Engaging Millennials In Behavioral Health Education

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ENGAGING MILLENNIALS IN BEHAVIORAL HEALTH EDUCATION

A Toolkit for Behavioral Health Organizations to Engage Millennial Audiences via Social Media Platforms

MPH Capstone
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Engaging Millennials in Behavioral Health Education

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Introduction

This capstone is a toolkit for practices that are considering adding behavioral health education and/or promoting their practice to millennials through social media. Now is a prime time to begin to engage audiences via social media, as 80% of people who search for health information via social media are doing so for their own use, while 20% are caretakers seeking information for others (Sarasohn-Kahn, 2008). In addition to the growing popularity of social media, the increase in use of mobile technology (smart phones) and mobile applications shows an uptick in the number of health-related mobile apps available for consumers to download onto their personal devices (Luxton et al, 2011). Social media can be an exciting tool to reach multiple audiences for various reasons—promoting a health fair for low-income families, or celebrating the receipt of an award by a practitioner-- and to get the word out to the community. Social media can help with that.

There are certain demographics in the community that may have special behavioral health needs that utilizing social media may be able to help with, but engaging those individuals once they have been identified can be difficult without the right tools. Utilizing social media allows patients to take an active role in their healthcare, empowering them to ask questions, seek out social supports, and have a sense of ownership in their treatment (Glandon, 2014). The very nature of social media encourages community building within populations with similar health concerns, even if they are not within the same geographic location, which can enhance care delivery by having an organic source for social supports (Heath, 2016, Sarasohn-Kahn, 2008). Social media is especially effective for public health campaigns due to the high level of user engagement and content creation (Maher, 2014).

Behavioral health concerns

While some studies suggest that high social media usage can contribute to anxiety and depression, millennials are more open to discussion about mental health concerns and breaking down the barriers of social stigma surrounding mental health (Meeting the mental health needs, n.d.). An openness to discuss mental health concerns is especially promising in the face of studies that indicate that, among young adults, the prevalence of major depressive episode and other disorder diagnoses are increasing, as are the number of young adults not receiving treatment for their mental illness (Motjabai et al, 2016).
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This toolkit is designed to help practices craft and deliver communications strategies to engage one specific population: millennials. Throughout this toolkit you will find statistics about this demographic, strategies for engagement, and considerations for the health and safety of this population when it comes to utilizing social media for behavioral health education.

How social media is currently used in behavioral health

The use of social media in behavioral health leans more toward prevention and intervention in patients. In the review of online psychosis treatment, Alvarez-Jiminez (2014) found that individuals living with psychosis effectively utilized the Internet to develop social supports and were more comfortable using the Internet due to the sense of anonymity and ease of social interaction. Building upon the use of online support groups, behavioral health organizations can also embed collaborative learning tools into their social media, which encourages “communication that is therapeutically beneficial” (Mohr, 2013). This is particularly important because, as Barak and Grohol point out, “nearly two thirds of all people with diagnosable mental disorders do not seek treatment” (2011).

Utilizing social media for behavioral health education can have a powerful impact on prevention. Having the tools to self-identify behavioral health concerns before they have a negative life impact can encourage the patient to seek out interventions and treatment (Barak, 2011). Additional prevention tools may include push messages, wherein a text message or alert is sent to the patient’s phone to remind them to visit the organization’s website, or take their medication (Mohr, 2013). The use of social media in behavioral health has helped improve mental health outcomes, increase medication adherence, lower depression symptoms, and reduce hospital admissions (Alvarez-Jiminez, 2014).

Why Millennials? Understanding your target audience

Statistics on social media use

Millennials are a generation that has grown up with technology readily available, and according to Sarringhaus, over 75% of individuals aged 20 to 24 and nearly 50% percent of individuals aged 25 to 29 use social media multiple times per week (2011). Despite high usage, there is gap in engagement with health sources among this demographic (Prybutok, 2015). According to a survey conducted by
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Lloyd et al, young millennials are obtaining 20 percent of their health knowledge through social media sources, and embrace user-generated technology (2013). A set of focus groups performed by Prybutok and Ryan identified that college-age Millennials obtained their health information on social media first by referring to health blogs, with Facebook being a close second (2015).

What media is “attention-grabbing” to Millennials?

