

THESIS

SOCIAL MEDIA AND CAMPAIGNS FOR SOCIAL GOOD: BEST PRACTICES FOR
MENTAL HEALTH NONPROFIT ORGANIZATIONS

Submitted by

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ABSTRACT

SOCIAL MEDIA AND CAMPAIGNS FOR SOCIAL GOOD: BEST PRACTICES FOR MENTAL HEALTH NONPROFIT ORGANIZATIONS

This study sought to better understand how mental health nonprofits are using social media platforms to communicate with three audiences: their clients, support groups of their clients, and the general public. Four research questions were studied through a series of ten in-depth interviews with communications professionals at mental health nonprofits in Colorado.

The study found that social media was an important component of these nonprofits' online communication strategy. Goals for social media use ranged from funneling visitors to the organization's website to raising awareness about its particular focus in mental health. Many participants expressed interest in communicating with their clients and even providing some extension of their services through social media, but found requirements for privacy set by the Health Insurance Portability and Accountability Act (HIPAA) to be restrictive. Although not all organizations considered the general public to be a major target audience, most agreed that some portion of their posts provided education, awareness, and stigma-fighting components. Several organizations considered friends and family members of their clients to be their most important target audience, and focused posts on providing informational and emotional support to this group. Clients were also noted as benefitting from this informational and emotional support. Findings from the interviews were used to suggest seven best practices for social media use by mental health nonprofits.

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CHAPTER 1 – INTRODUCTION

Nonprofit organizations provide a variety of services and resources for individuals and groups coping with specific issues. Williams and Taylor (2013) stated that nonprofit organizations are now considered the “third sector” in addition to public and private. These organizations are often referred to as charities and seek to serve the public interest (Wilcox & Cameron, 2012, p. 548). These organizations are tax-exempt, a status the federal government grants because nonprofits are dedicated to enhancing the well-being of citizens (p.548). When traditional methods or an individual’s own resources fail, nonprofits work to fight injustices, find cures for ailments, and ensure a better quality of life for the entire population. Herman (2004) said that while nonprofits vary widely in size and scope, the majority of these organizations seek to provide resources. Nonprofit organizations also work to build social capital, or a network of support in communities. Nonprofits must communicate effectively with their audiences in order to educate and eventually combat their particular social issues. With limited budgets, these activities are often difficult to achieve through traditional paid media outlets and promotions at the level nonprofits would like. Social media can potentially fill this gap for a nonprofit communication campaign.

Nonprofits and social media

For-profit and nonprofit organizations alike have sought to capitalize on the potential massive, expanded audiences social media can provide. Nonprofit organizations that desire more exposure and potential funding for their initiatives may

see social media as their free golden ticket to a larger audience than traditional media. However, while initial investment in these activities may be minor, nonprofits often learn that social media are difficult to manage and make worthwhile. Nonprofit organizations generally have few resources that can provide help. Organizations face challenges in designing successful communication campaigns with these tools because social media have not been around long enough to have a strong repertoire of theory-based academic research and well-founded lists of best practices. The Internet, in the grand scheme of academia, is a relatively new area of study. The general public even finds itself frequently still working through the adoption phase. Because new digital communications are introduced and updated so frequently, the latest and greatest advancements appear before the old one has even been mastered. Moore's Law, which states that computer central processing unit speed and storage space has doubled every year since 1958 (Seel, 2012, p. 14), underscores this rapid growth.

A quickly changing world means that research studies focused on social media only date back to the mid-2000s (Bortree & Seltzer, 2009; Ganim Barnes & Mattson, 2008; Klein & Liff-Greiff, 2009; Vorvoreanu, 2009). Geocities, the website builder often considered to be the father of social media, did not appear until 1994 (Curtis, 2013). Blogging gained a foothold in 1997, Google officially began in 1998, and Friends Reunited (a UK company considered the first social network) made its debut in 1999 (Curtis, 2013). With this type of communications technology logging under two decades of existence, research is in its infancy. Many studies have pursued a qualitative, exploratory approach as researchers attempt to define what social media truly are. This is particularly true for the use of new media technologies in the nonprofit sector, which

has received little attention. Mental health nonprofits are even more underrepresented, and are rarely the focus of academic literature and studies.

Mental health as a focus of nonprofit organizations

Mental health refers to illnesses and cognitive disabilities that affect the physical brain or mind (Sartorius, 2002). Bhugra, Till and Sartorius (2013) describe mental health as one's ability to form and maintain affectionate relationships with others, to perform in the social roles usually played in one's culture and to manage change, recognize, acknowledge and communicate positive actions and thoughts as well as to manage emotions such as sadness (p. 3).

Sartorius (2002) described mental health as having three definitions: an organism performing at full capacity and capability, absence of disease, and balance between the organism's social and physical world. When someone uses the phrase "mental health," he/she is typically discussing illnesses that can throw Sartorius' three points out of balance; these illnesses impact a person's ability to lead a "normal" life. Occasionally the definition includes disabilities and illnesses such as Down's syndrome, Alzheimer's disease and cognitive developmental delays. More often, however, the field often limits the specific term "mental health" to a more specific category of illnesses and emotional issues.

The National Alliance on Mental Illness (NAMI) provides the following definition of mental illness on its website: "A mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that

often result in a diminished capacity for coping with the ordinary demands of life” (NAMI, 2013). This definition points to illnesses such as depression, bipolar disorder, schizophrenia, post-traumatic stress disorder and generalized anxiety disorder as examples. Mental health nonprofits seek to provide information about the causes, symptoms and treatments of these illnesses, in addition to often providing on site counseling or therapy.

Treating mental illness is a challenging road. Government programs for this area are underfunded or ill-prepared (such as veteran’s assistance programs attempting to deal with Post Traumatic Stress Disorder among returning vets), mental illness patients find it difficult to connect with medical professionals (Eriksen et. al, 2013) and understanding is low among the general public.

Mental health focused nonprofits seek to fill the resource and understanding gaps, and also face the unique challenge of combatting stigma. Cancer, heart disease and other physical ailments do not normally come with misunderstanding and misplaced blame on the sufferer. In the case of mental health, treatment is often deemed unnecessary; depression is seen as something each individual should be able to overcome on their own (Hansson, Stjernsward & Sevensson 2014) . Sufferers are looked down upon (Angermeyer & Dietrich 2006). The factor of stigma means that organizations working to help people afflicted with mental illness need to consider their communication strategies differently than nonprofits working with physical ailments or other social issues.

As the world becomes more connected, and social media grows in number of users, mental health nonprofits will naturally seek to tap into this massive audience.

Social media strategies will become a piece of their communication strategy, and new challenges and opportunities will arise with these platforms. This study seeks to find how these platforms are currently being deployed and can be best utilized to help these organizations communicate with their target audiences and in particular what best practices can be implemented to receive the best possible return on investment in social media.

Overview of study

This study seeks to understand how communication professionals at mental health nonprofit organizations use social media to communicate with clients of their organization, friends and family members of the clients (“supporters”), and the general public as part of a communication campaign. The researcher is interested in how the organizations also facilitate social support and informational support through these communications, and how the three identified publics communicate among each other using the organization’s social media accounts for social support purposes.

CHAPTER 2 – LITERATURE REVIEW

Before beginning research, key definitions must be established. This chapter examines prior research literature to define and operationalize concepts for the study, including social media, use of these technologies by nonprofit organizations and the health sector, social support, and informational support.

Social Media: A Definition

As with any new technology, opinions and concerns about digital media can take years to sort out. The same is true of definitions and uses of the technology. Digital media, which are one component of a company's promotional media tools, encompass the Internet, email, text messaging, apps, and social media. In general, the public-at-large uses the phrase "social media" to encompass blogs, social networking sites, and interactive features of websites such as message boards. However, in the academic realm, definitions of the phrase are more nuanced.

Cohen (2013) suggested that social media consist of any online platform or channel with the potential for user generated content through interactive capability. Users can share content and communicate more directly with an organization. Hallahan (2004) states that online and interactive media "fill a critical need" in an organization's public relations campaigns, as the platforms provide a way for audiences to interact directly with the organization (p.770). A 2013 article in the *Journal of Computer-Mediated Communication* describes this idea as communication by an organization with parties outside of the organization, and that it is often part of a multi-faceted

communication campaign (Leonardi, Huysman, & Steinfield, 2013, p. 2). An organization maintains accounts on at least one social networking site, and typically has a website as well.

As Carpentier, Dahlgren, and Pasquali (2013) claimed, social media technologies allow users to participate in the creation of media content (p.288). The public today wants to create content; they want a say, and they want to be listened to. Media outlets have responded to this demand, and use social networks to gather user generated feedback on stories and events. Most outlets that directly allow people to connect through digital communication technology and feature interactive aspects fall under the umbrella of social networking. Zorn, Grant, and Henderson (2013) stated that “ability to collaborate, users creating rather than just receiving content, and dynamic rather than static content” (p. 669) is what makes social media distinct from other communication technologies.

Social networking is also considered to be one facet of social media. As used here, social networking is an activity that can take place on a variety of social media sites, which can include but are not limited to social networking sites (SNSs). The purpose of these websites is to allow people to come together to interact with others. Hallahan (in preparation) suggests that organizations engage in social networking to a) build relationships, b) facilitate collaboration, or c) heighten user engagement through fun and entertaining activities.

SNSs have exploded in popularity based on the public’s desire to share ideas, make connections and participate in social and political events, as well as media creation. A 2009 article in *Philanthropy Action* states that the top twenty most visited

websites in the United States include social media sites as Facebook, Twitter, YouTube, Wikipedia, Flickr and blogs sites found on hosting sites such as WordPress and Blogger. These sites tend have longer lengths of visits, or “dwell” times by visitors than the typical website page (Ogden & Starita, 2009, p. 8).

General SNSs such as Facebook allow users to maintain a personal profile and message fellow users, comment on other people’s walls, upload photos and videos, post status updates and thoughts and share material from around the Internet. Special interest SNS also exist and bring together people interested in a particular subject matter such as dating (eHarmony.com) or employment (LinkedIn). LinkedIn connects people seeking work, looking for employees, or wishing to grow their network of professional cohorts. This site also offers a personal profile, and can function as an online resume for individual job seekers or as a recruiting tool for businesses with positions to fill.

Another form of social networking includes Twitter. This service differs in that it functions as a microblog, a form of digital messaging, where users post status updates or tweets, and can also “re-tweet” other users’ posts. Users create a profile page with a picture and collection of the user’s tweets ; however, there is not space for many details such as on Facebook. Other types of social networks include media sharing sites such as Pinterest, an online “pin board” of sorts that allows users to save links, images, and ideas from around the Internet and share them with other users. All of these sites share the ability for users to build a list of “friends,” or networks. Each user can amass a group of people, known in the real world or only online, who follow their personal profiles. Each user is also connected to friends of their friends, as most of these websites allow

users to see content shared on the pages of those they are connected with by people they have not yet added into their network. People also can interact and share information through synchronous chats and asynchronous forums (discussion boards). Through blogs, users can engage in discussion in the comments section of a post. Chats, forums and blogs typically have a more information purpose and users do not typically have a profile page or friends list.

Organizations are responsible for much of the public relations and communications activities happening on social networks; it is an obvious choice for them to go where their consumers are and constantly look for new ways to promote products and services. People love to interact, participate, and create. Saffer, Sommerfeldt, and Taylor (2013, p. 213) stated that interactivity has become a key idea in studies on mediated relationship building. The researchers note that their study participants assigned to more interactive social media accounts had more positive perceptions of the organization responsible for the accounts (Saffer, Sommerfeldt & Taylor, 2013, p. 214). Users also have a higher opinion of organizations when they include interactive social networking accounts as part of their communication campaigns. Although nonprofits promote ideas or pro-social behavior versus the for-profit sector focus on sales, communication campaigns are still integral to their survival. It makes sense that this opinion-interactive social network relationship would extend to nonprofit organizations and the communities they serve.

Social Media Usage in Nonprofits

To understand the current state of social media use in nonprofit organizations, it is necessary to review the extent of use by these organizations, how effectiveness is currently measured, and what limitations nonprofits have in this realm.

Extent of Use

Nah and Saxton (2013, p. 295) argued that any organization, regardless of size, can incorporate social media technologies into their communication campaigns and create a more level playing field than traditional advertising methods. Like businesses, nonprofits need to adapt to and master the new technologies if they want to survive, and eventually thrive, among their target audiences. Organizations in the nonprofit sector have been active in adopting social media, and have matched or slightly outpaced corporations with much larger budgets and resource pools. According to a longitudinal study published by researchers at the University of Massachusetts Dartmouth, 89% of charitable organizations are using some form of social media (Ganim Barnes & Mattson, 2008, p.1). This total number includes a 79% usage rate of SNS such as Facebook and Twitter (p.1). Comparing these figures to a 77% usage rate for Facebook and a 70% usage rate for Twitter by corporations in June 2013 (Ganim Barnes, Lescault & Wright, 2013), nonprofit organizations are proving to be competitive with businesses in the world of social media. These agencies can use similar tactics and ideas that businesses and corporations would in this realm, and can serve as models for for-profit organizations seeking to jump into social media use.

Rationale for Use

Nonprofit organizations also face unique challenges and opportunities. Because the ultimate end goal of a nonprofit differs from a corporation, so must their social media strategy. Nonprofits use social media to educate, spread awareness, initiate dialogue with their constituents, encourage social support and enhance client services. Although some research thus far has focused on how social media are used by nonprofit organizations, as well as their adoption rates for specific technologies, little attention has been paid to *why* organizations choose this type of communication or what drives them to different strategies (Nah & Saxton, 2013, p. 296). Current research on social media utilization focuses on basic information dissemination uses and the need for consistency and frequency in messaging, rather than engagement with social media users (Nah & Saxton, 2013, p. 296).

