

FINAL REPORT

An Assessment of the Effectiveness of WalkInOurShoes.org as an SDR Intervention

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Executive Summary

This study was designed to evaluate the effectiveness of the WalkInOurShoes.org website as part of a social marketing campaign implemented by Runyon Saltzman & Einhorn (RS&E) for the California Mental Health Services Authority (CalMHSA). The campaign aims to reduce mental illness stigma and discrimination. RS&E collaboratively designed and implemented the campaign using a life cycle segmentation approach.

The Walk In Our Shoes (WIOS) campaign targeted youth aged 9-to-13 mainly through school-based interventions, but also through mass media channels. The main objective was to increase knowledge about mental illness and the facts about people experiencing mental illness. The WalkInOurShoes.org website was designed to support the various efforts throughout the state as a way to reinforce the concepts communicated, as a place to send youth who had been exposed to the campaign for more information, and to offer the chance for youth to learn about the experiences of other people who have been through mental health challenges.

The main purpose of this study was to assess if youth in the target age group showed greater knowledge from exposure to the website compared with those who were not exposed. Data were collected from two samples of young people. An initial survey was conducted in January 2012 using a convenience sample that was geographically distributed throughout California. A follow-up survey of visitors to the WalkInOurShoes.org website was conducted in March 2014 through an online market research panel.

The main findings from the study are summarized below.

Knowledge about Mental Illness among Youth Ages 9-to-13

We explored knowledge changes only among youth aged 11-to-13 since the comparison survey of non-exposed youth was conducted among this age cohort only.

Knowledge: Youth exposed to the WalkInOurShoes.org website had significantly higher knowledge levels on nearly all knowledge measures (23 out of 28 measures). They were able to identify many different examples of mental illness, whereas about one-third of the youth who were not exposed to the website reported that they could not identify any examples.

SDR Support: The approaches that youth from both samples offered about how to support people experiencing mental health challenges were similar, but the youth who had been exposed to the website suggested ideas more frequently that included listening and talking.

Behavioral Intention: Youth who were exposed to the website said they intended to treat others with mental health issues differently than they did before their exposure to the website. They intended to share information they learned from the website with their family and friends.

WalkInOurShoes.org Usage

The youth who were exposed to the website found it helpful and easy to use. They reported learning things they didn't know before, and enjoyed the real-life stories and shoe gallery posted on the site by other youth. Most of those who visited the site said they would visit again.

The Effectiveness of WalkInOurShoes.org

On a very large number of the knowledge outcome measures, the data indicate differences between the youth in the target age group who were exposed to WalkInOurShoes.org and those who were not exposed. They were more knowledgeable about recovery from mental illness and about the rights of people who have experienced mental illness to jobs, housing, and education, and they understood that mental illness does not occur more among certain racial or gender groups. They were more aware of different forms of mental illness. These differences suggest that the WIOS website intervention was successful in influencing knowledge about mental health.

However, some confusion among this target age group remained. They understood that mental illness is not caused by eating poorly, but they were confused about the relationship among eating behaviors and mental illness by making the incorrect assumption that eating too much is a result of mental illness. They were unclear that violent behavior is not a form of serious mental illness, and they had misperceptions about the danger and unpredictability of people with mental illnesses. This can however, be influenced by over sensationalized portrayals of current events through the media. These situations can create confusion and over generalizations of mental health conditions.

Those who were exposed to the website had high intentions for SDR and information sharing about mental illness. This study, however, was unable to capture youth who visited the website following campaign activities, so any knowledge differences were purely from immediate, short-term exposure to just the site rather than to a range of campaign elements. However, a study of youth sent to the website without other exposures to WIOS provides a clear view of effects exclusively from the website. Youth

visiting the site through the marketing panel would seemingly not have prior priming or interest in the topics, providing a clean view of effects without potential confounding factors. The differences between the exposed and the non-exposed groups were compelling and they showed a high likelihood that the campaign content and approaches had been effective in achieving intended outcomes.

Study Background and Purpose

The CalMHSAsigma and discrimination reduction (SDR) social marketing campaign implemented by RS&E included multiple elements targeted toward youth ages 9-to-13. This study was designed to learn if the campaign website, WalkInOurShoes.org, increased the SDR knowledge among the young people visiting the site. Knowledge enhancement was a major goal of the campaign. The website was a core support for school-based performances delivered at assemblies; materials for teachers, counselors, and educators who are committed to continuing the conversation to reduce stigma; and for mass media efforts.

The website was designed specifically for youth ages 9-to-13. It contains inspiring real-life illustrated stories aimed at increasing knowledge about mental illness and reducing stigma and discrimination. The website offered youth a chance to learn what mental illness is, the associated challenges, how to both give and receive support and what it means to get a diagnosis. A number of mental illnesses were defined, including attention deficit hyperactivity disorder (ADHD), anxiety/panic disorder, bipolar disorder, post-traumatic stress disorder (PTSD), and schizophrenia. An important goal of the website was to dispel myths and stereotypes such as the idea that persons with mental illness cannot recover and lead normal lives, the idea that mental illness doesn't affect kids and that people with mental illness are dangerous. Survey measures were designed to capture knowledge gained from being exposed to these concepts in the pages of the website.

