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Mental Health Advocacy for Kids: A Social Media Campaign

An Undergraduate Honors Thesis
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Abstract

Mental health in children has important, life-long effects on the child (Ghandour et al., 2018; Underwood & Washington, 2016). Because it is not always easy for parents to access important mental health resources and information (CDC, 2022b), I wanted to investigate whether social media is a viable way for parents to learn more about their child's mental health. I created and distributed ads aimed at parents on three common mental illnesses diagnosed in children: anxiety, depression, and ADHD. My ads had high levels of engagement, thus allowing the possibility that social media could be important avenue for reaching parents.

Key Words: psychology, children's mental health, parenting, health information, social media

Dedication

I dedicate my senior project to Dr. Chelsea Witt, my faculty advisor, for her time and effort helping me throughout this process. I also dedicate my senior project to my family and partner, for believing in my ability to see this project through.

Introduction

As a young professional, I have worked with at-risk youth at Boys Town, in Omaha, NE. There is no consistent definition for “at-risk youth,” however they are generally considered youth who are more likely to experience mental health problems, have problems in school, and have difficulty transitioning from their teens to adulthood (Administration for Children and Families Office of Planning, Research, and Evaluation, 2011; LeCroy & Anthony, 2017). Specifically, I worked with children of different backgrounds and in various states of crisis; some kids were primarily on campus because of their mental health conditions, some were placed there as foster care, and others were there in place of being incarcerated.

Each child resided in a Family Teacher household, where they lived with five to seven other kids. Many of these kids simply needed to be taught how to express themselves appropriately. In order to do this, Boys Town created the “Boys Town Method” to address these behaviors accordingly. The guiding principles of these methods include helping the family create strong bonds that will last, to provide them support, as well as to empower them to make good decisions on their own (Boys Town, 2022). As one family-teacher, Heather Butler (2016) stated, the Boys Town Method is meant to be a positive discipline approach where each behavior, either good or bad, is met with a consequence. The idea is that the consequence is equal to the magnitude of the behavior; for instance, if a child makes their bed, one piece of candy would be an appropriate positive consequence as opposed to a whole bag. Similarly, if a negative consequence is earned, parents must follow through and give the consequence (e.g., if a child hasn't made their bed, they don't get to go outside until they've made their bed) (2016).

I was not in the position to know about what the kids had gone through, but knew that many of the kids experienced mental illness and were never taught how to cope with it. Thus,

they acted out in ways that would help them give the attention and perceived support that they needed. While the kids at Boys Town were able to receive treatment and become part of a community, other children have been placed in detrimental programs like boot camps.

Boot camps became a popular alternative to incarcerating minors in the 1980s and '90s (Mitchell, 2014). This was because of a short-lived surge in violent crime, thus turning to more punishing methods for child offenders (Underwood & Washington, 2016). Despite their high rates of recidivism (Tyler et al., 2001), there are still boot camps today. However, the connection between mental health and juvenile delinquency is undeniable; around 50-75% of youth in the juvenile justice system meet the diagnostic criteria for a mental health disorder (Wald & Losen, 2003). It is, thus, important for parents to have existing information on mental illness to make the best decisions for their children, regardless of their legal situation.

Like adult mental health, there is stigma surrounding children's mental health. ADHD is one mental illness common among children and adolescents (Ghandour et al., 2018; Mayo Clinic, 2019). One aspect of ADHD can be a pattern of impulsive behavior, where children have a hard time thinking through their actions (Center for Behavioral Health Statistics and Quality, 2016). This type of behavior can cause children to be seen as troublemakers, when there is actually an underlying issue that could be resolved with proper diagnosis and treatment (Mayo Clinic, 2019).

In 2016, the most common mental illnesses among children was anxiety (7.1%), followed by behavioral disorders - like ADHD and conduct disorder (7.4%), and then depression (3.2%) (Ghandour et al., 2018). Despite these statistics, children with depression were receiving treatment at higher rates (78%) compared to those who had anxiety or a conduct disorder (59% and 53.5%, respectively) (2018). However, it is important for children to receive diagnosis and

treatment of any mental illness, as they can have lifelong effects, delaying important milestones in their emotional, academic, and social lives (Ghandour et al., 2018). It can ultimately prevent juvenile delinquency, as well. My social media campaign aims to advocate for children's mental health by raising awareness, and giving parents tips on how to help their child cope.