An important aspect of being able to create a custom message to a targeted audience is to understand how that audience utilizes social media and what will grab their attention as they browse. We already know the frequency with which Millennials engage with social media, so it is important that, if they are not already aware of the practice or organization, an incidental interaction draws them in and engages them in a way that is both appealing and relevant to their interests. Incidental interactions are a sponsored or boosted post paid for by the site. Examples of incidental interactions are links that show up on users’ Facebook timeline or Google searches (see further discussion and expense information below).

Aesthetic appeal is important to Millennials (Prybutok, 2015). If visual appeal is lacking, Millennials may be more likely to dismiss the content, regardless of how relevant the content is to them. If the design of social media pages and the content are appealing, Millennials will be more likely to notice a message and share it on their own pages (McCloskey, 2016). To a Millennial audience, more images and less text is an important factor in their decision to stay on a page or get their information elsewhere. Along with this desire to quickly access information, the color palette that information is presented in is hugely important, with Millennials gravitating toward “lighter and more inviting colors” utilizing a single color palette in varying shades, instead of an assortment of different colors (Robey, 2016). An example of this would be to have an image or infographic with a gradient blue or green background with the information presented in an easy-to-read, left-to-right format that is not text heavy, instead, presenting the information in a simple, quick to absorb language.

Celebrity appeal is also a factor in marketing via social media to Millennials. With the destigmatization of mental illness, more celebrities are sharing their own diagnoses, spanning the gamut of anxiety, depression, postpartum depression, bipolar disorder, and eating disorders. Nine out of the top ten Twitter accounts that are followed are celebrities; utilizing celebrity in social media marketing can be effective in generating engagement on a page (Zhu, 2015). Actress Catherine Zeta Jones went public in 2011 with her diagnosis of bipolar II (Collins, 2016) and because she has been a vocal advocate
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to reduce the stigma around mental illness, would be a good celebrity to spotlight during an awareness campaign.

Putting it all together to create custom deliverables

Reinventing the wheel is unnecessary as evidence-based content likely exists from several credible sources. Understanding how to locate reliable content is key; credible sources found online are best taken from websites with .edu, .gov, and .org domains, as well as the verified (denoted by a blue check mark next to the page name when appearing in searches, as well as on the actual social media page) social media accounts from professional and government organizations. Learning from the social media strategies from these sources, as well as utilizing the content for your own page is essential. Examples from some credible resources include the following:

- The Centers for Disease Control and Prevention are champions of using social media to reach and empower diverse populations (Gupta, 2013) and as a result have generated extensive, detailed social media toolkits and resources for use by social media communications managers, including links to CDC social media pages: https://www.cdc.gov/socialmedia/index.html
- The Substance Abuse and Mental Health Services Administration (SAMHSA) has an extensive collection of videos on their YouTube channel: https://www.youtube.com/user/SAMHSA/featured
- The Mayo Clinic has demonstrated successful use of social media to engage patients and their communities, understanding that the sharing of links to health-related issues, tips, and other useful sites via Twitter can reach a much wider audience when retweeted (shared) by their followers (Gupta, 2013).

Mix it up - Vary the format of content

Videos can be an eye-catching way to deliver information but can be costly to produce not only in physical materials needed (camera, editing software) but in actual hours spent creating the content and/or hiring a videographer; examining video-formatted materials that exist with other organizations and sharing those posts can save on cost. Doctor Zubin Damania-- better known on social media as ZDogg MD-- has revolutionized the use of video on social media, integrating easily recognizable pop culture references such as Darth Vader in his popular “Doc Vader” series and creating witty music video
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covers of popular songs, and most recently, the use of animated emoji in his videos. These are high-quality videos with a lot of production value that are worth sharing and can help reduce monotony on your feed.

Twitter and hashtag campaigns

Microblogging, most popularly the use of Twitter, is a great way to reach a specific audience and quickly share information and links to that audience. Recently expanded to a 280 character limit, Twitter allows users to share short, targeted messages with links, images, and video embedded. Followers can also interact with the page by using the @ symbol before the username-- for example, if your practice’s Twitter user name (also called a “handle”) is “LocalBehavioralHealth,” a follower may tweet to the account in the following way: “@LocalBehavioralHealth where can I find information on depression?” The practice would reply to the follower in the same way (using the @ symbol, which will generate a notification to the other party), creating a public conversation rather than using direct messaging (which is private) that others can also participate in. (Lovejoy, 2012). This creates a two-way conversation with the practice and the follower, increasing engagement.