Reducing self-stigma was a crucial goal of the campaign. As individuals build confidence and diminish their own self-doubt about their personal mental health status, they can show a greater ability to accept and support others who are experiencing mental health challenges. The more people understand mental illness, including their own experiences with difficult times, or the more they learn about friends or family members diagnosed with mental illness, the greater the chance to shift norms and reduce stigma and discrimination.

In order to assess the effectiveness of WalkInOurShoes.org as an SDR intervention, two surveys were conducted. One survey was of visitors who were exposed to WalkInOurShoes.org. Initially, a traditional, website survey was conducted but because of minimal site traffic toward the end of the campaign, and the potential security issues associated with fielding a purely online sample, a web-based market panel was accessed for the completion of the survey. The web-based survey was administered after a required visit to the site. A comparison group was obtained through a convenience sample of young people not exposed to the site. The surveys assessed knowledge about mental illness and SDR with a focus on common myths and stereotypes. The study sought to answer the main question of whether there would be

significant differences between the youth who were exposed to WalkInOurShoes.org and those who were not. Any differences would suggest the effectiveness of WalkInOurShoes.org in impacting SDR-related knowledge.

Study Methodology

Survey of Youth Not Exposed to WalkInOurShoes.org

Youth aged 11-to-13 completed a survey to collect their knowledge about SDR as part of efforts to plan the RS&E SDR campaign. As stated above, it serves as our comparison group that was not exposed to the website or campaign. The survey was conducted as a convenience sample in malls geographically distributed throughout California prior to the initiation of the campaign in January 2012. The surveys were conducted in person with parental consent obtained at the interview, but with a request for the youth to respond independently. Race/ethnic quotas were applied during data collection in order to make it possible to compare the groups. Surveys were conducted in English and in Spanish. The survey was administered by Field Research Corporation, and the data were transferred to NORC for analysis.

Survey of Youth Exposed to WalkInOurShoes.org

A second survey was conducted to gather data from youth who were exposed to the WalkInOurShoes.org website. The youth included in this survey were aged 9-to-13, to reflect the full target age group of the campaign. The survey was designed to include the same knowledge measures as were included in the comparison study. In addition, questions were added to get at website usage patterns and impressions. Data were collected during March 2014. The protocol and data-collection instruments were approved by the NORC Institutional Review Board (IRB). Parents of 9-to-13-year-olds in California were contacted through a market research firm, Research Now, and invited to participate in the survey. The parents were identified from an existing market research panel, but they still provided consent for their children to participate prior to NORC's engagement with the youth. The youth also assented to participate. A small, point-based incentive was provided to the respondents.

Youth were required to visit to the WalkInOurShoes.org website for a minimum viewing time of five minutes before they could complete the survey. The web-based interface was programed so that youth could not begin the survey until five minutes after the request to visit the website. Parents were notified that youth would be required to visit the website and that the survey included questions that would be asked of the youth about their impressions of the website. Parents were encouraged to visit the website with their child, but were asked to let their child complete the survey independently. Youth were informed that they could visit the site for as long as they wanted. The average length of time for survey completion was 20 minutes, including the required minimum five minutes to visit the website.

Survey Measure Development

Survey measures were developed by Larry L. Bye at NORC, Scott Rose at RS&E, Dr. Sergio Aguilar-Gaxiola at the UC Davis Center for Reducing Health Disparities and Dr. Susan Keyes, previously Director of Inspire USA and currently a member of the RS&E Strategic Council. They were based on a review of Substance Abuse and Mental Health Services Administration and National Alliance on Mental Illness websites which featured common myths and stereotypes about people experiencing mental illness. The measures mirrored themes selected for emphasis in the campaign.

Data Analysis

A descriptive analysis was conducted to examine the distribution of respondents on website usage patterns and the impressions. Basic counts and percentages are reported for the full sample of 9-to-13 year-olds who were exposed to the website. The data used to report the findings on website usage and impressions are un-weighted. Un-weighted, or raw, data were also used to describe sample demographic characteristics.

The two datasets were cleaned and coded to accommodate comparisons between the youth who had and had not been exposed to the website. Because only youth aged 11-to-13 were interviewed for the initial survey comparison sample, youth aged 11-to-13 were selected from the full panel sample for comparison on the knowledge measures. Population weights were applied for use in the comparisons of the groups of youth aged 11-to-13 for the knowledge measures. Weights were designed to adjust for the over or underrepresentation of certain races and ethnicities in the samples. The weights were developed using population control totals for race/ethnicity obtained from the U.S. Census Bureau American Communities Survey for 11-to-13-year-olds in California. Race/ethnicity was assigned to respondents in the panel survey based on the self-reported race/ethnicity of the parent. Un-weighted data were used in order to

explore the other study questions having to do with website usage patterns and user impressions of the website.

Chi-square tests were conducted to compare differences between the exposed and non-exposed groups. The knowledge measures assessed agreement or disagreement with statements that reflected important facts and myths related to mental illness. Statistical significance was established at a 95 percent confidence interval. Differences at the $p < 0.001$ level were reported. Notations of significant findings are provided as footnotes for the tables using statistical significance tests.

