



## **PUBLIC PERCEPTION STUDY**

**2007**

### **Examining Issues and Concerns Related to the Possibility of a Fall Renewal Levy**

Completed by:

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## **Purpose of the Study**

The purpose of this research project was to investigate the public perception of mental health; that is, in relationship to the possibility a fall renewal levy.

## **Research Overview**

An email survey to the professional community (e.g. educators, counselors, government service workers etc.); assessed current and relevant perceptions

Field-interviews with county residents; where, participants were asked to comment on their thoughts and feelings related to the mental health levy...some specific questions were posed as warranted

An “invited expert” focus group asked participants to give meaning to preliminary public findings at the Board office

Other focus groups acted as and “evaluation panel” – giving input and explanation

### **Electronic Survey (seven questions)**

Electronic Survey:

- |  |
|--|
| <ol style="list-style-type: none"><li>1. What will the general public view as positive; that is, in terms of voting to support the work of the board?</li><li>2. What will the general public view as negative; that is, in terms of failing to support the work of the board?</li><li>3. What should we know about your community in terms of a possible fall levy campaign?</li><li>4. What will be the hardest obstacle to overcome in terms of promoting a mental health levy?</li><li>5. What would be your suggested strategy to promote a replacement mental health levy?</li><li>6. If you had to guess - What percentage of voters would vote for a replacement mental health levy this coming fall?</li><li>7. Do you have any general comments?</li></ol> |
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**Field Interviews (one general question with follow-up)**

Field Interviews:

Were non-offensive, requesting no personal data; or for participants to stop what they are engaged in; hence, participants do not have to fill-out a paper survey, circle or color-in appropriate spaces

Resembled a quick conversation or “mini-focus group” by design

“There will probably be a mental health levy this fall; do you think it will pass?”

Additional questions were posed in conversation, only if the participant was engaged in the process.

**Focus Groups (open exchange, seven target questions and discussion of up-to-the-moment findings)**

Focus Groups:

An “invited expert” focus group was asked to give meaning to preliminary public findings at the Board office

Additional focus groups addressed questions of concern and discussed the “up-to-the-moment” findings

A final focus group/presentation will be held with the mental health board to brainstorm public and professional community comments before completing the final report

## Expert Pool; Electronic Survey (68)

**Question One: What will the general public view as positive; that is, in terms of voting to support the work of the board?**

Meets the mental health needs of loved ones in community...somebody is there  
Role of MHRB as “guardian of public funds” and monitoring the delivery of service  
Quality services and development of programs  
Taking care of people with special needs  
Actively using volunteers and partnerships

**Question Two: What will the general public view as negative; that is, in terms of failing to support the work of the board?**

Donor fatigue, viewed as more taxes  
No idea of who or what is the board  
Lack of data related to success or client satisfaction  
No real understanding of mental health issues or general need  
Do not want to support “moral weakness” programs such as drug and alcohol

**Question Three: What should we know about your community in terms of a possible fall levy campaign?**

Currently many other capital campaigns  
School levies could steal mental health support  
Basically a conservative and well educated community  
Farmers, Amish and the blue collar worker want to see what they are getting  
Supportive and caring community  
United-Way was very aggressive (and on-going), could hurt mental health support

**Question Four: What will be the hardest obstacle to overcome in terms of promoting a mental health levy?**

There will be a denial of need  
There are many stigmas that could work against the levy  
Perception that mental health is just funding drug and alcohol  
Explaining the community benefits  
Overall justification of tax dollar

**Question Five: What would be your suggested strategy to promote a replacement mental health levy?**

Keep it simple, focus on known supporters  
 Educate all community members, even the professionals...they don't know as much as you think  
 Use the phrase "we take care of ourselves"  
 Promote it as a "morally just" need  
 Make sure the voters know that there is no tax increase

