist 1: I've had young clients and we talk about what they share with their friends and if they go and seek help with their friends and it's really shaped by their family environment. And often this it's the first time that they are sharing their feelings with their friends, unless that was the environment in their home. And sometimes I had clients find that their friends on social media and open about mental health are inspired by that and think that's very brave um and it kinda normalizes the pervasiveness of mental health. It is more likely than not that at one point in your life someone will need to seek help or that you will.

Psychologist 4: In a funnier way to the point of social media, I've been noticing memes on anxiety that are light hearted for sure, and these are still spreading awareness in some way. And they're on point with generalized anxiety, I've seen a lot of memes like that. So I wonder if in terms of spreading awareness it's worked, like through this light hearted way. Lots of TV shows have done it this way, like it doesn't always have to be this really serious PSA.

Bateman Team: How do you think technology is going to be used in the future for treatment and stigma?

Psychologist 3: People are using it in lots of different ways. So in rural areas, where people don't have access to a provider, people are doing web based sessions. I think we all agree we are not totally comfortable navigating the privacy and confidentiality to that but I think people are weighing the pros and cons and getting someone help that needs services is better than a slight chance that someone is hacking a session and watching it. Lots of people are using technology in the same way we are. We still have people come every week, we're just trying to do a better job of keeping in touch in between sessions. Connecting with them and supporting them with reminders and reinforcing messages and feedback. And knowing that seeking treatment isn't easy and trying to decrease the probability that people will talk themselves out of coming back again

Psychologist 4: This is becoming big in veterans. Are they not seeking treatment because of their rural areas or overseas locations, or if there is some sort of stigma around mental health with them because they are these big manly men and they handled so much. I know that the VA is doing a lot to increase the amount of people that do seek help, but I know that telehealth has been a great tool in making it easier and more comfortable for these veterans to seek health.

Psychologist 4: So one of our grad students is at the VA in Honolulu. So there's one VA that serves all the islands in Hawaii and all around. So to seek services they have to take a plane to the office. So they're just using technology a lot. So if there's no issues around imminent risk, they're using some HIPAA compliant portal and I think they use secure centers in each area where they have to go and log in to seek treatment. But that's better than having to take a plane

Psychologist 1: On a broader level, the most common thing people do now with a physical or mental health problem is they use Google. I think that is really empowering in reducing stigma. It used to be that if you were feeling a specific way or if your child was having a

specific behavior problem then you were feeling reliant on your social circle and if you or your child has something going on, you might be nervous to ask. Or it may be that you don't know anyone so you feel alone. So getting easier access to info and communities helps. There's huge online communities and networks of support systems that help people. That makes people more comfortable when they realize that there are other people who feel like them and they see that they are getting community once they've started building those networks, people describe their treatment and then you know I have clients that have come in because they found support online and they were encouraged that way. So I think that is great in reducing the amount of people who think they're alone.

Psychologist 4: It could reduce stigma but it also works with the stigma by allowing them to be anonymous and still achieve access to treatment.

Psychologist 1: It's a step in the right direction. There are apps that have come available. I mean there is a type of therapy that can be done through texting. I'm not sure how that works, but for someone who is really resistant to going in in person. They may start with that. And it would be interesting to see how many people start with that and then realize that they need to go in and seek in person services.

Bateman Team: UNC mandates students to take online modules about substance abuse and sexual violence, so do you think it would be beneficial to have a similar mandatory program from mental health?

Psychologist 3: It's interesting they break out substance abuse, because problems with substance abuse is mental health issue. So it's interesting that that is separate. I think it's like anything, you may not remember it until you need it. You can only encode so much info at first, and if the first time you need it is three years later then you might not be able to remember as much.

Psychologist 1: It would be good in some capacity, to do it. Because there are a lot of mental health problems and issues that appear at college aged kids and if there are more education about what those symptoms look like rather than just thinking their roommate's crazy and they had more knowledge to talk to somebody and to recognize when someone is going off the rails and help someone seek help. It's a big time, and a big change with lots more freedom. It's a huge transition point in life, and even if you are not having a specific mental health problem it is a hard and stressful time in your life and you may need some guidance. You're in this setting where you're trying to pretend like everything's going great but there are a lot of huge life changes and a lot of people really benefit from counseling just to navigate those changes. Its not that anythings going wrong its just a huge transition.

Psychologist 3: I always think about how first generation college students have a lot graduation rate, and I've always wondered that it's not that they aren't equipped academically it's that the adjustment is bigger and people don't pick up on the signs that things aren't feeling good and then people's grades start to suffer.

2/6/2017: Margaret Sheridan––she studies neural mechanisms through which adversity affects brain development and risk for externalizing disorders; diagnosis and treatment of attention–deficit and hyperactivity disorder in early childhood; and typical and atypical development of prefrontal cortex.

Bateman Team: Could you expand on your expertise in mental health and what you think could be done to fight certain stigmas in communities and college campuses?

Sheridan: I am trained as a clinical psychologist, but for most of my career I have focused on research. So I don't do a lot of direct treatment myself, but when I did it was primarily on children and their families and so now I do research on kids and families. So the place where I saw overlap is that my research is on the impact of early adverse experiences, which includes discrimination, poverty, violence exposure, and their impact on brain development and risk for psychopathology. I think the place where I spend a lot of time thinking about stigma are in two places.

First of all, in kids, the way that your parents understand mental health varies widely and I think that the way your parents think about your mental health and how they pursue treatment has a lot to do with how you enter adulthood thinking about it. So I try and think about how we can educate parents better, so that it's not like there's a problem with your child. It's to help parents think of their children as abled rather than disabled. It's important for parents to be educated on their children's abilities and on when intervention should be taken to help their child without feeling bad.

I then think some of how that is affected by race and class because I study adversity. I spent a lot of time researching how socioeconomic status is like a clustering for other adversaries and a risk for all type of health problems––mental and physical. People understand that to be because you're socioeconomic status is an indiscriminate risk factor to exposure a lot of other problems. So it's a fundamental cause of disease, like the inequality that is between people is the fundamental driver to their access to resources and their psychological health and well being.

Bateman Team: [Explains The Campaign to Change Direction, and gives Sheridan the Five Signs of Emotional suffering worksheet] Which one of the signs do you think is the hardest or easiest to spot, for a college student?

Sheridan: My initial inclination was to say hopelessness. I talked about how helping parents conceptualize their children's mental health issues is important and being in college there's this opportunity for you in a development stage to develop your own worldviews and opinions about things and so it's a great moment of change, and a chance for you to adopt your own mental image a mental health that may be different from your parents. I think what goes along with all that change is a ton of emotions. Hopelessness is tough because there are times when all college kids, who have no mental health problems, feel pretty hopeless, whether that be from a bad grade on a test or whatever. What's important is to identify a

degree of hopelessness, and what's concerning is when there's a real lack of being able to image the future. Is it difficult for you to see a way forward versus something that is a little more operational.

Hopelessness is also the most common. In the sense of rates of mental health problems in the population. And the most common mental health problem for adults is depression and so something like hopelessness and withdrawal are more common in reflecting depression….or poor self care, like not doing a good job of sleeping or eating. Depression and anxiety are very comorbid problems. And people think they might reflect similar underlying processes but they're kinda experienced different by the person.

