

Strategic Initiative #8: Public Awareness and Support

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Issue Statement

Social marketing is a well established, science based strategy available to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, or society as a whole. For example, the National High Blood Pressure Education Program (NHBPEP) was established in 1972, demonstrates success from using a strategic planning framework and marketing techniques. The year the program began, less than one fourth of the American population knew of the relationship between hypertension, stroke, and heart disease. Today, more than three fourths of the American population is aware of this connection. As a result, virtually all Americans have had their blood pressure measured at least once, and three fourths of the population has it measured every 6 months. Just as Americans are aware of the connection between hypertension, stroke and heart disease and take action to monitor their blood pressure, they should become aware of the connection between health and behavioral health and take action to prevent mental and substance use disorders.

Opportunities for preventing or intervening early to mitigate the morbidity and mortality associated with mental and substance use disorders are often missed. Half of all mental illnesses begin by age 14 and three fourths begin by age 24. Initial symptoms typically precede a disorder by 2 to 4 years. Preventing and/or delaying initiation of substance abuse can reduce the potential need for treatment later in life. For example, among the 14 million adults aged 21 or older who were classified as having past year alcohol dependence or abuse, more than 13 million (95 percent) had started drinking alcohol before age 21. In one study, 94 percent of primary care physicians failed to diagnose substance use disorders properly. Over 33,000 people die by suicide in the United States every year. Approximately 90 percent of people who die by suicide had a mental disorder and 40 percent had visited their primary care doctor within the past month – yet the question of suicide was seldom raised.

People do not receive help for many reasons. Just over 95 percent of the 20.8 million people (19.8 million) classified as needing substance use treatment because of the problems they experienced did not feel they needed treatment. People who reported an unmet need for mental health care in the past year and those that perceived a need for substance use treatment and did not receive it reported cost and lack of insurance coverage as the top reasons for not receiving care. With the passage of the Affordable Care Act and enhanced access to mental and substance use disorder prevention and treatment services, cost and insurance barriers should begin to decline. The opportunity for reducing the gap between people in need of and receiving treatment services has a large public education component. By confronting stigma and

discrimination, improving public knowledge about the effectiveness of treatment, educating the public about self, peer, and family care, and improving knowledge about how to access treatment, SAMHSA can improve the rates at which people who need help receive services for behavioral health issues.

Background

Too many Americans are not getting the help they need and opportunities to prevent and intervene early are being missed. A social marketing approach that combines sound public health practices with science-based communications and marketing techniques will be used to reduce the disconnect between people in need and receiving prevention and treatment services.

The opportunity to influence help seeking behavior improves when market segments most ready for action are successfully targeted with products and services. An initial assessment of American attitudes about prevention, treatment and recovery is encouraging. Nearly 66 percent of Americans believe that addiction to marijuana and other illicit drugs, prescription drugs, and alcohol can be prevented. Approximately 75 percent of the population believes that recovery is possible from addiction to alcohol, prescription drugs, and marijuana and 58 percent believe that a person can fully recover from addiction to other illicit drugs such as cocaine, heroin, or methamphetamines. About 64 percent of Americans believe that treatment and support can help people with mental illnesses lead normal lives. However, misinformation about behavioral health disorders is prevalent and discrimination and stigma continues. For example, 23 percent of the population feels that persons with mental illness are dangerous to others. Twenty percent say they would think less of a friend or relative if they discovered that person is in recovery from addiction to drugs or alcohol. Considerably more, 30 percent said they would think less of a person with a current addiction. Clearly, the market place is a rich collection of diverse beliefs and attitudes and misinformation among some populations persist.

To maximize effectiveness, the market will need to be segmented with tailored communications efforts provided for different groups. Potential market segments include providers, policymakers, payers, service recipients or potential recipients, educators, family members (caregivers, children, youth, young adults, etc.) researchers, community advocates, and the media. Targets within each segment will need to be chosen based on size and structural attractiveness, and objectives and resources. Each audience will have a distinct set of wants, needs and communications channels. Market research, including the employment of web-based public engagement strategies/platforms, will be used to inform the development and evaluation of messages, products and services, and communications channels. Elements of this communications approach and public engagement strategy includes web, social media

(e.g., Twitter, Facebook, Youtube, blogs, texting), analytics and metrics, media monitoring, graphic design, mapping/geospatial, data/ Application Program Interface (API) development, video/multimedia, mobile messaging, and ongoing assessments of new and emerging technologies (e.g., Gaming). Audience engagement is the proven approach to finding the best marketing mix and message.

SAMHSA is aligning and focusing its communications assets on achieving the goals of the Strategic Initiatives. The agency has reframed its mission and is sharpening its presence and visibility. It is consolidating 88 websites, combining multiple 800 numbers into a single point of entry, creating a single user-friendly facility locator service, and building a public engagement strategy using social media to create a consistent messages and purpose across multiple platforms.