**Question Six: If you had to guess - What percentage of voters would vote for a replacement mental health levy this coming fall? Mean = 46.17%**

questionsix

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	30	2	2.9	4.8	4.8
	31	2	2.9	4.8	9.5
	32	1	1.5	2.4	11.9
	33	1	1.5	2.4	14.3
	35	1	1.5	2.4	16.7
	36	1	1.5	2.4	19.0
	38	1	1.5	2.4	21.4
	39	2	2.9	4.8	26.2
	40	2	2.9	4.8	31.0
	42	2	2.9	4.8	35.7
	43	1	1.5	2.4	38.1
	45	2	2.9	4.8	42.9
	47	2	2.9	4.8	47.6
	48	1	1.5	2.4	50.0
	49	6	8.8	14.3	64.3
	50	2	2.9	4.8	69.0
	51	3	4.4	7.1	76.2
	52	1	1.5	2.4	78.6
	53	1	1.5	2.4	81.0
	55	5	7.4	11.9	92.9
	59	1	1.5	2.4	95.2
	70	2	2.9	4.8	100.0
	Total	42	61.8	100.0	
Missing	System	26	38.2		
Total		68	100.0		

**Question Seven: Do you have any general comments?**

MHRB does not have a good relationship with some of the agencies...they could work against it passively  
Educate the public as to the MHRB role and public need  
Communicate in many ways: radio, mail, billboards, speakers, etc.  
Do not threaten the people with what happens if it fails...stay positive  
Use citizen committees wherever and whenever possible  
Stress the lack of state funding but rising local need

**Expert Pool: Data Analysis**

No significant difference between Male and Female in relationship to perceived levy outcome  
No significant difference between Male and Female on conceptual areas  
No significant difference between occupational or professional status

**Five Focus Groups (5)**

Focus Group: Consensus

Education will be the key to a levy win  
Must have a united front between funded and other community agencies or representatives (e.g. schools, hospitals, doctors, state and local government representatives, police and EMS)  
Mental health needs for kids are not taken care of in a school levy  
Stress the serious and chronic nature of mental illness  
Even the family and church needs help

## Field Interviews (470)

### Field Interviews: Findings

Fifty-three percent (53.87) of the males felt comfortable enough to offer a “guess” as to the percentage of voters that would support the levy - 46.13% no idea

Males believed that 43.36% would support the levy

Eighty-eight percent (88.01) of the females felt comfortable enough to offer a “guess” as to the percentage of voters that would support the levy - 11.99% had no idea

Females believed that 52.7% would support the levy

Overall, participants believed that forty-nine percent (49.26) would support the levy

### **Field Interviews: Findings Do you know what the MHRB does?**

34.8% - YES

65.2% - NO

### **What Does The MHRB Do?**

“Provides all the funding”

“Works with the police department”

“Hospitalizes those who need it”

“Does background checks for gun purchases”

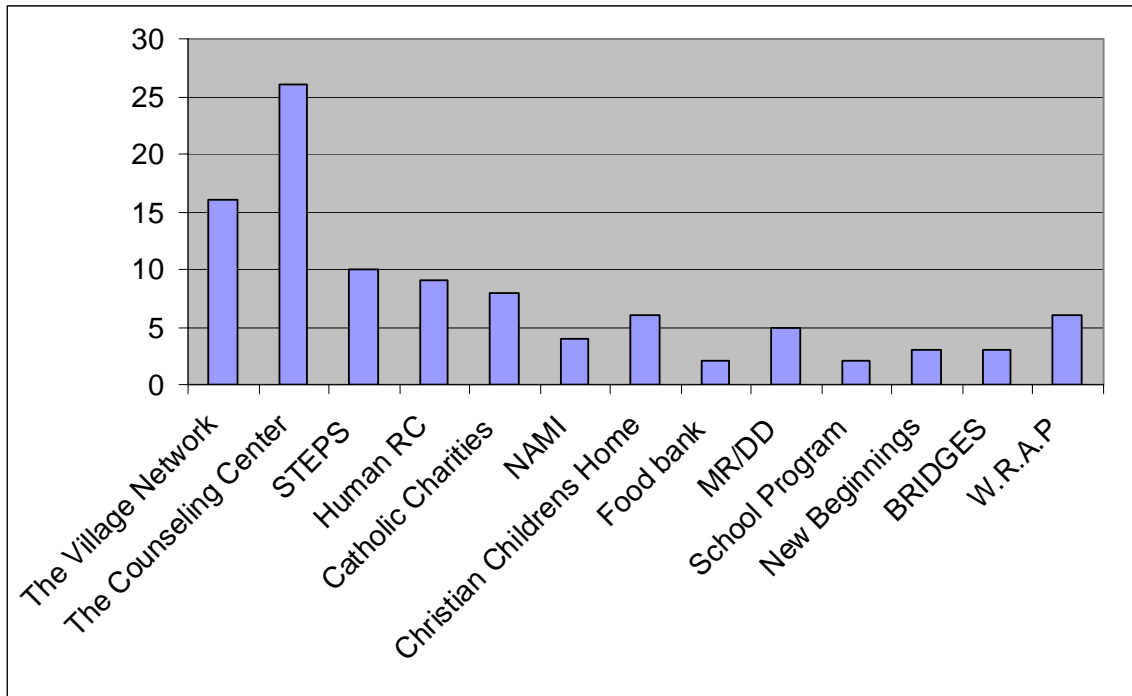
“Keeps all the records”

