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Working with Parents of Fairfield, Iowa to Target Mental Health Problems in Adolescents

CBH:6220:0001 Health Communication Campaigns

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One in four Americans has a mental health condition (CDC, 2013), yet over 50% of those individuals do not receive treatment for their respective mental health problem (MHA, 2018). Mental health issues remain highly stigmatized, such that individuals are thought to be dangerous, incompetent, or held personally responsible for their condition (Corrigan et al., 2002). This stigmatization prevents individuals from seeking treatment for their mental health condition to avoid the stigma associated with a "mental illness" (Narrow et al., 2000; Rüsch, Angermeyer, & Corrigan, 2005). Furthermore, budget cuts in recent years have limited access to treatment to proper mental health services (e.g., Loopstra et al., 2016; Nesper, Morris, Scher, & Holmes, 2016). Overall, mental health conditions continue to be an increasing problem in the United States, and individuals need access to more treatment options.

Because of the prevalence of mental health concerns throughout the United States and as it continues to increase in adolescent populations - with one in five adolescents suffering from a mental health condition (HHS, 2018), our target population for our health campaign is parents of sixth through eighth graders in public and private schools in Fairfield, IA. We are choosing to specifically focus on the parents of these students, as it is important for parents to begin conversations with their children about "taboo" topics and their overall health (Holman & Koenig Kellas, 2018). Beginning these conversations with their children early, as well as knowing more constructive ways to continue these conversations, will aid in helping families become more aware of mental health concerns, how these should be addressed, and how treatment can be introduced, if applicable, moving forward. Because of this, our SMART goal is:

"within one year of the campaign implementation, there will be a 5% increase of parents reporting that they initiated at least one conversation with their child about mental health compared to the baseline survey from Fairfield parents about mental health."

Significance of Problem

Mental health problems continue to spike at an alarming rate for adolescents in the United States (Kessler, 2012). Nearly 50% of mental health problems develop by age 14 (National Institute of Mental Health, 2017), making adolescents a key demographic in regard to providing more information about mental health services. Additionally, suicide is the third leading cause of death in adolescents (CDC, 2015), and 90% of those individuals who committed suicide had struggled with some sort of mental health problem (NIMH, 2017). Thus, it is important to examine and intervene when possible to help adolescents with mental health conditions.

More specifically, mental health problems are an increasing problem for teenagers of Iowa. Results from the 2016 Iowa Youth Survey conducted by the Iowa Department of Public Health found that a significant portion of Iowa students in 6th and 8th grade reported feeling nervous or worthless at some point in a 30-day time period. The Iowa Youth Survey also showed that 14% of 6th graders and 16% of 8th graders reported feeling so sad or hopeless for two or more weeks that they stopped doing their usual activities. Additionally, 10% of 6th grade students and 13% of 8th grade students reported they had seriously thought about committing suicide, with 5% of 6th graders and 8% of 8th graders actually making a plan for how they would commit suicide.

In addition to the pervasiveness of mental health problems in Iowa and the rest of the United States, mental health conditions cost billions of dollars each year. It is estimated that

mental health problems cost the U.S. $193.2 billion in lost earnings each year (Insel, 2008). Mental health conditions became the costliest health condition in 2013 in the United States, with over $200 billion spent on mental health-related expenses (Roehrig, 2016). Moreover, health economists hired by the World Economic Forum projected that by 2030, over $6 trillion would be spent globally on mental health-related costs (Bloom et al., 2011). Mental health conditions that go untreated or undiagnosed can lead to problems with the law or finances, such that many individuals with mental health problems become incarcerated or homeless (Greenberg & Rosenheck, 2008); both of which cost the U.S. more money for jailing, court fees, hospital visits, and other associated expenses.

Thus far, we have described the prevalence of mental health conditions, especially within the adolescent demographic in the United States and, more specifically, in Iowa. We have also discussed how the lack of support and treatment for individuals with mental health conditions costs the United States billions of dollars each year. Therefore, because of the significance of this problem, we have created a mental health campaign targeted at the parents of teenagers in Fairfield, Iowa - located in Jefferson County. Our goal is to increase parents' conversations with their children about mental health conditions and possible treatment options.

Parents and teens of Fairfield were chosen because Jefferson County has limited access to clinical care compared to a majority of other counties in Iowa (County Health Rankings and Roadmaps, 2018). In fact, there is only one mental health provider for every 950 people in Jefferson County (County Health Rankings and Roadmaps), making it especially problematic for individuals who need assistance with their mental health issues. Jefferson County also has a higher prevalence of income inequality compared to other counties in Iowa, along with more children living in poverty (County Health Rankings and Roadmaps). Furthermore, Jefferson

County has a significantly higher suicide death rate than the average Iowa county (Iowa Department of Public Health, 2016). Dozens of individuals living in the Fairfield area have committed suicide within the last 10 years, with eight documented suicides occurring in 2016 alone (Iowa Department of Public Health). In sum, Jefferson County demonstrates a critical need for more mental health services and treatment options.

Increasing dialogues with children about mental health conditions can be beneficial for many reasons. For instance, beginning this dialogue offers an opportunity for parents to provide support to their teens about mental health. Support is crucial in the context of mental health concerns because it has the potential to increase coping efficacy, buffer depression, and reduce the adverse effects of stress on an individual's biological system (Kalichman, DiMarco, Austin, Luke, & DiFonzo, 2003; Willis & Fegan, 2001). Support is also imperative for families who do not have the economic resources to provide professional treatment for a child's mental health condition. Additionally, it is important for parents to discuss mental health problems with their teenagers because adolescents oftentimes do not fully understand their emotions, leaving them unable to recognize a healthy mental state versus an unhealthy mental state (Zachrisson, Rödje, & Mykletun, 2006). This is where parents can take an active role to not only identify symptoms of mental health problems in their teens, but also to talk to their children to help fulfill the adolescents' mental health needs (Logan & King, 2001).

