MPC MAJOR RESEARCH PAPER

COMMUNICATING MENTAL HEALTH ONLINE: A COMPARATIVE MULTIMODAL
ANALYSIS OF THE CENTRE FOR ADDICTION AND MENTAL HEALTH AND
CHILDREN'S MENTAL HEALTH ONTARIO

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ABSTRACT

Online mental health communication is a niche area of study in the professional communication field that has been studied previously by several researchers who have applied a social semiotics and critical discourse analysis approach. Since mental health has become a critical public health issue worldwide, this major research paper (MRP) presents a comparative analysis of two mental health organizations' websites, the Centre for Addiction and Mental Health and the Children's Mental Health Ontario. This paper explores how both organizations communicate mental health online. To address the proposed questions of this research study, a multimodal analysis of text and images is conducted for each organization's website. The data collected from this study identifies key themes that uncover how mental health is communicated on both organization's websites. A visual social semiotic analysis is applied to contribute to the understanding of the shifting mental health model and the positive psychology approach to mental health. Furthermore, this research study combines linguistic tools to study the meanings of text and images at a micro-semiotic level in order to analyze the social power used within the texts of both websites.

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1. INTRODUCTION

There has been increasing discussion surrounding mental health, and mental health has become a "critical public health issue worldwide" (Salerno, 2016, p. 922). As a result, organizations have become more proactive in educating the general public on relevant mental health-related issues and in raising mental health awareness on and offline. Over the years, the proliferation of events and campaigns for mental health promotion such as Mental Health Week and the Bell Let's Talk campaign has led to increased public and community engagement across Canada. In 2016, there were a total of 729,065,654 online interactions during the Bell Let's Talk campaign, and over $6 million was raised in the form of Community Fund grants (Bell Canada, 2017).

Over the past decade, as Internet access and usage have become more widespread, people have become more reliant on the Internet as a key resource for seeking mental health information (Fergie, Hilton, & Hunt, 2015). Online users now have access to a multitude of online platforms such as social media, forums, blogs, online education, among other legitimate resources and tools. These platforms allow for online users to initiate conversations, engage in discussions, share personal experiences, and raise awareness pertaining to different issues. Within the context of mental health, the Internet provides "resources to inform decision making and encounters to health professionals" (Fergie, Hilton, & Hunt, 2015, p. 1325). This is significant because mental health information has now become easily and readily accessible, and many mental health organizations now offer a wide range of online resources through their websites and provide relevant information pertaining to health-related issues. Online mental health assistance is also readily available for those who seek it.

Communicating mental health online to individuals, specifically young adults, is important because young adults are more susceptive than any other age group to factors that may affect their mental well-being, such as stress and anxiety. According to the Centre of Addiction and Mental Health (CAMH), one in five Canadians experience a mental health problem each year, and young people between the ages of 15 and 24 are more likely to experience mental health problems than any other age group (Centre for Addiction and Mental Health, 2017). This is significant within the realm of mental health and professional communications because how health information is communicated online to the public affects how users perceive, react to, and interact with the messages, which directly affects individuals' behavioural and attitudinal responses.

This MRP is a comparative multimodal analysis of the Centre for Addiction and Mental Health (CAMH) and the Children's Mental Health Ontario (CMHO) websites. I chose to examine the CAMH and CMHO websites because both organizations are very prominent mental health organizations in Ontario. I chose to examine CAMH's website because it is "one of the largest hospitals in North America for people with mental illness" (Centre for Addiction and Mental Health, 2017). Moreover, I chose to examine CMHO's website because it is the organization that mainly represents Ontario's publicly funded Child and Youth Mental Health centres (Children's Mental Health Ontario, 2017). The purpose of this MRP is to apply a social semiotic framework in order to help understand how the two organizations communicate mental health online through the text and images on their websites. Moreover, this multimodal analysis aims to address the discourse surrounding mental health, as well as enhance individuals' understanding of the shifting mental health model while reducing the stigma associated with mental health.

2. LITERATURE REVIEW

This MRP focuses on enhancing individuals' understanding of the shifting definition of mental health and how mental health is communicated to online audiences. The following review of previous literature provides a background of the shifting definition of mental health, mental health as a public health issue worldwide, and mental health stigma. Moreover, this research paper places a particular emphasis on the positive psychological approach to mental health, and focuses on how the positive psychological approach to mental health is translated and communicated through the CAMH and CMHO websites.

This research topic is important within the field of professional communication because individuals no longer focus solely on textual and written communications. Instead, professional communicators are now more focused on constructing and producing online documents (ex. Websites) that include images, photography, and other visually appealing elements (Harrison, 2003). The proliferation of Internet usage has ultimately transformed the Internet from a text-only medium into a multimedia interface.

2.1 The Shifting Definition of Mental Health

Mental health is a socially constructed concept, and the definition of mental health is constantly changing and being reconstructed over time (Jhangiani & Vadeboncoeur, 2010). New definitions of mental health emerge over time, and according to the World Health Organization (2014):

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

The World Health Organization states that mental health is a state of well-being, and Jhangiani and Vadeboncoeur (2010) support this claim and argue that having "good mental health is not just the absence of mental illness" (p. 175). Instead, the concept of mental health is an inclusive continuum, and it is important to understand that this mental health spectrum indicates that some individuals may be more mentally healthy than others.

