



Office of Outreach and Engagement

FINAL DELIVERABLE

Title	Designing a Mental Health Communication Campaign for Maharishi University of Management
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Date Completed	December 2018
UI Department	College of Public Health
Course Name	Health Communication Campaigns
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Community Partners	Jefferson County Department of Public Health Pathfinders RC&D Maharishi University of Management

This project was supported by the Provost's Office of Outreach and Engagement at the University of Iowa. The Office of Outreach and Engagement partners with rural and urban communities across the state to develop projects that university students and faculty complete through research and coursework. Through supporting these projects, the Office of Outreach and Engagement pursues a dual mission of enhancing quality of life in Iowa while transforming teaching and learning at the University of Iowa.

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Designing a Mental Health Communication Campaign for Maharishi University of Management

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The University of Iowa

Goal

Increase the number of Maharishi University of Management (MUM) undergraduate students that request mental health services through the Department of Student Life by 10% to 56 from baseline (51 students) by the end of first year of the campaign as measured by Department of Student Life records.

In the Fall 2017 semester the MUM Office of Student Life had 134 student support interactions with 51 unique students with similar numbers during the Spring 2018 school semester (L. Doyle, personal communication, December 5, 2018). A goal increase of 10% means an additional 5 unique students would request mental health services through the Office of Student Life during our year-long campaign, an average of 2.5 per semester. There are currently 292 undergraduate students attending MUM (MUM, 2018a). Due to the small number of students and high prevalence of mental health issues on campus, a 10% increase is modest but achievable with our campaign.

Significance of the Problem

Mental health issues are extremely prevalent among U.S. college students, especially undergraduate students. In fact, 17.3% of undergraduate college students in the U.S. reported feeling depressed (Eisenberg et al., 2013). At Maharishi University of Management (MUM) in Fairfield, Iowa, mental health issues among students have been identified as a growing problem, along with a lack of adequate help-seeking behaviors for these issues. A survey conducted among MUM students in 2017 also supported this. 29 out of 31 students surveyed had a mental health issue and most had more than one, with the highest being anxiety, depression and ADD/ADHD (Maharishi University of Management, 2017b).

These findings were also confirmed at a meeting with the Director of Personal Support Services and counselors from MUM and Optimae. These stakeholders informed us that mental health issues are very prominent among MUM students and many don't seek help due to a perceived stigma surrounding mental illness and its relationship to practicing Transcendental Meditation (TM). This meeting also revealed that many MUM students struggling with mental illnesses are willing to help their friends with these problems, but not seek help themselves. Mental health is a large issue at MUM, and it is critical that students know that help is available and accessible.

Partnerships

Throughout this semester of working on the campaign, we were able to form many partnerships that were extremely helpful in understanding mental health at MUM as well as developing our campaign. Our first contact was Leslie Doyle, who is the Director of Personal Support Services at MUM. She was extremely helpful throughout this whole process both with helping us understand the mental health concerns at MUM as well as providing us with feedback and suggestions for our campaign. She was also able to help us form partnerships with several other people at MUM and in Fairfield. Leslie was able to connect us with the two new counselors at MUM, Emily Wofford and Suzanna Mulleneaux, as well as one counselor from Optimae in Fairfield. These women were a part of our formative evaluation and gave us a lot of information on what they see as the greatest need related to mental health among the students at MUM. Leslie, Emily, and Suzanna are also all featured in our campaign materials.

Leslie was also able to help us form some more extremely valuable partnerships with staff, faculty, and students from the student government at MUM. We were able to have focus groups with all three of these groups and they were able to help us further understand mental

health and possible barriers to receiving help/treatment for mental health problems at MUM. They also gave us feedback on our campaign materials and how to best distribute them to reach students and avoid any barriers that could stand in the way of reaching students. These partnerships played a significant role in the process of developing this campaign.

Audience segmentation

The audience we intend to address is the MUM undergraduate student population. Undergraduate students attending MUM complete their degree on campus in Fairfield. MUM also has graduate students, but our formative evaluation revealed several barriers to reaching this population that we do not possess the resources to address. Graduate students are only on campus in Fairfield for the first eight months of their degree. Afterwards, they leave campus and complete internships around the world. The graduate student population is also largely international students that also face additional cultural barriers toward the stigma against mental health, making it more difficult for us to reach and benefit this population with our campaign. For these reasons, we selected undergraduate students to be the target of our campaign as opposed to graduate students.

MUM's undergraduate programs include diverse demographics. Throughout our formative evaluation, we learned that a significant portion of students come to MUM having existing mental health diagnoses. In one of the focus groups, staff acknowledged that the university was attracting students with existing mental health diagnoses because students felt that the university's policies and practices would provide positive support. Research has provided evidence to indicate that social support improves academic, personal-emotional, and social adjustment (Friedlander, Reid, Shupak, & Cribbie, 2007). The World Health Organization (2008) stated that mental health concerns accounted for almost 50% of the disorders impacting young

adults in the United States. It is crucial to implement this campaign with the undergraduate student population because it is likely to have a greater impact due to the student's time on campus, the prevalence of mental health issues among undergraduate students, and the lower levels of cultural barriers impacting students' willingness to disclose their mental health status.

Theoretical Framework

The Social Cognitive Theory and the Disclosure Decision-Making Model (DDMM) will be used to inform our health campaign. Constructs from the Social Cognitive Theory will be used to demonstrate the relationship between the person, behavior, and environment in the attempt to increase requests for mental health services. The DDMM focuses on the variables that impact disclosure including: information management, disclosure efficacy, and anticipated response. The campaign will focus on the person's self-efficacy of requesting mental health services from the Department of Student Life. The behavior will be requesting mental health services from MUM counselors to the Department of Student Life. The outcome expectation from doing this behavior will be receiving mental health services will be confidential and will improve the student's mental health. The environment has already been addressed by MUM, as they have recently hired two part-time licensed mental health counselors to provide accessible, no cost, and confidential mental health counseling services for MUM students.