Public health issues are complex and solutions to such problems often require partnerships between practitioners and community members (Israel, 2013). Community-based participatory research (CBPR) has been a particularly useful method for addressing community health related issues and for reducing health inequities in underserved communities (Israel, 2013). CBPR, or sometimes referred to as action research, is a brand of research that favors

collaboration with local participants in defining, exploring, and developing action-oriented solutions to community issues (Stringer, 2007).

CBPR is premised on equitable involvement between all parties vested in the project throughout all phases of the research process (Israel, 1998). While community partners played an important role throughout the course of the project, this University of Iowa research team contributed a substantially larger portion of the project load, thus not meeting the fundamental requirements of equitability to be considered a true CBPR model. This project can be more accurately defined as a community informed project, with an emphasis toward following the principles of CBPR. Involving the community in a project such as this allows community partners the opportunity to take ownership in the project, share in decision making processes, and contribute local expertise to a problem under investigation (Balcazar et al., 2004; Israel, 2013).

There are foundational principles associated with using CBPR as an approach to solve community problems that other methods of inquiry are not explicitly concerned with (Israel, 1998). There are three principles of CBPR that are applicable to our team's health campaign. First, CBPR utilizes the unique strengths and resources within a partnering community, including social networks (Balcazar et al., 2004). Second, within a public health context, CBPR is explicitly concerned with the local relevance and ecological perspectives that influence the determinants of health (Stokols, 1996)—examining micro (individual and/or family) and macro (community and/or society) characteristics that influence behavior (Israel, 2013). Third, since projects are intended to solve a problem, dissemination of research findings in a useful way to the community is highly emphasized (Schulz, 1998).

Specific to our team's health campaign, formative research completed in the early phases of the project attempted to identify key members within the community. Since our campaign is

focused on targeting parents of school-aged children, our group began coordinating the campaign with the superintendent of the Fairfield Community School District and the principal from the Maharishi School. Our team met with the community partners multiple times during the formative research phase. Additionally, parents of school-aged children were an important community partner. During the pilot-testing phase of this project parents provided feedback to the research team, which influenced the overall project recommendations. Consistent with the principles of CBPR, both community partners identified important resources available to utilize (Balcazar et al., 2004) for disseminating research surveys to the target audience. Formative research also highlighted that both partners have an extensive community network through their respective social media platforms. The social media platforms for each community group will serve as one conduit by which our health campaign messages will be transmitted.

During the formative research process, it became evident that Fairfield was a unique community with a complex community dynamic. Initial interviews demonstrated several community members felt a divide within Fairfield between the Transcendental Meditation (TM) community and the more traditional Western ideology community that is common within rural Iowa. Our health campaign partners have identified two separate ideological communities within Fairfield, each resisting mental health services for separate reasons. Although each group might share similar barriers in regard to having access to appropriate care, each group might face different ecological reasons and barriers for not accessing services.

Diffusion of Innovations Theory

Diffusion of Innovations theory is a social process of learning about new innovations through communicative processes among network actors (Rogers, 2003). Mediated and interpersonal communication both have important roles in the diffusion process (Rice, 2017).

Mediated messages are often viewed as innovation dissemination, while the diffusion process occurs through interpersonal communication about a specific innovation (Dearing & Kreuter, 2010). Acceleration in the rate of innovation diffusion is typically the result of opinion leaders within a social network making the decision to adopt an intended behavior and communicating such decisions to others within that network, who in turn follow behavior adoption (Dearing & Cox, 2010).

Diffusion of Innovations theory is useful for explaining why and how certain health innovations spread among individuals (Dearing & Cox, 2018). Conceptually, an innovation is not limited to just technological adoption of new hardware or software, but also includes the adoption of new ideas, new processes, and new services (Rice, 2017). Aside from explanatory utility, Diffusion of Innovations theory provides a practical foundation for the development of healthcare intervention. Designing for diffusion is the intentional process of creating an innovation that is more likely to be noticed, positively evaluated, and adopted by users (Dearing & Kreuter, 2010).

Intentionally designing health campaigns to maximize diffusion is a key step within the formative research phase of an intervention. Similar to principles of CBPR, Dearing and Kreuter (2010) note that successful interventions must first start with actively listening to the community or target audience. Target communities can often provide the best insight into how planned innovations might be perceived within that community, and insights into unique social systems within a community. Partnerships and collaboration with stakeholders within a target community are also important steps when intentionally designing an intervention for diffusion. Finally, designing for innovation requires frequent formative evaluations and message testing with users.

Thus, following the guidelines from Dearing and Kreuter (2010), this health campaign has taken an intentional approach to message construction to maximize the potential diffusion of the campaign innovation. Additionally, community partners have had an active role in the process of message design, implementation, and program evaluation.

Theory of Motivated Information Management

The Theory of Motivated Information Management (TMIM; Afifi & Weiner, 2004) is an interpersonal communication theory that aims to explore how individuals process their uncertainty surrounding personal events. This theory posits that individuals go through various levels of processing in order to make decisions as to how they manage their information surrounding their uncertainty. There are three major phases for this theory: interpretation, evaluation, and the decision phases, with outcomes and efficacy being mediators between evaluations and decisions (Afifi & Robbins, 2014). In interpretation, one notices a discrepancy between their desired and actual states of uncertainty, which will often elicit an emotional response. From this, in evaluation, individuals consider ways in which they can gather more information and the outcomes of this, as well as if they are able to gather the information and process this (i.e., outcomes & efficacy). From this, a decision is made about how to manage and make sense of their uncertainty.