Social media is a fairly accessible way for adults to learn new information. One Pew Survey (Shearer & Gottfried, 2017) found that about 70% of adults aged 18-49 use social media for their news. In terms of health, many individuals utilized social media as a means to get COVID-19 information at the height of the pandemic (Zhong et al., 2020) and 80% of US state health departments have a Facebook page (Jha et al., 2015). As such, social media appears to be a legitimate source one could use to distribute important mental health information as well.

Current campaign

My social media campaign aimed to raise awareness on children's mental health by sharing symptomatology and ways parents can help their child cope. In total, I created eight ads and deployed them on Facebook, Instagram, and Pinterest. I used the analytics from each of these platforms in order to determine how successful my methods were.

Method

Demographics

The onset of mental illness in children and adolescents can vary, so it's important to have information as early as possible in order to help parents seek treatment early on. Problems with behavior in children tend to begin at age six through 11, while depression and anxiety are commonly diagnosed after the age of 12; however, those with ADHD are also usually diagnosed the older they are (CDC, 2022a). Thus, we wanted to target parents whose first child is 12 in

2022, in order to prepare and educate parents. Nearly 29% of first-time mothers were between the ages of 20 to 24 in 2010 (Mathews & Hamilton, 2016), making them about 32 to 36 today.

According to a Pew Survey (2021), individuals between the age of 30 to 49 use Facebook, Instagram, and Pinterest more frequently than other social media sites. Because of this, I knew that these platforms were going to be where I advertised mental health information because of their high usage.

Creation of ads and marketing

I based the creation of the ads on a few key factors. Firstly, I wanted to highlight the three most common mental illnesses in children, as there are still children without access to treatment for them (Ghandour et al., 2018; CDC, 2022b). Secondly, I wanted to make sure the content made sense for the illness at hand.

In order to keep my campaign consistent, I opted out of using other forms of media like video when creating my ads. Thus, I used the online design tool Canva. This platform allows users to create a variety of media, including templates for social media posts, infographics, and presentation slides. Although Canva allows users to access many of their templates, images, and graphics for free, some of the content is behind a paywall. At the time of creating the ads between August and September of 2022, I had access to a free 30-day trial to their website. I was then able to use many graphics and templates that I might not have been able to utilize otherwise.

In total, I created eight ads. The first three ads focused on symptomatology parents should look for in children with anxiety, depression, and ADHD, respectively (see Appendix A). I used symptoms listed in The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) for accuracy.

The second set of three ads focused on guiding parents on how to help their child cope with those respective mental illnesses (see Appendix B). For ADHD and anxiety, I utilized research that focused on parent interaction with their child. For example, in anxiety, a possible type of therapy called cognitive behavioral group therapy (GCBT) has been found to be an effective therapy for childhood anxiety (Shortt et al., 2001), thus skills learned in this type of therapy could be applied by parents without access to this resource. An example of these skills is a parent-child discussion of what anxiety feels like for both the parent and child, so the child can better understand what is happening in their body when they feel anxious (2001). In ADHD, Mikami et al. (2010) conducted a study evaluating how parents influence their children when it comes to friend-making. They found that parents of children with ADHD tend to criticize their child more, which in turn lowers the child's ability to make friends (2010). Thus, my ad was created to help parents teach their child how to cope with ADHD, as focusing more on the positive things their child does could help the child learn skills better.

Additionally, I created one ad for parents to help their child cope with anger and sadness. This came about because it was originally difficult to find information on how to help children with depression cope, as there is some evidence to suggest that childhood depression is linked to parental inability to regulate their own emotions (Zimmer-Gembeck et al., 2022). A separate ad discussed the difference between hyperactive and inattentive ADHD (see Appendix C).

An important element I kept in mind while creating my ads was “narrative advertising.” The idea behind narrative advertising is that viewers see a chronology: a story being told with a beginning, middle, and end, and “causality then connects the story's events to causal inferences” (Lien & Chen, 2013). So, I utilized “characters,” or graphics of children, who are of various races and genders, usually with very expressive body language; in my ads focused on

symptomatology, a boy is seen shaking with a nervous expression. This could be seen as both a beginning and middle; there is an obvious problem. The title addresses the issue and a viewer understands that the issue could be resolved after understanding what the mental illness looks like.