The Social Cognitive Theory and the DDMM complement each other by expanding on not only the societal factors that impact disclosure but including the process itself in the explanation. Currently a barrier to seeking mental health services on MUM's campus is the expectation that faculty will tell them to check their TM or provide holistic suggestions even if the student has already utilized these resources. Our campaign will help alter the potential discloser's anticipated response and anticipated outcome if we provide them names and faces of

faculty who support utilizing mental health services. By relieving these barriers that impact disclosure, we believe that students will be more likely to disclose to faculty members and be referred to the Department of Student Life. The more confident a student is that the response of the faculty member will be positive towards utilizing mental health services, the more likely they are to disclose if their goal is to receive mental health services.

Logic Model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
			SHORT	MEDIUM	LONG
<ul style="list-style-type: none"> • Financial Resources • Community Partnerships • Print Materials (flyers and spotlights) • Video Equipment • Time & Travel • Data & Educational Resources 	<ul style="list-style-type: none"> • Formative Evaluation • Focus Groups with MUM faculty and students • Develop, print, and distribute print media • Coordinate and film promotional video for mental health services 	<ul style="list-style-type: none"> • Feedback on campaign materials from faculty, students, and key staff • One MUM key personnel spotlight a month • Distribute Mental Health promotional video once a month via the MUM app • Mental health and Department of Student Life flyers in restrooms 	<ul style="list-style-type: none"> • Increase awareness of the campaign on campus • Increase campus knowledge about mental illness and mental health resources • Improve campus attitudes and norms about mental health 	<ul style="list-style-type: none"> • Increase number of students comfortable and capable of disclosing their mental health status • Increase the number of students that have an intention to seek mental health services on campus 	<ul style="list-style-type: none"> • Increased percentage of MUM students seeking mental health services through the Department of Student Life • Reduce or mitigate mental health stigma on the MUM campus

Literature Review

General Effects of Anxiety and Depression. The literature confirms that mental health, especially anxiety and depression are large and growing problems in the U.S. (Bystritsky et al, 2013), (Whooley, 2012). Many people don't seek treatment for their depression, and this is largely due to stigma (Whooley, 2012). Though anxiety is extremely prevalent in the U.S., it often is overlooked as the symptoms aren't necessarily as "visible" as other mental health concerns. Additionally, stress can exacerbate anxiety greatly, which is likely the case for many MUM students (Bystritsky et al, 2013). The literature also gave recommendations on how to

treat both mental health concerns. The literature emphasized that treatment will often vary from person to person, as well as depending on the condition and severity of the condition, and that often a combination of treatments such as medicine, psychotherapy, and self-management can be used, rather than using just one type of treatment. This is important to keep in mind with our campaign as feedback from the formative evaluation with the Director of Personal Support Services and her colleagues suggests that many students feel like they just need to focus on improving their meditation or get more sleep rather than seeking additional treatment (Locke et al, 2015; Whooley. 2012).

Mental health in college students. The literature surrounding mental health in college students is broad and supports the point that the mental health of college students is a significant problem. It has been found that the typical ages of undergraduate college students in the United States (18-23) are the ages where many mental health concerns develop. (Eisenberg, Hunt & Speer, 2013). There are biological factors to this increase in mental health concerns among college students, but it has been found that the transition to college has impacted the prevalence of mental health concerns within this population (Eisenberg et al., 2013).

When faced with mental health concerns, college students tend to lack the proper coping mechanisms to deal with the newfound stress (Mahmoud, Staten, Hall & Lennie, 2012). Educating helping professionals about culturally appropriate coping mechanisms that fit within the student's cultural context is necessary to help mediate mental health concerns in this population (Mahmoud et al., 2012). MUM staff and a former MUM student revealed that the MUM student population is very diverse, and that counseling techniques should mirror this diversity as well. While mental health concerns are extremely prevalent among college students, those who need mental health services the most are not seeking them (Yorgason, Linville &

Zitzman, 2010). First and second year undergraduate students have the lowest rates of help-seeking behaviors due to their unfamiliarity with mental health and the services that support it (Yorgason et al., 2010). Addressing help-seeking behaviors is important but must be done within the cultural context of the college campus.

Our formative evaluation found that MUM undergraduates tend to be aware of their mental health, but do not seek out help outside of the TM community. Help-seeking among the college student population may be so low due to the stigma associated with mental health (Eisenberg, Downs, Golberstein & Zivin, 2009). It was found that while students themselves didn't hold a large stigma about mental health, they were more concerned about the strong stigma surrounding mental health on their campus (Eisenberg et al., 2009). This point was stressed throughout our meetings with MUM staff and former student, as they mentioned that students may be unlikely to seek services because of the strong beliefs in the healing powers of TM on their campus.

Disclosure. Various factors influence whether a person will disclose their hidden illness (Joachim & Acorn. 2000). Neuwirth and Frederick (2004) found that social norms and perceptions of peer opinion impacted the willingness to disclose dissenting opinions. For this reason, we intend to create posters highlighting notable students, faculty, and staff to help decrease the views that the campus is against seeking help when necessary. Neuwirth, Frederick, and Mayo (2007) also found that subjective norms play a role in disclosure. With this in mind, we decided to include both the Social Cognitive Theory and the Disclosure Decision-Making Model to account for both the normative aspects and the process of deciding to disclose.

MUM's student population is primarily afflicted with anxiety and depression symptoms (Maharishi University of Management, 2017a), which are known to be more stigmatized when

compared to psychotic symptoms (Markowitz, 1998). Thompson (2011) examined the privacy management between student athletes and their advisors and the three main issues that advisors felt were 1) caught in the middle, 2) loyalty conflicts, and 3) the need for a clear privacy guideline. With these studies in mind, we plan to highlight faculty members who understand the importance of students' privacy and provide them with tools to give them clear privacy guidelines of when to contact the Department of Student Life with concerns about a student.