Bateman Team: How do you think race and ethnicity plays into the mental health stigma and how those minorities seek treatment?

Sheridan: So there's patterning in diagnosis, even given similar symptom profiles, by race. So it's less likely that African American men will be diagnosed with something like depression, and more likely with something like schizophrenia. And when people wonder why that is, people talk about its potentially the case that they say things that sound more paranoid but actually reflect their lived experience. "It feels like the police are out to get me," or "someones watching me," are common things for them to say. Those symptoms sound like schizophrenia but they're actually just reflecting the lived experiences of being a black man. So there's misdiagnosis and I think that if there was a lot of misdiagnosis particularly in the same community, there would be a lot of hesitation to seek out health.

Also issues around the history of racial interaction with healthcare. There's a long history of abuse through research and care, that have been really horrible and their rights have been violated. And that lives on in the cultural memory. Those events were not that long ago and even some people's family members were involved with them. Also the intersection of mental health stigma with regular racial biases. There's a need for racial minorities and class minorities to represent a very put together front. I think there's a cultural belief that you have to appear very put together and in control in order to not be buffeted by the existing racial stereotypes and I think that mental health is that you specifically have to commit to being identified as someone who is not in control of something. And I think that's why there's a stigma of mental health overall because you are not in control or that they have done something wrong.

I think another piece of the puzzle, and I think one of the things that Deb Jones's research highlights for me, is that there is a mismatch between the general socioeconomic status of people delivering treatment and those receiving treatment. And the mess of that is that there's a misunderstanding of what people's lives are like so there are stressors around being poor that are difficult for someone who is upper middle class to image and yet most of the people doing treatment were raised in upper middle class families and are upper middle class. Treatments are often designed that are zero help for someone in that situation. They have to show up at the same time every week, regardless of work schedule, child's school schedule, regardless if you're having car troubles, what have you. There are designed in very unhelpful ways.

Bateman Team: What is the best way to reach people to raise awareness?

Sheridan: I think that college campuses are good places for this, in ways that are palatable to people in college. Not cheesy and not unhelpful, or mismatched with their experience of college. In general, the college campus is a very good place to do this. And trying to get out of the typical group of people that are in a psychology class, so not white women, is great. Find groups of people who would notice and wouldn't have deep access to knowledge of psychology in general. You have people from a range of backgrounds all together in a range of serving a common goal. Situations in which people have been able to move it away from the psych department, I think that's been the most helpful. And at place like Carolina where you have access to a wide variety of people, which is less true than private schools. Like you have people here from across the state and it will never be like this again because after, everyone's lives will be much more patterned.

I think messaging around the biological nature of disorders, which you want to be very careful about so i think that sometimes that messaging is about it not being that person's fault and that there is a chemical imbalance that in that person's body, and that's useful because it lets people know it's not their fault, but it's dangerous because it makes the disorder a part of you that you can't be separated from. And I mean most mental problems are not even things that people have to think about every day, they are things that can be treated. Theres one thing that helps people recognize the availability of solid treatment options, so this idea that you can change what's going on. So if there is a message about a biological predisposition, there should also be a message about changing that biology. So it's a chemical, but you can change those chemicals, and not even with medication, sometimes you can fix it with talk therapy. It makes the mental health your identity.

Bateman Team: What would you put on a mental health module for first years?

Sheridan: It would be helpful to talk about typical variation of emotional experience that people should expect from college. And then atypical responses. Give very solid explicit examples of what is normal and what is not. I think talking about that to the individual is good and talking about it in the sense of if you have a friend doing this, this is what you can do to help them. And I think being very explicit about that is important, what's normal and not normal and what to do if that happens.

2/8/2017: Stacy Lin--UNC Department of Psychology and Neuroscience Graduate Student

Bateman Team: What are some warning signs of someone having an eating disorder from an outsider's perspective? Specifically playing off the notion that in college you're meeting all these new people and they don't know your habits and your baseline.

Lin: So to back up a little bit, the most common age for onset of eating disorders is actually before college. It's in adolescence, in mid teens. Certainly there are risk factors that come with the college factor and maybe you are at-risk or your borderline and those can definitely

be things that contribute people to have these symptoms and then develop a full blown eating disorder.

Also, I want to make it clear the difference between disordered eating and a clinically diagnosed eating disorder. Disordered eating is like cutting down your calories and exercising a lot but you don't do it technically enough to qualify for an eating disorder but it's still unhealthy and people still engage in these types of behaviors. So all things that are associated with negative health outcomes, but there's a spectrum until you get to full blown actual eating disorder. In the research, we make a distinction between those two things because when you're in an environment with a lot of peers, overwhelmingly female--because the majority of the eating disorder population is female, about 1:9 male to female ratio--and so when we're thinking about these risk factors, you can imagine all these girls coming together and talking about a normative expectation for appearance. And even things that we think of as harmless, like "fat talk," this can sometimes turn into a negative cycle. You're expected to be down on your body so that other people can make you feel better, and then they need to be down on their body and you make them feel better. It's like a social ritual that people do together as a bonding experience.

Eating disorders aren't just about body image, it's about control and acceptance in society. People don't necessarily want to be the hottest person in the room but are scared that others won't like them if they don't look a certain way. College is a huge transitional place, and all of a sudden they are a little fish in a big pond and they feel crappy. They don't know how to deal with this and so they go to eating disorders, but its not a conscious decision. The behaviors maintain themselves because it gives them control, even if the rest of their lives is crap.

In college, it can be hard to see if people are developing disordered eating or an eating disorder because you don't have your parents around and you're not being monitored. In high school, you have to go to a little bit more trouble to hide your eating, because you're probably eating lunch with friends, and that gets looser in college. There are large blocks of time where no one would be expecting to be seeing you and a large part of eating disorders is that there is an element of shame. People know that their actions aren't great and they don't want to talk to anyone about it. So it's a lot easier to hide behavior than to have a conversation about it. Another thing is because they come on gradually, people themselves may not realize that they have an issue.

One example would be, someone wanting to lose a few pounds by not eating red meat, then they cut out all meat, then they cut out carbs, ect... ect... but some people start to snowball. That's how you end up with the people who eat one protein bar a day and one green smoothie--which sounds super restrictive--but the individual steps they took to get there were not, so by the time that people get there, to them it doesn't even seem out of the ordinary. On the way, people are giving them positive reinforcement, with compliments on physical appearance. So that motivates them to keep doing it but at some point it starts to take momentum of its own and you start to feel its affects on your health.

If you live with a roommate and large quantities of food keep disappearing, that can be a

warning sign of bulimia or binge eating. A lot of the times, these patients have an emotion regulation disfunction. The big research question is why do people binge eat? It makes you feel bad. What possible function does eating too much and feeling out of control do for you. It actually serves as an emotion function, so when you feel crappy about yourself, you binge and the immense physical sensation distracts you from your emotional pain. It helps you check out from the pain of the emotion, but it has a dangerous effect on your health.