“Refers you to mental health agencies or professionals”

“Gives medication to kids and adults who can't behave or pay attention”

“Runs the drug and alcohol program”

## What Agencies Provide Mental Health Services?



## What Are Mental Health Disorders

Schizophrenia  
Mentally Retarded  
Obsessive Compulsive Disorder  
Bipolar  
Severe Stress  
Depression  
Anorexia  
Autism  
Asperger's Syndrome  
Post traumatic stress disorder  
Anxiety  
Substance abuse  
Drug Abuse  
Bulimia

## Diagnosis Relationship to Support

Correlations

		othersupport	yousupport	Schizophrenia	MR	OCD	Bipolar	SevereStress	Depression	Anorexia
othersupport	Pearson Correlation	1	.404**	.476**	.272**	.149**	.080	-.236**	-.195**	-.123*
	Sig. (2-tailed)		.000	.000	.000	.006	.145	.000	.000	.024
	N	338	338	338	338	337	338	338	338	338
yousupport	Pearson Correlation	.404**	1	.252**	.251**	.005	-.037	-.229**	-.048	-.055
	Sig. (2-tailed)	.000	.000	.000	.000	.906	.426	.000	.294	.230
	N	338	474	473	474	473	474	474	474	474
Schizophrenia	Pearson Correlation	.476**	.252**	1	.159**	.087	.055	-.152**	-.142**	.042
	Sig. (2-tailed)	.000	.000	.001	.001	.058	.231	.001	.002	.360
	N	338	473	473	473	472	473	473	473	473
MR	Pearson Correlation	.272**	.251**	.159**	1	.082	.003	-.007	-.031	-.082
	Sig. (2-tailed)	.000	.000	.001	.001	.076	.954	.881	.500	.073
	N	338	474	473	474	473	474	474	474	474
OCD	Pearson Correlation	.149**	.005	.087	.082	1	.022	-.013	.018	-.017
	Sig. (2-tailed)	.006	.906	.058	.076	.628	.628	.779	.691	.707
	N	337	473	472	473	473	473	473	473	473
Bipolar	Pearson Correlation	.080	-.037	.055	.003	.022	1	.041	-.022	.092*
	Sig. (2-tailed)	.145	.426	.231	.954	.628	.628	.376	.626	.046
	N	338	474	473	474	473	474	474	474	474
SevereStress	Pearson Correlation	-.236**	-.229**	-.152**	-.007	-.013	.041	1	.070	-.061
	Sig. (2-tailed)	.000	.000	.001	.881	.779	.376	.376	.130	.184
	N	338	474	473	474	473	474	474	474	474
Depression	Pearson Correlation	-.195**	-.048	-.142**	-.031	.018	-.022	.070	1	-.111*
	Sig. (2-tailed)	.000	.294	.002	.500	.691	.626	.130	.130	.016
	N	338	474	473	474	473	474	474	474	474
Anorexia	Pearson Correlation	-.123*	-.055	.042	-.082	-.017	.092*	-.061	-.111*	1
	Sig. (2-tailed)	.024	.230	.360	.073	.707	.046	.184	.016	.016
	N	338	474	473	474	473	474	474	474	474