Study Team

Larry L. Bye, NORC Senior Fellow, led the study design and instrument development and consulted on the data analysis and report writing. Alyssa Ghirardelli, NORC Research Scientist, managed the data collection activities, including cleaning and coding; collaborated on weighting strategies; conducted data analysis; and was the primary writer for the report. Terra Gore, Research Analyst, developed coding schemes and coded the open-ended items. Jie Zhao and Elizabeth Ormson, both NORC Statisticians, assisted with gathering, calculating, and applying the sample weights.

Demographic Composition of the Samples

The full panel sample that was exposed to the WalkInOurShoes.org website and completed the 2014 survey was composed of 548 respondents. The comparison mall sample conducted in 2012 was comprised of 551 respondents. A smaller sample of panel youth aged 11-to-13, comprising 324 respondents, was created for comparison with the mall sample. The demographic data presented were un-weighted in order to provide an understanding of differences between the samples. Weighting was applied to adjust for the over-sampling or under-sampling of race/ethnic groups. These weights were applied to only the knowledge items to make it possible to compare the two samples. Demographics for the un-weighted samples are provided below in Exhibit A.

Exhibit A: Demographics of Respondents in Samples

Demographic Characteristics	WIOS-Exposed Sample n = 548 Ages 9–13		WIOS-Exposed Sample n = 324 Ages 11–13		Not Exposed to WIOS Sample n = 551 Ages 11–13	
	sum	%	sum	%	sum	%
Age						
9	92	17	-	-	-	-
10	132	24	-	-	-	-
11	130	24	130	40	207	38
12	118	21	118	36	171	31
13	76	14	76	23	173	31
Gender (self-reported)	sum	%	Sum	%	sum	%
Male	289	53	172	53	269	49
Female	252	46	147	46	282	51
Race/Ethnicity	sum	%	Sum	%	sum	%
White, Non-Hispanic	318	58	185	61	126	23
Black, Non-Hispanic	26	5	18	6	139	25
Asian or Pacific Islander, Non-Hispanic	92	17	51	17	104	19
Hispanic/Latino and All others	78	14	51	17	182	33

Cells may not add up due to rounding, respondent refusal, or missing data

- Most of the youth exposed to the site were between ages 10 and 12, with fewer 9-year-olds (17 percent) and 13-year-olds (14 percent), but the age distribution was not unbalanced.
- The comparison sample respondents who were not exposed to WIOS were evenly distributed among the age groups, but only included youth aged 11-to-13.
- A WIOS-exposed group of youth who were comparable in age with those who were not exposed to WIOS is presented. The exposed group of 11-to-13-year-olds had greater distribution toward the younger side of the three-year span.
- Gender was reasonably evenly split between males and female in each of the sample groups.
- The sample of youth exposed to WIOS were overwhelmingly white, nearly two-thirds of the group. Minorities were underrepresented in the sample. Adjustments were made through weighting of the sample in the analysis to balance inconsistencies in race-ethnic groups.
- The convenience sample gathered in malls was more racially/ethnically diverse since quotas were established for the main groups in order to facilitate comparisons.

MAJOR FINDINGS

This section of the report presents the major findings from the study.

1.0 Use of WalkInOurShoes.org

Use of WalkInOurShoes.org

Use of WalkInOurShoes.org was represented through reports from the un-weighted sample of the 9-to-13-year-olds. Youth reported the number of times they had visited the site and the amount of time they had spent on the site, as shown in Exhibit 1.1.

Exhibit 1.1: Use of WalkInOurShoes.org

Experience with WalkInOurShoes.org	WIOS Exposed Sample n = 548 Ages 9–13	
	sum	%
Number of Times Visiting WalkInOurShoes.org		
Once	465	85
2-to-3 times	74	13
4 or more times	7	1
Amount of Time Spent on WalkInOurShoes.org during Last Visit		
Less than 5 minutes	38	7
5-to-10 minutes	419	76
11-to-20 minutes	79	14
21 minutes or more	11	2

Cells may not add up due to rounding, respondent refusal, or missing data

- The majority of the youth who were exposed to the site visited it once, but 14 percent of the sample reported visiting more than twice, indicating that they either left the site and came back or had been there before. Since these youth were driven to the site for the purpose of the survey, it makes sense that most of them had only visited once.
- Sixteen percent of the youth who visited the site spent more than ten minutes there, showing a reasonable interest in the site even for youth who had been directed there to review the content. However, 7 percent did report staying for less than the requested five minutes.

2.0 Usability and Experience with WalkInOurShoes.org

Youth who were exposed to WalkInOurShoes.org reported their experience after their visits to the site. Exhibit 2.1 presents their overall impressions, self-perceived learning, and preferences for the way content was presented. The full un-weighted sample of all 9-to-13-year-olds exposed to the site was used for this analysis.

Exhibit 2.1: Experience of WalkInOurShoes.org

Experience with WalkInOurShoes.org	WIOS Exposed Sample n = 547	
	N	Percent Agreed
Impression of Site		
Found it easy to explore	518	95
Thought information was easy to understand	487	89
Found the information helpful	476	87
Learning Experience		
Taught me something I did not know	507	93
Answered questions I had about mental illness (MI)	307	68
Changed my thoughts about people with MI	373	68
Favorite Part of Site		
Videos	83	15
Shoe Gallery	190	35
Real Stories	158	29
Myths versus Facts	90	16
Other	20	4

Cells may not add up due to rounding, refusal, or missing data

- The vast majority of youth who were exposed to the site agreed that it was easy to explore (95 percent), that the information was easy to understand (89 percent), and that they had found the information helpful (87 percent).
- Remarkably, 93 percent reported that the website had taught them something that they didn't know.
- More than two-thirds of the sample agreed that WalkInOurShoes.org had answered questions they had about mental illness and that the site had changed their thinking about people experiencing mental illness.
- The shoe gallery by far was the most popular part of the site, with 35 percent reporting it as their favorite area, followed by the real stories (29 percent). The videos and the myths-versus-facts sections were roughly evenly reported as the respondents' favorite parts of the site. A small portion of the youth reported other areas of the site as their favorites.