There's a distinction between restrictive anorexia, binge-purge anorexia, then bulimia and binge. Sometimes there's a mentally difference between restrictive anorexia and the binge-purge anorexia/bulimia/binge eating. The restriction is in line with their self concept. It almost feels like a good thing because they have the ability to control my eating, and I'm doing this successfully. That mixes up with a lot of biological symptoms with your appetite and mood in a small subset of people to turn into this anorexia cycle, where it's really hard to treat because they like what they're doing. They feel better about themselves at that time. Binge eating is usually associated with feeling ashamed. And the more it happens the more it perpetuates itself and they get lost in this cycle of shame. Whereas people with restrictive anorexia hide stuff is more to keep people from stopping them from what they're doing. Binge eaters hide it because of shame. They see themselves as a weak and bad person. People with anorexia, can change so subtly that no one catches it as it happening. Like its surprising what can be right under your nose. In the inpatient unit, there are teenagers checking in and you're like holy shit, how did you get to this point. And the first temptation is to think that they have bad parents but that's so not true. The subtly and the gradual nature of how these things come about, but because you're there the whole time it doesn't seem as extreme. They also hide it pretty well by wearing baggy clothes and act totally normal and if you don't know to be looking for it, then it can happen! And we as a society don't get into people's business.

Other things to look out for is extreme rigidity, often when people restrict, its not just volume or calories. It's like the specific brands of food, and how they eat it and what time they eat it, etc.. ect.. If they don't vary the time and content of their eating, that sticks out as a warning sign. For people with binge eating it's all about this out of character behavior. Like they would never think "it's ok to take this person's food" but it's such a powerful thing that they have no control and then they feel worse about themselves. If people are vocal about food, body and weight, that's another warning sign. I see people who are technically in the normal weight range, but their body functions start to break down and they don't look well, they're fainting, their skin is sallow. Our bodies have different set points, and if you move beyond your set point then your body starts to freak out. Other people can function normally at very low body weights and close to their set points and it would be less obvious. For people with bulimia, sometimes you'll see blisters on their fingers from rubbing against their teeth, and lots of edema and a hoarse voice. People with anorexia get this thing called lanugo (little tiny baby hairs for warmth). Being cold all the time is a sign, and sitting might be uncomfortable because their tailbone is so prominent.

Bateman Team: What are some of the stigmas associated with eating disorders?

Lin: When we are trying to treat people for eating disorders, and when we get families involved, one of the biggest things that we say to do is to separate the eating disorder from

the person, because often once an eating disorder takes hold the person does things that are out of character for them. Like lying, hiding things, taking things, being angry and training into a person that their families are like why are you doing this? It's easy to put that on them and be like you're a bad person, you're a liar, but that's all part of the eating disorder and so it doesn't help to ascribe that as part of their character.

Another huge thing that you run into is that eating disorders is people asking "why don't you just eat" and people have misconceptions and think that the patient is just being stubborn. But realistically you have these huge psychological factors that mash up with your biology to make it really hard to actually eat. Especially if you've had anorexia for a really long time you can feel really ill if you try to eat too much. There's even this thing called refeeding syndrome that if you have been depriving your body for so long and then you start to eat a lot again, and you give them too many calories, then their organs go into overdrive and they can literally have a heart attack and die. There's a lot of accumulated damages in your body that can't be fixed along the way, and so your body just gets used to operating on this really really tiny caloric level. This happened in the holocaust. You have to be very careful about increasing calories for someone that has been depriving themselves for so long. Your biology really changes and you have to be aware for that.

People tend to not believe patients when they say they can't eat but sometimes they literally cannot keep food down. It's like they'll eat a tiny bit and they'll feel nauseated and throw up and then people will think they're purging but they aren't. One of the big stigmas is thinking they have a lot more control. Another thing, is thinking eating disorders are all about vanity and are shallow and it's about wanting to be attractive. While often it starts by wanting to be attractive, it snowballs because you feel really terrible about yourself, and you want to be loved and accepted, and it all relates back to your appearance sadly because we are in a society that places strong importance on appearance. People will get accused of being shallow and vain for their eating disorders, but that's totally not true.

It's one of things that like when you develop an eating disorder, it really snowballs. And it becomes this chain of behavior that perpetuates your ED behaviors. Even though you feel like you can control one aspect of it, there's all this machinery behind it. So in terms of control, if you are restrictive and living in a bad household you feel good because you can control what you eat. Then you notice that you're losing weight and people are reinforcing me, let's do it some more. A couple months pass and people tell you to stop restricting and you notice that your family situation is still the same and you are scared because all your control is in your food. All your psychological well being is in controlling your food rather than other things. So it feels like you're controlling it, but you're so scared that the world is going to end if you let go of any of that control. The control only grows, it doesn't stop or grow smaller. You have the idea of being thin and accepted so you try a diet. You do a juice cleanse, then you feel terrible, you tell yourself that you're just going to eat one cookie. At this point, there are very strong biological things trying to keep us alive at this point, so your body sees the calories and goes out of control and eats the whole package because you've been depriving your body for however long. So then, you feel out of control and feel bad about yourself and so then you throw it up. You feel disgusted with yourself and anxious about gaining the weight from those cookies. Then the next thing comes around you try another diet, and the same things happens.

So you see how there's a self perpetuating cycle that starts, like you try to control, then you can't, then you feel bad about yourself. It's a little bit different for everybody. Part of eating disorder treatment is figuring out what you're scared of if you don't control your weight and eating and how can we think through some of those things and change your behavior.

Bateman Team: How do you think race and ethnicity plays into eating disorder stigma and treatment?

Lin: This is my area of expertise. So big thing, eating disorders have not been diagnosed for that long. Eating disorders in their modern conceptualization have only been described fairly recent in history. You can actually see cases in history of women that used to not eat and feel good about themselves but eventually starve themselves to death. So they used to like saint people in the Catholic Church for fasting, they thought she was so holy that she didn't need worldly things like food to live. In the 17th and 18th century we see cases of like modern day anorexia. Bulimia became a diagnosis in the 70s and people first described it as a weird version of anorexia where you eat and then throw up.

So we didn't know a lot and so we were only describing this in the western world, there became an idea that it was upper class white girl thing. But now we realize that it's not true. Those are just usually the people that had access to treatment and care. And so there's been a big turn in the eating disorder world, and people realize that people who get eating disorders are not just white girls. There are ethnic minorities too and they are totally being overlooked. But because that myth has persisted for a long time, the vast majority of the research is on caucasian samples.

We don't know as much about body image and eating disorders for ethnic minorities on a research level. So there are a lot of ways that things can fall through the cracks, like all ethnic minorities have less access to mental health care anyways. And they tend to seek treatment less. Its both you cant get it and you don't go look for it. But for eating disorders in particular they've done interesting studies where they write a vignette and send it to different clinicians but they vary the race. So like everything else is the same, but the race. The rates of diagnosing the same symptoms in the different vignettes were staunchly different between white, black, asian and latinos, such that even when you're shown the same set of symptoms people are more likely to diagnose white girls with an eating disorder than minorities. Even though we know that minorities get eating disorders, there's a persisting sort of concept of what someone with an eating disorder looks like. Also awareness of eating disorders varies widely. Especially immigrants or people from different countries that may have a bigger taboo of talking about mental health in general. Sometimes they aren't recognized by the parent or they don't know how to help their kids. Since eating disorders are so white centered a lot of the risk factors are white centered too.