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

## Diagnosis Relationship to Support

**Correlations**

		othersupport	yousupport	Autism	Aspergers Syndrom	PTSD	Anxiety	Substance Abuse	DrugAbuse	Bulimia
othersupport	Pearson Correlation	1	.404**	.191**	.246**	.234**	.235**	-.097	-.295**	.040
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.075	.000	.465
	N	338	338	338	338	338	338	338	338	338
yousupport	Pearson Correlation	.404**	1	.080	.193**	.027	.033	-.025	-.121**	.084
	Sig. (2-tailed)	.000		.084	.000	.553	.480	.593	.009	.068
	N	338	474	474	474	474	474	474	474	474
Autism	Pearson Correlation	.191**	.080	1	.099*	-.023	-.009	-.047	-.066	-.053
	Sig. (2-tailed)	.000	.084		.031	.611	.838	.309	.149	.253
	N	338	474	474	474	474	474	474	474	474
AspergersSyndrom	Pearson Correlation	.246**	.193**	.099*	1	.010	.046	.034	-.015	-.009
	Sig. (2-tailed)	.000	.000	.031		.834	.313	.459	.743	.849
	N	338	474	474	474	474	474	474	474	474
PTSD	Pearson Correlation	.234**	.027	-.023	.010	1	.184**	-.072	-.064	.106*
	Sig. (2-tailed)	.000	.553	.611	.834		.000	.118	.162	.021
	N	338	474	474	474	474	474	474	474	474
Anxiety	Pearson Correlation	.235**	.033	-.009	.046	.184**	1	.072	-.001	-.001
	Sig. (2-tailed)	.000	.480	.838	.313	.000		.118	.983	.978
	N	338	474	474	474	474	474	474	474	474
SubstanceAbuse	Pearson Correlation	-.097	-.025	-.047	.034	-.072	.072	1	.478**	.085
	Sig. (2-tailed)	.075	.593	.309	.459	.118	.118		.000	.065
	N	338	474	474	474	474	474	474	474	474
DrugAbuse	Pearson Correlation	-.295**	-.121**	-.066	-.015	-.064	-.001	.478**	1	.044
	Sig. (2-tailed)	.000	.009	.149	.743	.162	.983	.000		.341
	N	338	474	474	474	474	474	474	474	474
Bulimia	Pearson Correlation	.040	.084	-.053	-.009	.106*	-.001	.085	.044	1
	Sig. (2-tailed)	.465	.068	.253	.849	.021	.978	.065	.341	
	N	338	474	474	474	474	474	474	474	474

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

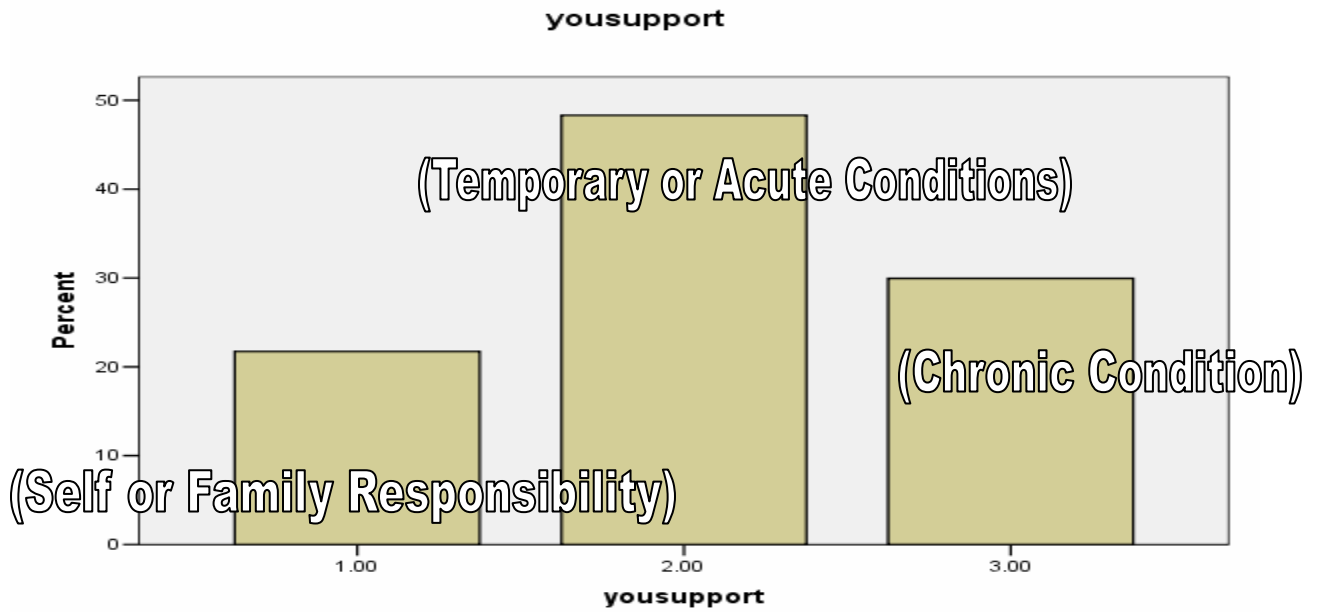
## Levy Support (Breakdown and Reason)