Additionally, this theory has been used to investigate a myriad of taboo topics. As this theory is based in theories such as emotional appraisals theory (Lazarus, 1991) and social cognitive theory (Bandura, 1989), we suggest that TMIM is also an appropriate theory to investigate mental health discussions between parents and children; we hope that our health campaign will be an important factor in the interpretation and evaluation phases. For example, as parents may be cognizant that mental health and suicidality are points of concern currently in

Fairfield/Jefferson County, they may notice their uncertainty about their lack of knowledge about it or, if they are concerned about their child, starting a conversation with them about mental health. From this, information would be gathered, and efficacy will be influenced. If parents are given the correct resources to give to their children and to start this conversation, then the decision to reduce their uncertainty regarding their child's mental health may become easier, as they have the resources and knowledge to begin this conversation.

Logic Model

In order to illustrate our group's plans for our campaign, a logic model is necessary for tracking goals and campaign progress. First, our stakeholders and resources for this campaign include the University of Iowa Office of Outreach and Engagement, the Fairfield School District and Maharishi Schools, contacts from the Jefferson County board of supervisors, parents, data from Jefferson County's health rankings, and our formative evaluation survey results. These pieces of information and contacts are necessary to not only establish our campaign, but to also aid in establishing potential impact, and thus, allowed for identification for important others to begin changes in attitude and behavior.

Second, activities and outputs are connected in what we hope to accomplish. Further sections detailing the implementation of this campaign will demonstrate our construction of family-centered communication flyers about starting and continuing conversations about mental health. We will also encourage increased social media presence about important information to know about mental health. Third, we hope that important social networks, and based on our use of important network actors, will allow for proper distribution of campaign information. From this, we have multiple goals through the immediate and long-term process of implementing this campaign, with hopes of becoming aware of benefits of communication about mental health,

proper communication techniques, and an overall increase in family communication about mental health.

To assess the exact needs of the Fairfield community, a baseline survey (see Appendix A) was distributed to parents of teenagers in both the Maharishi School and Fairfield Middle School. This baseline survey touched on parents' current knowledge of mental health resources (both locally and nationally) and whether or not they had initiated a conversation with their child about mental health in the last 90 days. Other questions touched on social media used by the parents on a daily basis and the identification of influential individuals in the school district. Overall, the results from this survey were used as the baseline for which to compare outcome evaluations. The survey results also significantly influenced the message design and recommended implementation of this campaign.

Inputs	**Activities**	**Outputs**	**Outcomes - Impact**		
			Short	**Medium**	**Long**
UI Office of Outreach and Engagement **Fairfield Community School District (FFCSD)** **Maharishi School (MS)** **Jefferson County Board of Supervisors** **Parent/Teacher Organizations**	**Create targeted parent/child mental health (MH) communication flyers for FFCSD and MS parents** **Develop campaign social media page** **Create social media ads for popular area social networks**	**Parent/child MH communication information is distributed through the community** **Participants from FFCSD and MS examine flyers** **Community social networks are identified**	**Participants are aware of benefits of parent/child communication for MH** **Participants are aware of parent/child communication techniques**	**Percentage of participants who report they have communicated with their children about MH recently is increased**	**Parent communication groups are formed** **Percentage of participants who report they have regularly communicated with their children about MH is increased** **Percentage of 6th and 8th feeling sad or hopeless for two or more**

from FFCSD and MS **Formative Research Survey Results** **County Health Rankings dataset**					**weeks is reduced** **Percentage of participants who have reported having a conversation about MH with more than one member of the family is increased**

Material Development & Testing

Framing. In order to best understand how parents choose to talk to their children about mental health, our proposed campaign materials focused on gain- and loss-framed messages (Cho & Boster, 2008). Gain-framed messages show the benefits that one may receive from acting upon the proposed health behavior, while loss-framed messages show what one may lose if they do not act upon the purposed behavior (Frew, Saint-Victor, Owens, & Omer, 2014). Gain-framed messages are important to consider when an outcome may not happen for a period of time, while a loss-framed message is more often used when an outcome may be immediate (Tversky & Kahneman, 1981). Additionally, the severity of the outcome is important to consider; if the outcome is severe, then a loss frame may need to be used, whereas if the outcome is not overly severe, then it may be more beneficial to use a gain-framed message (Mavandadi, 2018). The severity of the outcome is decided by the target audience of the campaign.

Based on our survey results, almost all parents are aware of how pressing of an issue mental health is in the Fairfield community, so it was important that we consider severity of the outcome of our messages, as well as how quickly one may experience the outcome. As starting a conversation with children can happen quickly, it may need to be sustained over time, a gain-framed message may be seen as more suitable to use over time. Additionally, since the outcome may be unknown in its severity, as this can be contingent on each family's view on mental health, a gain-framed message may also be more appropriate to use in this situation. However, in order to ensure that all frames are considered to be tested, both gain- and loss-framed messages were used in testing with parents to see which was preferred and could show to be the most successful in our campaign. The messages used in our initial campaign material production were adapted from a previous campaign surrounding mental health (Rothman et al., 2006).

Pilot testing. A critical step within the formative research process is an evaluation of the target population's perceptions about message content (Lindsey et al., 2009). Ideally, researchers would utilize an experimental design to test campaign materials prior to implementation. Considering the highly localized nature of this particular campaign, experimental pretesting campaign material would not be feasible nor likely able to produce statistically powerful enough results to draw meaningful conclusions. Although experimental methods would be preferred, qualitative methods can provide meaningful feedback to researchers during the formative research process. Qualitative approaches can be particularly useful for assessing acceptability, comprehensibility, and relevance of a particular message within segmented populations (Whittingham et al., 2008). Likewise, using qualitative methods for pilot testing materials can provide more nuanced appreciation for the target populations preferences, which are not necessarily captured in quantitative approaches (Thrasher et al., 2011).