3.0 Evidence of Effectiveness

The next section of this report examines the evidence for the effectiveness of WalkInOurShoes.org and focuses on differences in knowledge across the two samples. The measures assessed knowledge on a range of SDR-related issues. Youth aged 11-to-13 from the two samples were compared. For these comparisons the data were weighted for race/ethnicity. All measures were tested for differences using chi-square tests at 95 percent confidence intervals.

Understanding Mental Illness

The campaign sought to combat common myths and misconceptions about mental illness and those who experience it. Exhibits 3.1 and 3.2 present the data on respondent knowledge.

Exhibit 3.1: Knowledge: Recovery, Stigma, and Discrimination

	WIOS-Exposed Sample n = 324 Ages 11–13	Not Exposed to WIOS Sample n = 551 Ages 11–13
Recovery	% correct	% correct
People with MI often get better after going to the doctor	80	57
People with MI often get better, but only for a few weeks or months	78	69
People with MI are more likely to get better if they are women	93	88
People with MI are required to take medicine and get counseling for the rest of their lives	56	31
Once they are treated by doctors, people with MI often lead active, productive lives	91	77
Once they're treated by doctors, people with MI often get into trouble with the law	94	82
Once they're treated by doctors, people with MI are required to live and work only in certain places	85	56
Stigma and Discrimination		
People with mental illness should be able to have housing, jobs, and education just like everyone else	98	86
People with mental illness have to pass a mental health test before they can work at some jobs	42	24
It is legal to deny housing to people with MI	62	65
People with MI can be put in jail because they're mentally ill	83	80

Chi-squared results for all measures were $p < 0.001$

- Youth who were exposed to the website had consistently greater knowledge on issues of recovery and the rights of people with mental illness.
- Those who were exposed to the website scored significantly higher on all but one item in the recovery and SDR measures.
- The areas in which the youth who were exposed to the website were most accurate in their knowledge included the potential for those with mental illness to lead active, healthy lives after help from a doctor; that women were not more likely to get better; that people with mental illness don't get in trouble with the law more often; and that they should have access to housing, jobs, and education just like everyone else.
- Knowledge was not as high in either sample regarding the need for people with mental illness to take medication for the rest of their lives; the requirement of passing a test to work at some jobs; and the legal right to deny housing to people with mental illness. However, youth who were exposed to the website scored higher than did the non-exposed youth on knowledge about medication and the requirement of a test for some jobs.

Exhibit 3.2: Knowledge: Prevalence and Perceptions

	WIOS-Exposed Sample n = 324 Ages 11–13	Not Exposed to WIOS Sample n = 551 Ages 11–13
Prevalence of Mental Illness	% correct	% correct
MI is very common in US - many people have it	85	83
MI is more common in some racial groups than others; in these groups, many people have it	67	58
Young People and Mental Illness		
Young people my age can have mental illness just like adults	97	94
Young people my age are more likely to have mental illness than adults	72	64
Young people my age have less serious mental illness than adults	73	61
Attributions and Misperceptions		
Mental illness is a health condition that changes a person's thinking, feelings, and moods	96	93
Mental illness is poorly understood; no one knows why it happens	72	53
Mental illness is a problem caused by laziness and selfishness	95	88
Major depression is a serious MI	96	78
Tobacco addiction is a serious MI	74	47
Eating too much is usually due to serious MI	52	67
Violent behavior is a form of serious MI	17	23

	WIOS-Exposed Sample n = 324 Ages 11–13	Not Exposed to WIOS Sample n = 551 Ages 11–13
Perception of Danger		
People with MI are not more likely to hurt others	54	62
People with MI are more likely to act in ways you don't expect	4	11
Other Characteristics of People with Mental Illness		
People with MI are not likely to have children	85	68

Chi-squared results present for all measures at $p < 0.001$

- Youth who were exposed to the website had consistently greater knowledge about the prevalence of mental illness and the leading misperceptions about people with mental illness.
- Those who were exposed to the website scored significantly higher on all but four items in this set of 15 measures.
- The knowledge areas in which both groups performed well were: overall prevalence of mental illness; that young people can experience it just like adults; the general definition of mental illness; and the idea that mental illness is not caused by laziness or selfishness.
- Youth who were exposed to the website showed greater knowledge on the items including: the lack of higher prevalence among certain racial groups; the differences in experiences between youth and adults; that mental illness is poorly understood; that major depression is a serious mental illness and tobacco addiction is not; and the misperception that people with mental illness are not likely to have children.
- Youth who were exposed to the website did not perform better than those from the convenience sample on the measures related to danger and that violent behavior as a form of serious mental illness. They were also incorrect about eating too much as a cause of serious mental illness.