NO = 21.7%      Anti-tax, Government already helps, Tax WILL Increase

MAYBE = 48.3%      Lack information, United Way Confusion, School Levy

YES = 30.0%      Religious context, Good People Here, Caring Counties

**Levy Support  
VIEW OF MENTAL ILLNESS**



**General  
Correlation Matrix**

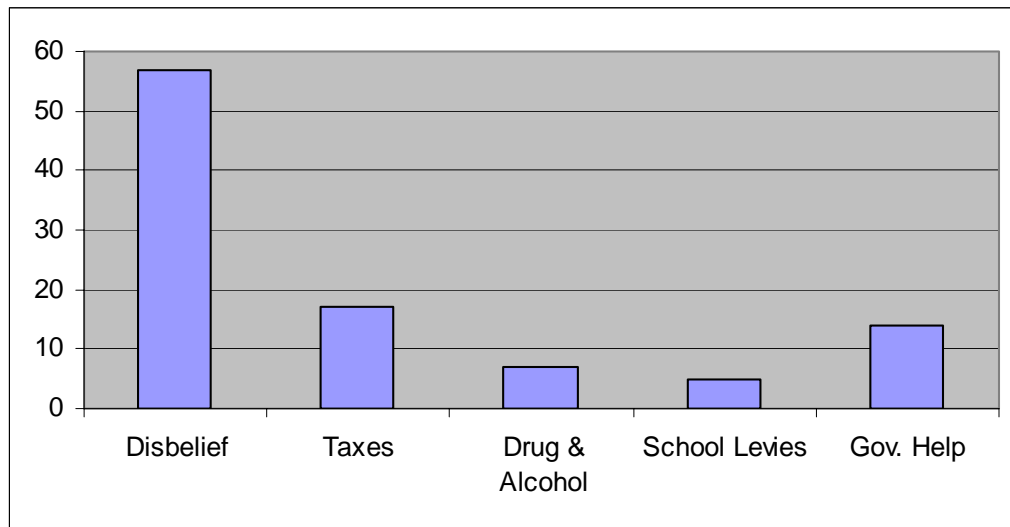
**Correlations**

		sex	age	MHBknow ledge	othersupport	yousupport	religiousb ased
sex	Pearson Correlation	1	.189**	-.343**	-.630**	-.396**	-.057
	Sig. (2-tailed)		.000	.000	.000	.000	.216
	N	474	474	474	338	474	474
age	Pearson Correlation	.189**	1	-.036	-.265**	-.281**	-.057
	Sig. (2-tailed)	.000		.431	.000	.000	.212
	N	474	474	474	338	474	474
MHBknowledge	Pearson Correlation	-.343**	-.036	1	.347**	.244**	.030
	Sig. (2-tailed)	.000	.431		.000	.000	.515
	N	474	474	474	338	474	474
othersupport	Pearson Correlation	-.630**	-.265**	.347**	1	.404**	.299**
	Sig. (2-tailed)	.000	.000	.000		.000	.000
	N	338	338	338	338	338	338
yousupport	Pearson Correlation	-.396**	-.281**	.244**	.404**	1	.127**
	Sig. (2-tailed)	.000	.000	.000	.000		.006
	N	474	474	474	338	474	474
religiousbased	Pearson Correlation	-.057	-.057	.030	.299**	.127**	1
	Sig. (2-tailed)	.216	.212	.515	.000	.006	
	N	474	474	474	338	474	474

\*\* . Correlation is significant at the 0.01 level (2-tailed).