Other researchers such as Podgornik and Kovačič (2014) support the claim that the definition of mental health is constantly being redefined over time, and mental health is also interpreted differently across different cultures based on value differences and what specific cultures define as normal and abnormal. For example, during the mid-to-late twentieth century, theorists such as Foucault, Goffman, and Szasz viewed and understood mental health to be a "social and psychological phenomenon", placing it within the field of public health (Podgornik & Kovačič, 2014, p. 52). Szasz claimed that the concept of mental illness is a myth, since individuals who are labeled as mentally ill are often seen as powerless and are devalued within society (Podgornik & Kovačič, 2014). Mental illness may also be interpreted as a concept that cannot be proven or disproven, and being labeled as ill is associated with negative connotations, which leads to stigmatization as well as the idea of self-fulfilling prophecy. Ultimately, labeling people as mentally ill also results in individuals being led to believe that they are powerless, inferior, and devalued within society.

Moreover, Galderisi, Heinz, Kastrup, Beezhold, and Sartorius (2015) argue that it is difficult to reach a consensus for a universal definition of mental health. This is significant because the concept of mental health is often perceived, interpreted, and defined differently around the world based on cultural and value differences. Galderisi et al. (2015) propose an inclusive definition of mental health in which "mental health is a dynamic state of internal

equilibrium which enables individuals to use their abilities in harmony with universal values of society" (p. 231). Consequently, in comparison to previous definitions of mental health, this encompassing definition poses to be more inclusive rather than restrictive. Galderisi et al. (2015) argue that this definition also highlights and emphasizes important aspects of mental health such as individuals':

- Basic cognitive and social skills

- Ability to recognize and express their emotions and empathize with others

- Flexibility and ability to cope with difficult life events and function in certain social roles

- Harmonious body and mind relationship

2.2 Mental Health as a Public Health Issue

As stated previously, the increasing discussion surrounding the topic of mental health has turned mental health into a public health issue worldwide. The concept of public health is interpreted and defined differently across organizations, but according to Binns and Low (2015), all definitions of public health share a common theme, which is that "it deals with the health of populations" (p. 5). Therefore, the mission of public health is "to achieve an equitable distribution of health for the total population" (Binns & Low, 2015, p. 5). In order to successfully achieve equity of health distribution, the role of advocacy in health promotion is critical in influencing public policy (Gould, Fleming, & Parker, 2012).

Within the context of mental health, health promotion "should transcend the outdated separation of mental health as a closed and isolated domain" (Tulinchinsky et al., 2017, p. 2). This is significant because mental health is talked about more openly and society has begun to see and value the importance of mental health promotion. Moreover, Tulinchinsky et al. (2017)

argue that individuals' mental health is just as important within the realm of public health as is their physical health. As a result, mental health is not an issue to be neglected.

Moreover, Patel, Flisher, Hetrick, and McGorry (2007) state that the negative effects of mental illness on young people, such as stigmatization and discrimination, are significant public health issues and concerns that need to be addressed. These issues and concerns need to be addressed because they often persist throughout adolescence and into adulthood. "Mental disorders in young people have a substantial effect on economic and social outcomes that extend into adulthood" (Patel et al., 2007, p. 1306). If mental health issues are not addressed, they may directly affect these aforementioned outcomes. For example, mental health problems may hinder young people from fulfilling their academic goals, finding employment, and establishing meaningful relationships. As a result, this implies significant importance in addressing mental health-related issues through the implementation of solutions to current policy and practice.

Fortunately, there has been substantial improvement over the past two decades with regards to the universal health system's response to mental health as a public health issue (Patel et al., 2007). New methods of intervention have surfaced and are developed and communicated in a receptive manner to young people, and these methods of intervention are disseminated to various channels that are more community-based, such as the Internet. As a result, mental health promotion is moving in a forward direction and working towards eliminating existing barriers of structural inequalities that affect stigmatized groups and individuals (Gould et al., 2012).

2.3 Mental Health Stigma

In most cases, the concept of stigma is automatically associated with individuals who are labelled as mentally ill. Mental health stigma is "a process that objectifies and dehumanizes a person who has been diagnosed with a mental health disorder" (Vertilo & Gibson, 2014, p. 266).

Individuals who are stigmatized are often blamed for being the cause of their mental disorders. Depending on the severity of the mental disorder, individuals may experience varying levels of stigmatization. For example, those who experience "more common disorders such as depression and anxiety might illicit less stigma than disorders such as schizophrenia" (Vertilo & Gibson, 2014, p. 266). Over the years, society's attitudes toward mental illness have improved, and the recent shift towards understanding mental health as a psychological approach contributes to reducing the stigma surrounding mental illness (Jhangiani & Vadebonceour, 2010). This shifting trend is significant because the concept of mental illness is associated with negative attributions that often lead to self-fulfilling prophecy, in which individuals begin to act in accordance to the negative attributions such as being labeled as sick, weak, or a failure. This phenomenon is problematic because "greater mental health stigma leads to greater self-concealment", causing individuals be more reluctant to seek help (Vertilo & Gibson, 2014, p. 266).