Mental Health and TM. The MUM model of education was developed with the hopes of incorporating TM to help students develop personal awareness, decrease stress levels, and draw connections between their spirituality and academic interests, with the intent to promote health across campus (Schmidt-Wilk, Heaton, & Steingard, 2000). Preliminary research supports this model and suggests that TM should be effective at improving mental and physical health. Nidich et al. (2009) found that TM has shown an association with improved measures of psychological distress as well as lowered blood pressure among participating college students.

Young-to-middle-aged adults showed improved scores of anxiety and somatization measures but not depression or social dysfunction measures after participation in a 12-week TM course, suggesting that TM may be more effective for the treatment and prevention of certain mental health issues when compared with others (Yuesian, Aslani, Vash & Yazdi, 2008). Orme-Johnson and Barnes (2014) also reported that TM was a more effective treatment for anxiety when compared with other active treatments and controls. Substance abuse is another area of concern on the MUM campus, and TM may have limited ability to prevent and mitigate these concerns (Haaga et al., 2011). TM showed no additional benefit in the reduction or cessation of cigarette or illicit drug use in men or women and no benefit for the reduction of alcohol use in women (Haaga et al., 2011). Considering the impact of and need for checking meditation

techniques in individuals with mental health issues will be important, although the promotion of additional treatment and prevention strategies may be necessary as well.

MUM also acknowledges the use of Western Medicine when necessary to treat mental health concerns (MUM, 2018b). University policy recommends that students maintain a healthy lifestyle, but also seek the care of a healthcare provider for any uncontrolled mental health disorder (MUM, 2018b). However, medical care utilization among members of the transcendental meditation community are lower than controls in nearly all age groups, inpatient and outpatient visits and most specialties, including mental health (Orme-Johnson, 1987). Additionally, members of the transcendental community had 30.6% lower rates of admission for mental health concerns, indicating lower rates of mental health treatment seeking behaviors (Orme-Johnson, 1987). This is consistent with our formative evaluation findings that even though Western Medicine is an option, students and faculty at MUM tend to look for alternative treatment methods; however, more recent studies are needed to further understand this idea. This must be considered during campaign material development. Encouraging individuals to seek treatment that is not widely accepted and approved of in their community will be ineffective. Research supports the utility of transcendental meditation in mental health treatment; however, further, more rigorous investigation of this relationship is warranted (Canter, 2003). All MUM students participate in transcendental meditation and the university believes strongly in the practices benefits to mental and physical health. However, because mental health issues are still significantly prevalent in these populations (World Health Organization, 2008) our campaign will need to integrate additional techniques to improve mental health at MUM.

Methods

A background literature review was conducted primarily utilizing PubMed and Google Scholar to form an in depth understanding of mental illness among college students, mental health benefits of transcendental meditation, past interventions that have been constructed to influence college student's mental health, and theories that can inform these sorts of interventions. Findings from this review were then compiled into an annotated bibliography.

Formative meetings were held with the MUM's Director of Personal Support Services, university counselors, and a graduate of MUM (Appendix A). These meetings were in-person conversations that were used to gain further knowledge about the mental health climate at MUM from those who are familiar with the campus and student demographics.

Preliminary findings from these meetings were synthesized to form initial campaign methods and materials, including brochures, a mental health check-list, and video ideas (Appendix B). These materials were developed based on feedback from our formative interviews with MUM staff. The interviews revealed that these types of campaign materials could be successful for this topic at MUM.

After the development of preliminary campaign materials and with assistance from MUM's Director of Personal Support Services, we scheduled three focus groups at MUM. Each focus group was with a different segment of the MUM population that may have a stake or interest in the mental health of MUM undergraduate students. The focus groups included MUM staff, MUM faculty, and MUM undergraduate students. Findings from each of the focus groups can be found in Appendix C. Feedback from these focus groups helped with the further development of campaign materials and helped us tailor our initial materials to fit the needs that

MUM stakeholders expressed. After the finalization of materials, approval from the key stakeholders will be sought before implementing the campaign on campus.

Following approval, campaign materials were redesigned and filmed. The team presented the edited campaign materials to community partners and used that feedback to redesign materials to better suit community needs. The edited campaign materials include a video, mental health spotlight, and mental health resources flyer (Appendix D). Subsequently, campaign materials will be distributed through the Department of Student Life to the student center, restrooms, and other key locations on the MUM campus. Process and impact evaluation will be conducted during and following implementation by reviewing deidentified Department of Student Life records to monitor campaign implementation and the number of MUM undergraduate students seeking mental health services.

Preliminary Findings

We began our formative evaluation by meeting with MUM staff from the Department of Student Life and a former MUM student. Our meeting with MUM staff increased our knowledge on the current environment surrounding mental health on campus, key stakeholders that could help inform our campaign, and the mental health services offered at MUM. We found that many MUM students come to campus with existing mental health needs. MUM staff mentioned that this could be due to the way that MUM advertises itself. For example, MUM advertises TM as a method of curing ailments if practiced properly, therefore attracting many students with mental health concerns looking to try alternative treatments. MUM staff also mentioned that if students seek advice or direction from faculty members regarding their mental health, they are often told to continue meditation rather than seek professional help through mental health counselors.

