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USING THE FCB GRID TO EVALUATE A FAILED MENTAL HEALTH LEVY: THE MARKETING IMPLICATIONS OF STIGMA

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ABSTRACT

This research found that using the FCB Grid to develop and evaluate a mental health levy campaign has merit. Likewise, stigma has both positive and negative impact on a mental health levy. Introduced is the 'STIGMA' planning model to help mental health professionals pass a public mental health levy.

A CRITICAL CHALLENGE FOR MENTAL HEALTH PROFESSIONALS

Public mental healthcare professionals frequently appeal to their local communities for funding support. Mechanic and Aiken (1989) first elucidated the complexities and technical issues associated with the funding of the mental health system, and later research by Mechanic and Surles (1992) demonstrated the profound shift in funding from state to local government entities. Consequently, there is a need for public mental health professionals to market and promote mental health levies in order to secure necessary operating funds.

SOCIAL MARKETING AND PUBLIC PERCEPTION

Andreasen (1995) defined social marketing as a planned approach to social change, specifically as, "the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society" (pg. 7). For mental health services, this means that much of their social marketing effort is directed toward educating the public as to patient/client needs or addressing critical areas related to stigma (Kirkwood and Stamm, 2006) all while seeking community financial support. Stigma related to receiving mental health services is a serious issue because it prevents those individuals in need of services from pursuing treatment (Teachman, et al. 2006). However, no found literature addresses the relationship between stigma and the outcome of mental health levies.

The mental health system is using a "Recovery Model" and promoting *recovery* as a mental illness possibility. Recovery from mental illness does not mean a person no longer needs support, but rather, they can gain greater control of their life and have valued roles in society (Fisher, 2011). However, the public perception of what recovery means is unclear and not found in the literature. Likewise, the effects of promoting recovery in terms of passing a mental health levy are unknown. What the literature does say is public opinion surveys reflect stigma. For example, many people think mental illness and violence go hand in hand (Harvard Mental Health Letter, 2011). In addition, surveys suggest that in general, people believe that the community at large is not personally caring or sympathetic to persons with mental illness (CDC, 2010).

THE FCB GRID

Holbrook and O'Shaughnessy (1984) stress that market researchers tend to focus on decision-oriented models and often neglect the emotional side of consumer behavior, something mental health professions would promote. Yet, Haley, et al. (2011) agree that buying decisions (behaviors) result from rational concerns such as price and efficiency, but nevertheless, point out that emotional concerns such as self-esteem or fear will also influence purchasing behavior. However, when it comes to mental illness, literature suggests that most of the messages received come from the mass media (Coverdale et al. 2002), and Baun (2009) suggests that the mass media have the power to bias the public perception of mental illness.

The FCB Grid incorporates four commonly accepted models of consumer behavior and cross-

classifies product decision-making situations along two dimensions: high/low involvement; and rational/ emotional dimensions (Vaughn, 1986). Thus, purchase decisions and communication strategy comprise four quadrants. The first quadrant [Economic Model], characterized by a high level of consumer involvement and rational decision criteria, suggests a need for informative advertising that emphasizes economic motives. The second quadrant [Psychological Model], characterized by a high level of consumer involvement and affective decision criteria, suggests a need for advertising that focuses on emotions, feelings, or latent drives associated with the offering. Quadrant three [Responsive Model], characterized by a low level of consumer involvement and rational, often routinized purchases associated with a necessary commodity, suggests a need for advertising that maintains and reinforces established habitual behavior. Last, in quadrant four, [Personal Model] characterized by a low level of consumer involvement and affective decision criteria, suggests a need for advertising that emphasizes personal satisfaction, self-respect [sense of pride, accomplishment], or social approval.

RESEARCH PURPOSE

The purpose of this study is to understand the citizen-customer in the context of the FCB Grid in order to gain insight into possible marketing strategies to pass a mental health levy. The goal is to offer a marketing strategy and advertising campaign that will assist mental health professionals provide for the greater good of society. The final objective is to discern a marketing strategy that promotes mental health and passes a levy.

METHODOLOGY

The data in this research flow from the principal marketing communications components of a failed mental health levy campaign in County 1. Next, a post-mortem field-interview as to why this marketing and advertising campaign possibly failed occurred in County 2 (similar in demographic characteristics: female/male ratio; household income; education level; presidential voting pattern – 90% demographic match). A sample of five hundred and twelve participants (N = 512) engaged in a brief field-interview with trained market researchers in County 2. This post-mortem field-interview assessed the levy promotional material of County 1.