The expressiveness of the characters also touched on an element called “vividness.” This means that there is something “emotionally interesting, concrete, image-provoking and proximate in a sensory, temporal or spatial way” (pg. 45, Nisbett & Ross, 1980). As mentioned earlier, the ads that describe the symptoms of each respective mental illness all have the same boy shaking and looking stressed. This type of expression is emotionally interesting, because people tend to gravitate towards emotionality (Fennis et al., 2012). I advertised each of these eight ads across three platforms: Facebook, Instagram, and Pinterest.

Facebook

Facebook requires you have an existing account to post on in order to create a separate page for organizations. Using my desktop, I created a Facebook page, added a small description, as well as a profile picture for the page and added a banner (see appendix D). Then, I created each ad as a post first and used the caption as an accessibility feature by including the text that was on the picture, citing the article I used the most for the respective ad.

After creating each post, I went into the “create ad” page, which hosts many options, including goals for the ad, setting the target audience, and setting both a budget and timeline for when the ad would be circulating. For seven of the eight ads, the intended goal was to increase page likes. The budget for each ad was \$1 for a duration of five days. The first ad I posted on Facebook (“Signs your child may have depression,” see figure A2.) had been left to its default goal, which was to increase messages sent to messenger. A saved audience was created prior to

creating each ad. This audience included individuals between the ages of 30-39 and were located in the United States. According to Meta (2022), interests are based on the interest section of their profile. So, the individuals showed interest in the following three categories: parenting (children & parenting), health & wellness (personal care), and health (health & medical). Lastly, the “demographics” section included education and whether they were parents, I specifically selected the following education categories: college and high school grads, some college, associate degree, some grad school or some high school; as well as parents with early school-age children (06-08 years) and parents with preteens (09-12 years). Education is highlighted here because of its association with income (Torpey, 2018); as a child’s socioeconomic level decreases, the more likely they are to be diagnosed with a mental, behavioral, or developmental disorder (Cree et al., 2016).

Instagram

On Instagram, creating a separate profile is necessary as it also acts as a page. Beginning on my desktop, I used the same profile picture and same description in my bio from Facebook. Similar to Facebook, I created each ad as a post, with the caption being the written text from the ad itself. On Instagram, there is an accessibility feature that uses alt text to describe the photo, so I put the text from the ad in that section as well. Since Instagram is meant to be utilized via smart phone, its features for businesses are more readily available there as opposed to a desktop.

After creating each post, I used my iPhone and tapped on the “boost post” icon. This leads to a page which hosts similar options to Facebook: what your ad goal is, your target audience, as well as budget and duration. This page was less busy than Facebook’s, so it was slightly easier to follow. For each ad, the intended goal was to increase profile visits. The budget for each ad was set to \$1 for a duration of five days. Individuals had to be between the ages of

30-39 and be located in the United States. Unlike Facebook, Instagram users do not pick their own interests, so interests are based on the accounts they follow, what posts an individual interacts with, and crosstracking across other platforms (Meisenzahl, 2020). For my ads, individuals showed interest in the following three categories: parenting, health & wellness, and health. Instagram did not have a “demographics” section like Facebook, so I was unable to narrow down the audience based on demographics like age, education, and parenting status.

Pinterest

Similar to Instagram, I created an account that also stood as the page for this platform. On this platform, I did not set a profile picture or create a header, and the handle for my account remained set to “@brangel0830” which was the default handle Pinterest gave. Since my account was set as a business profile, it featured an icon that says “ads” on the top. Clicking on this icon leads to an option of creating an ad campaign, but I did not find that page to be user friendly. Instead, I chose to use the same methodology as the past two platforms and created a “pin,” or post, first. This platform differs in that there is a post title, and the caption is meant to be much shorter, only allowing for 100 characters. Rather than including a caption, I used the header featured on each ad as the pin title. Lastly, Pinterest also had an accessibility feature which reads what can be seen on the pin, and this is where I added the text that was on each respective ad, which was the description in past platforms.