We also received information about the capacity of the mental health services provided at MUM. MUM recently hired two part-time licensed mental health counselors that have 10 hours a week dedicated to serving student needs. There are also mental health services available to students outside of the MUM campus, such as Optimae, one of the mental health clinics in Fairfield. It may be difficult for students with mental health concerns to access services, as there are limited hours that counselors work and transportation to outside clinics is limited. We found that for a campaign to be successful in this context, campaign messages should focus on utilizing positive messages, as they fit into the values and beliefs of TM. The MUM staff also helped us identify key community stakeholders, such as the student government, which has a prominent voice within the community. Overall, we learned that our campaign must be designed in a way that incorporates TM, uses influential community member's support of mental health awareness and services, and utilizes positive emotions.

We also met with a current University of Iowa Master of Public Health student who graduated from MUM in 2013. Although the former MUM student gave us much of the same information as the MUM staff, it was valuable to have a student's perspective on the climate surrounding mental health on the MUM campus. Some new information mentioned included that suicides were extremely common in Fairfield, and that substance abuse has been found to impact the mental health of MUM students. The former MUM student also gave us insight on where we should disseminate our campaign messages. The student center on campus is a central hub for students and could be a good place to distribute campaign materials. We were also informed that the residence halls would not be an effective location to communicate with students. MUM residence halls are singles, meaning that a student does not have to seek out social interaction if they do not want to. MUM residence halls also do not have many common spaces or activities

that could be very useful throughout the campaign. Therefore, a more central location on campus, like the student center, would be a more effective means of communicating with students.

On November 2nd, 2018 three focus groups were conducted for staff, faculty, and current students to provide feedback on preliminary materials, which can be found in Appendix C. Each of the focus groups were provided with three sample materials: a mental health checklist, a spotlight poster highlighting the director of personal support services, and a bathroom pamphlet. All focus groups were also informed about the possibility about the filming of a promotional video for the counseling services on campus. We believe that it was important to gather opinions not only of those within our audience segmentation, but to also gather the opinions of individuals who may interact with campaign materials.

Nine staff members attended the focus group to provide feedback to the developed materials and to the overall planning of the campaign. The staff were excited about the opportunities that the campaign would provide the campus community. Staff requested that messages described the importance of taking prescription medications and utilizing therapy for mental health can be a useful tool and that TM shouldn't be the sole method of healing promoted on campus. Focusing on this attribution was important to staff because they believed that students may fear stigmatization for taking medications or utilizing counseling services. In the focus group, it was also discussed about how all campaign materials should highlight that there are no barriers for students to receive mental health services on campus and that all counseling services are confidential. Of the developed materials, the staff preferred the spotlight posters, the bathroom pamphlets, and the idea of a promotional video for counseling services highlighting influential staff, students, and faculty.

The second focus group was comprised of four faculty members who provided essential feedback on the development and ideas for implementation of the campaign. Faculty members voiced their concerns about having physical spotlight posters put up around campus because of the high volume of posters already filling up bulletin boards. They suggested that instead of physical posters, spotlights could be advertised on the school's mobile application with a link to the promotional video underneath. Another point of emphasis discussed in the focus group is that they did not want the messages to focus too heavily on Transcendental Meditation because they did not want students a) to feel that TM causes mental health concerns or b) that TM is the only answer to treating mental health concerns. To alleviate this concern, the mental health checklist was no longer considered when continuing the planning of implementation. Considering all the developed materials, the faculty thought a video, the spotlights, and the bathroom pamphlets would be most effective in a campaign aimed toward the undergraduate students.

The third focus group included four MUM undergraduate students who provided feedback about the future of our campaign and campaign materials. When asked about their experiences with the mental health services at MUM, the students mentioned that they were unaware that MUM had recently hired two part-time licensed mental health counselors. The students were also very curious about the credentials of these counselors and wanted to ensure that they were able to help them with their diverse mental health needs. Due to this curiosity, the students suggested that the credentials of the counselors be mentioned throughout campaign materials. The students also expressed concerns with the confidentiality of mental health services at MUM, as there had been past instances that may have breached this trust. When presented the preliminary campaign materials, the students mentioned that they are not in need of a mental health checklist, as most of MUM students are very self-aware about their mental health. Instead

of a mental health checklist, the students suggested that campaign materials explain the process of requesting mental health services, that these services are confidential, and that they are financially accessible. The four undergraduate students at the focus group also mentioned that campaign materials should be designed with bright colors and a recognizable logo to stand out from the many posters placed throughout campus. The students enjoyed the idea of a video, mental health spotlight, and the mental health services flier.

Implementation Plan

Channels. The video that was designed for this campaign will be shown in various ways, to ensure that students understand that MUM cares about the mental health of their students. We plan for the video, or a form of the video, to be shown at MUM student orientation sessions, as well as posted on the MUM website and on the MUM student app. These channels of communication for the video will make it easy for students to find and are promoted in places that students frequent. In partnership with the video, the mental health spotlight posters will be placed throughout campus in areas with heavy student traffic, such as the student commons, residence halls, and in academic buildings. The mental health spotlight posters will also be distributed digitally on the MUM website and MUM student app. The mental health resources fliers will be distributed in all campus bathrooms. This location was selected through the focus groups, as key stakeholders had mentioned that campus bathrooms are where students may go in times of a mental health crisis. Therefore, having resources available to them in a more private setting would be beneficial for the students. The logo that we developed will be on all related campaign materials in order to brand the campaign in a way that is recognizable to the students.

Timeline. The development of this campaign started in the summer of 2018 through the Office of Outreach & Engagement. Preliminary data on the mental health concerns of MUM

students was collected and given to our group to use. The development of this campaign began in August 2018 and lasted until December 2018. The implementation of this campaign will begin in the Fall 2019 semester and will run for one academic year. At the end of the Spring 2020 semester, there will be time allocated to campaign evaluation.