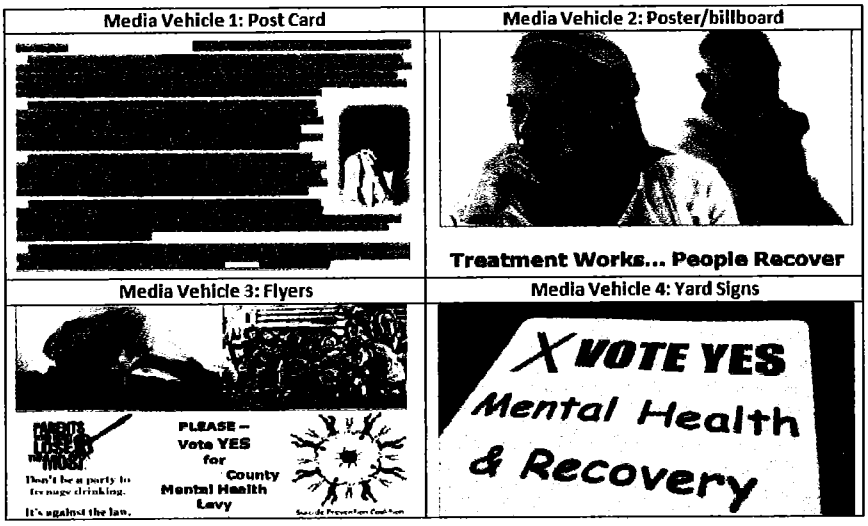
Using a quasi-experimental design, the control group represented participants who responded to the question: "*Would you typically vote for a mental health levy?*" with a dichotomous response: *yes or no.* This control group minimizes response bias, since it is reasonable to assume participants would carry the "yes or no" behavior over to the experimental group. The control group (not shown cards) had an N size of 151 (where, Yes = 66 and No = 85).

For the experimental group (N=361), participants who stated *maybe* to the posed question were shown advertising and promotional material of the failed mental health levy. This material was collected and reformatted in print to fit on four postcard size laminated handouts.

The four experimental conditions: the postcard sent to citizens; public posters/billboards; flyers; and yard signs are illustrated in Exhibit 1.

In the final phase of this research design, following the field interviews with the experimental group, relevant *"Yes" or "No"* votes and responses were assigned to the most appropriate FCB quadrant for analysis.

Exhibit 1. Experimental Conditions



Note. Identifying information (i.e. county of levy) removed. These experimental conditions (N = 4) shown only to participants classified as "maybe" they would vote for a mental health levy.

RESEARCH QUESTIONS

This study has four research questions of concern that parallel the FCB Grid quadrants when addressing a marketing strategy to pass a mental health levy. Specifically:

1. What is the role of cost related information to the citizen-customer?
2. Is there an affective relationship binding the citizen-customer to those with mental illness?
3. Does the citizen-customer perceive the mental health levy as a routine commodity?
4. Is the citizen-customer personally satisfied with their decision to vote for the levy?

RESEARCH FINDINGS

Control group results suggested that 12.8% would vote yes on a mental health levy "without" a presented reason. Likewise, 16.6 % of the participants would vote no on a mental health levy "without" a presented reason. Thus, initially there is a 3.8% difference in vote direction or preference. This difference is negative and not in support of a mental health levy.

Findings from the participants in the experimental group suggest that yard signs had the most positive impact, followed by flyers/newspaper advertisement, the post card, and last, the poster/billboard (see Table 1 – percentage of "yes" votes). In addition, participant comments revealed conceptual areas. For example, the participants viewed schizophrenia as both a mental illness and a debilitating behavior – leading to levy support. However, participants viewed alcoholism as a "drinking problem", leading to non-levy support. Refer to Table 1 and Table 2 for relevant comments as delineated by media vehicle and vote direction, as well as the rank-order of comments by FCB quadrant.

Table 1. FCB GRID CONCEPTUAL AREAS: YES VOTES

FCB Quadrant 1: Post Card - 44% yes vote *HIGH INVOLVEMENT, RATIONAL*		**FCB Quadrant 2: Poster/Billboard** - 36% yes vote *HIGH INVOLVEMENT, AFFECTIVE*	
1.	Cost – it was cheap; community needs it (36%)	1.	**Without medication, she would not be dressed well (41%)**
2.	**Picture of mental illness - older woman (27%)**	2.	He looks employed but depressed (34%)
3.	Know someone with mental illness (26%)	3.	They both look like they are thinking about something serious (32%)
4.	**Mental illness is a disease; no cure – need medication (25%)**	4.	Both are productive people with concerns (21%)
5.	Many people will vote for this levy (11%)	5.	It makes you feel good helping these people (08%)
FCB Quadrant 3: Flyers/Newspapers – 47% yes vote *LOW INVOLVEMENT, RATIONAL*		**FCB Quadrant 4: Yard Signs** – 52% yes vote *LOW INVOLVEMENT, AFFECTIVE*	
1.	It looks like the community paid for services in the past (63%)	1.	**Vote yes or have the mentally ill doing inappropriate things in the community (67%)**
2.	They said "Please" – It made me pause and think about it (57%)	2.	People are putting this in their yards – shows community support (64%)
3.	Suicide for families is a terrible thing (31%)	3.	Simple and to the point (61%)
4.	Kids need a special education (20%)	4.	Makes you think about how lucky you are not to have mental illness (46%)
5.	Veteran hospitals cannot treat everybody (16%)	5.	There is nothing more to say – everybody knows what mental illness can do (43%)