After creating the pins, I hit the “promote” icon at the top of the page for each. I was required to put a link for users to click on, so I used my Facebook page. I set the daily budget for each ad to \$1 for five days. Hidden beneath this setting was targeting, and I clicked on expanded targeting. “Automatic interests” is toggled by default, so I untoggled it. This allows you to choose more specific interests. Unlike Facebook and Instagram, interests are displayed as

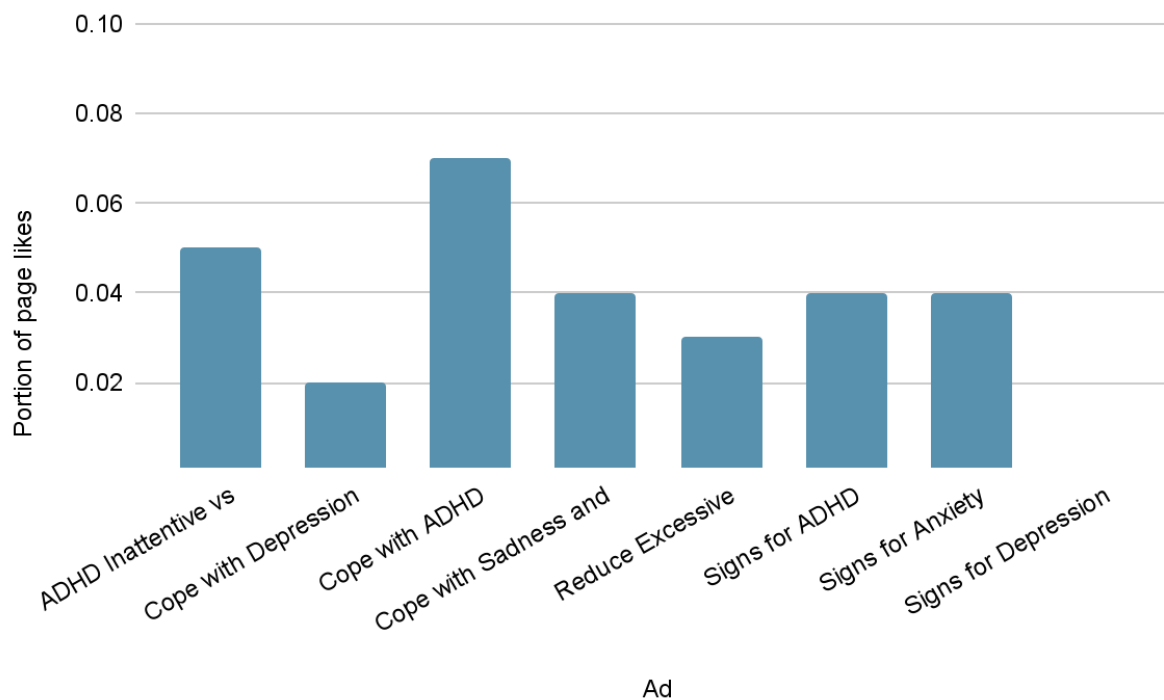
categories. In the search bar, I typed keywords like “parenting,” based on the previous platform interests. Pinterest had a range of topics related to parenting, so I tried to pick subtopics that were as similar as possible to the other interests of the other platforms. Under “parenting” I chose the subtopics: parenting advice; parenting advice > parenting preteens; parenting advice > parenting teens. In “health,” I chose medical and children’s health. Individuals had to be between the ages 25-34 and 35-44. I left all genders toggled in this setting; this included men, women, and unspecified users.

Results

Facebook

In total, the ads reached 7,410 people. Overall, the ads garnered 178 likes, as well as 76 link clicks. Similarly, my page gathered 320 page likes and 325 followers. Since my goal for seven out of eight of the ads were to garner page likes, the ad that had the ratio of page likes to reach was “How to cope with ADHD.” Originally, when I posted the first ad on Facebook, “Signs your child may have depression,” the goal was left as “Get more messages on Messenger;” I was unable to go back and change the ad once posted and the mistake was realized. Graphs presenting the statistics of how each ad performed is shown in figure 1.

Figure 1.