An underlying assumption guiding this project has been the notion that the Fairfield community encompasses two distinct cultural and social groups: the TM community and the non-TM community. Similarly, interviews conducted during the early stages of formative research suggest that Fairfield is collectively unique from other communities in Iowa. To further assess these assumption, pilot testing of campaign material was conducted in two phases. Original campaign materials that were tested included the following: gain-framed message (Appendix B), loss-framed message (Appendix C), and mental health severity information poster (Appendix D).

Phase-one pilot testing included surveying parents about their preferences for the previously mentioned materials within the Iowa City area. Initial testing of materials within Iowa City served two related purposes. First, research team members were able to establish a baseline assessment for the general appeal of the materials outside of the specific target audience. Prior to testing the material within the Fairfield community, it was important for the research team to determine that the materials were at least comprehensible and were perceived as two distinct frame choices. Second, our team was able to develop an interview protocol that could be used during the second phase of pilot testing within the population of concern.

During phase one, the researcher asked random parents of primary-aged school children to provide feedback on campaign materials (n=10). Researcher first asked parents to assess the two framed messages side by side and parents were asked to report their preference. The researcher then followed with an open-ended question asking parents to identify specific reason/s for their selection. Finally, researcher asked the parents to provide any additional feedback or comments they felt were necessary to improve or clarify the campaign material. Next, the researcher asked for parents' assessment of the mental health severity poster. The order of

questioning varied slightly between participants before settling on an interview protocol that seemed to naturally occur. Each parent was able to complete the condensed protocol within a minute.

Phase-one pilot testing revealed that an overwhelming majority of parents favored a gain-framed message (n=8). A number of parents expressed concern about the loss-frame's structure, specifically that the loss frame appeared to be "clunky" or "too wordy". Parents did not have a preference as it related to the specific scene that was used to accompany the written message. Additionally, parents found the color selection and layout visually appealing. Without prompt, a number of parents favored the use of non-human characters in the mental health severity poster. When asked, a majority of parents (n=7) felt that these materials would be appealing in the form of an enlarged poster display or via a Facebook post. Although phase-one pilot testing did not identify any pronounced or identifiable differences between Iowa City and Fairfield communities, there are unquestionable qualitative differences between the two communities. Phase-one pilot testing still provided valuable insight into the perceptions of campaign materials outside of the target audience.

Phase-two of pilot testing included testing the materials within the Fairfield community. A similar approach was used for phase-two collection whereby the researchers randomly approached individuals within the community and asked for their feedback. To ensure that pilot-testing was able to capture the input from TM practitioners, researchers identified individuals within the enclave of Maharishi Vedic City that were willing to speak with researcher. Phase-two pilot testing protocol asked the same set of questions as phase-one with two exceptions: participants were asked if they were TM practitioners and if they were parents of school-aged

children. Collectively, the researchers spoke with eight TM practitioners, 11 non-TM practitioners, and two individuals that did not wish to identify.

Among TM practitioners that the researchers spoke with, five were contacted from within the Maharishi Vedic City enclave, while the remaining individuals were contacted in the downtown Fairfield area. Among the TM practitioners contacted for the purposes of pilot testing, all indicated that they preferred the gain-frame message. When asked, some respondents (n=2) specifically stated that they preferred the gain-framed message because the language was less guilt-inducing compared to the loss-frame message. Half of the TM participants thought the wordiness of the loss-framed message made the material difficult to comprehend during initial evaluation of the material. Most of the TM participants felt that the materials were visually appealing, whereas three participants were indifferent to the material aesthetics. Among those individuals that identified as non-TM practitioners (n=11), only one individual indicated that they preferred the loss-framed message. The individual that indicated they preferred the loss-framed message reported a family history of mental health problems.

Besides the one non-TM practicing participant identified above, the remaining individuals preferred the gain-frame message. A majority of non-TM participants found the campaign materials visually appealing, while one individual suggested using different color combinations for the materials. Across all participants interviewed for pilot-testing (TM, non-TM, and non-identifying), no one communicated disapproval of the mental health severity material. Overall, we came to the conclusion that utilizing the gain-framed message would provide the best results for this campaign.

Implementation Plan

Channels. The proposed campaign will focus on three separate channels of communication: flyers/posters and handouts; social media; and a YouTube PSA. The flyers and posters (see Appendices B, C, and D) focus on encouraging parents to start a conversation with their teenager about mental health, aligning with our overall SMART goal of increasing conversations by parents with children about mental health. In addition to the flyers and posters, we have provided handouts based on the results from the survey that showed parents in Fairfield are in need of identifying a mental health problem and how to talk to their teens about mental health. Thus, we created one handout that identifies symptoms of mental health problems in teenagers (see Appendix E) and another handout that provides tips for how parents can talk to their child about mental health (see Appendix F). It is recommended that these flyers and handouts be placed in the Fairfield Middle School, the Maharishi School, Optimae LifeServices, and any other locations that hold a concentration of parents. It may also be helpful to post the flyers and handouts on the websites of each participating school; data about traffic to the Fairfield Public Schools website indicated that a significant number of individuals visit the site each month (see Appendix G).

We recommend the flyers and handouts also be used on existing Facebook pages for Fairfield Middle School and Maharishi School. We identified Facebook as the best social medium because it was reported as the most used platform in our baseline survey. Not only can the schools post the flyers and handouts on their Facebook page to reach current followers, but the social media administrators for each page can also promote the flyers and handouts using the Facebook advertisements feature. Promoting the flyers through social media ads will increase the reach of the material and maximize awareness.