I'm collecting data on factors like discrimination stress, ethnic identity, acculturation stress that affect how you feel about yourself in general, which then affects your eating disorder risk. We know that body dissatisfaction is huge in developing an eating disorder and measuring this is white centered too. It asks do you like your weight and shape. But for minorities there are a lot of other things that can affect their body image too, and how you are treated. Things like

skin tone, because of slavery, african americans have been treated vastly different from light skinned people, who were house slaves, compared to the darker skinned slaves (given the horrible manual labor jobs). Even know, people think of darker skinned people as more dangerous, stupid and aggressive. Within the African American communities there are these messages of lighter skinned people to be more snooty and attractive while darker skinned men are supposed to be better at sports and these are all conceptualizations. Hair texture is something that is huge, even know, natural hair texture is called not professional. Like the way that your hair grows out of your head is inherently unprofessional and you need to treat it with chemicals to be apart of society and have a white collar job. For Asian Americans, eyelids are huge. People in East Asia often get surgery to change their eye lids.

You get a lot of messages about the values of your features and your physical self. And they show the way that you deviate from the thin ideal, which is the imaginary tall, blonde, skinny, with big boobs person. For caucasian people there are fewer ways that you can differ from this but for minorities there are many more. It doesn't matter how skinny you are, you're never going to have blonde hair and white skin. So my dissertation has focused on looking at ways that racial and ethnic minority women may experience these risk factors and their body differently. Part of a reason they thought ethnic minorities could not get eating disorders is because they thought they were protected because they had a separate culture that was not as picky about what size you're supposed to be. To some extent that is true, but then you have all the other stuff like discrimination that is negative to you psychological health and for some people that's going to come out at an eating disorder, or self-harm or substance abuse, or other negative coping mechanism.

2/8/2017: Linda Vejvoda--Retired Mental Health Professional

Bateman Team: To start, I'd love to hear more about your background with mental health.

Vejvoda: I got a bachelor's degree in social work, and since I had small children to raise, I worked in that field, I worked in protective services and became a supervisor pretty quickly. I had about eight workers under me and about 350 families in about a three county area. That was in the early eighties, so there was still some moneys to be had. There was good training. Of course the case loads were still overwhelmingly huge, as they always are because money isn't available for these services. But it was really a wonderful period of training, although I certainly didn't want to live my life in that area.

All along I wanted to do more mental health and family counseling and work more with trying to keep people together, so I got my master's while I was working full-time. Then I worked for a private agency because in Nebraska, you have to have six thousand supervised hours after you get your degree before you're licensed. So as soon as I did that, I worked for this private agency and then I went into private practice. I shared space with two other women. That was predominantly my career.

Extensions of that is, I did a lot of years of contract therapy for our local crisis center and did groups every week for them, saw some individuals under their grant. I also commuted for a few years to a women's prison. Actually, I initiated a group for battered and abused

women – they didn't have one. I did a lot of research into different cultures like Native American, Hispanic, African because there's different morals and beliefs in those different cultures. I felt like I needed to be really knowledgeable about that too. It's even harder in some cultures for women to leave because of the strong religious beliefs and the strong patriarchal control. I did that for two-and-a-half years.

I specialized mostly in PTSD recovery. I saw some adolescents, saw a few marital couples at any one time. I did a lot of pro bono for my community because I felt like they helped me raise my children and it was a good community. So I'd do workshops for free. I did a depression group at the hospital for free. I did all kinds of things – parental training, foster parenting training, in service for people who work in high stress jobs.

Bateman Team: About how many years was that total that you were working?

Vejvoda: About thirty.

Bateman Team: What experiences have you had where maybe you've seen any barriers that have stopped people from seeking treatment for their mental illness or for their mental health in general?

Vejvoda: I think the stigma is still pretty pervasive. You have to remember I've been retired seven years now, but that isn't all that long. I think that in a lot of families, authoritarian families, very religious families, it's not encouraged at all. Financial of course, financial barriers, all the time. Medicaid in Nebraska did very well. I was a Medicaid provider, but it's a very difficult thing to be because they require many many hoops to jump through, so a lot of my colleagues didn't even bother.

Time. People don't think they have time for it. They're busy. That's one more thing.

It isn't bad enough. That kind of belief that other people have it worse or that I'll live through it, so I should be able to survive. So many many kinds of denial. A lot of them were self-induced kind of barriers.

But stigma is a huge one. I'd have people from way different countys come to our community because they didn't want to be seen.

But I think there's been probably ingrained in people a sense that they should touch up, figure it out, that it's all in their head, well yea, it is in their head, and it's making them crazy.

So one of the first things I would do would be to normalize the situation. I think one of the greatest discoveries for people, especially assault survivors or childhood abuse survivors, was knowing that there were other people. That tends to be a population that gets isolated by the family or by the perpetrator and frightened into talking about it. That was one of the benefits of group, was to see that it affects every strata of the population: rich, poor, old, young, cultural. Incest abounds, and of course rape is indiscriminate as well.
Fear is a huge barrier. Fear of not having the support – if their husbands are opposed, if

they're very controlled – they're afraid that they won't have any means to live or that they'll take the kids. There's a lot of fear-based shame, a lot of shame.

Pretty much it's all about that stigma. If you had a shortage of iron in your blood, would you take iron for anemia? Would you take insulin for diabetes? It's not as if you have something unusual. If you get treatment, you can live a happier life. It's no different. We're all body, mind, spirit.

Bateman Team: You mentioned normalizing it, what other ways do you think the stigma could be lessened or eliminated? Or what ways did you maybe see people kind of overcoming these barriers you mentioned and coming to see you?

Vejvoda: The more we work on self-esteem and being true to yourself, listening to that little voice inside that people ignore. Checking out how you feel when you do. And if you validate people, right where they're at, that strengthens them to continue to believe in what's down there saying that you really need to do this, this is really good. So just really encouraging that, that we all have that intuition or inner voice that really let's us know – this is the right thing for me or the wrong thing for me. And you really need to trust that, so building the kind of skill.

I did a lot of directive – goal-setting, writing, things we could measure. And I think that helps people see. I always go back, the first time you came in your belief in yourself was about a two on a one to ten, what do you think it is now? Oh it's about a five. So tell me why. And then we'd look at that. So that just all validates that what you're doing is working. I did a lot of that scaling thing. I thought it was very helpful. I did that with couples too. Where are you at? Where's the marriage at now? What's your investment right now?

Bateman Team: What things can my team or young people do to lessen the stigma overall?

Vejvoda: Education is really the best. The more people know about some of the mental health issues, the less they will be afraid to tackle them. As far as like anxiety or panic attacks or mild depression, insomnia. A lot of times, those are very situational. Grief can exacerbate those things. Change of location or loss of a loved one, but they're not a permanent mental illness, so educating people if you recognize that you're depressed, you want to discover is this a situational thing, if I change my diet, if I short term take an antidepressant, if I dealt with my real feelings about this loss, chances are very good I will then become my old self again. More often than not, there's not that many big hitters I call them running around, unless you work in a residential group home. You're not going to have a schizophrenic. You might have a few manic depressive bipolars, but you're not going to have a lot of chronically mentally ill people in a private practice or even in the whole scheme of things.