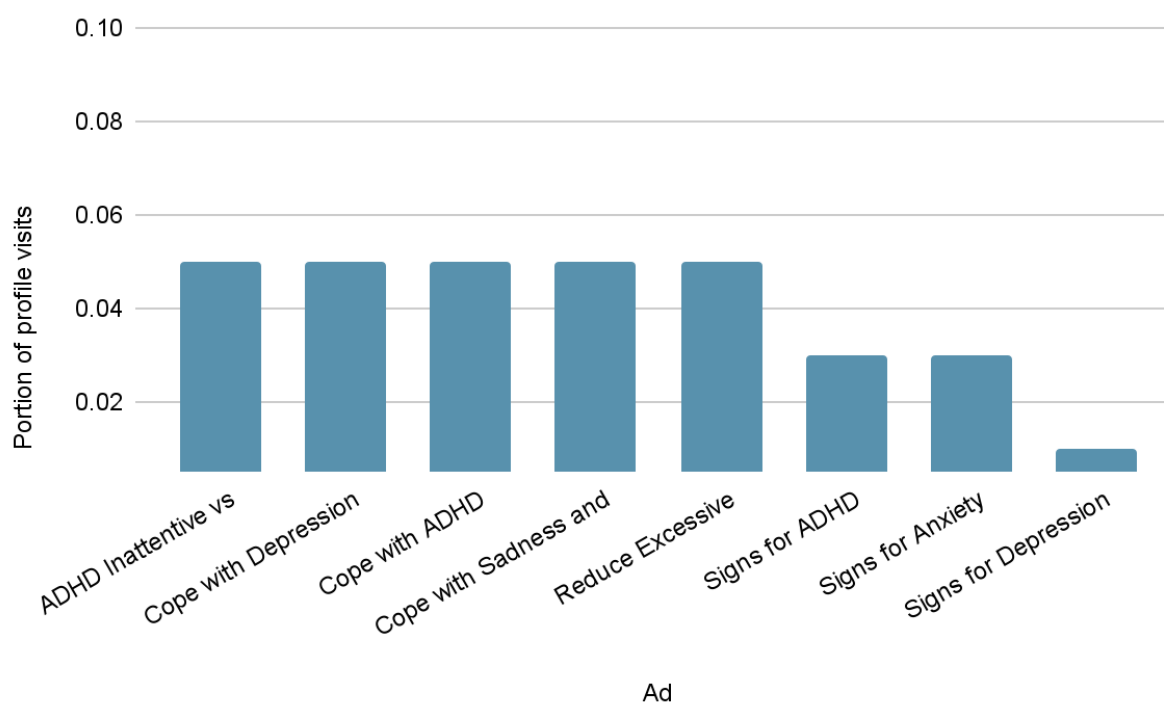
Facebook Results**Instagram**

In total, my Instagram ads reached 1,796 accounts. Overall, the ads garnered 37 likes, as well as 84 “ad taps,” (i.e. the number of taps on links shared in ad); the ad taps are comparable to link clicks used in Facebook. My page gathered 52 followers; unfortunately, it’s unclear if these followers were gained due to viewing my ads or for another reason, as Instagram does not give analytics about followers if there are less than 100 people following a page. My goal for all of the ads on Instagram was profile visits. Five ads tied in this category: “ADHD vs Inattentive ADHD,” “How to help your child cope with depression,” “How to help your child cope with

ADHD,” “How to help your child cope with sadness and anger,” as well as “How to help reduce excessive anxiety with your child.” Graphs presenting the statistics of how each ad performed for Instagram is shown in figure 2.

Figure 2.