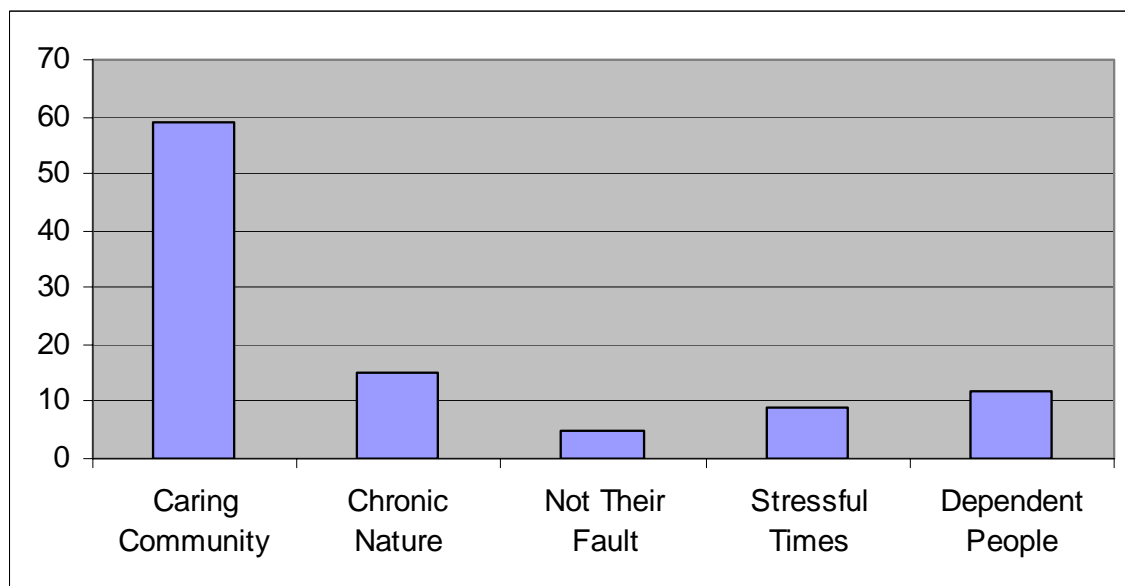
**Negative Prompt**

**“So far, the mental health levy does not have general support, could you tell us why?”**

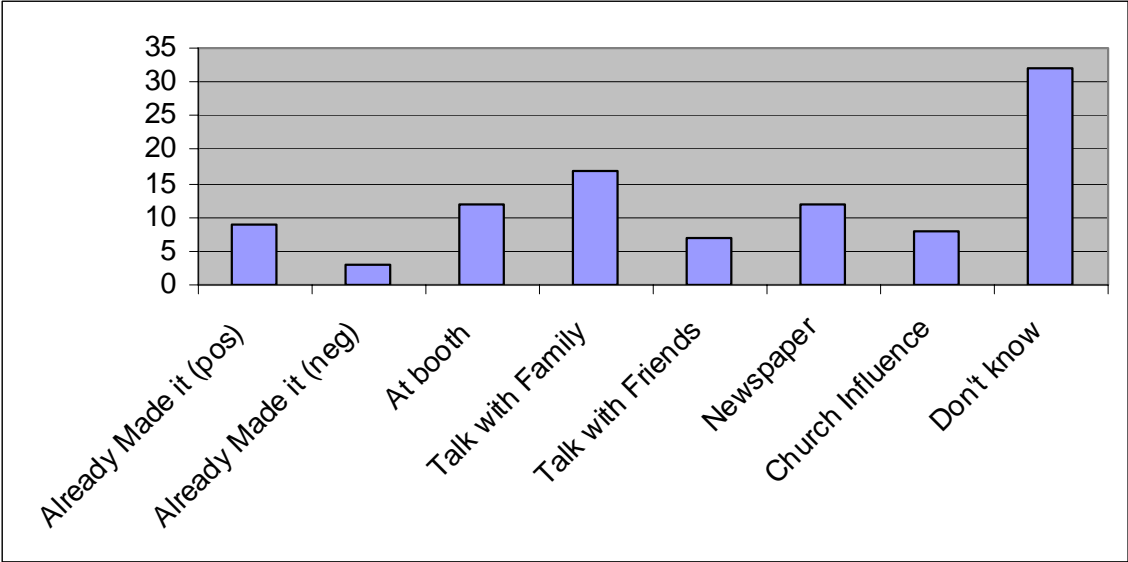


**Positive Prompt**

**“So far, the mental health levy has general support, could you tell us why?”**



**When or How  
Will You Make Your Decision**



# SWOT ANALYSIS

## Strength

38.6% used a religious context for justifying supporting the levy  
Participants felt that Wayne and Holmes counties have many caring people  
When given a negative prompt, over 55% of the participants were in disbelief  
Participants had an awareness of mental health diagnoses or concerns (listed 14)  
When talking about “real mental illness” the majority of participants were supportive of a levy  
MHRB awareness increases levy support

## Weakness

Do not want to support “moral weakness” programs such as drug and alcohol  
Lack of data related to success or client satisfaction  
United-Way was very aggressive (and on-going), could hurt mental health support  
“Doesn’t the United-Way support mental health” – program confusion exists  
Some participants stated that they would have to make a choice between a school levy and supporting the mental health levy

## Opportunity

Stress the serious and chronic nature of mental illness  
Even the family and church needs help  
Explaining the community benefits  
Introduce the role and function of the MHRB  
Chronic and severe diagnoses are understood e.g. schizophrenia  
See correlation tables and bar graphs

## **SWOT ANALYSIS** **(Continued)**

### Threat

Donor fatigue, viewed as more taxes

There are many stigmas that could work against the levy

“Expert” pool (email) believed that only 46% will support the levy

Only 34.8% of field-participants stated that they knew what the MHRB does

Participants who were not aware of what the MHRB does – perceived less support for the levy

Males are significantly less aware of the MHRB and functions

As age of participant increased, there was less support for the mental health levy

## Significant Comments

Generally, it is a caring community but I think they have been pushed to the extreme. The most recent United Way campaign which went well beyond the completion date is an example.