Note. N size = 162: 44.85% = Levy 'Yes' vote. Comments clustered according to concept. **BOLD** comments reflect stigma; hence, stigma resulted 46.6% 'Yes' votes. Most relevant FCB comments for Yes votes: Quadrant 1 = #1, Quadrant 2 = #5, Quadrant 3 = #1, Quadrant 4 = #1. Percentage in parentheses reflects participant responses.

Table 2. FCB GRID CONCEPTUAL AREAS: NO VOTES

FCB Quadrant 1: Post Card - 56% No vote *HIGH INVOLVEMENT, RATIONAL*		**FCB Quadrant 2: Poster/Billboard** - 64% No vote *HIGH INVOLVEMENT, AFFECTIVE*	
1.	**Not going to pay for drinking problems (63%)**	1.	I do not see mental illness (64%)
2.	**Drinking problems/depression is not mental illness (60%)**	2.	**These people may be depressed or worried but not mentally ill (62%)**
3.	Too much to read (58%)	3.	**You can tell by her hair style – not schizophrenic (40%)**
4.	Schools and courts already have their own money for programming (47%)	4.	**The lady has manicured nails, she has no signs of mental retardation (37%)**
5.	Not the best time to ask – bad economy (43%)	5.	**The lady has upscale clothing; neither look like they suffer with schizophrenia or autism (28%)**
FCB Quadrant 3: Flyers/Newspapers – 53% No vote *LOW INVOLVEMENT, RATIONAL*		**FCB Quadrant 4: Yard Signs** – 48% No vote *LOW INVOLVEMENT, AFFECTIVE*	
1.	"It's against the law" - threatening tone (69%)	1.	**You cannot recover from mental illness – there is no pill (71%)**
2.	Seem to imply that soldiers will come back mentally ill (63%)	2.	What does recovery mean – is it the ability to work? (65%)
3.	Veterans have their own hospital system (52%)	3.	Trying to tell us what to do (62%)
4.	**Doesn't look mentally ill (44%)**	4.	You won't see many of these yard signs (42%)
5.	**You can't prevent suicide (28%)**	5.	One more public cost that private insurance should cover (38%)

Note. N size = 199: 55.12% = Levy 'No' vote. Comments clustered according to concept. **BOLD** comments reflect stigma; hence, stigma resulted 48.1% 'No' votes. Percentage in parentheses reflects participant responses.

DISCUSSION AND IMPLICATIONS

The overall findings of this study parallel the actual outcomes of the failed levy; that is, the marketing and advertising strategy failed to secure the majority of public support even in a similar county. In addition, the public marketing and advertising campaign never overcame the initial 3.8% difference between the negative predisposition towards the "yes" or "no" vote. The implication is that passing a mental health levy begins with a deficit.

Likewise, data suggest that 46.6% of the "yes" votes for a levy are stigma related; similarly, 48.1% of the "no" votes are stigma related. Stigma as defined here suggests a negative connotation attached to those with a mental illness. Therefore, given these results, a marketer can expect stigma to influence approximately 50% of all votes. Note that 46.6% of the yes votes were stigma driven. This supports what Kotler (1973) calls negative demand, a situation where the marketer faces individuals who dislike the offering and might even pay a price to avoid it. This implies that the citizen-customer will likely pay to avoid "mythical" or "stigmatized" mental health situations.

Question one examined the role of cost to the citizen-customer and found it to be the third most important area in the FCB Grid (i.e. Economic) when determining a YES vote; 36% of the participants specifically referred to low, reasonable or cheap cost as the rationale for voting yes. Hence, although cost was the third out of four areas related to voting yes for a mental health levy, similar to what Haley et al. (2011) would have predicted – it appears not to be a significant issue alone for citizens to vote for a mental health levy.

The implication for marketing directors promoting a mental health campaign is that stressing cost, even if low, would probably not result in the desired vote direction. Furthermore, creating an extensive educational campaign may not result in a preferred vote, given that Quadrant 1 in the FCB Grid represents logical thought and cost was the highest rated area in this quadrant. Likewise, participants' comments suggest that the postcard was too much to read (i.e. educational information). This may imply that the levy was not personally important or perhaps some participants were not open to reason. In the end, passing a mental health levy may have little to do with the rational aspect of cost.