Instagram Results



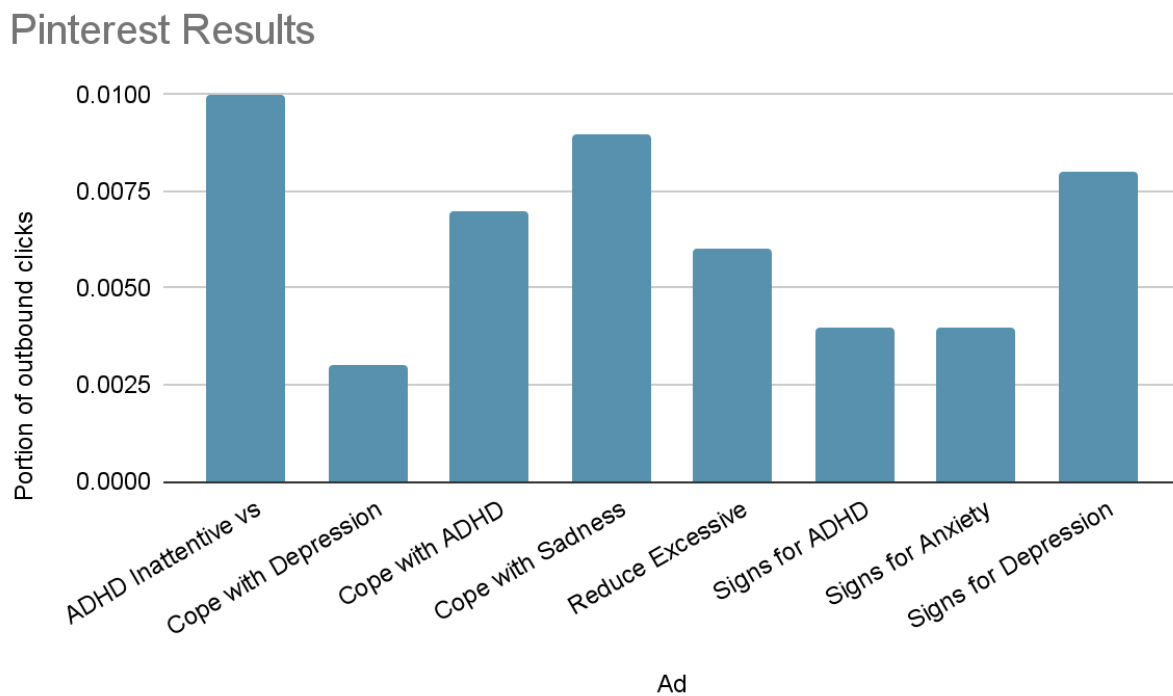
Pinterest

Compared to Facebook and Instagram, which both list “accounts reached,” Pinterest goes by “impressions,” which might include someone’s account twice. In total, my ads were on screen 3,667 times. Similarly, Pinterest utilizes “pinning” rather than likes; in total, I garnered seven pins. Altogether there were 23 outbound clicks. My page did not gain any followers on Pinterest. I was not able to set a “goal” for my ads; since I had to link a page for each of my Pins, I used page clicks as the goal. The ad that performed the best in this category was “Inattentive ADHD

vs Hyperactive ADHD”. Graphs presenting the statistics of how each ad performed for Pinterest is shown in figure 3.

Figure 3.

Pinterest Results



Discussion

Each platform had a different ad perform the best, using their own metrics and algorithms. The ad that performed best on Facebook was “How to help your child cope with ADHD;” on Instagram, it was a split between four different ads; on Pinterest it was “Inattentive ADHD vs Hyperactive ADHD.”

On Facebook, there was more variability in performance. The worst performing ad was “How to help your child cope with depression.” There was no data available for “Signs your child may have depression,” as the goal for that ad was not the same as the rest.

On Instagram, each ad performed fairly similarly; one reason for this might be due to its algorithm attempting to reach a minimum performance goal regardless of the content in the ad. The worst performing ad was “Signs your child may have depression”.

Pinterest also saw more variability in ad performance. The worst performing ad was “How to help your child cope with depression.”

Limitations

There are a few limitations over the course of this ad campaign. First, I did not post the ads on each platform at the same time. On Facebook, I posted on the 23rd of September, a Friday, and the run time of five days included the weekend. On Instagram and Pinterest, I posted on the 26th of September, a Monday, and the five day run time did not include the weekend. On Facebook, my first ad’s goal had an automatic goal of “getting more messages on messenger,” and I didn’t change that before posting it. When I tried to go back and edit it, I was unable to. Thus, there won’t be an exact comparison of each ad on Facebook because that ad used a different measure of engagement.

Across all platforms, there are different measurements for engagement, with different terminology. Even though Instagram is owned by Meta, which is the larger company of Facebook, their analytic pages are very different from one another. Pinterest exists separately, and while it has some similarities, distributing the ads on the platform was less intuitive than Facebook and Instagram, respectively. As such, there is less index comparison, and it was difficult to compare how each ad performed comparatively across each of the platforms.