Finally, we advise the schools create a short YouTube video that features a prominent person from each school to discuss mental health among adolescents. Results from the baseline survey suggested that Richard Beall or Mark Wilkins from the Maharishi School and Corey Klehm, Jay Thompson, or Emily Morris from Fairfield School District are well-known and influential among their schools, thus making them appropriate candidates for the YouTube videos. Identifying and incorporating influential opinion leaders are important components of the diffusion of innovations theory (Dearing & Cox, 2018), especially when it pertains to encouraging others to adopt a specific behavior. A script has been provided that each opinion leader can read when the video is recorded (see Appendix H). Once the YouTube videos with the opinion leaders are created, we suggest they are incorporated on each school's Facebook page and website.

Timeline. In order for our community partners to visualize our project, a suggested timeline is provided. We recommend to our community partners that this campaign start at the beginning of the school year in order to properly gather formative data surrounding how parents talk to their children about mental health; this will ultimately correspond with our SMART goal. Additionally, partners could have parents fill out the survey at a "back to school night" in order to ensure a high response rate. Since both schools have different start dates, we included two timelines corresponding to each school; these timelines are based off of information from the current school year calendar and can be modified to fit next year's calendar if there is a significant difference.

Timeline: Maharishi School

Date	Task to be Completed
August 21st	● Have parents fill out copies of the Fairfield Parents & Mental Health

	survey at Parent Orientation ● For those parents not present, have survey link posted on the website to ensure access for all necessary parties
September 4th	● Have parents at Preschool/LC night who have not yet filled out survey fill it out during this time
September 11th	● Close survey in order to analyze what the baseline is for parents is, what messages they would like to learn more about, etc.
By September 30th	● Begin printing of materials in order to distribute
By October 5th	● Distribute materials and hang posters (based on budget choice). ● Include posters on school Facebook pages ● Based on survey results, choose opinion leaders for YouTube PSA ● Begin filming and editing PSA ● Begin discussing Facebook advertising budget and placement criteria
October-December	● Begin Facebook advertising and monitoring ● Monitor interaction with material, replace any weathered or stolen posters, etc. ● Continue editing and filming PSA, if applicable
By December 10th	● Have YouTube PSA in final edited form and posted on school Facebook pages, YouTube, and school websites
January-May	● Monitor interaction with material, replace any weathered or stolen posters, etc. ● Continue monitoring Facebook advertisements and adjust as necessary
June 7th	● Have parents fill out exit surveys for campaign at graduation ceremonies

	and last day of school activities. ○ Make survey available online for all those who do not attend these events ● Compare original results to new results to see how this may correspond with SMART goal

Timeline: Fairfield Community School District

Date	Task to be Completed
August 10th	● Have parents fill out copies of the Fairfield Parents & Mental Health survey at Fee Payment Day ● For those parents not present, have survey link posted on the website to ensure access for all necessary parties
August 30th	● Have parents fill out copies of the Fairfield Parents & Mental Health survey at School Open House ● For those parents not present, have survey link posted on the website to ensure access for all necessary parties
September 11th	● Close survey in order to analyze what the baseline is for parents is, what messages they would like to learn more about, etc.
By September 30th	● Begin printing of materials in order to distribute
By October 7th	● Distribute materials and hang posters (based on budget choice) ● Based on survey results, choose opinion leaders for YouTube PSA ● Begin filming and editing PSA
October-December	● Begin Facebook advertising and monitoring ● Monitor interaction with material, replace any weathered or stolen posters, etc.

	● Continue editing and filming PSA, if applicable
By December 15th	● Have YouTube PSA in final edited form and posted on school Facebook pages, YouTube, and school websites
January-May	● Monitor interaction with material, replace any weathered or stolen posters, etc. ● Continue monitoring Facebook advertisements and adjust as necessary
May 31st	● Have parents fill out exit surveys for campaign at graduation ceremonies and last day of school activities ○ Make survey available online for all those who do not attend these events ● Compare original results to new results to see how this may correspond with SMART goal.

Budget. Considering the cost of implementing a full-scale health communication campaign, this project's recommendations have been designed in a manner that considers the availability of financial resources and personnel resources. While research suggests that paid media health campaigns are significantly more effective (Flores, Prue, & Daniel, 2007), formative evaluation within the Fairfield community indicate that limited financial resources might be available to capitalize on a paid media campaign. For these reasons, our team has designed three different packages of campaign materials (see Appendices I, J, and K) for low, medium, and high cost. Printing pricing was adapted from the University of Iowa's Printing and Mailing Services; we considered that if the Fairfield schools were to work with the University of Iowa Office of Outreach and Engagement, they may be more likely to use University Printing

Services. Additionally, printing prices at the University of Iowa were lowest in cost compared to other local and national printing options.

Ideally, our community partners would be able to afford a high-cost health campaign. The high-cost campaign utilizes paid Facebook advertisements, advanced surveying tools, professional audio/video consulting, and comprehensive print campaign materials. A high-cost campaign would likely lead to the most exposure within the target community. Although our research team recommends utilizing the high-cost campaign option, community partners have other options that are more budget friendly, including the medium- and low-cost options. Additionally, although the high-cost budget campaign recommendation includes paid Facebook advertisements, community partners could develop the same content and distribute some of the campaign messages for free as a regular Facebook post.

Although budget constraints are important factors to consider prior to implementation, package selection should be considered in relation to potential impact. Reducing barriers associated with talking to children about mental health has the potential for real and meaningful outcomes. Considering the severe and persistent challenges that individuals within the Fairfield community face related to mental health, even the least expensive campaign package outlined herein has considerable return on investment as it relates to the stated SMART goals for this campaign.

Evaluation Plan

Following campaign implementation, it is important for us and community partners to understand how our campaign is working within the community and with the target population. In order to properly do this, we propose that this can be done in a few specific steps for the

schools involved in order to investigate both qualitative and quantitative feedback given surrounding campaign materials.