Lovejoy and her colleagues discuss nonprofit Twitter use, and mention that most of the communication currently happening is not the two-way interactive communication that consumers respond to. Nonprofits are using the site to relay information using one-way communication (Lovejoy, Waters & Saxton, 2012, p. 316). Lovejoy and her colleagues say that the problem lies in nonprofit communicator's hesitation to take risks with the new technology, but are only limited by the "imagination of their communicators (Lovejoy, Waters & Saxton, 2012, p. 317)." Their study concluded that "strategic communicators still remain puzzled over how to best use Twitter to connect with their external stakeholders on a daily basis (Lovejoy, Waters & Saxton, 2012, p. 317)," with hopes that communicators will learn to use the technology to its full extent. Bortree and Seltzer agree with these findings, stating that the majority of environmental

organizations they studied seemed “to adopt the position that the mere creation of an interactive space via a social networking profile is sufficient for facilitating dialogue (Bortree & Seltzer, 2009, p. 2).

Resources

Nah and Saxton (2013) offer an explanation for a nonprofit’s decision to begin using social media in their communication campaigns; namely, cost effectiveness. The budgeting struggles nonprofits originally faced related to creating and operating their own websites are not relevant with social media (p. 296). Websites may still require some initial programming and maintenance, but with blogs and social networks there are no backend responsibilities. These pre-built platforms offer customization without needing to understand coding. Facebook and Twitter accounts are free to sign up for, and there are no costs associated with posting messages to the pages.

It is important to note that a communication campaign on social media is not entirely without costs, especially when it comes to mid-size and small nonprofits. Ogden and Starita discuss the resource related pitfalls of smaller nonprofits attempting to implement a social media component to their communication strategy. A significant amount of staff time and labor is necessary to use social technologies effectively (Ogden & Starita, 2009, p. 9). The time needed goes back to the creativity, knowledge and time needed to build an effective social media campaign. Nonprofit managers, volunteers or others assigned to marketing and communications for the organization might not be well versed in how to effectively interact with constituents online (Ogden & Starita, 2009 p. 9). To be effective, nonprofits might need to retain or consult with communication professionals. These services may be offered *pro bono* or at discounted

rate to the nonprofit, but that is not a guarantee. A good blog may take up around \$11,000 alone in a budget when considering staff time and website hosting fees.(Ogden & Starita, 2009, p. 8). In addition, time is a precious resource for overloaded nonprofit organizations. Stretched thin with other projects, social media strategies may not be able to get the time and consideration they need to become a truly successful campaign.

Effectiveness

Research about more than 100 nonprofits concluded that organizational strategies are only one piece of the social media decision making process; capacity, governance, and external pressures also play a role (Nah & Saxton, 2013, p. 306). Competition among other nonprofits and businesses is also a factor. While nonprofits are eager to jump on the social bandwagon and go where the people are, the sheer number of other organizations seeking to connect with social media users may drown out individual, smaller nonprofits. Most blogs have next to no readership (Ogden & Starita, 2009, p. 10). A study at Purdue University also reported that Facebook and Twitter users are generally apathetic toward social network use by corporations and other organizations, and may even begin to tune them out after a certain period (Vorvoreanu, 2009). The massive amount of noise competing for the audience's attention puts extra strain on communication planning. Ultimately, Ogden and Starita found that social media communication is best saved for nonprofits with the time and resources to fully dedicate to the campaign. But other experts disagree with this conclusion. Evidence suggests, for example, that millennials, the largest portion of social media users, are born with a strong sense of civic duty and a desire to better the

world around them, making them a key target audience for nonprofits (Klein & Liff-Grieff, 2009).

Credibility and Trustworthiness

Various experts offer guidance to nonprofit communicators for designing and implementing the strongest possible social networking strategy. Several books in this area have been published (Kanter & Fine 2010, McCorkindale 2012, Mansfield 2012, and Mathos & Norman 2012) and discuss everything from setting up accounts and what types of social networks are most beneficial, to the best communication practices and strategies. One concern that many of these trade books discuss is the need for transparency. In *Follow Me or be My Friend: How Organizations Are Using Twitter and Facebook to Build Relationships*, McCorkindale (2012) defines transparency as openness, accountability, and responsibility. He further provides guidelines for organizations to be more transparent on social media; specific suggestions include being open about who runs the accounts, answering all inquiries or posts, and being honest (2012).

Indeed, social network users are sometimes suspicious or cautious of what organizations post to their accounts and about their motives (Vorvorean, 2009). In *101 Social Media Tactics for Nonprofits: A Field Guide*, Mathos and Norman (2012) suggested that nonprofits enhance their credibility by including pictures and profiles of the people behind the social networking accounts. Biographies for contributing staff members bring a personalized touch to the accounts in addition to giving credit where credit is due. This personalization can contribute to the two-way communication that the nonprofit desires (p. 38). Likewise, Kanter and Fine stressed in their text, *The*

Networked Nonprofit: Connecting with Social Media to Drive Change, that true engagement “cannot happen without significant organizational transparency” (Kanter & Fine, 2010, p. 76). The authors go on to point out nonprofit organizations as a whole have been slow to adopt transparency at any level, but also need to remember that not every piece of information should be up for public analysis. Instead, organizations need to thoughtfully choose what items are not for the public.

Transparency and credibility on social networks goes hand in hand with an organization’s tone of voice. Heather Mansfield in *Social Media for Social Good* dedicates separate chapters to Facebook and Twitter and mentions that finding a voice for the organization is a vital part of a communications campaign. “The best nonprofit Twitter voices have personality,” Mansfield states (2012, p. 95). Mathos and Norman suggest tactics for making an organization’s tweets more “re-tweetable,” a feat they attribute to adding your voice to conversations on social networks about relatable topics (Mathos & Norman, 2012, p. 44). Tweets with personality and relevant info get re-tweeted. These tweets can even be connected with other social networking accounts, such as Facebook, so that the readership is much wider.

A Need for an Integrated Approach

Integrating social networking accounts is another tactic that much of the “best practices” literature recommends. Mathos and Norman (2012) claim that Facebook is typically an organization’s most utilized social networking account, and is a good candidate through which to “feed” posts from other online venues (p. 64). Users enjoy photos, video and other interactive elements on their NewsFeed, and find YouTube videos or photos from the organization’s blog to be more “shareable” and relatable than

just text-based posts. Similarly, Mansfield recommends that buttons or links for all social accounts be clearly visible on website homepages and contact information pages in addition to being including in monthly newsletters, emails and print materials (Mansfield, 2012, p. 80). As mobile communication becomes dominant and many users access their social media via their cell phone or tablet, Mansfield also states that organizations need to consider how texts and images look in a mobile format prior to posting (Mansfield, 2012, p. 81).

Social Media Usage in the Health and Mental Health Sectors

Literature specifically about mental health organizations and social media is sparse. More work has been done on the physical health sector as a whole. Because of this, new mental health research must find grounding in similar, overall health studies. Wright, Sparks, and O'Hair point out that new media technologies enable health communicators "to use computers to tailor messages to specific characteristics of target audiences (2013, p. 201). According to Harris, Mueller, and Snider (2013) organizations in the health sector tend to be early to mid-range adopters of social media technologies. Like those in the nonprofit sector, health communicators tend to be ahead of their corporate counterparts in exploring social media and connecting with their audiences in these interactive outlets (2013).

Harris, Mueller and Snider offer some specific best practices for mental health organizations that differ slightly from what the literature recommends for nonprofits. Mansfield's text on nonprofit communication states that Twitter pages should only post four to six updates per day (Mansfield, 2012, p. 94). Harris, Mueller, and Snider on the

other hand, suggest that a good strategy for a health department using Twitter would be to increase tweet frequency (2013, p. 1705). The same article equates more exposure to more followers, and states that this goes along with early adopters of media typically being risk takers (p. 1705). This implies that Twitter users will not be able to find an organization's Twitter feed if its infrequent posts are quickly buried under the thousands of other posts per hour. Early adopters of social networks are more willing to push themselves out into the spotlight and post more often.

The literature also discusses obstacles that mental health organizations face in choosing to adopt the new media early on. Harris, Mueller and Snider's work mentions that organizations that are slow to adopt (or non-adopters) may be facing organizational barriers common to governmental public health organizations (2013, p. 1706). In keeping with Ogden and Starita's (2009) discussion of nonprofits facing a lack of resources, and Kanter and Fine's (2010) reminder that not all items ought to be subject to public discussion, health organizations face strict legal policies, liability issues, and administrative restrictions on communicating with the public. These barriers include prohibitions against disclosure of patient information, lengthy approval processes, and restrictions on social media use due to certain restrictions in the Health Insurance Portability and Accountability Act (HIPAA). (2013, p. 1706). Organizations need to be creative with what content they post and how they ultimately utilize social networks.

Insights can be found in current literature about how health organizations are implementing social media tactics. A 1992 article, published very early in the days of the Internet, offered advice to health care professionals on using newer media (at the time) to communicate. Similar to the aforementioned texts on nonprofit best practices in social

media, the article suggested that stories be personalized and offer something the audience can relate to. These stories typically involve profiles of patients successfully completing treatment, or personal stories from donors and their reasons for donating (Leahigh, 1992, p. 21).

One major challenge for communication campaigns at mental health organizations is working to combat the stigma of mental illness. Campaigns feature statistics about the prevalence of mental illness, signs to look for, and political campaigns seeking funding for mental wellness programs. Livingston and colleagues conducted a study on this problem in 2012 and focused on a single campaign in Canada. The study found that mental health literacy may be a better focus of the organization's time and effort. The study found that while the intended behavior and knowledge changes regarding stigma did not change, "the results suggested that the campaign may have inspired more young people to discuss and learn about mental health issues" (Livingston, Tugwell, Korf-Uzan, Cianfrone, Coniglio, 2012, p. 971). The study concluded that organizations should expend more effort on raising awareness and spreading knowledge before hoping to tackle the stigma issue. More awareness and knowledge can equate to stronger social and informational support systems for clients in the care of mental health organizations.

Constituents for Mental Health Organizations

Mental health nonprofit organizations need to identify their constituents and audiences in order to properly communicate with them. Based on the prior literature review, the researcher proposes that organizations likely have three major audiences;

clients, supporters (family and friends) of the clients and the general public. Figure 1 displays how interactions among these audiences and the organization might occur.

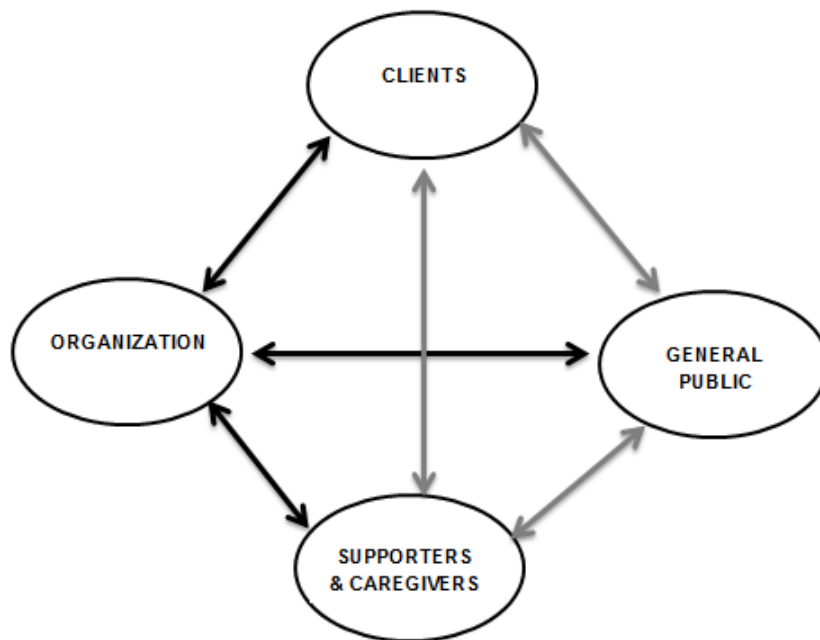


Figure 1: Communication interactions between a mental health organization and three audiences (adapted from Hallahan, 2010, p. 637)

The solid lines indicate the channels for direct interaction between the organizations and its three constituency groups using social media or social networking. Importantly, the double-ended arrows suggest this is potentially a two-way process in which organizations can both communicate to and obtain feedback and other unsolicited input from constituents. The three gray arrows in the model suggest additional opportunities for indirect interaction between the constituency groups:

between supporters/caregivers and clients (typically family members, supportive friends, and their circle of acquaintances), between supporters/caregivers and the general public, and between the organization's clients and the general public. The figure shows the symmetrical nature of the audiences and the organization through social media. In this manner, social and informational support may be provided to clients of the organization and help further the organization's goals.

Information and Social Support

Mental health nonprofit organizations, similar to their counterparts that deal with physical health concerns, provide an array of services. These include referrals to mental health and other health care providers, classes, counseling and therapy, funding support for therapy, group homes and social events. In particular, mental health organizations can use social media and social networking capabilities as an extension of their services. These provide the capability to deliver two of their arguably most important services: *information support* and *social support*.

Information Support

Information and knowledge are vital in order for mental illness sufferers to make wise decisions about their treatment and health. Information support can be provided by a mental health organization as well as the client's caregivers and circle of support to help them make these decisions. In addition to traditional information delivery channels (printed materials, mass media publicity, interpersonal conversations), social media can facilitate information support through blog posts on specific ailments or treatments, links to resources, discussion posts with other clients currently in treatment or recently

diagnosed, and postings featuring clients who have successfully completed treatment. The research footwork can be compiled by the organization or supporters for use by the client (Du Pré, 2010, p. 205). Even if the client is not currently able to cure their illness, those with more knowledge on their condition and potential coping strategies feel more in control and experience quicker recovery periods (Du Pré, 2010, p. 205).

Patients in a variety of health care areas report that information support is vital for them. Fordham (2012) completed a study that concluded families of children with disabilities in intervention programs rated information support from the organizations working with them as highly important. The study showed that information support correlated highly with the families' feelings of empowerment. With this seen as a strong need in patients, health organizations and nonprofits should understand how all communication tools at their disposal can be used to provide information support.

Mental health nonprofits should be equipped to provide services to clients through social media including social and informational support, and should also understand how to use these tools to communicate with their clients, the clients' support systems, and the general public about mental health issues. In order to better understand what the best practices are for social media tools in these situations, the present research entails a qualitative study with communication professionals currently working at mental health nonprofits.