A major goal of the campaign was to promote understanding of mental illness and to reduce misperceptions about the causes. A series of items tested if youth were able to choose the item in a group that was incorrect. The results are presented in Exhibit 3.3 and cover the proportion of youth who selected unique answers with one accurate choice in both the WIOS-exposed and non-exposed groups.

Exhibit 3.3: Knowledge of Types and Causes of Mental Illness

	WIOS-Exposed Sample n = 324 Ages 11–13	Not Exposed to WIOS Sample n = 551 Ages 11–13
Which of These Is Not a Mental Illness:	% selected	% selected
Depression	9	27
Mental retardation	62	12
Panic disorder	13	22
Bipolar disorder	2	9
Don't know	14	30
Which of These Is Not True:		
MI can run in families	13	11
MI can come from being under too much stress	3	12
MI can be caused by eating very poorly	65	43
MI can be caused if people are badly abused or neglected	4	8
Don't know	15	26

Cells may not add up due to rounding, refusal or missing data

Chi-squared results present for all measures at $p < 0.001$

- The majority of youth who were exposed to the website were able to answer the questions correctly, with 62 percent identifying that mental retardation is not a mental illness and 65 percent answering that mental illness is not caused by eating poorly.
- A much higher proportion of youth who were not exposed to the website reported that they didn't know the answer to either question.

Exhibit 3.4 presents the analysis results of the youth's open-ended responses about their awareness of mental illness. The youth were able to provide as many responses as they could recall. Analysis was conducted on all of the responses instead of by respondent to determine which conditions were most commonly recalled. Therefore, only general comparisons can be made between the groups regarding the types of conditions the WIOS-exposed youth recalled compared with the non-exposed youth.

Exhibit 3.4: Awareness of Mental Illnesses

Mental illnesses are health conditions that cause problems with a person’s thinking, feelings, and mood. They can also affect a person’s ability to do things throughout the day. What types of mental illnesses have you heard of? (List as many or as few as you want).

	WIOS Exposed Sample n = 548		Not Exposed to WIOS Sample n = 551	
	Responses	%	Responses	%
Depression	273	22	117	10
OCD	30	2	29	3
ADD/ADHD	165	13	148	13
Schizophrenia	66	5	52	4
Bipolar	165	13	167	14
Autism/Asperger's	73	6	86	7
Anxiety/Panic Attacks	97	8	34	3
Eating Disorder (Anorexia or Bulimia)	36	3	12	1
PTSD	21	2	2	< 1
Other	139	11	156	13
Don't know/not sure	156	13	338	29
Refused	6	< 1	42	4
TOTAL RESPONSES	1227		1183	

Analysis was conducted by responses, not by respondent

- Depression was the condition most commonly known in the group who were exposed to the website, obtaining 22 percent of the responses in this category.
- Bipolar disorder was most commonly recalled among the group who were not exposed to the website, but the most common response from those not exposed to the website was that they didn’t know of any mental illnesses (29 percent). Fewer responses were recorded as “don’t know” (13 percent) by the youth who were exposed to the website, showing that youth visiting the website were more able to provide examples of types of mental illness instead of responding that they didn’t know any.

Beliefs about How to Give Support

The respondents provided open-ended text and comments about what they would do to support a friend who had mental illness. Their responses were coded and categorized based on the constructs of active engagement through listening and talking, emotional and non-emotional support, help-seeking, advocacy, and judgment. Some compelling examples of responses include:

“ask if they need help,” “ask how they are feeling,” “help someone feel good about themselves,” “find activities for them that highlight their strengths” (*Provide direct emotional support*)

“talk to friends, teachers, family,” “find ways to help themselves or others” (*Connect to resources and encourage help-seeking directly or indirectly*)

Findings are provided for the categories by the frequency of responses, not by respondent. Responses were un-weighted.

Exhibit 3.7: Respondent Descriptions of How to Give Support among Visitors to WalkInOurShoes.org

What can individuals do to be supportive of people who have mental illnesses?

	WIOS-Exposed Sample n = 548		Not Exposed to WIOS Sample n = 551	
	Responses	%	Responses	%
Supportive Attitudes and Behaviors				
Listen or talk with them	199	20	62	6
Provide direct emotional support; “be there”	151	15	266	24
Connect to resources and encourage help-seeking directly or indirectly	135	14	210	19
Gracious actions or words, friendship, other non-emotional supportive role	210	21	251	23
Be their friend	75	8	48	4
Maintain a non-judgmental attitude; accept them for who they are	169	17	176	16
Offer advocacy or protection from stigmatization	16	2	12	1
Offer spiritual support	6	< 1	2	< 1
Unsupportive Attitudes and Behaviors				
Nothing/Leave them alone	3	< 1	6	< 1
Other				
Other (convince them not to do something bad, special education, open doors)	22	2	48	4
Don't know	12	1	14	1
TOTAL RESPONSES	998		1094	

Analysis was conducted by responses, not by respondent

- Both groups brought up supportive behaviors, similarly mentioning direct emotional support and/or kind words and friendship, seeking help and resources, and maintaining a non-judgmental attitude toward people with mental illness.
- Youth who were exposed to the website reported more support responses related to listening to or talking with people with mental illness.