Today's consumers of information are looking for just the right product or service to satisfy their unique desires at the précised moment. The opportunity for SAMHSA is to deliver content when and where it is needed and in the process brand SAMHSA as leader in expertise and innovation. Cultivating relationships and collaboration with public and private sector organizations will further strengthen SAMHSA's effort to influence attitudes and actions related to behavioral health. The ultimate desired state for such a collaborative strategy is to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.

Fast Facts

- In 2008, 10.6 million adults aged 18 or older reported an unmet need for mental health care in the past year. This included 5.1 million adults who did not receive any mental health services in the past year. Among the 5.1 million, several barriers to care were reported including: cost, lack of health insurance coverage, and not knowing where to access care.⁷⁰
- Only about half of American children and teenagers with some common mental disorders (generalized anxiety disorder (GAD), panic disorder, eating disorders (anorexia and bulimia), depression, attention deficit hyperactivity disorder (ADHD) and conduct disorder) receive professional services.⁷¹
- 66 percent of Americans believe that treatment and support can help people with mental illnesses lead normal lives.⁷²
- 20 percent of Americans feel that persons with mental illness are dangerous to others.⁷³
- Just over 95 percent of the 20.8 million people (19.8 million) classified as needing substance use treatment because of the problems they experienced did not feel they needed treatment.⁷⁴

- Lack of coverage and not knowing where to go for treatment are among the most often reported reasons for not receiving illicit drug or alcohol use treatment among persons 12 or older who needed but did not receive treatment at a specialty facility and perceived a need for treatment.⁷⁵
- 75 percent of Americans believe recovery from addiction is possible.⁷⁶
- Twenty percent of Americans say they would think less of a friend or relative if they discovered that person is in recovery from an addiction.⁷⁷
- Thirty percent of Americans say they would think less of a person with a current addiction.⁷⁸
- Awareness on issues in specialty settings are a concern; 94 percent of primary care physicians in a study conducted in 2000 failed to diagnose substance use disorders properly.⁷⁹
- 66 percent of Americans believe addiction can be prevented.⁸⁰

Strategic Initiative 8 – Goals

- Goal 8.1:** Increase capacity for the American people to understand and to access treatment and recovery supports for behavioral health conditions.
- Goal 8.2:** Create a cohesive SAMHSA identity and media presence.
- Goal 8.3:** Lead the field through communication around SAMHSA's Strategic Initiatives and HHS priorities.
- Goal 8.4:** Get information to the workforce.
- Goal 8.5:** Increase social inclusion and reduce discrimination.

Goal 8.1: *Increase capacity for the American people to understand and to access treatment and recovery supports for behavioral health conditions.*

Objective 8.1.1: Raise awareness of behavioral health issues.

Action Steps:

1. Coordinate development of public education campaigns in collaboration with private and nonprofit organizations.
2. Solicit and use stakeholder feedback and market research to inform content development.
3. Facilitate inter and intra agency collaboration for content development and evaluation using the Behavioral Health Coordinating Council and other Federal, State, and Territorial partners.
4. Facilitate inter and intra agency collaboration to improve awareness in targeted populations and through specific delivery systems.

5. Engage behavioral health organizations, guilds, the private sector, and government entities to extend the reach of campaigns and efforts.
6. Develop and implement a plan to increase the amount of donated media connected with SAMHSA communications efforts.
7. Develop scheduled news media events to promote behavioral health access issues such as suicide prevention and children's mental health services.
8. Develop and enact plan for SAMHSA leadership to speak in non-traditional settings and to non-behavioral health audiences.
9. Consolidate and coordinate national public events, and awareness days/months sponsored by SAMHSA.
10. Establish annual survey of American attitudes and awareness to measure and report change

Objective 8.1.2: Increase access to evidence-based behavior health information to targeted audiences.

Action Steps:

1. Complete the SHIN redesign/knowledge management project.
2. Inventory current and communications products in development
3. Improve the design/accessibility of educational materials, while ensuring that materials are appropriate to varied audiences and adapted to their unique needs.
4. Train SAMHSA staff how to plan, produce, distribute and promote educational materials.
5. Work with Centers/Offices to coordinate public release of studies, grants and other announcements.
6. Host regular press workshops highlighting key behavioral health issues.
7. Use product inventory metrics to help identify content gaps and outdated materials that need updating.
8. Ensure that campaigns and products are connected to a tailored distribution and marketing plan.
9. Work with other HHS agencies and Federal Departments to reduce multiple public education efforts on similar topics.

Objective 8.1.3: Increase ability to access services.

Action Steps:

1. Inventory SAMHSA supported information service phone numbers.
2. Develop a single 1-800 number to access SAMHSA information services.
3. Consolidate and improve the SAMHSA treatment locators.