Social Support

Social support goes beyond informational support (merely providing facts and advice) to provide sources of human contact that can be valuable in addressing a mental health affliction. Du Pré defines social support in simple terms –helping people (2010, p. 199). Frey (1989) takes a more complex tact, and defines social support as

“an exchange of positive affect, a sense of social integration, emotional concern, and/or direct aid or services between two persons (p. 140).” Goldsmith and Albrecht (2003) define social support as “an overlay for considering the interactional processes through which relationships and networks of clustered relationships manifest in helpful and sometimes unhelpful” ways (p. 265).

The concept of social support is thought to have a major impact on persons experiencing mental illness in their lives, and provides positive outcomes overall for the ill party. Wright, Sparks, and O’Hair (2012, p. 100) state that social support network participation can “regulate health risk”. When a person coping with mental illness knows that they have a support system around them, she or he is much more likely to experience full recovery as well deal with their illness and treatment better overall. The authors offer a brief history of the concept of social support, and mention that mental illness sufferers with social support experience “improved immune system functioning, reduced stress, lower depression, shorter recovery times from illness and surgery, increased sense of well-being, and reduced mortality rates (i.e. longer life)” (Wright, Sparks, & O’Hair, 2012, p. 94).

In a study focused specifically on adults in assisted living communities, researchers found that residents of an assisted living facility showed higher levels of successful aging when they received high levels of social support (Howie, Troutman, & Newman, 2013, p. 67). With such results, mental health organizations and practitioners are actively seeking new ways to implement social support and benefit their clientele. The aforementioned article by Wright, Sparks, and O’Hair mentions that social support is interactive in nature or a “transaction” of sorts (p.103). Goldsmith and Albrecht (2003,

p. 267) agree and say that reciprocity has been shown to be an important part of supportive relationships.

Social media incorporate interactivity as an inherent part of their design; a feature that allows consumers or clients to respond in real time with an organization and provide feedback. Mental health organizations can then encourage discussion among their clients, family and friends of the clients, and the general public. When the general public has a better understanding about what mental illness is and how it can be treated, indirect social support is provided to mental illness sufferers. The organization, along with family and friends, can provide social support to the clients through these media, even if they happen to be physically far removed from the client.

Research Questions

It is difficult to put together a set of social media strategy best practices because of the lack of social media research on mental health nonprofit organizations. Research on communication professionals in this field, and what their current strategies are for targeting clients, supporters and the general public, as well as providing social and information support, would be insightful. Those in the trenches may not have a theoretical basis for the decisions they make, but they do know firsthand what works for them and what does not. Based on the review of available literature and the explication of concepts, this study investigated four research questions:

- RQ1: How do mental health nonprofits use social media in their communication campaigns?

- RQ2: How do mental health nonprofit organizations use social media to deliver services to and communicate with clients?
- RQ3: How and to what degree do mental health nonprofit organizations use social media directly to create public awareness and educate the public about mental illness?
- RQ4: How do mental health nonprofit organizations use social media to communicate with family and friends of clients, as well as foster social and informational support, if at all?

Although not the main focus of this study, the researcher was also interested in understanding other ways that social media might be used among the constituents specified in Figure 1 and issues about social media that are on the minds of study participants. Researching these questions helped to understand what tools current professionals utilize and what strategies they choose to implement. In order to find answers to these questions, a qualitative approach using semi-structured interviews was used.

CHAPTER 3 – METHODOLOGY

Phenomenological Research

Marshall and Rossman state that qualitative methods have become important inquiry modes for the social sciences fields (2011, p.1). When a field lacks a major theoretical background and is still in the earlier stages of research and understanding, quantitative research is not always possible or beneficial. Qualitative research provides an opportunity to build a knowledge foundation for the field, and find understanding about how the basic concepts of the area of study work and are operationalized. Because little research exists in social media use by mental health organizations, a qualitative study can help begin the process of developing field-specific best practices for social media use.

One qualitative approach that can be used to study an underserved research area in more depth is phenomenological studies. Creswell (2007) defined phenomenological studies as focused on describing experiences of several individuals and the meaning they find within these experiences (p. 57). All participants in the study have something in common and share a phenomenon, which can be a shared event or a common practice or experience engaging in an activity.

Moustakas (1994) notes that these types of studies typically involve two broad questions: What have you experienced in terms of the phenomenon? And what context or situations have typically influenced your experiences of the phenomenon? All questions asked of the participant should build to and in some help answer the two broad questions. Results from researching these questions provide a deep

understanding into the common and shared experience of the research participants. Although qualitative research studies are typically not generalizable to the larger population, Creswell (2007) notes that results of phenomenological studies can be valuable to the groups that individual participants come from. To study the phenomenon of mental health nonprofit organizations' use of social media, semi-structured interviews with communication professionals in the field are an ideal option.

In-Depth Interviews and Sampling

This study involved a series of semi-structured, in-depth interviews with ten communication professionals at mental health organizations in Colorado. Interviews were conducted in the participant's office or via phone, and one was completed through a series of emails. The geographic location was chosen due to convenience to the researcher, ability to travel to conduct the interviews, and creation of a more comparable sample. Participants consisted of a convenience sample from organizations focusing on mental illness or cognitive/intellectual disabilities and currently utilizing at least one social media platform.

Organizations were initially chosen from among organizations listed on the Colorado Nonprofit Association website (<http://www.coloradononprofits.org/>), which includes a searchable database. The researcher pre-screened each potential organization to ensure that it had at least one social media page, and that a contact was listed somewhere on the web page as a communication professional, social media coordinator, marketing coordinator, program assistant, or similar term. During each interview, the participant was asked if there were any other organizations or

communications professionals that might be interested in participating. Two additional participants were recruited using this snowball sampling method. Table 1 lists all ten participants.

Table 1: List of study participants

NAME	ORGANIZATION
Marie Allen	Touchstone Health Partners – Loveland
Corey Cantrell	The Center for Mental Health – Montrose
Jacy Conradt	Arapahoe/Douglas Mental Health Network – Englewood
Kaley Day	Advocacy Denver – Denver
Samantha Emerson	Mental Health Center of Denver – Denver
Katie Goulet	Rocky Mountain Human Services – Denver
Michael Lott-Manier	Mental Health America of Colorado – Denver
Kalie McMonagle	Alliance for Suicide Prevention – Fort Collins
Janey Sorensen	The Center for Mental Health – Montrose
Sally Spencer-Thomas	Carson J. Spencer Foundation – Denver

Marie Allen is the marketing specialist at Touchstone Health Partners in Loveland, CO. She has a bachelor’s degree in animal science with a genetics focus from Colorado State University, and has completed course work toward a master’s degree in public communication, also at Colorado State.

Corey Cantrell is the assistant to the marketing director at The Center for Mental Health in Montrose, CO. He has a bachelor’s degree in music from Asbury University.

Jacy Conradt is the development and marketing manager at Arapahoe/Douglas Mental Health Network in Englewood, CO. She has a bachelor’s degree in fine arts with an emphasis on graphic design.

Kaley Day is the coordinator of communications and grant development at Advocacy Denver in Denver, CO. She has a bachelor's degree in public relations and strategic communication from the University of Denver.

Samantha Emerson is the digital media specialist at the Mental Health Center of Denver in Denver, CO. She has a bachelor's degree in journalism and political science from Metro State College and is working on a master's degree in new media and internet marketing at the University of Denver.

Katie Goulet is a communications specialist at Rocky Mountain Human Services in Denver, CO. She has a bachelor's degree in English and a second bachelor's degree in business.

Michael Lott-Manier is the assistant director of public policy and strategic initiatives at Mental Health America of Colorado in Denver, CO. He has a bachelor's degree in international relations from Beloit College.

Kalie McMonagle is the Raising Awareness of Personal Power (RAPP) coordinator and program assistant at Alliance for Suicide Prevention in Fort Collins, CO. She has bachelor's degree in communication studies from Colorado State University.

Janey Sorensen is the marketing director at The Center for Mental Health in Montrose, CO. She has a bachelor's degree from Weber State College.

Sally Spencer-Thomas is the CEO and co-founder of the Carson J. Spencer Foundation in Denver, CO. She has a doctoral degree in clinical psychology and a master's degree in nonprofit management.

Research was conducted following a protocol approved by Colorado State University's Institutional Review Board (IRB). Recruitment was conducted via phone or

email contact, with the former being the first preference. Appendix A provides the IRB-approved scripts that were used in each instance to establish contact. Interviews took place February to April 2014, with four in person, five over the phone, and one interview via email. Interviews ranged from 20 minutes to one hour long.

To provide context in analysis, the researcher wished to name each participant in the discussion and results portion of this thesis. All participants readily agreed to be identified and signed an IRB approved informed consent form (see Appendix B), that included a request for permission to publish names and job titles and a request for permission to record the interview. Participants had the opportunity to decline signing the informed consent form and excuse themselves from participating in the study. All participants were informed that they had the right to contact the researcher at any time and have their data removed from consideration from the study. Participants were also offered the opportunity to receive results of the completed study after it was completed.

Interview Design and Validity

Interview questions sought to address the four proposed research questions by delving into the participants' backgrounds, strategies, decisions, and challenges. All factors that might affect how messages are designed and implemented and how social and informational support is purposefully fostered through social media were delved into. Although the researcher used an interview guide (see Appendix C), the interviews were semi-structured, wherein questions were not necessarily asked in the same order each time. Some questions were skipped if the interview went in other useful directions.

This format allowed the researcher to guide the interview, but still be open to changes or new topics of importance posed by the participants.

Assuring validity in qualitative studies is essential. Creswell (2007, p. 207) suggested prolonged exposure in the participant pool as a validity tactic in qualitative studies. For this study, the researcher continued conducting interviews until a satisfactory amount of data was collected. This amount of data was reached after completing ten interviews. A pilot interview was conducted with one of the sampled organizations to test the interview questions and protocol and to make needed adjustments. The results of this pretest were useful and did not suggest any major adjustments be made to the interview protocol. The pilot interview was included in the results.

Transcription and Data Analysis

Interviews were transcribed verbatim from the recorded interviews. Each interview was individually transcribed and attached to notes that the researcher completed during the actual interview to facilitate coding. Coding involved a two-step process of discovery and actual coding, as recommended by Taylor and Bogdan (1984). These procedures are commonly used in qualitative analysis.

During the discovery step, the researcher first reviewed relevant literature, the results of which are discussed in chapter 2 of this thesis. Transcripts from each interview were then read multiple times to identify relevant themes, concepts, and patterns across all ten interviews (Taylor & Bogdan, 1984). After the researcher was fully exposed to the content of the interviews, the transcripts were coded for the refined

themes, concepts and patterns based on the research questions being studied. Some data were left out if it was not relevant to the four research questions, and many of themes identified and coded for overlapped into multiple research questions. These results were then read multiple times to glean insight on what answers to the research questions the data provided. To understand the findings, a descriptive analysis approach was used.

CHAPTER 4 – FINDINGS

The in-depth interviews provided useful insight on all four of the posed research questions. The ten participants' responses also provided important information for how communications professionals at mental health nonprofits can best implement social media in their campaigns to reach their goals. An expanded review of participants' interviews is included in Appendix D.

RQ1 – Social Media in Communication Campaigns

As with for-profit businesses, social media are here to stay in communication campaigns from mental health nonprofit organizations. Facebook was the social network of choice for mental health nonprofits participating in this study. While most organizations did have more than one outlet, each had Facebook and all but one organization (Touchstone Health Partners) labelled it as their “most utilized” social media account, and the one with the most followers. A majority of the participants also had Twitter, a blog, and LinkedIn and three had additional networks such as Pinterest, Google + and YouTube. With the exception of The Center for Mental Health, these additional forms of social media were not frequently updated and used.

All of the organizations considered social media to be a must in their communication campaigns. Several spoke of social media as necessity that proves their existence; with so many Americans using social media on a daily basis, nonprofit organizations without a social media presence basically do not exist in the eyes of the public. Social media are a way for these organizations to legitimize what they do and

the services they provide; which in turn can generate more clients as well as funding to ensure these clients are receiving the best care or advocacy possible. Marie Allen wanted Touchstone's social media to contribute to the organization becoming a trusted source of information and help them become "like the Mayo Clinic of mental health. We want people to come to us and know that we'll have an informed answer for them." Where a website used to be the requirement, social media has stepped in to be the face of nonprofit organizations.

This does not mean that websites are no longer useful; several organizations mentioned that their social media presence is meant to funnel visitors to their website, where the majority of information on their services is housed. Rather than replacing the need for a website, social media are an additional, necessary piece of a mental health nonprofit's brand. In particular, social media assists with the credibility of a brand. As Sally Spencer-Thomas from the Carson J. Spencer Foundation stated, "You have to earn it by providing valuable content, so it's pretty valuable once you get it." Mental health nonprofits are using their social media accounts to put their best foot forward to the general public, and spread awareness about their mission.

Several of the participants also discussed using their social media accounts to reach out to clients and their family members. These audiences, who are directly tied to the organization, are likely looking at and even following the organizations' accounts even if they are not directly encouraged to do so. These groups have a vested interest in what the organization is doing and how they are conducting business. The Center's marketing duo of Corey Cantrell and Janey Sorensen is striving for visibility through their social media accounts, and Sorensen commented that in attempting to engage

with the younger generations in particular, “we needed to be able to meet them where they are.” How the nonprofits communicate with clients, family members, and the public are discussed in greater detail in the sections covering RQs 2, 3, and 4.

While the extent of targeting and types of communication varied by audience, two tactics were constant – the focus on the visual and the positive. “I think spreading positive, image based messages have the greatest impact [on social media],” Samantha Emerson of the Mental Health Center of Denver stated. As other businesses have discovered on social media, followers love images. Visual posts tend to be among the most shared and liked for the study participants, whether it is an image with a quote or photos from a recent event. Kalie McMonagle at Alliance for Suicide Prevention referred to positive images as the “warm fuzzies,” and stated that these are very popular on Alliance for Suicide Prevention’s pages. Jacy Conradt of ADMHN stated that “people like to look at other people,” and that these types of images are easier to connect with. While these posts may not have any informational value about issues surrounding mental health, they do offer a more upbeat visual for those either coping with mental illness or working at a mental health nonprofit, a world where “the negative comes naturally,” as Spencer-Thomas stated.