With the inception of hashtags, businesses and professional organizations can target specific audiences and collect valuable metadata. But, what are hashtag campaigns, and how can they be utilized in a behavioral health social media setting? Hashtags (#), commonly known as the pound or number sign, identify a word or short phrase as relevant to the topic. For example, during Suicide Awareness month, a tweet about the National Suicide Prevention Lifeline may include the hashtag “#SuicidePrevention” which, when clicked, will take the user to other public posts using the same hashtag. Hashtags are searchable and can trend, featured on the home page of a user’s Twitter feed (Lovejoy, 2012). When creating hashtags, they should be short, simple, and easy to remember while remaining relevant to your campaign.

Another valuable aspect to Twitter is the retweet. Retweets allow you to share content already created by another entity, for example, a parent organization like the National Alliance on Mental Illness (NAMI) to your followers. Summarily, when followers retweet content, this is exposing a whole new audience to your page, which can increase follower count and engagement (Boyd, 2010).
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Making messaging more visible to the target audience

Boosting a post is a great way to increase visibility with a target demographic. Boosting will work if a successful work plan has been created (see section on Cost), with a solid outline of what messages to prioritize, the types of messages that are created, and possibly a timeline for uploads of certain messages (i.e.; messages about suicide prevention to be posted heavily during suicide prevention month in September). The work plan will also help identify the timing for messages that would be considered a priority for boosting. When considering boosting a post, it is essential to examine the budget and determine what type and frequency of boost fits the organization’s needs the best. Facebook, for example, will allow a page to set a maximum budget per post that is boosted and provides the user with an estimate of how many people will be reached based on the audience being targeted (“Reach more people” 2017). A promoted tweet on Twitter, however, can vary in cost based on the amount that a user bids that they are willing to pay per engagement (a retweet, response, or a link is clicked within the tweet) and can range from $0.20 per engagement to $4.00 (Williams, 2015).

Management of online content can be cumbersome at times, especially as an online presence grows across multiple social media platforms, therefore another affordable and useful tool for social media management and promotion is Hootsuite.com, which for smaller businesses and organizations costs only $19.00 per month. With powerful communication management tools, Hootsuite allows the organization to schedule posts across multiple social media platforms. Hootsuite also tracks brand mentions across platforms and provides a set of analytic tools to track the success of social media campaigns. This can provide valuable insight into how audiences are interacting with educational materials, and which platform is seeing the most success with messaging.

Who should moderate online interaction?

Professional online behavior

Poor netiquette can be the nail in the coffin of credibility online, driving away followers and decreasing engagement. The general public may judge the practice based on the behavior of social media administrators-- remember, the social media account is as much a representative of the business as the front desk receptionist or the licensed clinical social workers in the office. Remember that social
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media is intended to be social, to be a two-way conversation, behavior such as ignoring comments and tweets can alienate your followers, be polite and engage with commenters, even when the comment is negative (“Social Media Etiquette…” 2017) -- the important thing is to not take the negative comments personally or respond emotionally to them. Keep language professional, avoid profanity and use “please,” “thank you,” and respond with empathy when a commenter is upset or frustrated. A disclaimer that there is not round-the-clock moderation should be posted to set the expectation that responses to inquiries will be delivered during business hours.

Dispensing medical advice and patient privacy

Once a page starts to get interaction with the target audience, visitors to the page may start asking for medical advice, or current patients wishing to discuss their diagnoses. It is important to take caution with these interactions and take the appropriate steps to ensure patient safety and patient privacy. In a world where much of life is shared online, HIPAA concerns abound, and it is important to review HIPAA and ensure compliance with any team members that may be creating content for, sharing to, or moderating social media platforms. Requests for medical advice should be handled courteously, but with a generic response providing the office information and an offer to help set up an appointment (Chretien, 2013).

The safety of the patient is number 1: Help users Know when to contact crisis services

Patients may reach out because they or someone they know are in crisis and be unaware of the available resources in their community. It is important to reinforce that the organization’s social media does not replace or provide crisis services, and that it may not be monitored 24/7. Creating a banner element for the page with local crisis hotline numbers puts the information directly in front of the end user. Additionally, “pinning” a post (making a post stay permanently at the top of the page regardless of date and sorting settings) with the information and a disclaimer that the page is not a place to receive crisis services can also be beneficial. Additionally, followers are likely to share a pinned post with such valuable information, especially during times of national crisis (high profile suicides or instances of gun violence), which can drive traffic to your site. If a patient in crisis does interact with the page while a moderator is online, it is important to treat the patient with dignity but steer away from trying to provide treatment, instead providing them with crisis service information.
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Site Security