There have been many local business closings highlighted in recent news (Hawkins Markets, Pam & Bill's Markets, Fazolis). This news will support individual fears of a weak local economy and a desire to reduce their tax exposure.

I hate taxes but I will support our people and children in need

I am glad to hear that this agency exists...I knew they had to be out there but I never knew their name

My experience has been that when the public is properly informed that it is a replacement levy, people generally support it

I think that they give kids too much medicine

Does this board work like the school board...do we vote for members?

Mental illness must be managed, it is not like one treatment or pill can cure it...you have to fund programs

I think the public will come around

There is a feeling that our economy is not as good as it was in the past, this could be a double edged sword...used to justify a negative vote or to support the need

Focus on turning persons into functioning members of the community who pay taxes

There is a lot of over medication in mental health

**Significant Comments  
(Continued)**

My friends and family are Godly people, so are most people who live out here...we may complain, but in the end we will support it if we know the need

Though I hate sex offenders, drug users and whiners – somebody has to watch them...better the MHRB than me

I think that they work mostly with the schools and/or families with a severe history of mental illness

I would hate to live my life that way; and, if I did...I would want someone there to help

Didn't the MHRB receive a big award or certification – this should be noted in the campaign

Violence and safety issues – if people with mental health issues are not cared for something bad can happen (against self or others)

I have spent time helping out some of the social or mental health organizations in town...I know they operate with little funding...the board does not have enough money to blow

I think that 90% of the funds go directly to services – this is very good

## **In-A-Nutshell**

Participants believed that the voters in this area to be concerned and caring people. Likewise, they understood the chronic nature of mental illness and the necessity for care. Males appeared least likely to know about the Mental Health and Recovery Board; as well as, specific chronic care conditions.