Time Period	Tasks
Summer 2018	<ul style="list-style-type: none"> • Develop community partnerships with MUM • Gather preliminary data on the mental health concerns of all MUM students
August & September 2018	<ul style="list-style-type: none"> • Identify community stakeholders • Segment audience • Meet with community stakeholders • Develop preliminary campaign materials
October 2018	<ul style="list-style-type: none"> • Conduct focus groups with MUM staff, faculty, and undergraduate students • Use feedback from focus groups to make plans for the redesign of campaign materials
November 2018	<ul style="list-style-type: none"> • Develop campaign vision, logo and materials • Ask community stakeholders for feedback about new campaign materials and continue redesigning materials based on community needs • Develop presentation for community stakeholders
December 2018	<ul style="list-style-type: none"> • Present campaign materials to community stakeholders • Develop report for community stakeholders that includes all revised campaign materials and implementation plan
January - July 2019	<ul style="list-style-type: none"> • Continue editing campaign materials • Prepare for campaign implementation
August 2019 - May 2020	<ul style="list-style-type: none"> • Implement campaign • <u>Conduct process evaluation</u>
May 2020 - August 2020	<ul style="list-style-type: none"> • Conduct outcome evaluation • Disseminate findings to community stakeholders

Budget. To implement this campaign, we have proposed a budget of \$6,200.00. The proposed budget was developed as if MUM had to find external sources for the development of campaign materials instead of using their already established connections within MUM and the University of Iowa's Office of Outreach & Engagement. We found that it is very possible for this campaign to be relatively low-cost and successfully implemented by utilizing current connections and community partners. For example, collaborating with MUM's Media and Communications Department to help make the promotional materials may be an option to keep costs low and to increase community involvement. Resources from the Office of Outreach & Engagement at the University of Iowa may also be used to develop professional quality campaign materials. By utilizing the resources and partnerships available to them MUM could minimize campaign costs.

Item	Cost
Filming Equipment	\$2000
Videographer	\$2000
Graphic Designer	\$1200
Printing	\$500
Fringe Costs	\$500
Total	\$6200

Evaluation Plans

Process Evaluation. In order to measure the effectiveness of the implementation of our campaign materials, a process evaluation will need to be carried out. This will involve a few different activities in order to measure how well the campaigns were disseminated and received by the students on campus. First, a data reporting sheet will be created in order to measure the frequency of the distribution of campaign materials throughout the campaign. This will include measuring how many bathroom brochures have been distributed and measuring how many have been taken from the bathrooms every few months throughout the campaign. The "Let's Talk"

video will also be monitored to measure how many views, likes, and shares it gets during the duration of the campaign. These measures will help going forward to tell if the way the materials were distributed was effective to reaching students and alter it, if it is not.

Outcome Evaluation. Following the completion of our mental health campaign, it will be important to evaluate its impacts on the undergraduate population at MUM. In order to do this, we will utilize two evaluation tactics. First, we will review the Department of Student Life's mental health records to determine how many students requested mental health services during the campaign time period. We will then compare these numbers with the numbers from previous years to determine if there was an increase in students requesting mental health services following the campaign. The number of bathroom flyers that were printed will be compared with the number of flyers remaining at the end of the year. This will allow us to estimate how many flyers have been removed from University restrooms, presumably by students, although other individuals on campus will have access to them as well. This number can be used to estimate the number of students reached by the campaign as well as how many students are aware of the services on campus and in Fairfield for those struggling with mental health issues.

Additionally, a student survey will be sent via campus e-mail to evaluate reach and impact of the campaign (Appendix F). Surveys will be received for a one-month time period following the completion of the campaign to allow students adequate time to respond. The survey will help the Office of Student life gain understanding of how many students were reached by the campaign, how familiar students are with mental health services on campus, and how comfortable the student's feel with requesting mental health services through the University. Gathering this information is extremely important to know how successful the campaign was at reaching and increasing mental health help-seeking behaviors on campus.

Additionally, the survey results can be used to refine and modify the campaign materials should the University decide to utilize them beyond the initial one year of the campaign.

Recommendations

One major concern that we noticed when designing this project was the lack of accessibility on the MUM website to locate information on mental health services. Based on this, we recommend having one location that provides all options for mental health services: both counselors, Director of Personal Support Services, local providers in Fairfield, and a crisis hotline. A central location of these services would benefit the students most because it would help them be better informed about their options. We suggest utilizing key words so students may type in “mental health”, “counseling”, or “support” and they will be directed to this central page.

Another recommendation to consider is continuing to emphasize the confidentiality of mental health services so student trust in these services can be improved. Increasing student trust is essential to providing quality support in times of need. Student mistrust may negatively impact the relationship between MUM counseling services and the study body, as well as being a barrier for students to get help should they need it.

Our last recommendation is to explain clearly to students that mental health services on campus are free and highlighting that there are no barriers to getting support for their mental health. Students can seek mental health services on campus for free or can go to a counselor in Fairfield where MUM will pay up to 4 visits. Highlighting the free services in a video that involves campus influencers (Appendix E) may be a good way to disseminate this information.

In conclusion, we suggest that students have easier access to information regarding mental health services on MUM’s website, that MUM emphasizes the confidentiality of services,

and to highlight that there should be no barriers for students to get help on campus. We support considering these recommendations because they will lessen the barriers students feel and may compel them to seek help.

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Appendix A

Preliminary Meetings

MUM Staff Focus Group and Previous Student Interview Questions

October 9, 2018

What type of campaign do you feel is most necessary on the MUM campus: awareness, educational, or behavior change?

What channels of communication does the University have that we could utilize in our campaign?

We remember you saying that the school counselor was available for 10 hours a week, is increasing her hours a possibility?

Are there other free counseling services in Fairfield?

How accessible are alternative mental health treatment options in Fairfield to MUM students?

In your opinion, how do you perceive the stigma of mental health issues in the MUM student population?

Are there other individuals from MUM we should be consulting in our campaign: administrators, student leaders, counselor?

MUM has Mental Health Guidelines, how supported are these in the wider TM community?