4. Develop public education activities and materials to cover changes resulting from health reform and parity.
5. Centralize access to SAMHSA technical assistance providers.
6. Centralize access to SAMHSA grantees.

Objective 8.1.4: Use emerging technology and social media to engage and inform the public.

Action Steps:

1. Develop pilots based on agency priorities.
2. Use evidence from pilot campaigns to develop a comprehensive new media strategy.
3. Develop tools and processes to support greater engagement with stakeholders and the general public.
4. Establish metrics and benchmarks to evaluate the effectiveness of new media and new technologies to effectively support the agency priorities.
5. Develop content ready for use with traditional and emerging news media (e.g., blogs, social networking).

Goal 8.1 Measures:

Measures under development

Goal 8.2: *Create a cohesive SAMHSA identity and media presence.*

Objective 8.2.1: Streamline and coordinate SAMHSA's web presence.

Action Steps:

1. Develop templates and standards and infrastructure/operating system for the SAMHSA Web program.
2. Develop a common set of metrics to benchmark SAMHSA Web performance.
3. Implement a Web Content Management System (CMS) to facilitate publishing content.
4. Eliminate redundancy in SAMHSA's Web presence by consolidating and centralizing content.
5. Consolidate and redesign SAMHSA's Website with the appropriate, pages links and search capacity to create one place to find Federal behavioral health services information.

Objective 8.2.2: Create a common design and format for SAMHSA materials.

Action Steps:

1. Develop templates and standards for SAMHSA materials.
2. Establish and facilitate agency staff adherence to a set of quality review criteria for SAMHSA products.
3. Facilitate the use of “product acceptance checklists” by Project Officers.
4. Develop agency standards for key engagement technologies (e.g. video, API development, mobile, etc.).

Objective 8.2.3: Develop a consistent set of messages and a common language for behavioral health across HHS.

Action Steps:

1. Refine consistent agency talking points.
2. Disseminate and promote agency talking points in all areas possible (e.g. Press Releases, Administrator speeches, Agency reports, presentations, etc.)
3. Continue to solicit feedback from stakeholders in reference to how the agency defines and promotes behavioral health language, including focus group testing for messages and other communications materials.
4. Provide the Office of the Assistant Secretary for Public Affairs with standard language to use for in public outreach materials for a wide range of behavioral health issues.
5. Work with our HHS and other partners through the BHCC to develop common terminology and outreach approaches on behavioral health issues that cut across our fields.
6. Work with the news media to provide consistent and clear messages on these issues and explanations of their importance.

Goal 8.2 Measures:

Measures under development

Goal 8.3: *Lead the field through communication around SAMHSA’s Strategic Initiatives and HHS priorities.*

Objective 8.3.1: Provide communications support to SAMHSA’s Strategic Initiatives.

Action Steps:

1. Create a communication plan for each Strategic Initiative.
2. Implement a communications strategy for each Strategic Initiative.
3. Provide communications support to other Strategic Initiative leads.
4. Use research gathered for the communication plans to inform content development priorities for each Initiative.
5. Establish internal mechanisms for making content decisions based upon stakeholder feedback.
6. Build a corps of effective SAMHSA spokespeople on these initiatives.
7. Develop media materials (press releases, news bulletins, fact sheets, etc.) highlighting accomplishments.

Objective 8.3.2: Engage stakeholders to inform and receive feedback about policy directions.

Action Steps:

1. Establish a standard approach for involving all aspects of SAMHSA's outreach capabilities including SAMHSA news, press releases, social media, and website in reaching stakeholders.
2. Provide transparent mechanisms to solicit and respond to stakeholder input on key policy issues.
3. Establish and maintain a behavioral health communications network of States, Territories, providers, consumers and other audiences.

Goal 8.3 Measures:

Measures under development

Goal 8.4: *Get information to the workforce.*

Objective 8.4.1: Improve the design and accessibility of technical materials and resources.

Action Steps:

1. Establish a common approach/product lines for SAMHSA's practice improvement portfolio (e.g. TIPS, Toolkits, Clinical Guidelines, Community Planning Guides).
2. Solicit input from the workforce on types of resources and formats they would prefer to receive information.
3. Evaluate different channels of sharing information (e.g. Webinars) to respond to needs of the field more quickly.

4. Work with practitioners and provider groups to increase awareness and implementation of evidence-based practices, promising programs, and emerging knowledge to improve practice and outcomes through tailored materials and communication efforts.
5. Work to coordinate resources provided by SAMHSA technical assistance providers to reduce duplication and ensure broader dissemination and use of technical assistance resources and materials.

Objective 8.4.2: Use new technology and media to engage and inform the workforce.