Yet, all findings suggested that as knowledge of MHRB functions increase, so does support for the mental health levy. Likewise, there were specific diagnoses that were significantly related to increased levy support; they were: Schizophrenia, Mental Retardation, Obsessive-Compulsive Disorder, Asperger's Syndrome, Post traumatic Stress Disorder and Anxiety Disorders. However, there were other mental health disorders that were specifically related to decreased levy support, they were: stress, depression, anorexia, substance abuse and drug abuse.

There is confusion as to the difference between the United Way and the MHRB in terms of professional roles and funding. In the United Way campaigns, mental health issues are often highlighted; hence, many participants believed the United Way will provide mental health services if the levy should fail. For clarification, at one point the offices of the United Way and the MHRB were very close in proximity; therefore, this may be one of the reasons for the “confusing” interplay of responsibilities and goals often mentioned by participants.

On the flip side, the MHRB relationship with religious organizations appears to be strong. It was not uncommon to have a participant comment about the inability of churches or families to do it all. Many participants cited scripture to explain why they would support the levy.

There were two primary reasons given as to why participants would not support the levy. First, though it is a renewal, it is a tax and it will increase with their property value. Second, there is a belief that the federal government already provides funding and services. As a FYI, in some areas, there was a third reason given, that is, a choice would have to be made between supporting the mental health or school levy.

One final point of interest and it must be stressed: when participants were given the negative prompt (“So far, the mental health levy does not have general support, could you tell us why”), approximately 55% were in disbelief. Participants described the community as compassionate and will take care of their own – provided they understand the need.

## **Marketing Recommendations**

1. Start now!
2. The MHRB role is both moral and ethical; and, should be presented as such.
3. Differentiate the MHRB from the United-Way. For example, the MHRB is the primary funding agent assessing and delivering mental health services, the United-Way, like other non-profit community support programs (golf-outings, breakfasts, fund raisers, etc.) try to help out because they know a need exists.
4. Respect and unite all stakeholders (i.e., provider agencies, social services, government bodies, emergency services, etc.) single theme message.
5. Develop and spread the message; brand your service.
6. Target Male dominated social organizations to enlist support. Research indicates that males have little understanding of MHRB – however, data suggests that awareness increases, so does levy support.
7. Do not forget all the youth coaches or philanthropic organizations in your campaign.
8. Advertise and appeal to the good character and nature of your citizens – this is a chronic condition, but it can be managed.
9. Share common goals and desires.
10. Once you message begins, ask for help. Allow volunteers and organizations to assist.
11. Provide a vehicle for honest communication.
12. Work with community and religious leaders – have them visibly support and spread the message.

13. The newspaper was the number one way participants believed that they would learn of the MHRB – from here, they would talk with family and friends. Give them something positive to talk about.
14. Participants want to know how much money goes where; specifically, how much administrative cost. Many participants already knew that the “bulk” of the money goes to direct service; however, others had no idea. Tell them.
15. Some of the participants knew of a big award the MHRB received. Give an update to the general public.
16. Make sure citizens understand that the school levy does not pay for mental health concerns of their students.
17. Many participants commented on how they know people with mental health concerns – and, that their need was obvious from childhood. Stress the chronic nature.
18. Down play the use of medication; though justified, it is often misunderstood.
19. Many participants spoke of “donor fatigue” – you may wish to consider stressing that it is a renewal and that the public will not be asked again for ten years.
20. As age increased, there was less overall support; therefore, enlist mature representatives to discuss the common benefit and need.
21. Stay away from promoting services, diagnoses, or programs with no data or information related to levy success. For example, no professional, no community participant or focus group mentioned suicide. Hence, it is unclear as to the impact this would have on the campaign.
22. People read between the lines; be aware of this when developing your campaign.

23. Pair concepts where appropriate. For example, though stress was not related to levy support – schizophrenia was; therefore, it is appropriate to state how “stress” can aggravate any chronic condition.
24. Stress the partnerships that are coordinated through the MHRB.
25. From all data, this is a caring community and a caring MHRB – demonstrate such.