Conclusion

Overall, Facebook and Instagram saw similar rates in engagement with posts and reach. This could show an interest in receiving information on children's mental health. Interestingly, the ads that performed worst across all three platforms involved information on depression; this could be due to depression being more easily recognizable nowadays. While Pinterest had less post engagement, it could be because of its user base and whether the user sees taking action (outbound clicks, saving the post, etc.) as more difficult on that platform.

Regardless, I saw an immediate response on Facebook and Instagram to the ads, which could mean that individuals are seeking mental health information, and more specifically, parents could be interested in learning more about mental health for their children. Algorithms tend to favor multiple posts a day, so that users can interact with your posts more often (Newberry, 2022); that increase in interaction helped distribute the ads more as well.

While my ads primarily focused on children aged 12 and younger, most social media platforms allow for children aged 13 and older to create accounts (Harper & Micallef, 2022). Because of this, a new ad campaign might gear its content and advertising towards teens. Regardless, because of the positive interaction on my ads, it seems social media is a viable route to help spread mental health information to parents who need it.

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Appendix A

Signs Your Child May Have...

signs your child may have anxiety

- 1 Child has difficulty controlling worry
- 2 Anxiety makes it hard to do normal activities
- 3 Child has anxiety most days than not, and worries about many things
- 4 Excessive worry about various things most days than not
- 5 Physical symptoms like sleep disturbance and muscle tension



Figure A1.

signs your child may have depression

- 1 Depressed mood
- 2 Loss of interest in all activities
- 3 Child is unable to think clearly or make decisions
- 4 Symptoms make it difficult for child to socialize or do well in school
- 5 Physical symptoms like sleep disturbance or excessive tiredness



Figure A2.

signs your child may have adhd

- 1 Has difficulty paying attention to small details
- 2 Often seems to not listen when being talked to
- 3 Often avoids or dislikes engaging in activities that require sustained mental engery
- 4 Often unable to engage in activities quietly
- 5 Child is often "on the go" as if "driven by a motor"



Figure A3.

Appendix B

How to help your child cope

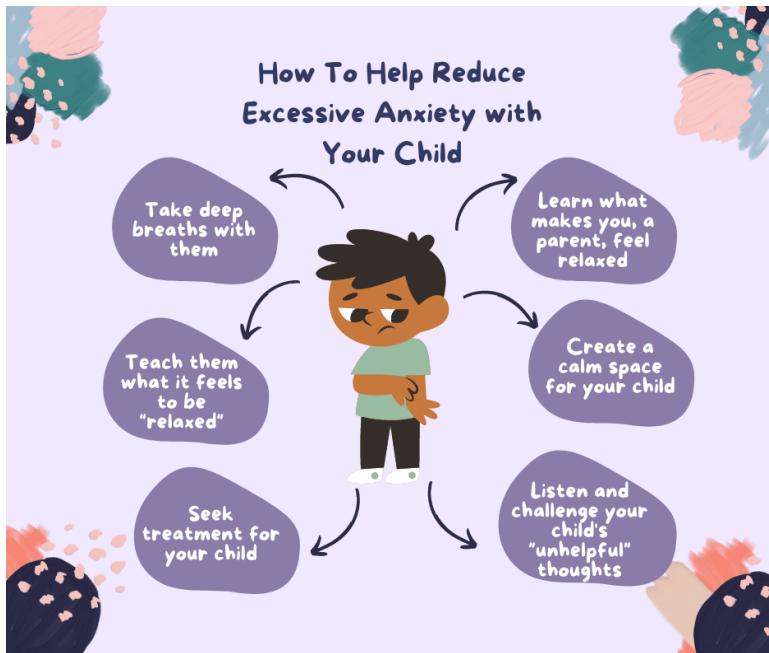


Figure B1.