Process evaluation. Creating a process evaluation plan is necessary to understand how the campaign implementation affected outcomes. Campaign materials may be effective in creating knowledge or behavior change, but their effects are unknown if the campaign was not implemented correctly. We recommend the following questions are implemented in the process evaluation:

- Have the campaign flyers been noticed?
- How many flyers have been distributed?
- Where have the flyers been distributed?
- Have the online campaign materials been viewed?
- How frequently are campaign videos generated?
- How frequently is social media content generated?

These questions are non-exhaustive and can be selected based on the resources available to the implementing institution. The questions above help the institution understand the reach of the campaign and whether or not the institution is delivering all campaign components. If all components are being delivered, these questions can help institutions determine whether individuals are receiving these messages (Grembowski, 2016). Methods to collect these data include recordkeeping of all printing and placement of flyers and using online analytics software for the web materials. It is important to check on these data periodically to determine early on if there was an issue with implementation and something must be changed. Focus groups would also be useful for a qualitative analysis of implementers' or community partners' thoughts.

Outcome evaluation. Similar to the development of the formative evaluation survey, we suggest that parents be given another survey post-intervention to determine whether there has been a change in conversation, knowledge, or other behaviors. Some sample questions for this evaluation include:

- Did the campaign increase conversations about mental health between parents and their children?
- Were there conversations about mental health among others in the family?
- Did the campaign increase knowledge of existing mental health resources?
- Did the campaign reduce barriers to having conversations about mental health?

Conducting a pre- and post-survey would help the institution understand the intended consequences of the campaign. This exit survey could be given at graduation, back to school nights, or parent teacher conferences. In addition, focus groups should be considered to understand the unintended consequences of the campaign. By gathering parents' or students' thoughts, the institution can examine whether quality conversations are being made between parent and child rather than simply self-reporting that a conversation occurred.

Conclusion

Mental health conditions continue to be a persistent problem for adolescents in the United States, and there is a need for more campaigns to target how parents can talk to their child about mental health. Mental health conditions are especially significant in the community of Fairfield, Iowa due to its high suicide rate and lack of mental health resources. Thus, we proposed a campaign to be implemented in Fairfield at the Maharishi School and Fairfield Middle School that encourages parents to begin more conversations with their teens about mental health. Both the diffusion of innovations theory and TMIM were incorporated to inform how we moved

forward with message formation, message testing, and implementation. Extensive formative evaluation was conducted, which consisted of multiple trips to Fairfield, a baseline survey distributed to parents in the Fairfield community, and extensive pilot testing of messages.

Ultimately, we recommended that both schools in Fairfield include flyers and handouts, social media, and YouTube videos to increase conversations initiated by parents with their children about mental health. We also provided a detailed timeline for each school to follow in regard to when and how each component of the campaign should be implemented, including the final evaluation plan to be dispersed after the campaign has finished. Taken together, we believe the proposed campaign has the potential to increase mental health resources for adolescents and improve the overall mental health of teenagers in Fairfield.

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Appendix A: Survey Distributed to Parents of Students at the Maharishi School and Fairfield Middle School

Thank you for taking the time to complete this survey; it should take no longer than 5 minutes. All answers are confidential and anonymous. No personally identifiable data will be collected. These questions will help us better understand the availability of mental health resources in the Jefferson County area and whether mental health has been a conversation topic with your child.

Q1 Does your child attend a public or private school?

Select one option.

- ○ Public
- ○ Private

Q2 What resources are available at your child(ren)'s school for mental health that you are aware of?

Enter your answer in the text box.

_____

Q3 Who is an influential person in your community that you have heard your child(ren) talk about (teachers, coaches, etc.)? Please provide first and last name if possible.

Enter your answer in the text box.

_____

Q4 How do you typically receive your international/national/local news? *Select all that apply.*

- [ ] Television
- [ ] Twitter
- [ ] Facebook
- [ ] Newspaper
- [ ] Word of Mouth
- [ ] Other (Please explain.)

_____

Q5 What social media do you use on a daily basis? *Select all that apply.*

- [ ] Facebook
- [ ] Twitter
- [ ] Instagram
- [ ] Snapchat
- [ ] Other (Please explain.)

_____

Q6 Which of the following national and local mental health resources have you heard of? *Select all that apply.*

- [ ] First Resources Corporation Therapy
- [ ] Optimae
- [ ] Life Solutions Behavioral Health
- [ ] Iowa HelpLine
- [ ] Suicide Prevention Hotline
- [ ] National Alliance on Mental Illness (NAMI)
- [ ] Girls & Boys Town National Hotline
- [ ] National Hopeline Network
- [ ] Substance Abuse and Mental Health Services Administration (SAMHSA)

Q7 Have you had a conversation with your child about stress, anxiety, depression, or other mental health conditions within the last 90 days? *Select one option.*

- ○ Yes
- ○ No
- ○ I don't remember

Display This Question:

If Q7 = Yes

Q8 Think about one conversation you had with your child in the last 90 days about stress, anxiety, depression, or mental health conditions that is particularly memorable. Who initiated the conversation?

Select one option.

- ○ I did.
- ○ My child did.
- ○ Other _____

Display This Question:

If Q7 = Yes

Q9 How would you rate the quality of the conversation on a scale from 1 (extremely bad) to 7 (extremely good)? *Select one option.*

- ○ Extremely bad
- ○ Moderately bad
- ○ Slightly bad
- ○ Neither good nor bad
- ○ Slightly good
- ○ Moderately good

○ Extremely good

Display This Question:

If Q7= Yes

Q10 What barriers did you run into when having a conversation about mental health with your child?

Enter your answer in the text box.

_____

Q11 Relative to all your other relationships (both same and opposite sex), how would you characterize your relationship with your child? *Select one option.*

○ 1: Not Close At All

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7: Very Close

Q12 Relative to what you know about other people's close relationships, how would you characterize your relationship with your child? *Select one option.*

○ 1: Not Close At All

○ 2

- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7: Very Close

Q13 What information do you want to know more about to help others struggling with stress, anxiety, depression, or a different mental health condition?