Each of the interview participants mentioned certain issues and struggles with implementing a social media component to a communications campaign. These challenges varied by the organization’s size. Staffing poses a problem for any size of organization, whether it is not having enough staff members to run social media accounts or getting staff to follow the organization’s social media accounts on their own

time. McMonagle struggles with keep the social media accounts updated consistently, as she is one of a two person staff at Alliance.

While The Center for Mental Health is a larger organization and has the benefit of both Cantrell and Sorensen available to plan for and post on social media, the two are still stretched thin. In addition to social media, the two work on all of the organization's marketing and grant writing. "We wear many hats" was a phrase that appeared multiple times during the interviews. Many stated they would love more time to dedicate to social media, as they know it is an important venture. At larger organizations such as ADMHN, communications professionals run into issues keeping employees off of social media while at work, and then getting them to engage in the accounts on their own time.

Conradt also discussed potential issues for employees in separating their work and personal lives on social media. Anyone coming across an ADMHN employee on Facebook could take their impression of that particular employee and apply it to ADMHN, even if the employee was posting on their own time. In today's world, an employee's social media presence can become a representation of their employer, fair or not.

Participants mentioned a learning curve with social media, and the inability to use Facebook advertising due to budget constraints. The Center for Mental Health team had previously used Facebook advertising, but when the demographics were tailored to properly target the advertisements, the ads ended up appearing mostly to current clients of the organization. Currently, paid social media advertising does not seem to be beneficial to these nonprofits.

All participants had high hopes for the future of their social media campaigns, and did not foresee these outlets disappearing. Several participants wanted to see social media become an opportunity for client services as a supplement to treatment. This ranged from ADMHN's hopes of implementing augmented reality to get clients in the door faster to other organizations' desire for more interaction among clients on the accounts themselves. All organizations expressed a want for a stronger social media presence in the future, with more frequent updates and engagement. Organizations with the capacity to do so see themselves adding a social media specialist in the future.

Mental health organizations are using social media despite the constraints being a nonprofit creates. It is important to them, and they see continued growth in this area coming. These organizations are using social media to communicate with the populations they serve, support groups of clients, and the general public.

RQ2 – Communicating With and Delivering Services to Clients

Seven of the interview participants stated that some communication with clients happens on social media, whether directly or incidentally. This communication and the organization's goals on social media varied widely by the type of organization. While all of the participants worked at an organization that falls under the umbrella of mental health care, their differences in missions provided a look at a variety of "clients." Some organizations, such as ADMHN, MHCD, and The Center for Mental Health, provided direct therapy and treatment services to people coping with a mental illness. Others, such as MHAC and Advocacy Denver, work to be a voice in policy and legislation for those with a mental health issue. No matter what their focus, all participants lamented

the struggles working around HIPAA creates when attempting to engage with clients via social media.

With HIPAA's privacy stipulations, and the personal nature of mental health care in general, all participants found it difficult to truly engage with clients on social media. "Their requirements are so strict that we've always felt like we could not engage with them, so no one knows that they're Center for Mental Health clients," Sorensen explained. Any interaction could "out" them as a recipient of the organization's services, which could release more information about their personal lives than intended. While clients were usually encouraged to follow the social media accounts, most participants did not feel comfortable communicating with clients directly. Posts on the organizations' social media pages could certainly be supportive of clients in treatment or people with mental illness interested in the organization's work, but posts are kept broader rather than client-specific. Conradt likened this to other aspects of ADMHN's marketing campaigns, where using mailing lists means information about a specific illness cannot be sent out, or specific names on the mailing list cannot be selected for certain marketing pieces.

Current clients of these organizations are probably following their social media accounts; participants spoke of including social media information on printed materials and during events to help increase exposure. As clients have a vested interest in the organization, it makes sense that they will seek out the organization's social media presence. Participants in this study definitely wanted their clients to follow them, but stopped short of encouraging interaction between clients and the public. Samantha Emerson of MHCD said that everyone is encouraged to engage on their social media

pages, but all organizations stopped short of pushing for clients to publicly proclaim their treatment status and interact with the public on these pages. While they are glad that clients follow the pages and most would support any interaction from clients, it is not a major focus for most participants.

Clients can glean resources and education from the participant's social media activities. Sorensen and Cantrell believed that participants can learn more about themselves, their disease, and the diseases of others through their social media posts. "It's just another way for us to communicate, especially on a different level than the one-on-one kind of critical therapy level," Cantrell said. All organizations shared their upcoming events on these outlets. Attendance at these events provides clients with either education or fundraising to support their treatment programs. Michael Lott-Manier noted that MHAC social media postings typically focus on policy and legislation, an important news beat for mental illness sufferers to keep abreast of. Participants also noted that their postings on social media can remind clients they are thinking of them and putting their needs first. Some organizations, such as ADMHN and Rocky Mountain Human Service, give clients the opportunity to serve as inspiration for other clients by sharing their story and being featured on social media. "I feel like a client could look at that story and say, 'oh, that person's like me,'" Katie Goulet of RMHS stated. Conradt, as well as Cantrell, Sorensen, and Goulet, noted that these posts have to be taken down occasionally once a client has moved beyond treatment. Seeing reminders of a difficult time in their life on Facebook can be detrimental to their new-found life of stability and health. All participants who had encountered this situation noted that it was rare, and that they always complied with these requests immediately.

Due to HIPAA, mental health nonprofits struggle with providing any direct services to clients via social media, though some hope this will be an option in the future. For most participants, clients are not their top target audience due to the restrictions they must abide by in HIPAA. Clients are often wary of publicly interacting with the organization, in case this makes their diagnosis widely known when they didn't wish it to be. Participants instead target clients with informational and resource posts. Whether the posts are about events, policy updates, or self-care tips, these posts focus on a more broad audience and allow clients to benefit from them without tying themselves to the organization if they do not wish to do so. Many clients still face stigma and misunderstanding in the general public about their mental health issue, which makes public education and awareness another important target for mental health nonprofits on their social media pages.

RQ3 – Public Awareness and Education

Stigma surrounding mental health care was prevalent to all participants in this study. Though several chose different tactics for combatting this issue, all noted that stigma in mental health care still exists and creates challenges in how the organization reaches out to the general public on social media. Participants discussed a desire for education and awareness of their services for this target audience.

On the issues of stigma, Lott-Manier and Goulet took a direct approach to fighting misconceptions about mental health and cognitive disabilities. When derogatory language about mental health is used, or a stigma-laden comment about cognitive disabilities is found on social media MHAC and RMHS both correct it on that outlet.

“Especially on Twitter, it’s easy to see when people have made a mistake there and just correct,” he said. Lott-Manier uses this tactic to “break down some of the linguistic barriers that promote stigma.” Members of the public can be quickly educated about why person-first language is needed or why casually misusing mental health terms can be detrimental. “It really does help improve the relative status in terms of mental health being on equal footing with cancer, or heart health, or those other areas if we just normalize the language people use,” Lott-Manier stated. Goulet pointed to the “R-Word” campaign, a well-known anti-stigma marketing piece that has extended to social media, as an example of what RMHS does in this area.

Other organizations featured in this study, such as ADMHN and Touchstone Health Partners, focused on sharing articles from academic journals to boost the importance of mental health care in the public’s perception. These scientific articles are credible and research can provide a better understanding of just how common mental health issues are. “A lot of what we post tries to normalize it. We post a lot of facts about how many people are affected by mental illness or addiction,” Allen said. A few participants mentioned that their main audience is the general public, as “everyone’s mental health exists on a continuum,” according to Lott-Manier. Anyone, at any time, could be diagnosed with a mental illness, brain injury, or cognitive disability. While there are certain risk factors, it is likely that most people will either deal with a mental illness or have a loved one who does in their lifetime. Part of eradicating stigma for mental health nonprofits is spreading awareness that mental health care should be just as important as physical health, and having science-backed information provides a solid foundation for this.

A few participants approached the stigma issue by not discussing stigma at all. This does not mean ignoring its existence; rather, these participants put more effort into focusing on the positive rather than the negative. Spencer-Thomas felt particularly strongly about approaching stigma in this way. “There’s obviously a lot of stigma around the issue of mental illness and suicide, and the way through that is not talking about stigma. That’s my shtick and we’re staying with it,” Spencer-Thomas stated. “When you talk about stigma, you actually reinforce it, because people remember the negative of things,” she said. To avoid inadvertently reminding people of the negatives commonly associated with mental health, the Carson J. Spencer Foundation uses their social media accounts to highlight hope and recovery. Other organizations, like Alliance for Suicide Prevention, described the tactic differently but still take the same approach. McMonagle worked on “creating solutions rather than talking about problems” and normally avoided even using the word suicide in social media postings, unless it was to discuss a reduction in the overall suicide rate over the past year. All participants believed positivity was the best approach to mental health on social media. The stigma already exists; continually discussing what people incorrectly believe about mental health issues before they even bring it up themselves can have the unintended side-effect of reinforcing the negative. Focusing on recovery stories instead also heightens the organization’s credibility and trustworthiness.

Most participants saw social media as an opportunity to boost credibility and trustworthiness in the eyes of the public, and some even cited this as major goal with social media. The Center for Mental Health stated their credibility is boosted by keeping up with the most current and popular social media outlets, and RMHS noted that

organizations without a social media presence are basically nonexistent. Spencer-Thomas discussed how shares and likes of posts boost credibility, as that type of interaction is not paid advertising. Emerson agreed with this sentiment, and stated that when a post is shared multiple times, new pages likes will soon follow. Other organizations, such as Advocacy Denver, saw social media as an opportunity to showcase their expertise and prove their dedication to clients. “A big thing in our organization is empowering our clients and giving them an active voice, and all about what they want and need,” Kaley Day stated. Marie Allen at Touchstone uses their social media pages to work on the goal of being considered “the Mayo Clinic of mental health.” This type of credibility can take time to build, but that is what makes it so valuable. Meeting the general public where they are most active, communicating with them in a positive manner and connecting with them through visual images and articles about how mental health should be important to them is brand image building that cannot be bought through paid advertising.

All participants in this study dealt with stigma on their social media accounts in some manner. Though opinions on how to approach this varied slightly, all participants agreed positivity is the best tactic. Positivity can also boost an organization’s credibility in the eyes of the public, and shares, likes, retweets, and comments on social media are valuable signs of trustworthiness, which can lead to more support for the organization and ultimately clients. Organizations can also support clients by reaching out to their support groups, as evidenced in the data for RQ4.

RQ4 – Communicating With Support Groups and Providing Informational/Emotional Support

All participants felt that family and friends of their clients were very likely following their social media accounts, but differed on whether this audience was a major target for them. Some organizations felt that this group were “information seekers,” and were looking at the social media pages even though the organization was not reaching out to them specifically. Other organizations, such as RMHS, felt this audience was the largest and most important social media group. Goulet noted that particularly with the traumatic brain injury program focusing on veterans, RMHS’ social media pages had a number of family members following them. With the veterans’ program, this was typically wives, girlfriends and mothers. “If I post something about like an inspirational quote about the strength of military wives, that gets a lot of likes, because that’s who’s on the page,” Goulet said. With cognitive disabilities and brain injuries, clients often need a caregiver either temporarily or permanently, and these women often serve that role for veterans with a TBI. Goulet targeted this group specifically for emotional and informational support by sharing inspirational quotes and information on upcoming events and changes to services or policies. While the client may be going through treatment, a caregiver can experience taxing duties and responsibilities to their loved one in their daily lives. Informational and emotional support found on social media can help this target audience feel like they are part of a community.

Though HIPAA stipulations posed a challenge occasionally when trying to communicate with family members of clients (at the risk of “outing” the client), other participants targeted family members similarly to Goulet. In the case of Alliance, the

majority of McMonagle's audience is people who have lost a loved one to suicide and are participating in either grief support groups provided by the organization or events to support Alliance. This group, McMonagle noted, is especially susceptible to "trigger words," meaning that they would prefer to not read frank discussions of suicide on social media while coping with their grief. Though the word suicide is in the organization's name, McMonagle otherwise avoids using the term on social media and instead focuses on positive stories surrounding mental health as a whole, as well as inspirational "warm fuzzies." Again, for this target audience, positivity was of the utmost importance. McMonagle referred to this as a part of "moving people from grief to advocacy," something that comes much easier for someone who loses a loved one to cancer or another physical ailment. Spencer-Thomas noted that the breast cancer movement has been extremely successful in making advocates out of family members and friends, something she hoped to see the mental health care nonprofits eventually achieve. Family members also deal with the stigma of losing a loved one to mental illness, making the topic difficult to discuss in a public scenario. Keeping posts friendly and upbeat can help move towards an atmosphere of advocacy rather than secrecy. Participants discussed using their social media accounts to provide emotional and informational support to both family members and actual clients in order to achieve this.

Participants were divided on the idea of providing emotional support to these audiences via social media. For some, this is a function of therapy; an area social media has not yet crossed into. Conradt noted that as mental health care is so individualized, it is difficult to truly provide emotional support on a broader outlet like social media. Rather than provide outright emotional, therapeutic support, social media often

functioned as an informational outlet of empowerment for the study participants. Spencer-Thomas thought that social media platforms' greatest asset is their ability to give a voice to the mental health community. Emerson noted that though her post on social media focused on being informational, more knowledge can lead to clients and their families feeling empowered, which functions as incidental emotional support. This is consistent with Lovejoy and Saxton's (2012) finding that informational social media posts are the foundation for later community and support building (p. 350). Other participants agreed that informational support was the biggest benefit of social media. "When we give our consumers the tools they need to empower themselves, everyone wins," Emerson stated.