The other thing is educating people that often times onset of those things, some genetic predisposition, the symptoms begin in late adolescence, not exclusively, but that's predominantly where they start: early 20s. So the tendency is, because of fear and stigma, to medicate themselves. There comes street drugs and alcohol. Of course alcohol being acceptable is often the place to go. Well alcohol may diminish your anxiety for a period of

time, but once you've sobered up, it's tripled. It's like a circle. So what often happens is, people have a dual diagnosis. They have an addiction and a mental illness or an anxiety disorder or a depressive disorder underlying all of that. So the literature would say that you have to deal with the addiction first. A lot of treatment facilities now, though, are dual diagnostic facilities. I think any education, any forums you can get together, just everybody speaking about somebody you know, somebody in your family – you're normalizing it for people out there that maybe they're coming because they're curious, but they don't want to say anything. Having workshops if you can. And then the resources, letting people know what's available, like on a college campus that's very good. There are resources available, and it's free I think.

Not everybody that goes to counseling goes on medication either. Sometimes people go on briefly and go off again, and that's fine. The only people who need to be on are the chemically imbalanced people that are the big hitters. But for a lot of people, it's a very situational thing.

That gives them hope. There's an end to this. I was pretty solution focused so we would map out how would you feel or how would things look in your life when you felt like you'd be done, when you could say to me, I don't need this anymore. What would be different? So I would just write it all out. And we'd say have you ever felt that way before, where you ever in this place? And if they were, then we would look at what was going on. What were you doing for yourself? And I always left the door open. Come back whenever you want. Call me when you need me. Really counseling for groups for the chronically mentally ill people are very very helpful.

Therapy is good. I think it's good for them to talk, to believe in themselves, I don't think they're a candidate for a lifetime of therapy. I don't think anybody is. I think at a certain point, you know what you know, and you know what you need to do. You just need someone to give you a swift kick or a loving pat.

Bateman Team: Do you feel like stigmas have lessened or increased or gotten worse over the years?

Vejvoda: I think definitely over my period of practice, they've definitely lessened. But that had to do with more money being available too and as the purse strings get tighter, I'm afraid that managed care will dictate how many sessions you can have, and then you're done. The patient and the client isn't feeling that great and they also feel like a failure. It was just getting more and more difficult with the insurance companies. A lot of insurance companies would advertise that you get this kind of coverage and mental health coverage, but they would subcontract their mental health piece to some other company that wouldn't pay for shit. Well what does that say then? First of all that's misleading. Second of all, it's the ugly stepsister. It's not as important as anything else. It's not medical. And yet we have to bill under medical. Blue Cross was great. Medicaid would be great except for all the criteria they insisted on.

Bateman Team: You mentioned how you're researching different minority groups. I'd love to hear about if they faced different barriers in getting mental health and the stigmas they faced that were different from the majority white middle class?

Vejvoda: It depends on how traditional the family is. In years back, if they're very traditional, they're very patriarchal. A lot of the Native American families were too. It would be seen as a real betrayal to the marriage or your husband to go outside the home and expose yourself, talk to a therapist. And they were less likely to ever get their husband to come in. Although if it was an abuse situation, there was an inordinate amount of fear of displeasing the elders, the extended family. There would probably be way less support from grandmas and aunts and uncles in both of those cultures. I would never by the way see couples if he has been abusive to her and she came in. All of them kind of had the same beliefs that you bring shame on your family if you take your problems outside of the home. It's probably not as taboo for a white woman.

Bateman Team: I know you're really into yoga. Do you feel like that's an activity that helps with mental health?

Vejvoda: With my clients, I always looked at balance, as in spiritually, emotionally, physically, intellectually. I really really encouraged fitness, whether it was walking, swimming, yoga. I personally have done yoga for over thirty years. I did it for me so that I could let go of the day. Now I do yoga, thai chi, swimming and walking. It's just to let go of stuff, clear your mind and reduce stress. Especially for depressed people – diet – the things you eat can really exacerbate depression. The same with anxiety – cut out the caffeine and the sugar. With depression, cut out the alcohol. Eat light foods. Eat foods that are not heavy. Don't watch the news ever. Depending on their background, prayer would be something. OR meditation, sitting quietly, journaling – all ways in which you stop the chatter in your head and feel like you have some control over it. I really always encouraged writing because then you can also always look back and see I don't feel that way anymore. When you look back where you came from, it's kind of encouraging and insightful.

I like for people to journal their dreams too. Just focus on your feelings in your dreams. You'll get a lot of imagery and feelings in your dreams. It's not a literal thing usually, but the feelings stick out and can kind of tell you where you're at subconsciously.

6: Graphics

To tie everything together in the campaign, the team developed brand guidelines to use in graphics. For the logo of the campaign, the team used a hand to represent both the Five Signs and Stop the Stigma. To tie the logo in with the campaign audience, UNC-CH college students, the hand is in a "Carolina blue" (sky blue) color. An alternate version of this logo was a white hand with a Carolina blue background. In addition to the logo, various graphics were made for social media to promote events, the Five Signs, pledging to Stop the Stigma and mental health information. Each of these graphics was sized appropriately for Facebook, Twitter or Instagram. The team created graphics for handouts on mental health resources, the Five Signs and event promotion as well.

Main Logo

Alternate Logo

Main Font:
Hanken Book - Bolded Text
Hanken Light - Regular Text

Secondary Font:
Endless Bummer

Color Guidelines

#7caed3 #ffffff #000000

The team also used ddditional colors when appropriate to tie in with the colors for Eating Disorder Awareness and Mental Health Awareness.

Facebook Cover Photo

Sticker

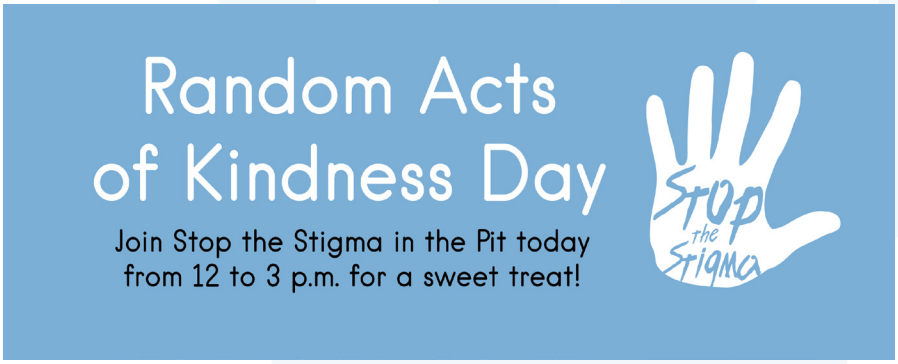
7: The Campaign

7A: Random Acts of Kindness Day

On February 15, the Bateman team stood in the Pit from 12 to 3 p.m. and passed out candy and sheets of paper with encouraging quotes and information, including social media handles, on Stop the Stigma. This correlated with National Random Act of Kindness Week. This was the initial event that helped raise awareness about the campaign on campus. From this event, the team handed out all 180 papers to students, and within that day, reached 669 people, got 138 post engagements and 123 likes on Facebook. On Twitter, we earned 892 impressions within that day.

https://www.facebook.com/events/137402906776690/

Some Promotional Material:



Handout Example:

Happy Random Acts of Kindness Day!
May this cheer you up, and encourage you to do the same.