Question two examined the affective relationships that resonate with the citizen-customer and found them to be the fourth most important area in the FCB Grid (i.e. Psychological Impact) when determining a YES vote. Only 8% of the participants openly commented that this was a reason for voting yes and that it makes them feel good to help people suffering with mental illness. Hence, the customer affective relationship was in the bottom or fourth out of four areas related to voting yes for a mental health levy. It would not be a significant issue alone for citizens to vote for a mental health levy. This finding supports statements from the CDC (2010) that report people in general are not caring or sympathetic to persons with mental illness.

The implication for marketing directors promoting a mental health campaign is that stressing a "feeling good" appeal would probably not result in the desired vote direction. Furthermore, creating literature or promotional events showing how good it will feel to help those with a mental illness does not guarantee a preferred vote. Likewise, participants' comments in this study found that only one out of the highest rated twenty cluster areas discussed "feeling good" about voting yes for a mental health levy. In the end, passing a mental health levy may have little to do with creating an affective relationship with the citizen-customer.

Question three examined if the citizen-customer viewed the levy as a routine commodity. Results found it to be the second most important area in the FCB Grid (i.e. Responsive) when determining a YES vote; 63% of the participants specifically referred to perceiving the community as paying for mental health services in the past. Hence, viewing the mental health levy as a routine commodity or service cost was the second out of four areas related to voting yes for a mental health levy. Therefore, purchase behavior defined as a commodity has a tendency to repeat – it is an automatic, non-thought driven behavior.

The implication for marketing directors responsible for a mental health campaign is that promoting a "history of service," even if a previous levy had failed, may result in a preferred vote. Remember, Quadrant 3 in the FCB Grid represents a purchase decision (i.e. vote) for a routine behavior. Passing a mental health levy may have more to do with marketing the history of routine services delivered to the community than promoting future programming or planned services. This finding supports Berger's (1985) contention that some purchases are automatic when viewed as a commodity. Likewise, it supports Vaughn's (1980) finding that people like routine buying decisions and will follow the crowd.

Question four examined if the citizen-customer was personally satisfied with their decision to vote "yes" for the levy. Results found this to be the most important area in the FCB Grid when determining a YES vote. Sixty-seven percent (67%) of the participants specifically referred to voting yes because of the thought of having the mentally ill engaged in

"inappropriate" behaviors like violent attacks on citizens or lewd and licentious activities in public places. This pronouncement supports the Harvard Mental Health Letter (2011) when summarizing some common public beliefs about people diagnosed with a mental illness. This finding also confirms Haley et al. (2011) fear-buying hypothesis.

The implication for marketers promoting a mental health campaign is that stigma can *silently* help pass a mental health levy. Some mental health professionals may find this to be somewhat distasteful. However, to a marketer, this could be an opportunity. For clarity, marketers would never directly promote stigma; however, deciding to develop an educational campaign dispelling myths about the mentally ill prior to the public vote seems unwarranted and possibly dangerous if passing the levy is the goal. In reality, a mental health provider may wish to consider saving any public education campaign until they have secured operating funds.

In light of these research findings, offered is the 'STIGMA' planning model to promote the passage of a mental health levy campaign (refer to Table 3).

Table 3. STIGMA PLANNING MODEL: MARKETING MENTAL HEALTH

S*implicity works — allow the theatre of the mind to take hold.*
T*arget concepts to promote or avoid — highlight behaviors, avoid labels.*
I*nitiate a levy campaign, not a social marketing campaign — educate after passing levy.*
G*ive thanks to the community — demanding a "yes" vote may be counter-productive*
M*arket the history and heritage of services — remind them it is a community standard.*
A*nalyze promotional material — make judicious use of rational and emotional appeals.*

LIMITATIONS/FUTURE STUDY

This study exhibits all the inherent limitations and weaknesses associated with both qualitative and quasi-experimental research designs. Specifically, the researcher has limited control over the qualitative data collection procedures and lacks complete control over the ability to randomize test participants' exposure to treatments. However, the findings in this study strongly support the building of testable hypotheses. Hence, in the future it makes sense to either qualitatively repeat the concepts posed in this study or quantitatively test the role stigma plays in passing or failing to pass a mental health levy. Likewise, this study did not have the ability to compare or contrast a failed levy with a successful campaign. Therefore, it appears warranted to test a discriminant research model in the future and segment relevant factors. Moreover, it is plausible to extend this research model to other social marketing campaigns, similar to school, fire, police, or sewer levies.

CONCLUSION

This study used the FCB Grid to evaluate a failed mental health levy. Four critical findings emerged. First, results suggest that the FCB Grid is a useful analytical tool in performing a post-mortem analysis. Second, stigma can have both positive and negative impact on a mental health levy. Third, mental health levy campaigns probably begin with a deficit in community support. Fourth, there is a strategic difference between social marketing and developing a levy campaign. In the end, introduced was the 'STIGMA' planning model to guide public healthcare professionals in developing a marketing plan to pass a public mental health levy.

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