Ensuring that the information being accessed by your audience is secure, and that patient information is kept confidential is essential. One way to ensure the safety of shared links is to use credible sources as mentioned previously, with resources that have undergone peer review and quality control measures (Ventola, 2014). More importantly, however, is securing patient information. The social media page should never be treated like a patient portal, and it is vital that practice operations and social media presence are kept separated. Page administrators should be careful to log fully out of personal accounts before updating the practice account, and personal and work email addresses should never be used for management of these pages—instead, an encrypted account associated with the practice should be utilized. HIPAA violations are serious and costly, and while sharing a case study with de-identified information may sound like a good way to bridge a gap with your audience, it is far too risky, and often will still have enough information to identify the patient (Ventola, 2014).

Cost and planning

Due to the free, open-access nature of social media platforms, cost is often not at the forefront of an organization’s planning and decision-making process, however careful consideration must be given to the costs associated with social media activities. The best way to start this process is with a strategic work plan outlining your goals, objectives, strategies, and tasks (Berkowitz, 2011). Careful planning must consider development, management, and expenses associated with marketing a social media presence.

1. Staffing: Do current staff have the skills needed to launch a social media presence or will training/contract support be needed? Will the communications manager be the only person managing social media accounts? Will other staff members’ time be needed for moderating and uploading material?

2. Production: What types of media will be created? What materials, software, and hardware are needed? Will the practice create video content? Will a videographer be needed?

3. Content focus: What campaigns will have the most impact? What issues does the organization want to highlight?

4. Marketing: Once a solid work plan is laid out for developing and managing social media, a marketing budget can be established, taking into consideration post
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boosting. Decisions on where and how to spend marketing budget should be carefully assessed based on how many followers each social media platform has and what your messaging focus is.

Conclusion

There is growing evidence within the behavioral health community that using social media is a viable and welcomed media for engaging with Millennial audiences. Growing a practice’s social media presence entails not only understanding what is important to the target audience, but also careful consideration of goals, resources, and content. Whether working with graduate students, staff, or consultants to develop a social media presence having a clear plan, starting small, and utilizing the built-in analytic tools to grow and maintain a following are the keystones toward a successful social media page.

Recommendations → Taking the First Steps

Using consulting services

If the office staff have little or no experience or low comfort level with marketing and communications or utilizing social media, a consultant may be a viable option to get your social media accounts off the ground. Be wary, however, as consulting costs can be high. Before going the route of hiring a professional consultant, you may want to reach out to local universities that have marketing and communications students that are in need of practical experience as part of their degree-- a behavioral health office may host clinical interns, why not business and communications as well? The practice wins by having a subject matter expert on hand for little to no cost, and the student intern wins by gaining real life experience and honing their skills. If this is not an option, however, there are many options to hire a consultant, from private communication firms to independent freelance consultants. Regardless of whether a consultant is hired or an intern is utilized, it is important that the goals of your social media campaigns are clearly outlined for the manager of the accounts.

Starting out
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1. Start small, with one or two social media platforms, like Facebook and Twitter, and create a manageable schedule for posting to ensure consistent engagement, and stick to it. Create engagement goals for these platforms, whether they be a follower count, page views, or comments.
   a. Start small with one group of users targeted, and track engagement. Broaden target demographics once a pre-set goal of engagement is reached by your initial target
   b. Stick to your schedule and stay actively engaged with your audience with interesting content (see section on what media is attention-grabbing to millennials). The conversations should be just that—conversations, not one-sided (Kaplan, 2010).

2. Like and share posts from parent organizations, such as the National Alliance on Mental Illness (NAMI), especially during relevant awareness months, such as suicide prevention month.
   a. Stay away from fear-based campaigns and encourage a sense of community with your followers. Encourage them to also share the information that you post.
   b. Utilize hashtag campaigns that are catchy, unique, yet simple and easy to remember
   c. Keep campaign messages simple and straightforward for campaign staff to easily disseminate to your followers (Randolph, 2004).

3. Decide how you will assess impact and time frame for piloting.

4. Keep the professional practice and the social media separate
   a. Avoid “friending” patients on personal social media accounts
   b. Use encrypted email accounts to ensure safe communication between the patient and practice. Never manage social media accounts with personal or user-specific work email accounts. Always have a dedicated account for social media.
   c. Do not discuss patient diagnoses or try to diagnose via social media interaction
References


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ZDogg MD. http://zdoggmd.com/