SDR Intentions

A shift in knowledge was the primary aim of the campaign, but it also sought to impact intentions and behaviors related to SDR including the seeking and sharing of information and support. The full un-

weighted results from the intention measures gathered from the panel of youth ages 9-to-13 who were exposed to the website are presented in Exhibit 3.9.

Exhibit 3.9: Intentions After Visiting WalkInOurShoes.org

Intentions	WIOS Exposed Sample n = 546	
	Sum	%
What I learned from the site will make me act differently towards people with mental illness	416	76
I have already acted differently because of something I learned on the website	198	36
I plan to visit the WalkInOurShoes.org site again	341	62
I plan to share information with friends	318	58
I plan to share information with family	409	75
I plan to look for information about MI somewhere other than the website	77	14

Cells may not add up due to rounding, refusal or missing data

- Just over three-quarters of the youth reported that after their visits to the site, they would act differently toward people with mental illness based on what they had learned.
- Most of the youth (75 percent) also reported that they planned to share the information they had obtained with their family, and over half (58 percent) of them reported that they planned to share information with their friends.
- Nearly two-thirds planned to visit the site again, and 14 percent reported an intention to look for more information about mental illness elsewhere.

Discussion of Effectiveness Findings

The youth who were exposed to the WIOS website showed consistently greater knowledge about mental illness and SDR issues than the young people who were not exposed to the website. The youth who visited the site also found it to be highly usable and helpful. They reported learning things that they hadn't known before. The youth who explored the site were more drawn to the real-life stories and the shoe gallery on the site, showing that learning through the eyes of others was very meaningful to this age group.

More youth who visited the site were knowledgeable about recovery among people with mental illness and about their rights to access housing, jobs, and education. They were more knowledgeable about the lack of difference in prevalence among racial and gender groups, and they were clear on the fact that

mental illness is poorly understood. They were more aware of different types of mental illness, and could identify that mental retardation and tobacco addiction are not mental illnesses. Many also reported an intention to provide support by talking and listening when encountering people experiencing mental illness.

Both groups—the WIOS-exposed and non-exposed youth—had a general awareness of mental illness and its prevalence. All of the youth in this age range appeared to understand that mental illness is not caused by laziness or selfishness. What both the exposed and the non-exposed youth were confused about was whether people with mental illness pose a danger to others. They seemed to be unclear that people with mental illness don't act unpredictably more often than others or that violent behavior is not a serious mental illness. Confusion in the context of violence may be difficult to understand among this age group as they may be influenced by the media and current events such as in the case of school shootings which may make them particularly aware of, but not fully informed about the issue. There was also confusion around eating behaviors. Youth who were exposed to the website understood that mental illness is not caused by eating poorly, but they provided incorrect responses assuming that eating too much is due to a serious mental illness.

An inspiring finding from the study is that many of the youth exposed to the website reported an intention to act differently toward people with mental illness, to share information with their families, and to visit the WIOS website again. The website appeared to have an effect on the youth who visited it; they reported significantly higher knowledge levels on important SDR measures. These findings were not based on youth who were driven to the site by the campaign through school assemblies or mass media. However, this study offers findings on the effects purely from exposure to the website. Future endeavors to extend the campaign could offer important opportunities to capture periods of high traffic to the WIOS site to examine natural exposure to the site and effects from exposure to multiple campaign elements. The marketing panel race-ethnic distribution is not representative of the California population. Weighting the comparison samples assisted with demographic inconsistencies, but they were present for the un-weighted analyses. This should be considered, but also interpreted in context of a campaign targeted mainly on age. The study presents important findings that show the effectiveness of the campaign for youth who were exposed to the WIOS website.

Appendices

- ▶ Appendix A: Survey Questionnaire

APPENDIX A:
RS&E/CalMHSA “Walk in Our Shoes” Web Questionnaire for Youth Aged 9–13

Invitation

[Window 1]:

Dear Parent,

Welcome and thanks for participating in the WalkinOurShoes.com survey!

Prior to filling out the survey, **we need your child to visit Walkinourshoes.org**. Walkinourshoes.org is a website that helps kids better understand mental health issues. The website is maintained by the California Mental Health Services Agency. The website is not meant to address personal or family mental health issues, but to help kids understand what others might be going through. NORC at the University of Chicago is conducting this survey on behalf of the California Mental Health Services Agency.

Please have your child visit the website and view whatever content they choose, but we ask that they **visit the site for a minimum of 5 minutes**. If they don't visit the site, many of the survey questions won't make sense. It is fine for you to visit the site with them, but we ask that the child complete the survey on their own. We realize they may ask for your help understanding any questions as needed, but it is important for them to answer based on what they think. We ask that if there is more than one child aged 9-13 in the household that only one of them completes the survey. Children who are not aged 9-13 are not eligible to complete the survey.

[Window 2:]

Because your child is a minor, we must ask your official permission for them to complete the survey.

This will just take a couple minutes to review and provide permission. When you've completed the permission screen and agree for your child to participate there are no more parent questions. Then you can ask your child to come to the computer to visit the website and complete the survey. Once they are done with the survey, they will be asked to have you come back to the computer to return to the Research Now site to get e-rewards to share. The survey should take them about 15 minutes to complete.