Unexpected kindness is the most powerful, least costly, and most underrated agent of human change. –Bob Kerrey

Follow our Stop the Stigma campaign for more info on mental health and our upcoming events:
FB Twitter and Instagram: @StopTheStigmaUNC

7B: Eating Disorder Awareness Workshop

February is National Eating Disorder Awareness Month and one of the in-depth interviews the team conducted was with a Ph.D student, Stacy Lin. Her thesis focuses on the racial stereotypes associated with eating disorders and mental health. The team asked her to led a workshop informing attendees about eating disorders in college, what they can look like, and their consequences to one's health. The second part of the workshop included an activity that promoted positive body image and mental well-being. All participants had a brown paper bag with their name and were given small sheets of paper to write compliments about the others attending the workshop. The team encouraged participants to read the compliments others put into their brown bag when they were not having a good day. This corresponded with The Campaign to Change Direction's notion that everyone can have bad mental health days and experience emotional suffering, without being diagnosed with a mental health disorder. We also partnered with the UNC Panhellenic Council to promote the event and encourage girls to attend, as this is a mental health issue that many girls suffer from or know someone who suffers from it. At the event, the team also distributed a handout on campus and national resources on eating disorders and getting help.

https://www.facebook.com/events/591995264333354/

Some Promotional Material:

Handout:

EATING DISORDER RESOURCES

ON CAMPUS

UNC Counseling and Psychological Services (CAPS)
James A. Taylor Building
Phone: 919-966-3658

UNC Center of Excellence for Eating Disorders
Neurosciences Hospital (1st Floor)
Phone: 919-966-7012

Antonia Hartley
UNC Clinical Nutritionist Specialist
For appointments call
919-966-2281

Embody Carolina is an organization dedicated to preparing students to serve as compassionate and effective allies to those struggling with eating disorders. Embody Carolina is the first program of its kind on any university across the country. The Embody Carolina Team works throughout the year on our outreach, marketing & partnership initiatives.

embody carolina

UNC Hospitals Emergency Room
Located right behind Counseling & Wellness Services in the Neurosciences Hospital

If you are not sure if you need to go to the Emergency Room, you can use the **Nurse Advice Line** by calling **UNC HealthLink at 919-966-7890**

NATIONAL EATING DISORDER ASSOCIATION

NEDA
Feeding hope.

If you're worried about your relationship with food or exercise, NEDA's 3-minute confidential online screening can help you or a friend determine if it's time to seek professional help. Early detection of the signs & symptoms of disordered eating and eating disorders increases a person's chance for successful recovery.

Information and Referral Helpline:
1-800-931-2237

Please note that the screening is not an official diagnosis of an eating disorder.

Workshop Photos:

7C: Art Without Expectations

The Stop the Stigma team hosted an event on March 2, from 7 to 8 p.m. with Erika Hamlett, a local art therapist who has her own experiences with dealing with depression. Erika led the Art Without Expectations event as a way to fight anxiety and stress through art as well as to create a carefree and low pressure environment to talk about mental illness and mental health. During the event, participants talked about their experiences with emotions, stress and mental health in order to make art with streamers, which normalized the conversation about mental health and mental illness. As the event progressed, barriers were broken and participants became more vocal about mental health.

https://www.facebook.com/events/807902759362278/

Some Promotional Material:

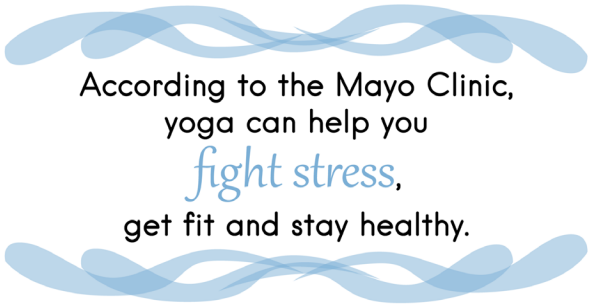
Event Photo:

7D: Mindfulness Yoga

Yoga is one of the best ways to support one's mental and physical health. This is why the team thought it would be the perfect idea for a Stop the Stigma event. The team planned the event for a Sunday evening, before the last week of school until spring break let out to let students come to destress and unwind before the week full of papers, tests and projects. Linda Vejvoda, a yoga enthusiast and retired mental health professional with over 30 years of experience in the field, led the event. She did a yoga session that also focused on being mindful by clearing the mind and focusing on the body and emotions. At the end of the event, she gave participants washcloths scented with lavender to help them more deeply relax. Afterwards, she handed out flyers with tips on mindfulness and its benefits.

https://www.facebook.com/events/1319361741453531/

Some Promotional Material:



Event Photo:

7E: Mental Health Awareness Day

On Wednesday March 8, the Stop the Stigma Team set up a table next to a major walkway in the main quad on UNC's campus from 10 a.m. to 2 p.m. On the table, the team set up a tri-fold poster board and had streamers of different colors to represent different mental illnesses or other mental health-related experiences. There was green for depression, orange for stress, light blue for anxiety, purple for sadness, blue for eating disorders, black for schizophrenia, pink for successful treatment, navy for bipolar, royal blue for PTSD and red for substance abuse. This visualization showed all participants and the hundreds who walked by how connected everyone is to mental health and enforced the notion that no one is alone. At the end of the day, 118 streamers had been placed on the poster board. The team also distributed handouts on the Five Signs and encouraged students and faculty to wear green all day, to symbolize mental healthawareness, and to share on social media why they pledge to stop mental health stigmas. In support of the event, the team also had a Snapchat filter throughout the main campus on this day for students to use and share why they pledge to stop the stigma on mental health.

https://www.facebook.com/events/1965949856966350/

Some Promotional Material:

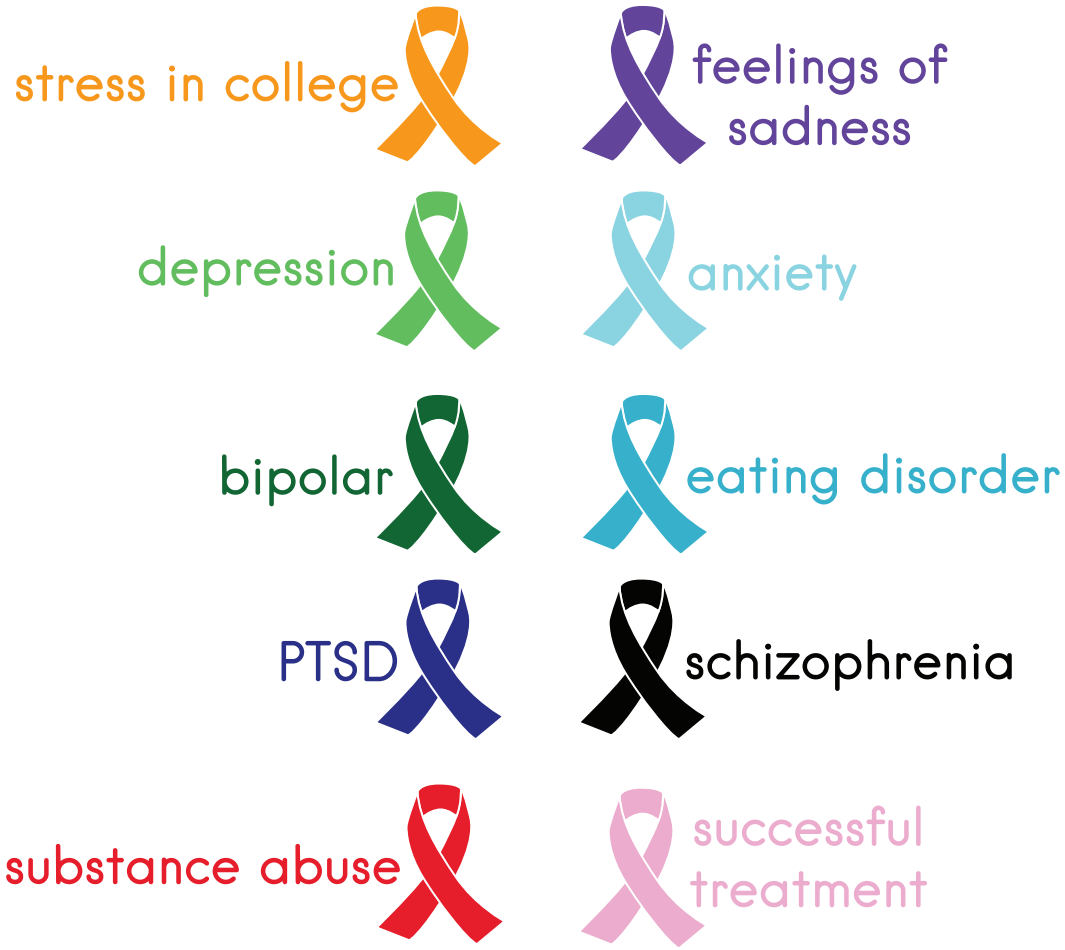
Event Photos:

Handout:

Display Information:

How have you had contact with mental health?

Tape the corresponding streamer to the board if you or someone you know has had...



8: Social Media Presence

The Bateman team created accounts on Facebook, Instagram and Twitter to assist in its mission to promote mental health. The team also created a Hootsuite account to strategically schedule posts throughout the implementation period on the various platforms. The overall social media strategy included sharing resources and information on mental health, providing a community and safe space for people to feel welcome, sharing stories of those with mental illness, promoting events, and encouraging UNC students and faculty to share why they pledge to stop the stigma on mental health. These strategies were done to educate people on the prevalence and normality of mental illness and emotional suffering, to provide resources to those who need it, and to normalize mental illness and conversations around mental health.

All accounts had the same username, @StopTheStigmaCH, to maintain consistency. The team promoted and used the hashtag #StopTheStigma. We used a variety of post formats such as photos, videos, and links to articles to reach the highest number of people. In total, the team uploaded 85 photos onto its social media accounts. The photos were of students taking the pledge to stop the stigma, photos from its five events, and graphics promoting its events. The photos of students taking the pledge garnered the most attention as they were shared to personal accounts by the students pictured. We incentivized students to make the pledge with a drawing to win a basketball signed by former UNC basketball player and two-time NBA All-Star Antawn Jamison or to win a $20 Starbucks gift card.

The team also shared links to articles and videos such as TedTalks discussing mental health. Two TedTalks that were shared include Eleanor Longden's "The Voices in my Head" and Elyn Saks' "The Tale of Mental Illness- from the Inside." In their talks, Longden and Saks share personal experiences fighting against the stigma surrounding mental health and encouraged people to create a society that supports and values those with mental illnesses. In addition, the team shared a short video of a woman discussing her experiences after being diagnosed with bipolar disorder at age 16. The speaker dispelled the common belief that those with mental illnesses are permanently impaired by sharing her personal achievements and the ways she learned to manage her disorder. The video was obtained through a partnership with Donna Kay Smith of Accessible Minds/Real World Productions.

Analytics

Facebook

The Bateman team used Facebook to create events, share stories and information on mental health, and to share photos taken for the pledge campaign. The Facebook page was "liked" by a total number of 167 people. Its 31 posts reached 3,493 unique users. Unique users refer to people who engage with the page by clicking on its posts, commenting, liking, or sharing. No matter how many times the user visits the page, the visitor is only counted once.

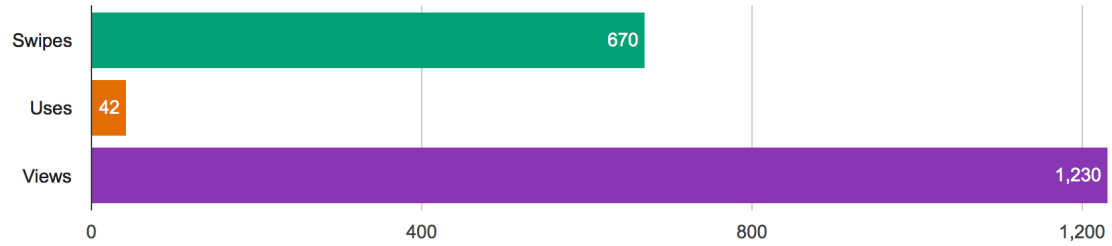
Instagram

Instagram was also used to promote events and to share photos taken at events. Some posts also included facts on mental health. The account gained 123 followers. Its 10 posts garnered 200 likes in total.

Twitter

Twitter was used to share even more information on mental health and to promote events as well. The 55 tweets gained 11,047 impressions and 277 engagements. Twitter impressions are the delivery of a tweet to an account's Twitter stream. Twitter engagements are when users interact with the tweet by clicking on, retweeting, liking, or replying to the tweet.

Snapchat Filter



Example Posts

Stop the Stigma
Published by Mikala Whitaker [?] · March 8 at 5:45pm ·

Tiffany was diagnosed with bipolar I at age 16. Here's what she has to say on mental health: "I just want to say in general that people people don't have to give up on themselves just because other people think they should or because other people think that they have this mental illness that can never be cured. No maybe it can't be cured but it can be worked on and it can be managed and you can have a normal life. You can be bipolar and go to school and get a college degree and now work on a masters degree and have a high paying job and have a family and have kids and have a husband. You, you can have a normal life. It does not have to be the end of your life because you're diagnosed with something." #StopTheStigma

Credit: Donna Kay Smith, Accessible Minds/Real World Productions

236 people reached Boost Post

Stop the Stigma @StopTheStigmaCH · Feb 24

70-90% of people with a mental illness get better with treatment. It doesn't have to be a lifelong disease. #StopTheStigma

2

Stop the Stigma
@StopTheStigmaCH

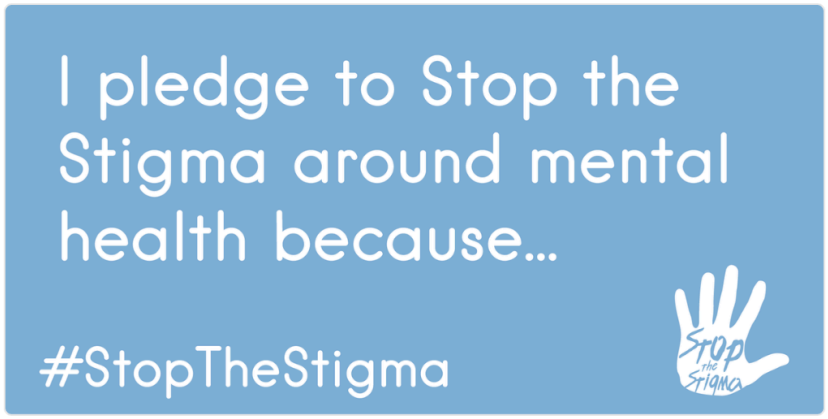
Following

Therapy doesn't have to be expensive. Did you know that you can get services for as little as $10? #StopTheStigma

1:01 PM - 3 Mar 2017

Stop the Stigma @StopTheStigmaCH · Feb 24

We pledge to #StopTheStigma because mental health should be treated the same as physical health. Why do you pledge?