Informational support came in several forms on participant's social media. MHAC focused on providing scientific articles from credible sources, as did several other participants. Other sources using research and supporting an organization's mission can boost the mental health nonprofit's credibility as a source of information. Lott-Manier also stated that "usually, there's either a connection to a political event or current events issue," with his social media posts; MHAC social media pages can be a source of more information for anyone seeking insight on trending topics they come across on the internet. Cantrell and Sorensen utilized their social media pages to educate clients and their families about their diseases and the diseases of others, something they believed can assist in successful treatment. Several participants mentioned that they consistently share information on upcoming events that could benefit clients and their families, whether it was an info session on MHAC's pro-bono counselors or an upcoming date for Alliance's grief support groups. Most participants stated that their

social media functions as a funnel to their website, where the bulk of information on the organization is housed.

Participants recognized that whether they encourage it or not, clients' support groups are very likely an audience on their social media accounts. A few organizations chose to communicate with this group directly, recognizing that they need support in addition to their loved one coping with a mental illness. Participants focused more on providing informational support to clients and their support groups rather than emotional. Some informational support incidentally provided emotional support, by way of client empowerment through knowledge.

Other Notable Observations

In addition to the three audiences discussed here, participants mentioned targeting current donors, legislators, and other mental health nonprofits or service providers. Targeting current donors was an extension of building credibility and trustworthiness through social media. By showing successful, empowered clients, donors can see the organization as a good investment before donating, and see the benefits their donated dollars had afterward. Donors were also major targets for event postings by participants; most major events put on by a mental health nonprofit are meant for fundraising in some manner.

Legislators and other government officials were especially targeted by advocacy nonprofits like MHAC and Advocacy Denver, though other participants considered them as well. Policy changes will directly affect their clients and their ability to provide services, which means they have a vested interest in reaching legislators to voice their

views. Lott-Manier stated that he live-tweets during legislation sessions that MHAC has a presence at, and that he reaches out to legislators on Twitter. Government officials can also provide support for grants to mental health nonprofits.

Most organizations participating in this study had some amount of interaction with similar nonprofits on social media. Collaboration was major buzz word for participants; Lott-Manier remarked that “it takes a village” to solve mental health problems. Most organizations had partners they cross promoted with on social media, both for the benefit of the organizations and their clients. Though collaboration is vital on this outlet for these organizations, there was one downside. Day lamented that her biggest group of followers on social media is currently other service providers. “We seem to get a little bubble over us, and then you see the same faces and people on Facebook and stuff,” she said. This makes reaching out to the public to combat stigma and provide education difficult. “So I’m really trying to reach the bigger audience and spread awareness for Advocacy Denver and people with disabilities,” Day stated.

CHAPTER 5 – DISCUSSION

Through this study, the researcher sought to better understand how mental health nonprofits are using social media platforms to communicate with their clients, supporters of their clients, and the general public. The findings from the in-depth interviews showed the value of social media in terms of image and credibility that participants placed on social media use and how they communicate with clients, the public, and support groups. The study also revealed challenges in staffing and allotment of time that mental health nonprofits face in this realm. Participants agreed that social media are currently and will continue to be a major component of their communication campaigns. Several felt their “existence” as an organization relies on their social media presence, and that the free nature of these platforms present opportunities that traditional advertising does not. Most also felt that social media are a help in boosting visits to their websites, where most of the organizations’ information is housed.

Depending on size, organizational services, and goals, participants discussed communicating with their clients, clients’ support groups, and the general public to varying degrees on social media. While many were interested in providing components of their services via social media, participants found HIPAA’s regulations to be challenging in this regard. A few have found creative ways to successfully engage with clients on social media, such as The Center for Mental Health’s sharing of clients’ projects from art therapy on Pinterest. With the public, participants mainly focused on education and combatting stigma, though views on how to achieve this varied. The lingering existence of stigma related to mental health colored the frames participants

presented social media posts in, whether the posts were for the public or other audiences. Social media also boosted organizations' credibility in the eyes of the public by showing a willingness to interact and be transparent. Several participants viewed their most important target audience as the support groups of their clients, particularly those who serve clients that need caregivers. Social media can serve as informational and emotional support for these groups, as they are likely seeking information on their loved one's illness or disability.

Clients can also glean informational and emotional support from these organizations' social media pages, with the latter being the most prominent in the eyes of the participants. Participants were careful to choose credible sources to share information, and focused on sharing articles on new policies, treatments, and self-care. Posts from participants are always positive and upbeat, which serves to emotionally support clients and their families in addition to combatting stigma. Several participants also noted social media's ability to give a stronger voice to their clients and their stories, something they found extremely beneficial.

Suggestions for Best Practices

One of the goals of this study was to derive a list of best practices for social media use based on data from participants' interviews. Seven best practices are suggested based on the researchers' knowledge of communication strategy, as well as data and participant experiences collected from the interviews.

1. Images are the king of content.

When asked what their most successful posts were, nearly every organization in this study answered with a post involving a visual of some sort. It is for this reason that The Center for Mental Health listed Pinterest as one of their top social media outlets. Cantrell also noted that posts that were too wordy or long did not go over well. Simple images are shareable, can make an impact quickly, and offer a personal connection. Nonprofits should focus on incorporating plenty of visuals with their social media posts; these pictures can also serve as a link to more in-depth information if the organization wishes. All types of relevant images are worthwhile, as evidenced by participants' broad use of them. Conradt noted that "people like looking at other people," McMonagle discussed a successful post that included a cartoon character and the words "I'll just pretend to hug you until you get here," and Goulet stated that photos from events always go over well. Pinterest is the fastest growing social media outlet for good reason; audiences love visual content that makes a statement quickly and commands attention. Visuals can work for targeting clients, support groups, or the general public. This is consistent with the findings of a recent study that showed 75 percent of postings on Facebook are involve images, representing 87 percent of user engagement (SocialBakers, 2014).

2. Don't be afraid to reach out to clients, within the parameters of HIPAA.

Many participants did not realize that even in their concerns to avoid doing so because of HIPAA regulations, they were communicating with and supporting clients through social media. Each participant in this study had a different concept of what a client looks like, depending on the services they offer. Providing information on current

events, self-care and wellness, and mental health as a whole offers education for clients of the organization that offers direct therapy and services. For advocacy and policy organizations, informational support comes in the form of up-to-the-minute legislation news, scientific articles on mental health care, and the occasional self-care post. Organizations with clients who rely on caregivers can benefit from targeting their informational posts at the support groups; better educated and equipped caregivers make for better cared for clients. Current and potential clients could also benefit from stories of success from past clients (especially if it includes visuals). The Center for Mental Health has found a unique way to connect with clients in this manner by sharing art work and photography from clients in therapy, giving inspiration to other clients and potentially boosting the self-esteem of those with shared work. Organizations should make sure that a release form is signed for any client featured on social media, and use their stories of recovery to help inspire clients currently in treatment. These types of posts are also attractive to potential donors. If a client does not wish to be connected to the organization that privacy should always be respected, as should any requests to take down posts later. Still, if a client is willing, featuring them on social media can benefit the “lurkers” who are not yet willing to call out their affiliation with the organization, but are still following the social media pages. This can be a step on the “grief to advocacy” journey and help fight stigma.

3. Develop a strategy to address stigma on social media.

It is important that an organization choose an appropriate strategy to deal with stigma and implement it on social media. Depending on the organization, these tactics may look different; it may be direct approach of calling out instances of derogatory

language, or it may be sharing scientific articles on studies showing those with mental illness are more likely to be a victim of crime than an offender. Stigma is still prevalent among the general public, as evidenced by participants' mentions of clients and family members who are unwilling to affiliate themselves with a mental health nonprofit, and even potential business partners who request direct mentions of suicide be avoided or donors who do not consider mental health nonprofits for support. Spencer-Thomas and three other participants noted that this stigma surrounded breast cancer decades ago. Today, this movement is a major success in terms of awareness, donations, and support. Mental health nonprofits can take their cues from this movement on social media by continuing to push positivity and personal connection. Many individuals do not even realize they are supporters of an organization's mission until they come across the social media page and make a connection because of their own struggles or those of a family member. Having this credible social media presence can recruit more support than traditional marketing methods alone could.

4. Allocate time for effectively employing social media.

Nearly every participant lamented a lack of time for social media. Communications professionals at mental health (and other) nonprofits are stretched thin with their duties, which often include much more than what is written in their job description. Still, every participant found social media to be an important piece of their marketing puzzle. Cantrell noted that he schedules time in his calendar for social media purposes. Participants could benefit from using a free version of HootSuite (or purchasing the pro version, if budget allows). This service, which Spencer-Thomas noted she utilizes, can save time on social media. The communications professional

could choose one day a week to load HootSuite with content for all their social media outlets, and schedule posts throughout the week. For the rest of the busy work week, these professionals then only need to set aside a small amount of time each day to interact with those commenting or liking their pages. Of course, the unexpected should always be anticipated; professionals should make sure that scheduled postings do not look bad in light of current events (e.g., mass shootings, local deaths, etc.) and should be removed if they do. Professionals also need to be prepared for spur of the moment posts depending on page interaction and events taking place at the organization.

5. Promote interaction to encourage engagement.

Interaction and engagement are similar, but separate concepts. Based on participants' comments and the researcher's background knowledge, interaction involves feedback and two-way communication from audiences in the form of comments or messages. Engagement includes audience participation on social media in ways that don't necessarily involve comments; this may be in the form of likes, shares, or retweets. All participants spoke of high hopes for more engagement on their social media account in the future. For any for-profit or nonprofit organization on social media, the return on investment with social media engagement is still unproven. Research has not yet shown what the value of a "like" or comment is, but all participants in this study knew that these things are still valuable. Mental health nonprofits should work on encouraging interaction by modeling it themselves. Collaboration with other organizations can play into this idea; organizations can comment on each other's postings and share them to boost each other's audience. Any interaction from the public, a client, a donor, or others should immediately be responded to by the

organization, if it is a simple “thank you.” Communications can ask the public’s opinion on what they post, ask them to tag a loved one in an inspirational image, or encouraging shares of events. With small audiences and even smaller staff resources at nonprofits, this can be intimidating and seem difficult at first. Persistence and consistency are key, without overloading the social media audience. McMonagle noticed that Alliance received the best interaction when posts are consistently appearing around once day. This keeps the organization in the audience’s field of vision without bombarding them with posts.

6. Promote social media platforms through other outlets.

Several participants noted the difficulties in growing their social media audience, no matter which particular group was their target. Day’s discussion of finding herself in a “bubble” of other mental health nonprofits and providers on *social* media highlights the need for organizations to promote their social media pages in both offline and online venues to expand their audience. Other mental health organizations are likely searching for their counterparts on social media to expand their audience; clients, their supporters, and the general public may not think to look for social media accounts without encouragement to do so. Organizations should include buttons for all of their social media accounts on their website, as well as links to other accounts on each individual social media platform. Promotion of social media can and should also extend to print materials. A few participants mentioned including links to their social media or even QR codes to the social media venues on their informational brochures. This should extend to informational packets new clients are given, small signs at the front desk of the organization, and event materials including welcome signs, programs, and even

slideshows or other media used during the event. The more often the links or buttons to social media appear the more likely potential audience members are to seek out the organizations' accounts.

7. Use collaboration with other organizations to boost social media reach.

Although the “bubble” of mental health nonprofits can be restricting, it also provides opportunities. Participants mentioned the word collaboration often, including Lott-Manier’s note that “it takes a village” to solve the problem of mental illness. Participants felt that communicating with their peers in the mental health arena was important. Social media can be a useful tool for achieving this goal. Mental health nonprofits working together to cross-promote each other’s services and events means a wider audiences for each organization. This is especially useful for organizations that do not directly compete based on geographic markets served or because they offer different or complementary services, such as an advocacy organization cross-promoting with a direct service provider. Established audiences at each of the organizations could benefit from services the other offers, but may have been unaware of the other organization’s most recent activities until seeing a social media post. Relationships built between organizations via social media can also have real-world applications in the form of joint events, services, and exchange of ideas. Each mental health nonprofit can learn about and from other organizations through their social media accounts.

Limitations and Suggestions for Future Research

As a qualitative study focused on organizations only in Colorado, the data from this thesis are not generalizable to other parts of the United States. The study focused

on a descriptive analysis of the finding, which means that no systematic analysis of relationships that could suggest causation of outcomes is present. Out of 22 organizations contacted, the researcher was able to connect with 12 agencies. Three were unable to participate, which left nine organizations and ten participants total. As the participants had to voluntarily respond to the researcher to be in the study, there is the potential for a sample bias error in that organizations who felt their social media was not “up to par” might have been dissuaded from participating or not considered the question important. Some smaller organizations may have felt they did not have anything to contribute and therefore did not respond. This means the study only collected data from organizations who responded to the researcher, and the results may be framed by this particular group’s experiences.

Although the researcher sought to schedule all interviews in person, this was not always possible because of participants’ locations and schedules. Phone and email interviews do not provide the same nonverbal contextual clues that face to face interviews do. The study also focused on three audiences in particular, though the nonprofits mentioned a few other audiences they occasionally target. While the study provided useful insight to how these mental health nonprofits are currently using social media, it is difficult to measure their actual success in terms of outcomes and results. As social media are a rapidly growing medium, more needs to be learned about the benefits an organization receives from being on social media, including return on investment.

Future research should look at what type of posts that mental health nonprofits use that get the most engagement in terms of likes, shares, retweets, etc. This might

include a content analysis of individual organizations' social media pages combined with the use social media analytics to compare which posts are receiving which types of engagement. Such data could provide mental health nonprofits with a better idea of what is getting attention from their audiences. In-depth case studies on specific mental health nonprofits could provide more detailed insight to what social media campaigns at these organizations fully look like. Research should also consider social media use from the audience perspective. Studies in this area could include in-depth interviews as a well as a content analysis of comments by and interaction among clients, their support groups, or other third-party audiences. The researcher also suggests a more in-depth look at social media communication among mental health nonprofits and their counterparts. Collaboration can be examined on individual platforms in order to quantify when and how often collaborative posts are occurring, as well as an analysis of what these posts contain. Research should also look at mental health nonprofits in other states or nations to study how they are using social media in a similar manner as this study, as the political and cultural climate likely differ pertaining to mental health care. I. Research should move toward eventually building a predictive model of social media use by mental health nonprofits on which posts receive the most interaction and engagement. This could be tested through an experimental study.