The survey will ask your child what he/she thinks about the website, what they know about mental illness and people struggling with mental health issues. It is up to you (and your child) to decide whether to participate in this survey or not. Your child may skip any questions he/she does not want to answer. Your child can quit the study at any time if he/she no longer wants to participate. If your child chooses not to continue through the survey to the end,, you will not receive the e-rewards to share with them. “A group of researchers at NORC at the University of Chicago developed the survey questions”.

[Window 3:]

If you or your child have any questions about the survey, please contact walkinourshoessurvey@norc.org or for any other questions contact member services at Research Now online at: <http://www.e-rewards.com/contactus.do>. NORC and Research Now will keep your child's responses private. Your child's name will never be linked to his/her answers. NORC and Research Now have a very careful system to make sure all your answers and personal information are kept private. But, like any other online survey, there is always a small chance that someone outside the research team could get access to your answers over the internet. At the end of the project, your child's answers will be combined with answers of other children 9-13 years old, without using any names. NORC will write a report about the results to share with the California Mental Health Services Agency.

Please provide your relationship to the child:

- 1 Mother or father
- 2 Legal guardian
- 3 Neither parent or legal guardian

[IF NIETHER PARENT OR LEGAL GUARDIAN] Because we must receive permission from a parent or guardian the child is not eligible to complete the survey. If you have questions, please contact member services at Research Now online at: <http://www.e-rewards.com/contactus.do>. Thanks! [PROVIDE LINK BACK TO RESEARCH NOW WEBSITE]

Please confirm your child's age:

[IF CHILD IS OUT OF AGE RANGE] We're sorry, for this particular survey we want to hear from youth aged 9-13. . If you have questions, please contact member services at Research Now online at: <http://www.e-rewards.com/contactus.do>. Thanks! [PROVIDE LINK BACK TO RESEARCH NOW WEBSITE]

If you agree for your child to participate in the survey, click the box that says "I Agree". [Go to Window 4]

If you do not want Research Now to invite your child to participate in the survey, click the box that says "I Do Not Agree".

[Terminate Window:] Thank you for your time.

[Window 4]: At this time, please ask your child to come to the computer to visit the website and complete the survey. They will be asked to click a link to the WalkInOurShoes.org website that will open in another window. **Please have your child visit the site for at least 5 minutes.** Also, please let them know that when they are done, they need to close the window and come back to the survey. If they close the survey by accident, you can use the Research Now ID provided to return to the survey.

There are no right or wrong answers to the survey, but to get the best understanding of what your child learned from the site, it is better that the site is not up during the survey. We ask that your child complete the survey on their own. We realize they may ask for your help understanding any questions as needed, but it is important for them to answer based on what they think.

Click “next” below to get to the first instruction page that gives the link to the website and information for your child to start the survey. Also, please let them know that when they are done, they need to close the walkinourshoes.org window and come back to the survey.

[Window 5]:

Welcome and thanks for being part of the WalkInOurShoes.org survey!

Click the link below to go to the WalkInOurShoes.org website. Visit any pages on the website that you want to, but please look around the website **for at least 5 minutes.** If you want to, you can stay on the website longer than 5 minutes.

Close the window to the WalkInOurShoes.org website when you’re done and come back to this window to fill out the survey. Keep this window open while you visit the website.

You’ll need to fill out the survey to the end so you and your parent can get e-rewards. At the end of the survey please ask your parent to come back to the computer.

[LINK TO walkinourshoes.org]

When you’re done visiting the website click the “Next” button below to start the survey.

[START SURVEY]

Your ideas really matter. The creators of Walkinourshoes.org would like to get thoughts about mental health from website visitors age 9 - 13. So, let us know what you think! Before you start, we need to make sure that you visited WalkInOurShoes.org for at least 5 minutes. If you haven't been to the site, please click the link below and go to the site. Close the window to the site when you're done and come back to the survey. You'll need to fill out the full survey so you and your parent can get e-rewards for your time.

Click here to go to the site if you haven't been yet. [link provided]

Click "next" if you've been to the site and are ready to start the survey.

[Window 6]:

NORC, a study team at the University of Chicago, has put together the questions to ask you. If you choose to answer the questions, your name will not be linked to your answers. It should take about 10-15 minutes. .

Other kids ages 9-13 will be answering the same questions as you. Your answers will be added in with all of their answers, but yours are still really important. The goal is to figure out if the website is helping kids to be understanding of other people that might struggle with mental health. The questions will ask about what you think about mental health. The project has been paid for by the California Mental Health Services Authority.

Assent

[Window 7]:

We're almost at the start of the questions, but we need to let you know, you can choose to answer the questions or not. If you choose to get started, you can skip any questions that you do not want to answer. To skip a question, you'll need to click on "I don't want to answer" to be able to go to the next page. You can stop answering the questions at any time. No one will be upset or angry if you decide to quit. There is a number attached to your answers instead of your name when you put them into the computer. Yet, like anything on the internet, there is a small chance that someone outside the study team could get access to your answers. If you have any questions about taking the survey you can emailwalkinourshoessurvey@norc.org

Are you willing to answer some questions? [y/n]

[Window 8]:

How old are you? [box to enter age]

There are no right or wrong answers, we just want to know what you think. So do your best and be honest.

1. Mental illnesses are health conditions that cause problems with a person's thinking, feeling and mood. They can also affect a person's ability to do things throughout the day. What types of mental illnesses have you heard of? (List as many or as few as you want).

a.

b.

c.

d.

e.