1

Stop the Stigma @StopTheStigmaCH · Mar 6

Feeling stressed? Use some of these techniques to feel better:

5 Quick Tips to Reduce Stress and Stop Anxiety

Squash the uncomfortable consequences of stress and anxiety with these 5 tips.

psychologytoday.com

Stop the Stigma
@StopTheStigmaCH

Following

Suicide is the leading cause of death among college students. Pledge to #StopTheStigma and change this statistic.

RETWEET
1

11:45 AM - 1 Mar 2017

1

Example Posts Shared by Students Taking the Pledge:

caseyrose5
UNC
Following

207 likes 3w

caseyrose5 Freshman year I wasn't able to rush Franklin when we beat Duke because I was in a pretty bad place. I was stressed, sad, and lost, and I had to seek help. I was able to learn about my anxiety and things I had been dealing with my whole life and hadn't noticed; I just thought everyone operated in the same way I did. It was only through caring doctors, friends and family that I was able to get back on my feet. This year I got to rush Franklin with two people I love the most. Even in times of being stressed about jobs and the future, I can't help but reflect on years of growth and how I'm in such a better place because of modern medicine. There is light at the end of the tunnel, and things can truly get better and easier if you notice the signs in someone else or ask for help yourself ~ #stopthestigmaUNC

dianeamite 💕💕💕

Add a comment... ooo

Vanessa May shared Stop the Stigma's photo.
March 1 ·

Even people who don't have a mental illness can benefit from therapy sometimes. Life is hard. College is hard. There shouldn't be a stigma around seeking help for mental health. Share why you pledge to #StopTheStigma and follow on social media @StopTheStigmaCH for the chance to win a basketball signed by Antawn Jamison.

Like Comment Share

Shea Leigh, Anna Claire and 132 others

View 1 more comment

Mandy Wolfert You're awesome
Like · Reply · 1 · March 1 at 11:09am
Vanessa May replied · 1 Reply

Mary Bryan love this and love you
Like · Reply · 1 · March 1 at 2:31pm
Vanessa May replied · 1 Reply

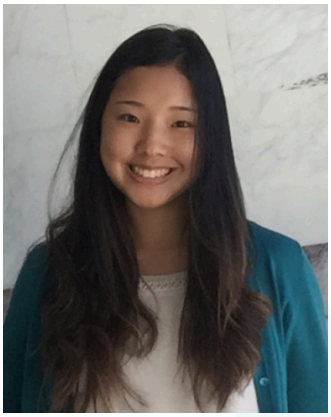
Karli Krasnipol Yas Queen
Like · Reply · 1 · March 1 at 3:23pm
Vanessa May replied · 1 Reply

9: Stop the Stigma Implementation Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			February 15	**16**	**17**	**18**
			Random Acts of Kindness Day 12-3 p.m. In the Pit			
19	**20**	**21**	**22**	**23**	**24**	**25**
			Eating Disorder Awareness Workshop 7-8 p.m. Carroll Hall 111			
26	**27**	**28**	**March 1**	**2**	**3**	**4**
				Art Without Expectations 7-8 p.m. Freedom Forum		
5	**6**	**7**	**8**	**9**	**10**	**11**
Mindfulness Yoga 8-9 p.m. Freedom Forum			Mental Health Awareness Day 10 a.m. - 2 p.m. Polk Place Quad			
12	**13**	**14**	**15**			
			Last day to share photos on social media for the raffle			

10: About the Team

Emily Brice
UNC-Chapel Hill, 2018
Major: Media and Journalism (PR Concentration), Minor: History
Hometown: Raleigh, North Carolina
About: Emily is a junior at UNC-Chapel Hill and has interests in working in either financial or healthcare PR. She has becoming heavily involved with UNC's chapter of PRSSA by serving on the executive team as Treasurer. Her hobbies include baking, running and online shopping.



Eunice Kim
UNC-Chapel Hill, 2019
Major: Media and Journalism (Strategic Communication Concentration)
Hometown: Ridgefield, New Jersey
About: Eunice is a sophomore studying Strategic Communication and Public Policy. She is interested in developing skills in social media management and marketing. In the future, she plans to manage communications for a global non-profit organization in either Boston or New York City.

Mackenzie Self
UNC-Chapel Hill, 2018
Major: Media and Journalism (PR Concentration), Minor: Entrepreneurship
Hometown: Burlington, North Carolina
About: Mackenzie is a junior at UNC and has interests in working in PR or social responsibility within the sports world. She is heavily involved with the UNC Athletic Department and many organizations across campus, and has a desire to excel and take in the atmosphere and the energy UNC has to offer. She loves running, watching Tar Heel basketball and watching Netflix.

Mikala Whitaker
UNC-Chapel Hill, 2017
Majors: Media and Journalism (PR Concentration), Second Major: Global Studies, Minor: Spanish
Hometown: Winston-Salem, North Carolina
About: After graduating, Mikala plans to travel to Thailand and move to Washington, D.C., where she hopes to work at a public relations agency doing work in social change. She's also interested in any work with a global scope, as she's previously studied for several months in Argentina and Spain.

Dr. Lois Boynton, Faculty Adviser

As an associate professor in the School of Media and Journalism, Dr. Boynton teaches ethics across the curriculum classes and public relations courses for undergraduate and graduate students.

She is co-adviser of the Carolina PRSSA chapter, a fellow in the University's Parr Center for Ethics, and was named to the University's Academy of Distinguished Teaching Scholars. She won the School's David Brinkley Teaching Award in 2007 and Ed Vick Prize in Teaching Innovation in 2014. The 2014 senior marshals selected her to give the Last Lecture to seniors across the university.

Marshéle Carter, Professional Adviser

Marshéle Carter served as founder and president of the nonprofit, Hope for the Home Front, from 2002–2015. Hope for the Home Front provided resources, conferences and community to women whose lives are connected to combat veterans with post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). A keynote speaker for public and private-sector events, Marshéle has served as an advocate for veterans' issues at the national level. Also an author, she has been featured in international, national and local media including "The Diane Rehm Show" on National Public Radio (NPR), TIME Magazine, the BBC, LA Times, Huffington Post, Washington Post, and Fox News.