MUM Staff Feedback

- Mental health issues are extremely common at MUM especially anxiety and depression
- Campaign materials should focus on using positive wording
- In general, individuals on campus are very willing to help one another
- There is a feeling on campus that the TM model needs to be successful, therefore it is not acceptable to ask for help while practicing TM
- Some students come in with diagnosed MH issues and are aware of the treatment plan
- There is a fear of MH issues reflecting poorly on TM or MUM
- MUM potentially attracts more individuals with MH concerns because of structure and consciousness-based learning
- MUM has two part time counselors (10 hours a week each)
- MUM pays for 4 off-site counseling sessions, Medicaid covers all counseling in town
- All campus services are free
- Expressed a desire to focus on increasing help-seeking behaviors on campus
- Students want to help others but not themselves
- No one shows up to support groups on campus even though students express desire to have them
- Concerns about students not wanting to have a diagnosed MH condition for fear of being denied from advance TM course
- Work to make TM and Western Medicine complementary
- Campus app as an opportunity to distribute campaign materials
- Update campus bathroom brochures
- Barriers to students receiving MH services at MUM:

- Application to advanced meditation class
 - Professors suggesting TM check as a solution
 - Questions of anonymity/confidentiality
 - Female only MH team at MUM
 - No longer transportation services to off-campus MH services
 - Not sure if there is a prescribing physician in Fairfield anymore
- MUM offers 20 hours a week of licensed counseling and Leslie provides an additional 10-15 hours of unlicensed support
- Identified the student government, faculty, and staff as potential campaign partners

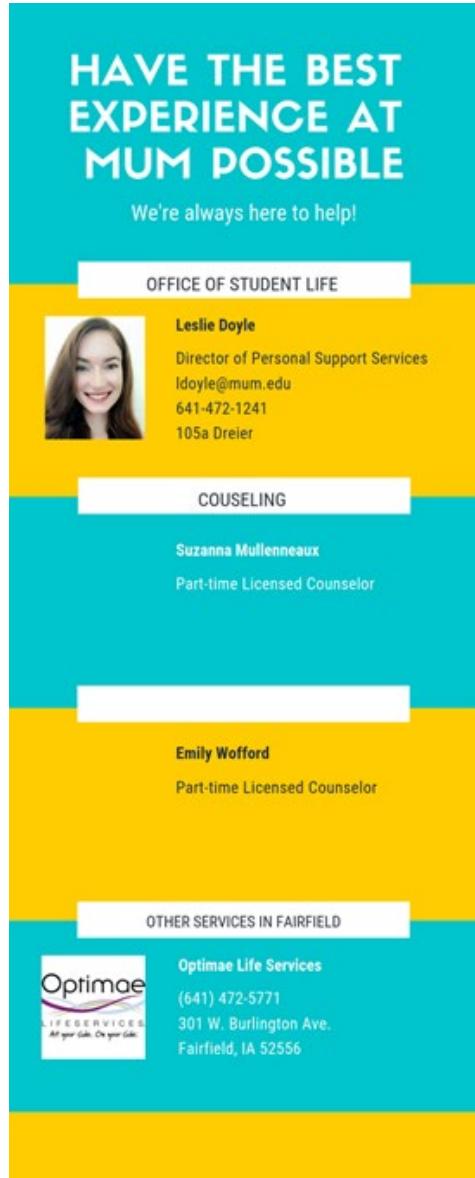
MUM Alum Feedback

- Recommended that the campaign focus on utilizing positive wording instead of traditional mental health words like depressed, sad, anxious, etc.
- Recommended the student center and the student government as potential resources for the campaign.
- Was unaware of any counseling services provided by the University (graduated in 2013) but was aware of Optimae.
- Reported being well aware of mental health issues on campus and in town.
- Remembers suicide/suicidal ideations being common in town and identified substance abuse especially of hallucinogenic drugs as an issue at MUM.
- Reported that the school's stance on Western medical practices was a 'firm no' and that Eastern practices were emphasized.
- Reported feeling comfortable with professors to talk about serious issues.
- Help-seeking behavior was not common

Appendix B

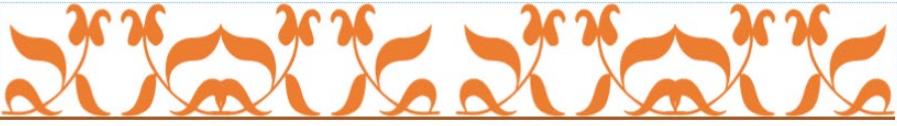
Preliminary Campaign Materials

a. Bathroom Flyer



This was created to introduce students to mental health services available to them through the University as well as the town of Fairfield. This was proposed to update the pre-existing bathroom flyers at MUM to include the newly hired counselors.

b. Let's Talk Spotlight Template



LET'S TALK!



**Mental Health at
MUM**

Staff Spotlight:

Here would be a brief paragraph that allows students to know a little bit more about the individual in the spotlight and what they do for mental health on campus. Can students talk to them? Is it okay to ask for help? Etc.

Leslie Doyle
Director of Personal Support Services
Maharishi University of Management
E-mail: ldoyle@mum.edu
Phone: 641-472-1241
Office: Dreier Building,
Room 105A



This was created to introduce the students to the members of the student support services team at MUM more personally. It was also proposed to utilize the template for key faculty, staff, and students on campus as well.

c. Mental Health Check-List



This was created to address the variety of aspects that contribute to being mentally healthy. It was proposed to prompt students to think about these aspects as well as guide them to campus mental health services simultaneously.

Appendix C

Faculty, Staff, and Student Focus Groups

MUM Focus Group Guide

November 2, 2018

General Mental Health Questions:

- Do you see mental health as a problem at MUM?
- Do you think that students feel comfortable seeking out mental health services at MUM?
 - What do you think are barriers to seeking help among students?
- What are your concerns/reservations about a mental health campaign at MUM?