Social media use by nonprofits will continue to be an important area of consideration. As social media becomes more ingrained in Americans' daily lives, and current events continue to bring mental illness into public debate, the two topics will continue to converge.

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APPENDIX A

RECRUITMENT SCRIPTS

Phone Recruitment Dialogue

Hello (insert name). My name is Natalie Hansen, and I am a graduate student at Colorado State University in Fort Collins, I am working on completing my thesis, and my research involves social media use by mental health nonprofit organizations. I'm particularly interested in how communication professionals at these organizations use social media to communicate with clients, supporters of those clients, and the general public, as well as how social media can provide social and informational support. My ultimate goal is to compile a list of best practices for social media use by mental health nonprofits. I'm contacting you because after researching nonprofits in Northern Colorado, you meet the criteria to be a participant in my research. I would like to conduct an interview with you. I anticipate that interviews will last around an hour, and will be tape recorded to help me with transcribing them later. Would you be interested in being a participant my study?

If yes:

Thank you so much. What dates in the times in the next few weeks would work for you for an hour long interview? (decide date and time). At the interview, I will have an informed consent form for you to sign before we get started. Do you have any questions for me? (Questions). Do you have an email I can reach you at to send a confirmation of our interview? You can reach my at my cell phone, 307-321-3651 or email, njhansen@rams.colostate.edu, if you have any more questions in the meantime. Thank you for your time, and I look forward to speaking with you in person on (date).

If no:

Thank you for your time. Do you have any colleagues that you think may be interested in the study that I may contact?

Email Recruitment Dialogue

Dear (insert name),

My name is Natalie Hansen, and I am a graduate student at Colorado State University in Fort Collins, I am working on completing my thesis, and my research involves social media use by mental health nonprofit organizations. I'm particularly interested in how communication professionals at these organizations use social media to communicate with clients, supporters of those clients, and the general public, as well as how social media can provide social and informational support. My ultimate goal is to compile a list

of best practices for social media use by mental health nonprofits. I'm contacting you because after researching nonprofits in Northern Colorado, you meet the criteria to be a participant in my research. I would like to conduct an interview with you. I anticipate that interviews will last around an hour, and will be tape recorded to help me with transcribing them later. Would you be interested in being a participant my study? If you have any questions about the study or the interview process, please let me know. I can also be reached via cell phone at 307-321-3651.

Thank you,

Natalie Hansen

If yes:

Hello (name),

Thank you so much for agreeing to be a participant. What dates in the times in the next few weeks would work for you for an hour long interview? At the interview, I will have an informed consent form for you to sign before we get started. If you have any questions, you can reach me at my cell phone, 307-321-3651 or via email.

Thank you,

Natalie Hansen

If no:

Hello (name),

Thank you for your time. Do you have any colleagues that you think may be interested in the study that I may contact?

Thank you,

Natalie Hansen

Confirmation Emails

Hello (name),

Thank you again for agreeing to be a participant in my thesis research. I wanted to confirm our schedule interview at (location) on (date/time). If you have any questions or concerns before then, please feel free to contact me via email or cell phone, 307-321-3651.

I look forward to meeting you in person!

APPENDIX B

CONSENT FORM

Consent to Participate in a Research Study

Colorado State University

TITLE OF STUDY: SOCIAL MEDIA AND CAMPAIGNS FOR SOCIAL GOOD: BEST PRACTICES FOR MENTAL HEALTH NONPROFITS

PRINCIPAL INVESTIGATOR: Kirk Hallahan, Ph.D., Professor, Journalism and Technical Communication Department - Colorado State University. Contact: kirk.hallahan@colostate.edu

CO-PRINCIPAL INVESTIGATOR: Natalie Hansen, Master's student, Journalism and Technical Communication Department – Colorado State University. Contact: njhansen@rams.colostate.edu, 307-321-3651

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? You have been selected for this study as you are a communication professional at a mental health focused nonprofit in Colorado.

WHAT IS THE PURPOSE OF THIS STUDY? We hope to discover how communication professionals at mental health nonprofits design public communication social media campaigns for clients, supporters and the general public; how social and informational support are encouraged; and what successes and failures they have experienced. Results will be used to compose a list of best practices.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST? If you agree to participate in this study, you will meet with the researcher for a one-on-one interview that will take place at a mutually agreed upon location. Interviews will take one hour. To assist with transcribing, the researcher would like to audio record all interviews. Do you consent to having your interview recorded (please initial)?

YES _____ | NO _____

WHAT WILL I BE ASKED TO DO? You will be asked to participate in a one-on-one interview to discuss the social media campaigns your organization engages in, including what platforms, how you target specific audiences, successes, obstacles, etc.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY? You should only participate in this research if you work at a mental health non-profit and have at least some responsibility for maintaining and using social media in your organization's communication campaigns.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS? The researcher anticipates no risks in participation. It is not possible to identify all potential risks in research procedures, but the

researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY? There are no direct benefits to you associated with participation in this research. You may request a copy of the completed research and results.

DO I HAVE TO TAKE PART IN THE STUDY? Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

WHO WILL SEE THE INFORMATION THAT I GIVE? We will keep private all research records that identify you, unless you give the researcher permission to publish this information. The researcher would like to identify all participants in the study in the completed project. This will provide context to the results. Information included will be name, position, and place of employment.

Please let us know if you would like your comments to remain confidential or attributed to you. You may still participate in the interviews if you choose not to be identified. Please initial next to your choice below.

- I give permission for comments I have made to be shared using my exact words and to include my (name/position/title). _____ (initials)
- You can use my data for research and publishing, but do NOT associate my (name/position/title) with direct quotes. _____ (initials)

We may be asked to share the research files for audit purposes with the CSU Institutional Review Board ethics committee, if necessary.

WHAT IF I HAVE QUESTIONS? Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Natalie Hansen, at 307-321-3651 or njhansen@rams.colostate.edu. If you have any questions about your rights as a volunteer in this research, contact Janell Barker, Human Research Administrator at 970-491-1655. We will give you a copy of this consent form to take with you.

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 2 pages.

Signature of person agreeing to take part in the study

Date

Printed name of person agreeing to take part in the study

Signature of Researcher

Date

APPENDIX C

INTERVIEW GUIDE

Researcher meets participant at agreed upon location, and provides informed consent form to participant. Researcher will answer questions as needed, and confirm permission to record the interview and identify the participant in results and directly attribute quotes (or not). Researcher will follow this set of questions, but may change the order or ask additional questions based on each individual interview. Researcher will use probes to ensure that questions do not end at a yes/no response. If donors or volunteers are mentioned throughout the discussion, the researcher will note this, and ask questions to re-direct the participant back to one of the three audiences being studied.

Background Questions

- What is your educational & professional background?
- According to my notes, it looks like you're using social media sites X, Y and Z. Did I miss any?
- How long has the organization been using some form of social media?

1. For what primary purposes do you use social media?

- a. If clients are mentioned first, go to question 2. If public is mentioned, go to question 9. If supporters are mentioned, go to question 6. If donors or volunteers are mentioned, take note and then focus on what was mentioned second or probe for other audiences.**

2. Tell me a little about how you use social media to provide services or resources to your clients?

- a. Do you encourage clients to follow your social media accounts? How?
 - b. How do you use social media as an extension of your care or therapy programs?
- 3. How important is providing informational and emotional support to your clients through social media?**
 - a. How do you go about providing this type of support on social media?
 - b. Do you feel this assists your clients in recovery? Why/why not?
- 4. Do you think using social media to communicate with your clients is valuable? How so?**
 - a. If clients discussion brings up support systems/friends/family, proceed to question 6. If it brings up the public, proceed to question 9.
- 5. IF CLIENTS ARE NOT CONSIDERED AN AUDIENCE: After discussing other audiences, ask: Why do you choose to not use social media in communication with your clients?**
- 6. You mentioned that family and friends/supporters of your clients are an important audience for you. Tell me a little about how you engage with them through social media.**
 - a. How do these messages differ from communications with your clients or the general public?
- 7. Is connecting with family and friends of your clients an important part of your social media use? Do you consider it valuable? How so?**

- a. If clients have not been discussed, move to question 2. If the discussion brings up public and it has not been discussed, move to question 9.
8. **IF SUPPORTERS ARE NOT CONSIDERED AN AUDIENCE:** After discussing other audiences, ask: Why do you choose to not use social media in communication with friends/family of your clients?
9. You mentioned connecting with the public. How do you communicate with the general public through social media?
 - a. Based on participant's answer, proceed to either question 10, 11, 12, or 13.
10. What do you do on social media to combat mental illness stigma?
11. How do you build credibility and trustworthiness through your social media campaigns?
12. Do you encourage your clients to engage with the public through your social media accounts? Why or why not?
 - a. What about supporters/family and friends? Do you encourage them to connect with the public via social media?
 - b. If clients have not been discussed yet, move to question 2. If supporters have not been discussed yet, move to question 6.
13. **IF PUBLIC IS NOT CONSIDERED AN AUDIENCE:** After discussing other audiences, ask: Why do you choose to not use social media in communication with the general public?

14. To what extent do you think your organization's focus on mental health has provided unique challenges, issues or opportunities for your social media use?

15. How do you think your social media activities will differ over the next few years?

**16. Is there anything else you would like to add that we haven't discussed yet?
Is there anything you'd like to note that you think I would find useful for this research?**

Thank you for your time today. I greatly appreciate your contribution to my research. Please feel free to contact me at any time with questions; my phone number and email is at the top of your copy of the informed consent form. (IF THEY HAVE AGREED TO BE RECONTACTED) I will be in touch if I have any questions and thanks again!

APPENDIX D

EXTENDED REVIEW OF PARTICIPANTS' COMMENTS

RQ1 – Social Media in Communication Campaigns

RQ1 investigated how mental health nonprofit organizations are currently using social media as a component of their communications campaigns, and what opportunities and challenges they perceive. While the organizations shared many similar experiences, some spoke of unique target audiences or social media goals.

Marie Allen, Touchstone Health Partners

Touchstone currently has a Facebook, Twitter, LinkedIn, Pinterest, and a Google + account, with the Facebook page being the most utilized. Allen stated that Touchstone also has a blog, which is embedded on their main website page. Audiences for Touchstone's social media included, according to Allen, anyone who has some sort of connection to the organization, whether that is current clients, their support systems, or donors. Allen said they also do "hope to encourage utilization [of services] by the general public."

When discussing what the primary purposes for using social media in their communication campaigns, Allen pointed to three main goals: informing their audiences about their services, educating the public, and de-stigmatizing mental health. By using a platform that many Americans use multiple times a day to discuss mental health services, Allen hopes that their social media will "normalize [mental health care] and encourage people to talk about it and make it part of their daily lives." Allen stated

Touchstone posts a “really broad range of materials” from positive comics and pictures to academic research articles. Ultimately, Allen wants Touchstone’s social media to contribute to the organization becoming a trusted source of information and help them become “like the Mayo Clinic of mental health. We want people to come to us and know that we’ll have an informed answer for them.”

Corey Cantrell and Janey Sorensen, The Center for Mental Health

The Center for Mental Health is utilizing a Facebook page along with Twitter, Pinterest and LinkedIn. Cantrell stated that the Facebook gets the most use, but that The Center also has a special focus on Pinterest. Sorensen elaborated that this is because it ties directly into their use of visual images on their website. Sorensen felt that rather than use people on the website to give a picture of what someone with a mental health issue looks like, it was better to focus on nature and beautiful images as “people with mental health conditions look just like everyone else.”

Cantrell stated that he considers their social media target audience to be the communities surrounding Montrose, CO, including clients and non-clients. The Center’s marketing duo is striving for visibility through their social media accounts, and Sorensen commented that in attempting to engage with the younger generations, “we needed to be able to meet them where they are.” Cantrell also noted the free nature of most social media platforms, and that it was important for nonprofit organizations to all the resources available to them.

Jacy Conradt, Arapahoe/Douglas Mental Health Network

Conradt has a Facebook, Twitter, and LinkedIn account for ADMHN, with Facebook being the top priority. She stated that there was a blog previously, but it had

been put on hold due to staffing issues. Conratt considers the general public to be the main audience for the social media, in addition to other nonprofit and health organizations that ADMHN collaborates with.

ADMHN focuses on promoting education about mental health through their social media accounts, which Conratt stated is achieved by posting news articles and research as well as promoting educational events that are open to the public. Another major area of focus is combatting stigma surrounding mental health care, which Conratt achieves by “promoting good articles and good media stories that come about.”

ADMHN’s social media also serves as a funnel to the organization’s main web page. “We don’t use it at all for promoting internal groups [such as staffing, etc.],” Conratt stated, although employees are encouraged to follow the social media accounts. This has proven to be a bit of a challenge, as employees are not allowed to be on social media at work, and it is difficult to get them to engage with the social media accounts on their own time. Conratt also mentioned that issues of when an employee is representing ADMHN and when they are not on social media come into play. ADMHN uses the LinkedIn account for recruitment purposes.

Kaley Day, Advocacy Denver

Day describes Advocacy Denver’s social media presence as “a pretty simple beast” currently. The organization has a Facebook, Twitter, and WordPress blog. Day lamented that the Facebook page does not have very many “likes” or followers, due to a mix-up prior to her tenure with Advocacy Denver. “We switched over to a new Facebook when I started. We had the wrong kind of profile, and I had a really hard time getting

people to come over to the new page. And I've had a lot of hard times getting people to engage on that," Day explained.

Day's followers on social media are mostly other service providers and nonprofit organizations, along with some family members of their clients. However, Day said she also considers the general public to be a valuable target audience for their social media accounts. "We seem to get a little bubble over us, and then you see the same faces and people on Facebook and stuff," Day said. "So I'm really trying to reach the bigger audience and spread awareness for Advocacy Denver and people with disabilities." In addition to spreading awareness, Day said the main goals of the social media accounts are to promote their events, keeping the organization transparent, and working to fight stigma while "empowering our clients."