Enter your answer in the text box.

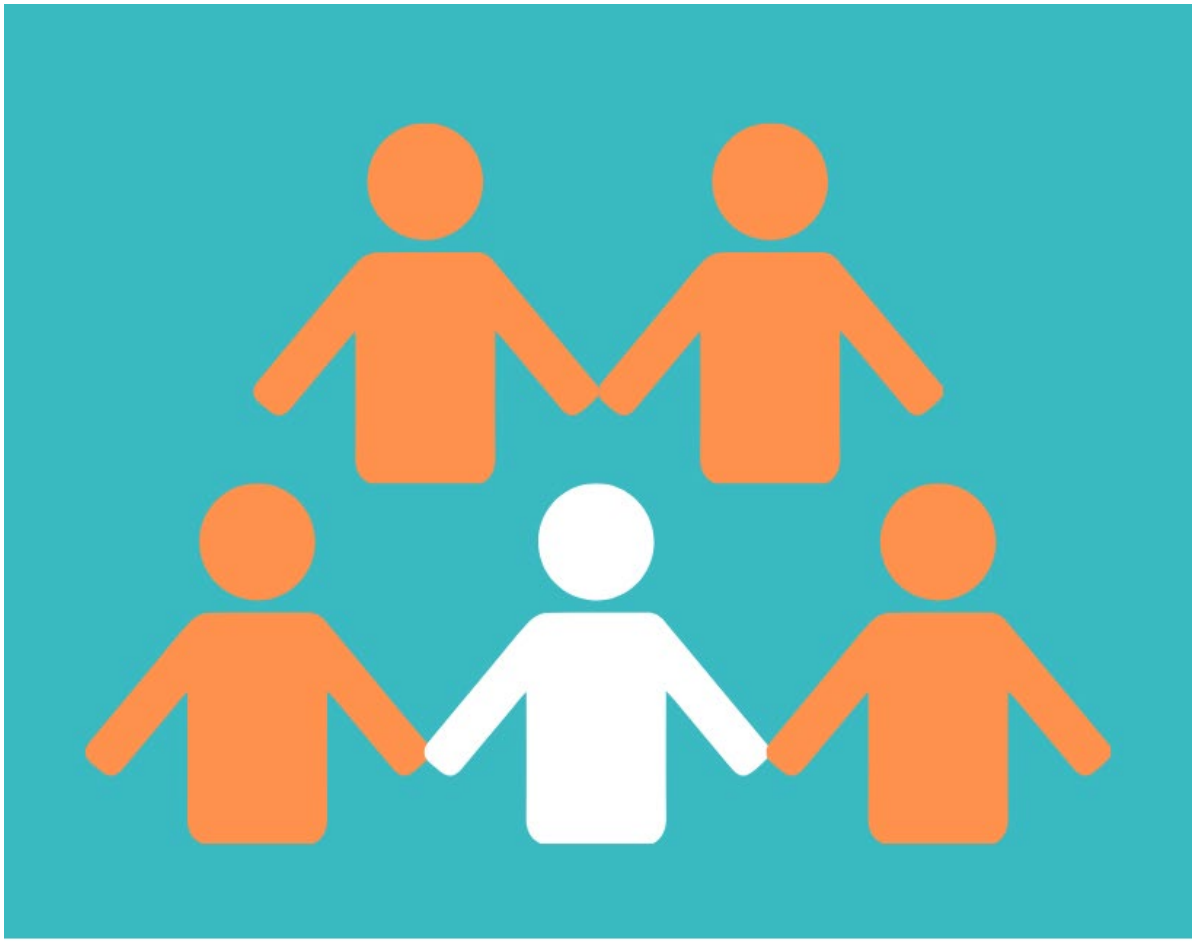
_____

End of Block: Default Question Block

Appendix B: Gain-Frame Flyer

Appendix C: Loss-Frame Flyer

Appendix D: Flyer with Statistics about Mental Health Conditions in Teens



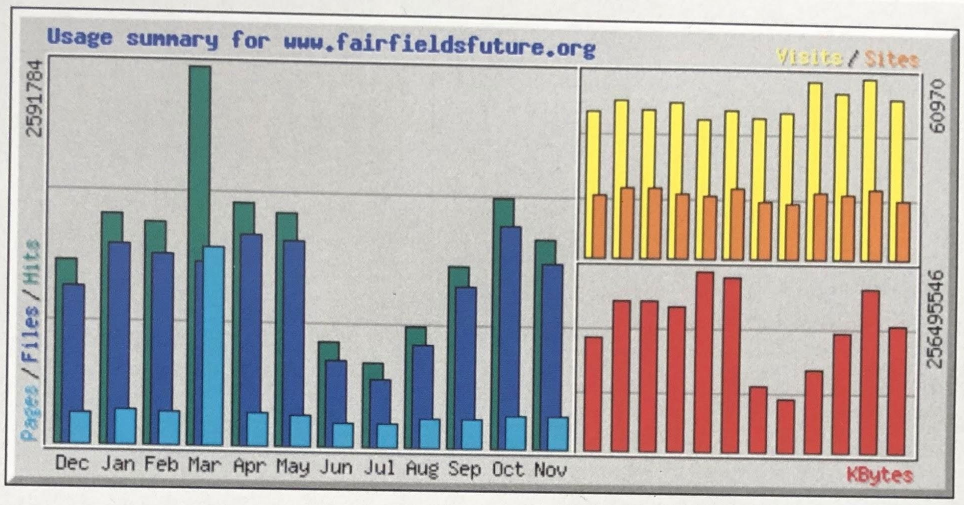
One in five children between ages 13 and 18 have a serious mental health condition.