Campaign-Specific Questions:

- Do you think that a poster campaign would be an effective way of increasing awareness of mental health?
 - The poster campaign would include a monthly spotlight of people who support mental health at MUM in order to let students know that their mental health is accepted on campus
- Do you think that a video campaign would be an effective way of increasing awareness of mental health?
 - This video campaign would showcase influential people on campus who support mental health in order to let students know that their mental health is accepted on campus
- What do you think the best method of campaign message distribution would be?
 - How do you think we would get the most impact?
 - Posters, table tents, videos, RA bulletin boards, RAs
- Do you think that a “Let’s Talk” approach would be effective on this campus?
- What kind of language should we use for campaign materials?
- Think beyond “positive”
- Do you think a “Mental Health Checklist” approach would be effective on this campus?
- What colors do you think should be part of the campaign?
 - Does MUM have school colors, and do you think that these colors would be good to use?
- Would you or anyone that you know be willing to be part of this campaign?

MUM Staff Focus Group Feedback

Nine Participants

- Promotional video is a good idea, considering utilizing a Maharishi quote about healing
- MUM has an old-fashioned response to antidepressants and counseling, but students need to know it is acceptable and encouraged
- Identified getting students to request help as a primary barrier
- MUM attracts students that may be looking for a healing environment
- Feeling that MUM has more than usual mental health concerns
- If you did a check-list, make sure to include substance abuse
- One member suggested including conversation starters for tough conversations
- There is a misconception that TM can solve MH conditions alone
- Remove TM from any checklist and avoid using this in campaign materials as we don't want it to appear as the problem or the solution
- Make sure students are aware services are confidential and free and put this on all materials
- Stated that flyers on the wall get covered up and to investigate alternative places to distribute materials
- Suggested alternative words like "self-care"

MUM Faculty Focus Group Feedback

Four Participants

- Agreed that promotional video was the most effective idea because of the originality of the format and felt it should be short and mandatory
- Had concerns regarding checklist because they did not want to suggest that TM was a contributor to mental health concerns or that it would be the only solution. Suggested to take out TM all together

- Suggested good times to air promotional video – December, February, or at Orientation
were the suggested times to show the video
- Discussed the importance of having pamphlets in the bathroom because if someone were to be having a mental health concern, they may try to seek shelter in a bathroom
- Wanted to ensure that students know that there are no barriers to seeking help (services are free, confidential, can seek services once or multiple times, etc.)
- Agreed that the spotlight, bathroom pamphlet, and promotional video should be our focus and suggested a few edits to make the materials look more professional
- Emphasized the value of word of mouth as a way of spreading information among students-If they like something, everyone will know, and if they hate something, everyone will know
- Expressed the importance of making sure all materials look professional and credible
- Wanted to make sure that students know that they can get help with a wide array of mental health issues, not just anxiety and depression but other things like stress, sleep issues and relationship issues

MUM Student Focus Group Feedback

Four Participants

- Cited dysphoria, PTSD, substance abuse, depression, anxiety, and sleeping disorders as issues they have witnessed on campus.
- Transcendental Meditation practices attract individuals with mental health issues because they need healing and coping skills.
- Most common response on campus to a mental health issue is to “have your TM checked”
 - Reported feeling like TM is all they have to be healthy

- Reported not being aware of MUM having 2 licensed counselors on staff.
 - Asked if Leslie was a licensed counselor
- Emphasized the importance of counseling and consultations to be confidential
 - Referenced a previous incident that confidentiality was breached in town, word spreads quickly
 - One small breach of confidentiality is enough to ruin all trust
 - Forming trust and keeping it is key
- Referred to Leslie as a “good resource” and “easy to talk to”
- Stated that a recurring promotional video would be good, share it constantly
- Posts on the app should be renewed because they disappear after a little while.
- Concerns about counselors “pretending to care” about their mental health issues
- One student expressed not wanting to talk to a counselor that was “getting paid to care”
- Desired a focus on help-seeking behaviors rather than how to live a healthy lifestyle
- Additionally, suggested a “stress-relief room” on campus where students could go to decompress.
- Felt comfortable talking to each other and helping other students with mental health issues

Appendix D

Final Campaign Materials

a. Bathroom Flyer

LET'S TALK
About Mental Health

If you are experiencing any type of mental health problem, you are not alone!

There are many resources both here at MUM and in the community of Fairfield and they are always confidential.

Don't hesitate to seek help if you need it!

OFFICE OF STUDENT LIFE

Leslie Doyle
Director of Personal Support Services
ldoyle@mum.edu
641-472-1241
Dreier 113

COUNSELING

Suzanna Mullenneaux
Part-time Licensed Counselor
smullenneaux@mum.edu
Dreier 105a

Emily Wofford
Part-time Licensed Counselor
ewofford@mum.edu
Dreier 105a

OTHER SERVICES IN FAIRFIELD

Optimae Life Services
(641) 472-5771
301 W. Burlington Ave.
Fairfield, IA 52556

First Resources Corporation
Family & Children / Community Mental Health / Therapy & Counseling
#1 Lower Level
605B South 23rd Street
Fairfield, IA 52556
Phone: 641-472-4106

Additional resource are available in Fairfield as well

If you qualify for Medicaid, counseling is FREE

If you don't have insurance, MUM will offer four FREE sessions, and all on-campus sessions are free for everyone without involving insurance

HAVE THE BEST EXPERIENCE AT MUM POSSIBLE

We're always here to help!



b. Let's Talk Spotlight Template

Let's Talk

About Mental Health



Meet
Suzanna Mullenneaux

Suzanna has recently joined the Personal Support Services team, working part-time to meet with any students who may need mental or emotional health support

She is a licensed mental health counselor and has been practicing for 16 years in Southeast Iowa

Contact Suzanna today to make an appointment!