Action Steps:

1. Enhance the quality and availability of workforce-related information on SAMHSA's existing New Media channels and Website.
2. Investigate the use of New Media platforms that are not currently being used by SAMHSA that are relevant to the workforce (e.g. Linked in, e-Learning Platforms).
3. Establish platform for program offices to use to engage targeted audiences

Goal 8.4 Measures:

Measures under development

Goal 8.5: *Increase social inclusion and reduce discrimination.*

Objective 8.5.1: Work closely with consumers, families, and persons in recovery to identify key messages and strategies.

Action Steps:

1. Provide ongoing training opportunities for key audiences including consumers, peers, persons in recovery, providers, researchers on discrimination reduction and social inclusion.
2. Infuse discrimination reduction and social inclusion through out strategic initiatives.
3. Convene consumer/family stakeholder groups to seek input to establish public education and awareness efforts to reduce discrimination and improve public attitudes associated with behavioral health conditions and promote social inclusion, acceptance, support, and recovery.

4. Establish supports and awards for consumer-run and persons in recovery run organizations to establish social inclusion efforts on the State, Territorial, and community level.
5. Develop impact statement tools that can be used to examine programs and policies for impact on the social inclusion of people in recovery.
6. Develop a network of consumers, families, and persons in recovery from diverse racial, ethnic and sexual gender minority communities through a systematic outreach effort.

Objective 8.5.2: Engage media and stakeholders in communication around discrimination reduction and social inclusion.

Action Steps:

1. Coordinate and consolidate public recognition and awareness events (Award shows, awareness days/months etc.) to improve exposure and salience of messages.
2. Increase SAMHSA expert and material placement on news and popular media outlets (e.g., talk shows, reality shows, etc.)
3. Maintain an entertainment awards program that recognizes the efforts of the entertainment media and consumer and persons in recovery leaders to promote accurate representations of people in recovery and break down the misperceptions and stereotypes so often perpetuated by the entertainment media.

Objective 8.5.3: Engage the general public, employers, educational systems, and others to enhance their understanding and support of resilience, recovery, and social inclusion.

Action Steps:

1. Identify and consistently deliver key messages around resilience and recovery across SAMHSA communications channels.
2. Identify areas of misconception.
3. Increase SAMHSA expert and material placement on news and popular media outlets (e.g., talk shows, reality shows, etc.).
4. Collaborate with constituency groups and stakeholders to identify common priorities and leverage work to educate the public.
5. Partner with constituency groups and stakeholders to send press releases through their systems/networks.

6. Support PCBHI by developing related curriculum and materials for medical schools, nursing programs, doctoral psychology programs, schools of social work and other relevant training programs.

Objective 8.5.4: Work with providers and the health and human services field to enhance their understanding and support of resilience, recovery, and social inclusion.

Action Steps:

1. Engage various provider groups to identify common priorities.
2. Identify best communications channels for engagement
3. Leverage work to encourage shared decision making.

Goal 8.5 Measures:

Measures under development

⁷⁰ Substance Abuse and Mental Health Services Administration. (2009). *Results from the 2008 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD.

⁷¹ Merikangas, K.R., He, J.P., Brody, D., Fisher, P.W., Bourdon, K., & Koretz, D.S. (2009). Prevalence and treatment of mental disorders among U.S. children in the 2001 2004 NHANES. *Pediatrics*, 125(1), 75-81. Retrieved from <http://pediatrics.aappublications.org/cgi/reprint/125/1/75>

⁷² Healthstyles Survey CDC (2006) Retrieved from: <https://store.samhsa.gov/shin/content/SMA07-4257/SMA07-4257.pdf>

⁷³ *Ibid*

⁷⁴ Substance Abuse and Mental Health Services Administration. (2009). *Results from the 2008 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD.

⁷⁵ *Ibid*

⁷⁶ Office of Communications, SAMHSA. (2008). *Summary Report CARAVAN® Survey for SAMHSA on Addictions and Recovery*. Rockville, MD: Office of Communications, Substance Abuse and Mental Health Services Administration. Retrieved from http://www.samhsa.gov/attitudes/CARAVAN_LongReport.pdf

⁷⁷ *Ibid*

⁷⁸ *Ibid*

⁷⁹ Survey Research Laboratory, University of Illinois at Chicago, The National Center on Addiction and Substance Abuse at Columbia University. (2000). Missed opportunity: National survey of primary care physicians and patients on substance abuse. Retrieved from http://www.casacolumbia.org/templates/publications_reports.aspx?keywords=2000

⁸⁰ Office of Communications, SAMHSA. (2008). *Summary Report CARAVAN® Survey for SAMHSA on Addictions and Recovery*. Rockville, MD: Office of Communications, Substance Abuse and Mental Health Services Administration. Retrieved from http://www.samhsa.gov/attitudes/CARAVAN_LongReport.pdf