Samantha Emerson, Mental Health Center of Denver

MCHD has a broad set of social media, including Facebook, Twitter, LinkedIn, Pinterest and a YouTube page. The organization also hosts a blog. Emerson sees their social media as outreach tools to connect with everyone from clients and their families to the public at large. "We encourage everyone to engage through our social media," Emerson explained.

The organization's main goals with social media are to offer resources, services and education. "I'm a big believer that you go where the people are and meet them there," Emerson said. Emerson said the social media are also used to cross promote information from their partners and collaborators, and that "lots and lots of shares" have contributed to additional followers of the organization's pages. "I think spreading positive, image based messages have the greatest impact [on social media]," Emerson

said. MCHD would like to dedicate more time to social media in the future, and sees the current lack of time as a constraint.

Katie Goulet, Rocky Mountain Human Services

As an organization with a variety of programs, RMHS has multiple social media accounts. Goulet said the organization has four Facebook pages (a main account, one for their Operation Traumatic Brain Injury Freedom program (military specific), one for their state-wide adult brain injury program and one for a specific fundraising campaign), a Twitter page, a LinkedIn, and a blog embedded on their website. Goulet noted the struggles involved as a one-person social media team maintaining several accounts, as well as learning a new platform like Twitter.

RMHS social media audiences include their clients and their families or caregivers and the general public. Because of the nature of their services and the populations served, family members and caregivers are the organization's largest social media audience. Goulet stated their goals with social media are to inform people about the programs and services offered, promoting events, and sharing success stories and milestones. "It's definitely wanting to keep people informed about all of our different programs and what is going on with them," Goulet said. Employees of RMHS are also encouraged to follow the social media accounts.

Michael Lott-Manier, Mental Health America of Colorado

MHAC currently has a Facebook and Twitter. Lott-Manier stated they also have blog posts that are shared on the social media accounts. The organization's major goals with social media are "accomplishing programmatic missions," which Lott-Manier explained as informing and educating the public, shaping and normalizing the

conversation on mental health care to combat stigma and building support for the “1.2 million Coloradoans who have a [mental health] condition each year.” The social media accounts are a portion of the organization’s advocacy work.

This also includes promotion of events that those dealing with mental illness may benefit from and cross promoting information from partners and collaborators. Lott-Manier stated that MHAC has bi-monthly meetings with their partners, and that updates from these meetings are always shared on social media.

Kalie McMonagle, Alliance for Suicide Prevention

McMonagle is currently using a Facebook, Twitter, LinkedIn and a blog embedded on Alliance’s main web page. McMonagle manages the pages herself most of the time, but does have some volunteers who are taking on some of the workload. She described their target audience as those in the 30-50 age group, particularly men, as this is the group at highest risk of suicide. These are normally people in the general public who are not yet utilizing Alliance’s grief support groups or other services. Another target audience is attendees of their events.

Alliance’s main purposes in using social media are primarily promoting the events they have throughout the year and advocacy for suicide prevention. McMonagle stated that she keeps posts as upbeat as possible to work on “creating solutions rather than talking about problems necessarily.”

Sally Spencer-Thomas, Carson J. Spencer Foundation

The Carson J. Spencer Foundation currently uses a Facebook page as well as a Twitter, YouTube, LinkedIn and blog. The organization also has Twitter accounts for individual programs, such as Fire Within. Spencer-Thomas noted that the staff members

who initially set up these accounts are no longer with the organization, and did not pass along the log in information. While these are still connected to the HootSuite account and Spencer-Thomas is able to post content to them, she cannot respond to or interact with audience members through them.

The organization's social media audiences are varied and based on individual programs: business professionals, youth, school administrators and teachers, men of working age, and families bereaved by suicide. While each program has different missions, the social media accounts all focus on engagement, inspiration, and feedback. Spencer-Thomas said that their social media are a vehicle for the voice of survivors, and can serve as inspiration to those still struggling through the sharing of positive stories of "hope and recovery." "Social media can do that, and that's the power of what it brings to the table," she stated.

RQ2 – Communicating With and Delivering Services to Clients

RQ2 sought to understand how these nonprofits used social media as a component of their services and how they communicate to their clients. Responses from participants were varied, and nearly all of them discussed the issues that HIPAA creates.

Marie Allen, Touchstone Health Partners

As of now, Touchstone chooses not to provide direct services to their clients through social media. While clients are certainly encouraged to follow the organization's social media accounts, an extension of treatment and services is not feasible. "As far as extending mental health care, we don't want to use it because mental health care is so

personal and everyone needs different information and different treatment that is specific to them. It's a tough gap to bridge," Allen stated. However, the organization does provide resources to their clients through their social media.

Clients of Touchstone can benefit from the items Allen posts with information on upcoming events and the posts that work on normalizing mental health care. Allen said that the organization is really trying to show people that "mental health is exactly like physical health" through their social media posts and post news items that show even celebrities deal with these challenges. In the future, Allen said the organization may consider going toward including some services through their social media.

Corey Cantrell and Janey Sorensen, The Center for Mental Health

The Center for Mental Health also does not provide direct services to their clients through their social media platforms. Sorensen described the social media requirements with HIPAA as "so strict, we've always felt like we could not engage with [our clients]." Still, Cantrell sees benefit to communicating in some manner with their clients on social media. "It's just another way for us to communicate, especially on a different level than the one-on-one kind of critical therapy level," he said. Sorensen also mentioned that certain posts featuring clients and their stories eventually have to be taken down; as clients progress beyond treatment it can be difficult for them to see posts discussing hard chapters in their lives.

However, The Center has come up with a way to use their social media accounts as a tool for one of their therapy programs. In keeping with their focus on the visual, The Center offers art therapy classes in a variety of mediums. "They're going to start providing pictures from photography and their craft projects and we're going to upload

those to Pinterest so that they can see the results of their work in a public format,” Sorensen stated. These items can then be shared on the organization’s Facebook page.

Cantrell noted that clients can also use the information posted on the organization’s social media accounts as a resource. Inspirational quotes and articles on mental wellness can help their clients learn more about their own illness, which in turn helps them better understand treatment.

Jacy Conradt, Arapahoe/Douglas Mental Health Network

HIPAA proves to be a major roadblock for ADMHN in providing direct services to clients. “We use our social media tools as a way to push information out and we are very clear and make sure to have a disclaimer – such as, if you have a problem or would like to discuss issues with your treatment or treatment provider, you need to call,” she stated. Conradt explained that this also helps therapists keep their work and private lives separate, and sets boundaries for clients as well as the organization itself.

In the future, Conradt hopes that social media can serve as a tool to remove barriers treatment. The less steps a person has to take to get treatment the better, and Conradt is particularly interested in a developing technology called augmented reality. This is a sort of update to a QR code, and could allow anyone with a cell phone to contact to the services ADMHN has instantly, and potentially get them to the office of the organization quicker to get help.

Kaley Day, Advocacy Denver

Day stated that Advocacy Denver does not currently see a lot of client interaction on their social media accounts. A large portion of what Advocacy Denver does in

individual advocacy, and such personalized services are difficult to extend to social media platforms, and once again, HIPAA makes an appearance. “Because of privacy and all the systems surrounding that kind of work, the social media doesn’t really help out in that aspect,” she said.

If some clients are following the organization’s accounts, Day noted that they could get resources or support from the informational articles that are shared.

Samantha Emerson, Mental Health Center of Denver

“We have to be careful with HIPAA laws, but we invite anyone to check out our cause through social media,” Emerson stated. However, MHCD does do a lot of cross promotion with their partners, and clients can still glean benefit from their social media accounts. Emerson said these posts can be informative to clients that are already in treatment at MHCD. More knowledge means a better understanding of their particular mental health issue, which can further treatment’s success.

Katie Goulet, Rocky Mountain Human Services

Goulet stated that one of the biggest resources their social media accounts provide their clients with is information on the events that take place for the clients and their families. “We will post things like, “we are hosting a big picnic for all our adult customers with developmental disabilities, here’s the info and the RSVP,”” Goulet said. While the accounts do often utilize stories and photos of clients, these must come with a signed release form. No client specific business or treatment is conducted on social media. “Because of privacy issues, we definitely don’t conduct client specific business on social media,” she said.

Goulet mentioned that she has received requests for information and services through private messaging on social media, which she then refers to the proper outlet. She also said that the success stories shared on social media can also be supportive clients. “I feel like a client could look at that story and say, “oh, that person’s like me,”” she stated. She also noted that any posts targeted at clients do not use different language than posts targeted at the general public. This assists in client empowerment, as well as general public awareness that those with developmental disabilities do not need to be treated differently. Goulet also stated that more “academic type posts” do not get as much interaction, likely because it is not what the target audiences are interested in.

Michael Lott-Manier, Mental Health America of Colorado

In terms of actual “clients”, MHAC of Colorado has a slightly different audience than organizations providing direct services or therapy. Similar to Advocacy Denver, MHAC works toward changing the conversation on mental health issues as well as policy and legislative changes. In a sense, this means that “services” can be provided directly through their social media, in the form of information on policy and legislation issues and awareness/outreach programs.

“It’s very important that we do promote [mental health wellness and self-care information] from time to time, but our missions is more on the big picture strategic side of things,” Lott-Manier explained. Someone dealing with a mental health issue or someone who is particularly passionate about policies surrounding mental health can still find resources through MHAC social media. Lott-Manier promotes events and information from MHAC’s nonprofit partners, especially when these events could be

beneficial to someone coping with mental illness. This also includes posts that raise awareness about MHAC pro-bono counseling program for individuals who cannot afford therapy.

Kalie McMonagle, Alliance for Suicide Prevention

Alliance’s social media platforms mainly serve as awareness for their services, rather than providing an actual therapy tool. The organization’s grief support groups consistently have event pages on Facebook, where attendees can RSVP and ask questions. McMonagle noted the struggles in reaching adult men through social media on suicide awareness. “We even have low numbers of men attending our grief support groups, so another kind of push and pull is reaching those guys in a way that they want to be talked to,” she stated.

Part of this is due to the taboo that stigma places on discussions of suicide, especially on social media. McMonagle said that much of Alliance’s target audience holds an attitude of “that’s not something I want to talk about.” Using social media as an outreach tool to increase attendance of Alliance’s grief support groups is also tricky when it comes to targeting persons bereaved by suicide. McMonagle noted that individuals dealing with the grief of losing someone to suicide can be turned off by the word suicide itself, making posts about the grief support groups a dance between factual information and positive, sensitive language.

Sally Spencer-Thomas, Carson J. Spencer Foundation

With the Carson J. Spencer Foundation’s multiple target audiences and social media accounts, information is tailored to specific clients of each program. Spencer-Thomas stated that one of the social media accounts’ main goals is to “inspire [our

audiences] with stories that are intriguing and compelling.” Current and potential clients for the organization’s programs can find information and upcoming events for each individual program.

Spencer-Thomas stated that the organization is considered an action-oriented mental health nonprofit, rather than an awareness group. She is using the social media tools to “build capacity and inspire leadership.” The organization’s “clients,” who are in a specific risk-group for suicide, can find informational and upbeat posts on the social media pages that are intended to help encourage conversation on mental wellness and normalize discussions of suicide.

RQ3 – Public Awareness and Education

RQ3 dealt with how these organizations speak to the general public through their social media accounts and how they disseminate education through these outlets. The issue of stigma about mental health care was prominent in the participants’ discussion of this research question.

Marie Allen, Touchstone Health Partners

One of Allen’s major goals with Touchstone’s social media is education about mental wellness. While she stated that most of her social media audience likely has some connection to the organization already, she also sees the social media accounts as an opportunity to challenge stigma. “A lot of what we post tries to normalize it. We post a lot of facts about how many people are affected by mental illness or addiction,” she said. Allen also sees the social media posts as a chance to funnel potential clients to their website. “Besides our goal of engaging audiences and informing our audiences,

another big goal of our [social media pages] is to encourage traffic to our website,” she explained. “That’s where the gold mine is.”

Allen also felt that Touchstone’s social media contributes to the organization’s credibility and trustworthiness as a provider of mental health services. In discussing future plans for the accounts, Allen noted that she wanted the social media pages to help the community get to know the organization better. “I would love for people to feel like they have a friend in us where they might recognize a face they saw online or the face of a provider,” she stated. Allen mentioned that knowing the organization through their social media before coming in for a service can help future clients “feel like they’re part of our family.”

Corey Cantrell and Janey Sorensen, The Center for Mental Health

Cantrell and Sorensen see The Center’s social media pages as a major piece of their credibility as an organization. By using the most current tools in social media, “it sets us apart as an expert in the field,” Sorensen stated. Cantrell noted the importance of checking the sources of material he shares on Facebook and Twitter, as “there’s so much information available to begin with, good or bad.” He stated that he is particular that shared articles come from reputable sources. “I think the more content that we post that is true, and then keeping with the industry standards for the most part, I think it absolutely adds to our credibility,” he said.

When it comes to stigma, Cantrell sees their social media pages as an outlet for normalizing discussions of mental health. On Facebook and Twitter, “it’s an open discussion, it’s okay to talk about. It’s not something you have to hide from,” he stated. “That’s kind of the push when I put content on social media.”

Sorensen noted that in the last few years since implementing their social media program, they have seen a massive increase in requests for services. While some of this is also due to the Affordable Care Act's passage, Sorensen believes some of the increase is due to their social media outreach.

Jacy Conradt, Arapahoe/Douglas Mental Health Network

ADMHN focuses on positivity in their posts on social media as a way to de-stigmatize mental illness. Conradt says this is especially true if a current news story about some aspect of mental health "hits close to home." "It's the little chisel chips with the anti-stigma and providing information in that way [on] social media gives the opportunity to do that," she stated. Conradt noted that the issue of stigma can sometimes be difficult to address on social media, as current and recovered clients don't necessarily want to claim a relationship with ADMHN publicly. "Most of the time it's not a matter of making a really big deal out of it because the best success you can have is to be living a normal life," she stated. While these clients may not be feeling a major amount of stigma from the general public, they still do not want to focus on it. "They just want to live," Conradt said.