E-mail: smullenneaux@mum.edu

All meetings are free and confidential

Her therapy practice emphasizes the importance of self-acceptance, personal choice and empowerment, the development of healthy boundaries in relationships, and a commitment to personal integrity and self-care

The template was revised to match our campaign colors and include our campaign logo.

The template can be used for the counselors, Director of Student Support Services, key faculty and staff, or others.

c. Let's Talk Promotional Video



1



2



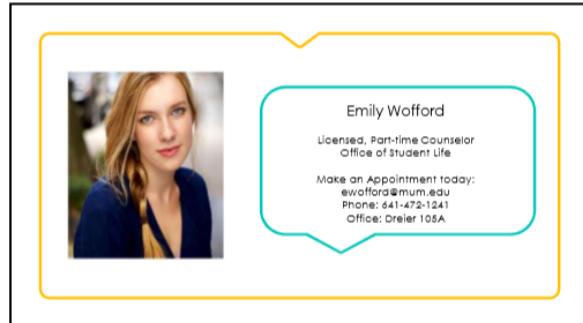
3



4



5



6

What about cost?

Additional MUM counseling sessions are covered by Medicaid and most third-party insurances.

If you are concerned about cost, contact Leslie Doyle!

Each student can receive 4 counseling sessions for free and all other MUM mental health services are free, too!



7

Confidentiality

All MUM counseling sessions are confidential between the counselor and student.



8

Talk to someone you TRUST

It doesn't matter who you talk to about your mental health, just know there are plenty of people here to help!

Family	Faculty
Staff	Licensed Counselors
Friends	Peers

9

Let's Talk
About Mental Health

This video was created in cooperation with the Missouri University of Management Office of Student Life and the University of Iowa Office of Outreach and Engagement.

10

Appendix E

Counseling Promotional Video titled “Let’s Talk about Mental Health”

[The video starts out with headshot style recordings of influential people on campus saying, “Let’s Talk”. Suggested influencers on campus include: Director of Personal Support Services, counselors, students, staff members, faculty members, and members of the President’s Cabinet.]

[Speaker 1]: Let’s Talk

[Speaker 2]: Let’s Talk

[Speaker 3]: Let’s Talk

[Speaker 4]: Let’s Talk

[Speaker 5]: Let’s Talk

[Speaker 6]: Let’s Talk

[Speaker 7]: Let’s Talk

[Speaker 8]: Let's Talk about Mental Health

[Speaker 1]: Mental health is a serious issue among young adults

[Speaker 2]: According to the World Health Organization, 50% of the diseases that impact young adults are mental health concerns

[Speaker 3]: Talking about mental health isn’t always easy,

[Speaker 8]: But it’s essential to taking care of yourself

[Speaker 5]: Come talk to me about [list of resources that speaker 5 can provide]

[Speaker 4]: Talk to me about [list of resources that speaker 8 can provide]

[Speaker 1]: Talk to me about [list of resources that speaker 11 can provide]

[Speaker 6]: Talk to me about [list of resources that speaker 6 can provide]

[Speaker 7]: Talk to your friends about what you’re going through

[Speaker 3]: Tell your family about what you're experiencing and how it impacts you

[Speaker 4]: It doesn't matter who you talk to about your mental health, just know there are plenty of people here to help!

Appendix F: Student Survey



This survey is offered by the MUM Office of Student Life to receive feedback on recent mental health campaign on campus. Please take a few minutes to answer the questions below. All survey responses are confidential to the Office of Student Life and cannot be traced back to individual students. Any and all feedback is welcome and appreciated. Thank you!

In the past six months, have you seen 'Let's Talk' campaign materials on campus?

Yes

No

I'm not sure

If yes, where did you see these materials? If you have not seen campaign materials in the past six months, continue to the next question.

Campus bathroom

MUM App

MUM Website

Another location on campus

How useful did you find the campaign materials to be in regards to identifying mental health services at MUM?

- Extremely useful
- Moderately useful
- Slightly useful
- Neither useful nor useless
- Slightly useless
- Moderately useless
- Extremely useless

Which campaign materials did you find to be most helpful?

- Bathroom Flyers
- Let's Talk Spotlights
- Let's Talk Video
- Does not apply

Do you feel the campaign materials increased your knowledge of the mental health services at MUM?

Definitely yes

Probably yes

Might or might not

Probably not

Definitely not

Should you need help with a mental health issue, do you know where to request help on campus?

Yes, definitely

I think so, but I'm not positive

No, not really

How many licensed counselors does MUM have on staff?

Zero

One

Two

Should you need help with a mental health issue, how comfortable would you feel seeking it from the Office of Student Life?

- Extremely comfortable
- Moderately comfortable
- Slightly comfortable
- Neither comfortable nor uncomfortable
- Slightly uncomfortable
- Moderately uncomfortable
- Extremely uncomfortable

If you do not feel comfortable requesting help from the Office of Student Life, please tell us why. Otherwise, please continue to the next question.

- Concerned about confidentiality
- I do not know the staff well enough
- Concerned about cost
- I don't know who to ask
- Other personal concerns

Use this question as an opportunity to provide any additional feedback regarding the Let's Talk campaign on campus.

Use this question as an opportunity to provide an additional feedback regarding mental health services at MUM.



This survey is offered by the MUM Office of Student Life to receive feedback on recent mental health campaign on campus. Please take a few minutes to answer the questions below. All survey responses are confidential to the Office of Student Life and cannot be traced back to individual students. Any and all feedback is welcome and appreciated. Thank you!

Thank you for participating in our survey!

If you would like assistance with a mental health issue, please contact Leslie Doyle, Director of Student Support Services (ldoyle@mum.edu) at any time.