3. What can individuals do to be supportive of people who have mental illnesses? (List as many or as few as you want).

- a.
- b.
- c.
- d.
- e.

Check whether each question below is True or False. If you don't know how to answer a question, put a check mark by "Don't Know."

			True	False	Don't Know
1.	a.	People with a mental illness often get better after going to the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b.	People with a mental illness often get better but only for a few weeks or months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c.	People with a mental illness are more likely to get better if they are women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

			True	False	Don't Know
2.	a.	Once they get treated by doctors, people with mental illness often get into trouble with the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b.	Once they get treated by doctors, people with mental illness often lead active, productive lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Once they get treated by doctors, people with mental illness are required to live and work only in certain places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d.	People with mental illness are required to take medicine and get counseling for the rest of their lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

			True	False	Don't Know
3.	a.	People with mental illness should be able to have housing, jobs and an education just like everyone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b.	People with mental illness have to pass a mental health test before they can work at some jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	c.	It is legal to deny housing to people with mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d.	People with mental illness can be put in jail because they're mentally ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

True False Don't Know

4.	a.	Mental illness is very common in the U.S. – many people have it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b.	Mental illness is more common in some racial groups than others – in these groups many people have it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

True False Don't Know

5	a	Young people my age can have mental illness just like adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b	Young people my age are more likely to have mental illness than adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c	Young people my age have less serious mental illness than adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

True False Don't Know

6	a	Mental illness is a health condition that changes a person's thinking, feelings, and moods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b.	Mental illness is poorly understood - no one knows why it happens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Mental illness is a problem caused by laziness and selfishness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

True False Don't Know

7	a	Major depression is a serious mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b	Tobacco addiction is a serious mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c	Eating too much is usually due to serious mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d	Violent behavior is a form of serious mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

True False Don't Know

8	a	People with a mental illness are not more likely to hurt others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b	People with a mental illness are more likely to act in ways you don't expect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c	People with a mental illness are not likely to have children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark the best answer to each of the questions. Check one answer only for each question. If you don't know the best ending, check "Don't Know."

9.	Which of the following is NOT a mental illness ...
	<ul style="list-style-type: none"><input type="radio"/> Depression<input type="radio"/> Mental retardation<input type="radio"/> Panic disorder<input type="radio"/> Bipolar disorder<input type="radio"/> Don't know

10.	Which of the following is NOT true ...
	<ul style="list-style-type: none"><input type="radio"/> Mental illness can run in families<input type="radio"/> Mental illness can come from being under too much stress<input type="radio"/> Mental illness can be caused by eating very poorly<input type="radio"/> Mental illness can be caused if people are badly abused or neglected<input type="radio"/> Don't know

Finally, we want to know about your experience with the "Walk in Your Shoes" website.

11.	I have visited the "Walk in Our Shoes" website...
	<ul style="list-style-type: none"><input type="radio"/> Once<input type="radio"/> 2-3 times<input type="radio"/> 4 or more times

12.	When you visited the "Walk in Our Shoes" website, how much time did you spend on the site? Pick the one best answer
	<ul style="list-style-type: none"><input type="radio"/> Less than 5 minutes<input type="radio"/> 5 to 10 minutes<input type="radio"/> 11 to 20 minutes<input type="radio"/> 21 to 30 minutes<input type="radio"/> More than 30 minutes

13.	My favorite part of the “Walk in Our Shoes” website was the...
	<ul style="list-style-type: none"> <input type="radio"/> Videos <input type="radio"/> Shoe Gallery <input type="radio"/> Real Stories <input type="radio"/> Myths Versus Facts <input type="radio"/> Other: _____

14.	I learned about the “Walk in Our Shoes” website from...
	<ul style="list-style-type: none"> <input type="radio"/> A friend <input type="radio"/> Radio <input type="radio"/> TV <input type="radio"/> Internet ad <input type="radio"/> Internet search <input type="radio"/> At school from a poster <input type="radio"/> At school from a handout <input type="radio"/> At school from a button someone was wearing or had on a backpack <input type="radio"/> At school from a sticker <input type="radio"/> At school from shoelaces <input type="radio"/> At an assembly at school <input type="radio"/> A teacher <input type="radio"/> Doing this survey <input type="radio"/> Something else, please describe: _____

Check whether each question below is True or False. If you don't know how to answer a question, just put a check mark by “Don't Know.”

			True	False	Don't Know
15.	a	I found it easy to explore the website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b	I thought the information on the website was easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c	I found the information on the website helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

			True	False	Don't Know
16.	a	The website taught me something I did not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b	The website answered question(s) I had about mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c	The website changed my thoughts about people with mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

			True	False	Don't Know
17.	a	What I learned on the website will make me act differently towards people with mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	b	I have already acted differently because of something I learned on the website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c	I plan to visit the "Walk in Our Shoes" site again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d	I plan to share the information I learned on the website with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e	I plan to share the information I learned on the website with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e	I plan to look for information about mental illness somewhere other than the website (please write where you plan to look): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Lastly, we'd like to ask a question about you. Are you....

Male

Female

Thanks for your help! Now that you have finished the survey, please let your parent know so you can get your e-rewards. Have your parent click the link below to go back to the Research Now website to let them know you completed the survey.

[navigate back to -Research Now]