Conradt sees the social media pages that ADMHN has as a key player in the organization's credibility with the community. "That would definitely be one of the intentions as a resource or as being visible in the community to people who might need to potentially come and see us," she stated. The pages are also an important marketing tool with the general public, but Conradt stated that they are still unsure of the return on investment in that area. Conradt also noted that with potential new donors and volunteers, social media accounts are important. "People don't want to consider you to

give money to, small or large, if you don't have some sort of social media presence," she stated.

Kaley Day, Advocacy Denver

Reaching the general public through social media is "definitely a priority" for Advocacy Denver. This is for two reasons: cutting down stigma against the cognitively disabled and building trust with the community. Day focuses on positivity in her posts, as well as putting people before their disability when posting on Facebook or Twitter. "In all of our communications, we try and put across that these people are clients," rather than someone with a disability, she said.

Framing posts in this manner also shows the community at large that Advocacy Denver is a credible organization. "I think that lends a lot of credibility to us; that we see them as people using their own voice, rather than us being the people that come in and save them," she said. This message of empowerment is at the forefront of all of Advocacy Denver's social media posts. Day said she also uses social media in conjunction with the website to keep the organization transparent in terms of financial data.

Samantha Emerson, Mental Health Center of Denver

MHCD experiences quite a few shares on certain types of posts, according to Emerson. When messages are positive and image based, more engagement follows and the organization gathers new followers. Emerson also stated that social media posts can also encourage the community to take action and visit their website because of the credibility a social media presence gives an organization.

“If people feel that we’re offering solid info and it encourages them to reach out us, then I’ve done my job,” she stated. Emerson also agreed with Cantrell and Sorensen about the importance of sharing articles from other trustworthy sources. “Posting from reputable publications and sources is an absolute must,” she explained.

Katie Goulet, Rocky Mountain Human Services

Goulet discussed her choices in tone of voice on social media when targeting the general public. While Goulet stated that “there’s probably not a ton of people from the general public following or looking at our social media who don’t have some sort of connection with us,” this minority is still important to communicate with, especially on the issue of stigma. Goulet strives for an informal, but still professional voice in her posts and focuses on success stories that show those with cognitive disabilities are regular people and “love the same things we do.” Goulet noted that this is an especially difficult task in their traumatic brain injury programs with military veterans. Veterans come from a culture that does not encourage asking for help, let alone publicly proclaiming a PTSD diagnosis or brain injury. Goulet stated that they put a strong focus on posting information that encourages vets to seek therapy when they are struggling.

Credibility for RMHS is also built through their social media. “In this day and sage, if you’re not online, you don’t exist pretty much,” Goulet stated. Goulet sees the social media as highly important piece of their brand image. Sharing posts about the organization’s successes and encouraging feedback from anyone boosts a picture of expertise, according to Goulet. It shows that “we have this broad variety of expertise in serving these vulnerable populations,” Goulet said. The organization’s social media

accounts show that RMHS treats their clients with respect. “I think that shows in the fact that we don’t have lots of angry comments on our Facebook page,” she stated.

Michael Lott-Manier, Mental Health America of Colorado

Lott-Manier tackles stigma in the general community head on by replying to social media posts he see that contain derogatory language about mental illness or do not use person-first language. “Especially on Twitter, it’s easy to see when people have made a mistake there and just correct,” he said. Lott-Manier uses this tactic to “break down some of the linguistic barriers that promote stigma.” Lott-Manier also sees the entire public as an audience, not just those currently suffering from a mental illness, as “we all have health stats that at times could be better or worse.” For MHAC, social media are about connecting experiences and individuals who may not understand mental health issues. “The tag line to all of that is “mental health is part of everybody’s life,”” Lott-Manier stated.

MHAC also uses their social media to boost their credibility. As “people can be sort of apprehensive” about supporting mental health care, posting scientific and peer reviewed articles on social media can boost the legitimacy of the issue. Outreach to the public that involves “reminding people about our past successes” is also important. “That sort of establishes “wow, this organization was around in the 50s””, and still is today, he stated.

Kalie McMonagle, Alliance for Suicide Prevention

As an organization specifically focused on suicide awareness, Alliance struggles with avoiding trigger words in their social media posts. Those in their grief support groups or members of the general public who may be interested in Alliance’s mission as

they have lost someone to suicide can be offended by frank discussions of suicide on social media. “In the articles that you could post, there are a great number of triggers that are in the article, especially with the way that news outlets report on suicide,” McMonagle explained. While avoiding certain terms is respectful to those grieving or in recovery, it’s also an issue for any organizations that may be considering sponsorship of Alliance. “We were kind of told by a previous sponsor that suicide is kind of a buzz kill,” McMonagle said. People are not yet ready to “stalwartly defend” advocacy for suicide prevention on social media in the way that they are for cancer prevention or other nonprofit causes.

McMonagle said that Alliance’s social media presence is intended to build community among those using their services or those who support Alliance rather than focusing so much on building credibility. While she said it is possible it contributes to the organization’s credibility, McMonagle said the organization is more interested in having conversations and building a wider audience currently.

Sally Spencer-Thomas, Carson J. Spencer Foundation

For the Carson J. Spencer Foundation, Spencer-Thomas said their social media accounts “absolutely” contribute to the organization’s trustworthiness. “When other people retweet you, mention you, like you, share you, it adds value. And it’s not somebody you paid to say that,” she stated. For Spencer-Thomas, this is a component of branding that creates a positive image for the organization in the public eye. While she is unsure what the exact return on investment is for social media in terms of dollars, this brand cultivation is still important. This positive image must be earned, and it is “pretty valuable once you get it.” However, she stated that any crowd-funding the

organization has attempted through social media has not paid off, though this public-funding tool seems to work in other arenas.

On the issue of mental health stigma in the general public, Spencer-Thomas's tactics do not involve addressing stigma head on. Instead, their social media accounts focus on the positive. "When you talk about stigma, you actually reinforce it, because people remember the negative of things," she said. The organization instead works on sharing stories of hope and recovery and scientific articles about treatment. This also helps attract potential sponsors and business partners who may otherwise "be worried about what the co-branding might be" by associating with a suicide prevention nonprofit. Spencer-Thomas compared this to another successful type of nonprofit – the breast cancer awareness movement. "All the ways that the breast cancer movement got out of stigma – what they did is what we're trying to replicate," she said.

RQ4 – Communicating With Support Groups and Providing Informational/Emotional Support

RQ4 centered on how these mental health organizations communicate with their clients' most valuable resource – their friends, family, and caregivers. It also asked how these organizations provide informational and emotional support through their social media accounts if at all. For many of the interview participants, this particular audience is their biggest and most important one

Marie Allen, Touchstone Health Partners

Touchstone doesn't have a specific outreach plan on social media for friends and family of their clients, but they do know this audience is likely looking at their accounts. Many of Touchstone's clients are children, which means the adults in their lives are probably seeking information about their child's treatment online. "We don't specifically seek them out; I would say they're probably the information seekers," Allen explained. "When they're doing their research or looking for information for their family member, we hope that our information pops up in their searches."

Allen stated that for clients and family members alike, their social media pages can provide emotional and informational support by showing them how "common and important mental health care is." This takes place through the articles shared and discussed on the social media accounts. Allen explained that the informational support is one of the most valuable aspects of social media, but that her hopes for the future of Touchstone's social media campaigns includes a slightly different type of information flow. "In our social media, we're sending a lot of information out, but of course we know the goal with social media is to get people to interact with us too, and bring information in," Allen said.

Corey Cantrell and Janey Sorensen, The Center for Mental Health

Cantrell also believes his organization provides informational support for clients and their family members through social media. "I push a lot of content that is informational articles," he stated. "Mostly information and things that are happening in the news surrounding mental health; any kind of legislature or anything like that being looked at or passed." Sorensen believes there are several ways social media can be

beneficial to The Center's clients. "One of those is that they learn more about their own diseases and the diseases of others," she stated. Clients' support groups also benefit from this education. "They become familiar with the world from our perspective and it just lights their fuse," Sorensen said. This information and education in turn bolsters these audiences' sense of empowerment, making the informational posts also a form of emotional support. The Center also occasionally uses clients' success stories as informational and emotional support for others, but when clients who have moved on with their lives and passed through treatment request that these be taken down, Sorensen and Cantrell always remove them.

Jacy Conradt, Arapahoe/Douglas Mental Health Network

While Conradt suspects that some of her social media followers are indeed friends or family members of ADMHN's clients, they are not targeted specifically. She explained that this goes back to issues of privacy with HIPAA, and making sure clients are not publicly connected to ADMHN if they do not want to be. Similar to Cantrell and Sorensen, Conradt has had to remove stories or postings from past patients after they have moved on with their lives and no longer want that chapter of their lives to be at the forefront of the social media world. Conradt stated this is a matter of respecting current and past clients.

Conradt also uses the organization's social media accounts to provide clients and their family members with informational support and emotional support. When it comes to emotional support, Conradt highlighted the importance of positive, "uplifting" posts. "It kind of goes back to the whole "you have to hear good news ten times" or in business, you have to hear someone recommend something a certain number of times

before you'll remember it," Conradt explained. As the "negative comes along naturally" when discussing mental health care, upbeat posts are a must.

Kaley Day, Advocacy Denver

While it is certainly a goal for Advocacy Denver, Day has not been able to dedicate a lot of time to reaching out to friends and family members of their clients through social media as of yet. However, for those that do follow the pages along with clients of Advocacy Denver, the social media accounts can certainly offer informational and emotional support.

"The articles that we share focus on a lot of changes in policy going on and how it's going to affect our work and our clients," Day said. "So, yes, those articles can be support for them." As with all of Advocacy Denver's marketing, the social media accounts put a heavy focus on reminding the public and clients themselves that those with cognitive disabilities can live whatever type of life they choose, and can make decisions for themselves on their own. Day referred to this as Advocacy Denver's "message of empowerment," and said that the social media accounts highlight clients using their own voice.

Samantha Emerson, Mental Health Center of Denver

Emerson stated that the cross promotion that happens on MHCD's social media accounts serves clients in informational and emotional ways, and can be a supplement to their treatment. A majority of the posts include information on topics that can educate clients using services at MHCD. In terms of emotional support, "I think it lets the clients know we are thinking of them and trying to offer tools that may make their lives easier," Emerson said. While the posts typically focus more on being informational, Emerson

explained that having more knowledge can help clients feel emotionally supported.

“When we give our consumers the tools they need to empower themselves, everyone wins,” she stated.

While HIPAA laws prevent Emerson from directly reaching out to clients’ families directly on social media, this audience is still encouraged to connect with MHCD on these outlets. Privacy issues with clients mean that it is vital they not be publicly proclaimed as a client unless they wish to be, and having their family members interacting on social media could potentially out them. Still, the information on MHCD’s pages likely provides informational and emotional support to family and friends of clients as well.

Katie Goulet, Rocky Mountain Human Services

For Rocky Mountain Human Services, friends and family members of their clients are their biggest social media audience. Goulet specifically focuses posts towards this audience in an effort to provide informational and emotional support. One example was an article RMHS shared about a mother with a daughter with special needs who invented a grocery cart with a unique seat that allowed her to take her daughter shopping with her. “I think seeing that this mom was the same as them and had invented this thing was a really popular article on there,” Goulet stated. With RMHS’ traumatic brain injury programs, especially the component focused on veterans, a large number of wives, girlfriends, and mothers of clients follow RMHS’ social media pages. “If I post something about like an inspirational quote about the strength of military wives, that gets a lot of likes, because that’s who’s on the page,” Goulet said. As these women are often TBI clients’ primary caregivers, they have a vested interest in the organization.

While clients of RMHS can receive informational and emotional support from the organization's social media pages, it is not a major focus of Goulet's. The social media pages do feature success stories of past clients that can be helpful to current clients, which Goulet said can help current clients find a role model of sorts. She explained that emotional needs are met more through actual services, which is not what RMHS' social media are set up to do at the current time.

Michael Lott-Manier, Mental Health America of Colorado

Similarly to RMHS, Mental Health America of Colorado does not use social media for direct emotional support of those with mental illness. "Those types of supports are something that's more incidental for us; it's not a primary part of what we do on social media," Lott-Manier said. MHAC does post information that can benefit sufferers of mental illness, particularly events that they could attend that may benefit their therapy journey. Lott-Manier focuses on keeping the social media pages upbeat and positive, which could help clients.

Lott-Manier stated that family members of those dealing with mental illness are certainly an audience for MHAC's social media. As their loved one will be directly affected by any legislation or policy regarding mental health that may be passed, this audience is likely seeking out all the information they can find on these changes. This audience would also benefit from informational posts on events and even the few self-care-type posts that MHAC does post.

Kalie McMonagle, Alliance for Suicide Prevention

Alliance for Suicide Prevention's biggest audience in terms of actual services they provide is members of their grief support groups – those who have lost someone to

mental illness. These support groups members also likely follow the organization's social media. As McMonagle has to be careful with direct mentions of suicide on social media, much of the information posted focuses on broader mental health, including how to create solutions for mental health issues. Those in the support groups can learn more about mental illness in this manner. Friends and family members also offer support to their loved ones currently dealing with a mental health issue by sharing posts from Alliance with them, or commenting with positive affirmation when the loved one shares something from Alliance.

Most of what Alliance posts can be considered a form of informational support for these audiences. Some incidental emotional support can also be found in what McMonagle called "the warm fuzzies." Positive, cute pictures with inspirational quotes are among Alliance's most shared posts. She stated that this upbeat attitude is part of "moving people from grief to advocacy," which is a challenge in the mental health arena.

Sally Spencer-Thomas, Carson J. Spencer Foundation

Spencer-Thomas' goal of eradicating stigma by focusing on the positive rather than the stigma itself can also serve as a form of emotional support for those coping with mental illness. On the organization's social media pages, "incredible recovery stories to share that can serve as inspiration for others who are struggling" can help both those with a mental health issue and their family members. Spencer-Thomas mentioned that overall, the Carson J. Spencer foundation targets family members for emotional support, particularly if they have lost their loved one to suicide. She also noted that "quotes and puppy dogs" are what get the most shares and likes on the

organization's social media, tying into the importance of positivity about mental health care.