Visit MentalHealth.gov for more information on how to talk to your child about mental health.

Appendix E: Handout Addressing Symptoms of Mental Health Concerns in Adolescents

Appendix F: Handout Addressing How Parents Can Talk to Their Adolescents about Mental Health

Appendix G: Website Traffic for Iowa Fairfield Community School District



Summary by Month

Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
Nov 2018	51692	45702	7894	1925	19811	179468772	53924	221051	1279674	1447376
Oct 2018	55872	49715	7388	1966	23489	230876569	60970	229054	1541180	1732036
Sep 2018	41977	37413	6450	1854	21464	168111481	55646	193528	1122415	1259314
Aug 2018	27148	22971	6229	1916	21851	117111317	59409	193118	712117	841598
Jul 2018	18664	15188	5000	1575	18407	73690054	48844	155006	470837	578614
Jun 2018	24021	19910	5407	1560	19178	93947904	46813	162220	597315	720652
May 2018	51715	45644	6895	1588	23134	247438571	49257	213758	1414990	1603182
Apr 2018	55627	48455	7244	1546	20581	256495546	46398	217329	1453661	1668834
Mar 2018	83605	40450	43869	1671	21649	205958797	51813	1359942	1253969	2591784
Feb 2018	54473	46869	8040	1773	23463	212344334	49666	225121	1312355	1525250
Jan 2018	50792	44097	7507	1694	23061	213333931	52520	232744	1367027	1574575
Dec 2017	40652	34867	6798	1577	21141	160117705	48897	210766	1080905	1260221
Totals						**2158894981**	**624157**	**3613637**	**13606445**	**16803436**

Appendix H: Script for Opinion Leaders to Use in YouTube PSAs

Opinion Leader: Every chance to talk with your child is a chance to talk about mental health. While these conversations may be difficult, it is important to start the conversation now, as nearly 50% of mental health conditions develop before the age of 14. We at the (Maharishi School/Fairfield Community School District) want to help you care for your children so they can have the brightest future. Some ways to start this conversation are: ask them how school has been, if they have been stressed, or upset about anything; be genuine about your concern and refrain from trivializing their feelings. Talk to them in a place where they feel safe and comfortable, and make sure you're really listening to what they have to say. Finally, support them in any way you can, which may include professional help from a licensed therapist in Jefferson County.

Appendix I: Proposed Budget for Low-Spending Options

Project Title: Mental Health Discussions with Parents of 6th-8th Grade Students			
Suggested Start Date: Decided by School or School District			
DIRECT COSTS	***ESTIMATE AMOUNT NEEDED***	***ESTIMATE COST***	***TOTAL***
MATERIALS			
Gain-Frame Poster (24"x18")	1	$13.75 (per poster)	$13.75
Gain-Frame Outdoor Vinyl Banner (24"x48")	1	$36.00	$36.00
Mental Health Severity Poster (12"x18")	1	$8.25 (per poster)	$8.25
Identifying Signs Poster (12"x18")	1	$8.25 (per poster)	$8.25
Tips for Talking Poster (12"x18")	1	$8.25 (per poster)	$8.25
PERSONNEL			
Student Videographer	1	$0.00	$0.00
Student Editor	1	$0.00	$0.00
SOCIAL MEDIA			
SurveyMonkey Free Membership*	1	$0.00	$0.00
Facebook Advertisement	N/A	$100.00	$100.00
		TOTAL COST:	**$174.50**
*Only allows 10 survey questions.			

Appendix J: Proposed Budget for Medium-Spending Options

Project Title: Mental Health Discussions with Parents of 6th-8th Grade Students			
Suggested Start Date: Decided by School or School District			
DIRECT COSTS	***ESTIMATE AMOUNT NEEDED***	***ESTIMATE COST***	***TOTAL***
MATERIALS			
Gain-Frame Poster (24"x18")	2	$13.75 (per poster)	$27.50
Gain-Frame Outdoor Vinyl Banner (24"x48")	1	$36.00	$36.00
Mental Health Severity Poster (12"x18")	2	$8.25 (per poster)	$16.50
Identifying Signs Poster (12"x18")	2	$8.25 (per poster)	$16.50
Tips for Talking Poster (12"x18")	2	$8.25 (per poster)	$16.50
PERSONNEL			
Student Videographer	1	$0.00	$0.00
Professional Editor	1	$150.00	$150.00
SOCIAL MEDIA			
SurveyMonkey Free Membership*	1	$0.00	$0.00
Facebook Advertising	N/A	$200.00	$200.00
		TOTAL COST:	**$463.00**
*Only allows for 10 survey questions.			

Appendix K: Proposed Budget for High-Spending Options

Project Title: Mental Health Discussions with Parents of 6th-8th Grade Students			
Suggested Start Date: Decided by School or School District			
DIRECT COSTS	***ESTIMATE AMOUNT NEEDED***	***ESTIMATE COST***	***TOTAL***
MATERIALS			
Gain-Frame Poster (24"x18")	2	$13.75 (per poster)	$27.50
Gain-Frame Outdoor Vinyl Banner (24"x48")	1	$36.00	$36.00
Mental Health Severity Poster (12"x18")	2	$8.25 (per poster)	$16.50
Identifying Signs Poster (12"x18")	2	$8.25 (per poster)	$16.50
Tips for Talking Poster (12"x18")	2	$8.25 (per poster)	$16.50
PERSONNEL			
Professional Videographer	1	$200.00	$200.00
Professional Editor	1	$150.00	$150.00
SOCIAL MEDIA			
SurveyMonkey Standard Membership	1	$384.00 per year	$384.00
Facebook Advertisement	N/A	$400.00	$400.00
		TOTAL COST:	**$1,224.50**