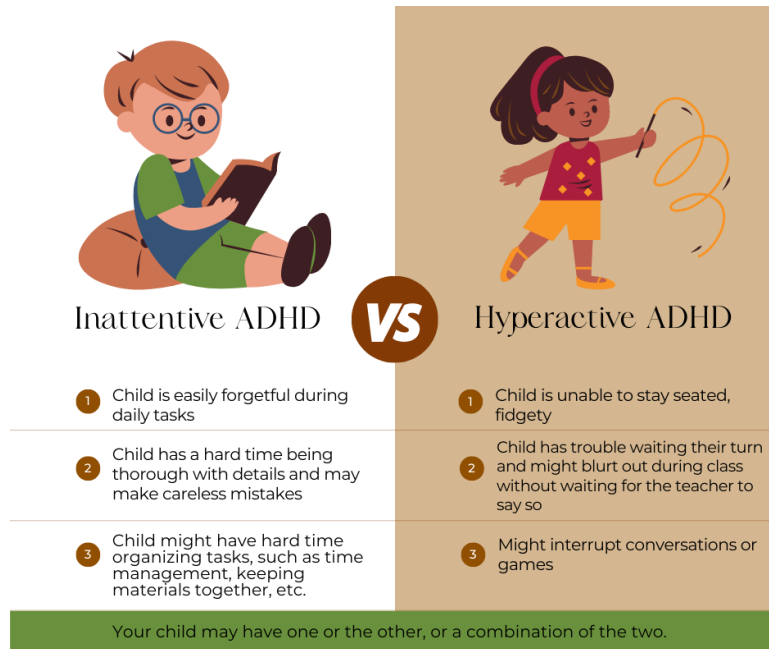
Figure B2.



Figure B3.

Appendix C

Miscellaneous Ads



Inattentive ADHD	VS	Hyperactive ADHD
<ol style="list-style-type: none"> 1 Child is easily forgetful during daily tasks 2 Child has a hard time being thorough with details and may make careless mistakes 3 Child might have hard time organizing tasks, such as time management, keeping materials together, etc. 		<ol style="list-style-type: none"> 1 Child is unable to stay seated, fidgety 2 Child has trouble waiting their turn and might blurt out during class without waiting for the teacher to say so 3 Might interrupt conversations or games

Your child may have one or the other, or a combination of the two.

Figure C1.



TIPS TO HELP YOUR CHILD COPE WITH SADNESS AND ANGER

01. LISTEN TO YOUR CHILD AND AVOID JUDGEMENT
02. BE ACCEPTING OF DIFFERENT EMOTIONS, SUCH AS ANGER VS SADNESS
03. WHEN YOUR CHILD ENCOUNTERS A PROBLEM, ASSIST THEM IN PROBLEM SOLVING
04. WORK THROUGH OTHER POSSIBLE SITUATIONS WHERE YOUR CHILD MIGHT BECOME SAD OR ANGRY, AND CREATE AN ACTION PLAN
05. IF YOU, THE PARENT, ARE OVERWHELMED, TAKE A MINUTE TO BREATHE AND RELAX

@REALLYGREATSITE

Figure C2.

Appendix D

Example Profile

This content on your Page is visible to others Exit View As

Mental Health Advocacy for Kids
322 likes • 326 followers

[Message](#) [Like](#) [Search](#)

[Posts](#) [About](#) [Mentions](#) [Reviews](#) [Followers](#) [Photos](#) [More](#)

Intro
We provide information on common mental health diagnoses among children age 12 or younger.

Posts [Filters](#)

Mental Health Advocacy for Kids
September 23 at 7:49 PM · 🌐

The image is a screenshot of a Facebook profile page for 'Mental Health Advocacy for Kids'. At the top, there is a navigation bar with the Facebook logo, a search bar, and icons for home, video, groups, and pages. Below this is a cover photo showing an illustration of a man and a woman sitting on the floor with a child. The profile picture is a circular logo with a yellow background and colorful cartoon characters. The name 'Mental Health Advocacy for Kids' is prominently displayed, along with the statistics '322 likes • 326 followers'. There are buttons for 'Message', 'Like', and 'Search'. A navigation menu below the profile includes 'Posts', 'About', 'Mentions', 'Reviews', 'Followers', 'Photos', and 'More'. The main content area shows an 'Intro' section with the text 'We provide information on common mental health diagnoses among children age 12 or younger.' and a 'Posts' section with a single post from 'Mental Health Advocacy for Kids' dated 'September 23 at 7:49 PM'.