Theorists such as Goffman refer to this "as a discrediting identity", which directly affects individuals and places them "in an inferior position in society" (Podgornik & Kovačič, 2014, p. 55). This means that individuals who are stigmatized may also experience discrimination in the workplace and exclusion from others, which may potentially lead to social isolation. According to Gowen (2013), the stigma associated with mental illness is a significant barrier that individuals face because it prevents and discourages them, especially young adults, from receiving the necessary support for their mental health conditions. Consequently, individuals who are stigmatized may experience increased levels of stress and may also display lower levels of self-esteem.

Mental health is also often negatively characterized according to society's assumptions, leading individuals to be ignorant and unaware of the real facts. Society's assumptions

surrounding the topic of mental health can be further reduced by properly educating individuals on mental health. There are plenty of resources readily available, and "education seeks to increase knowledge about mental health conditions by replacing incorrect beliefs with facts" (Michaels, Kosyluk, & Butler, 2015, p. 70).

Based on previous research from Michaels et al. (2015) surrounding educating the general public on mental health, the role of organizations is to provide information on their websites to educate people in the efforts to reduce the stigma associated with mental illness. Additionally, organizations are responsible for raising awareness for mental health, and anti-stigma campaigns and programs help deliver information about mental health along with different calls to action (Michaels et al., 2015). For example, the annual Bell Let's Talk initiative began in 2010 and it is a campaign that takes place every January on social media that sparks a conversation about mental health in Canada (Bell Canada, 2017). Prior to the start of the Bell Let's Talk campaign, there has been a lack in open discussion surrounding mental illness. However, the Bell Let's talk campaign now engages with millions of people across Canada each year, resulting in raising over $86 million over the past seven years in donation to fund mental health programs in Canada (Bell Canada, 2017). The initiative's calls for action are communicated effectively across multiple platforms such as calling, texting, Twitter, Instagram, Facebook, and Snapchat. Consequently, the effective communication of this initiative helps spread and generate awareness and also engages a large online audience.

Overall, initiatives such as the Bell Let's Talk campaign enhance the general public's understanding of what the concept of mental health encompasses, and it also is a form of empowerment which provides people with proactive strategies in order to take action and to raise mental health awareness. Additionally, taking the initiative to educate the general public plays a

significant role in influencing behavioral change in people's attitudes and beliefs toward the concept of mental health. However, a limitation researchers face is that little research has been done in the past on fighting stigma surrounding mental illness. According to Knaak and Patten (2016), research on finding effective solutions and strategies for combating stigma in the field of mental healthcare is still in its beginning stages. More research is still required in order to identify viable solutions and strategies to combat mental health stigma.

2.4 The Positive Psychology Approach to Mental Health

In response to the stigmatization associated with the concept of mental illness, Jhangiani and Vadeboncoeur (2010) propose a new method of intervention, the positive psychological approach, to help society understand mental health. This positive psychological approach demonstrates a shift from a disease model towards a health model. According to Vertilo and Gibson (2014), the positive psychology movement was originally founded by American psychologist, Martin Seligman. Seligman defines positive psychology as "the study of positive experiences, positive character traits, and the institutions that help cultivate them" (Glanz, 2015, p. 382). The ultimate goal of positive psychology is to uncover "effective pathways to improved functioning and well-being" (Glanz, 2015, p. 392). Moreover, the intention of the positive psychological approach within the context of mental health is to "reduce the stigma around mental health issues" and to "enable people to play a role in monitoring their own mental health" by focusing on fostering positive character traits and experiences (Jhangiani and Vadeboncoeur, 2010, p. 169).

Vertilo and Gibson (2014) state that the positive psychology approach "focuses on studying and promoting character strengths or traits that foster life satisfaction and strengthen individuals' well-being" (p. 266). In their study, they explore how certain character strengths are

developed to help reduce and eliminate mental health stigma. For example, they found that individuals who scored high in character traits such as open-mindedness and kindness kept their social distance the same between individuals diagnosed with a mental health disorder and their friends (Vertilo & Gibson, 2014). This particular health model highlights key themes such as courage, optimism, and hope, as well as character traits and key attributes such as resilience, balance, and self-actualization. The positive approach to mental health also allows for individuals to recognize their individual strengths such as kindness and open-mindedness, and it allows for them to identify specific areas where they can improve their overall mental fitness. Consequently, individuals are able to realize their full potential (Jhangiani & Vadeboncoeur, 2010). Additionally, the positive approach to mental health also emphasizes empowerment over devaluation of the self.

For example, the Canadian Mental Health Association (CMHA) implemented the positive psychology model of mental health to reflect Canadian policy and practice on their organization's website (Jhangiani & Vadeboncoeur, 2010). CMHA launched their new and revamped website in 2005 and incorporated a positive psychology approach to their *Mind + Body Fitness* campaign for Mental Health Week. Jhangiani and Vadeboncoeur (2010) studied the positive psychological approach's impact on mental health discourse and revealed in their analysis that there is "limited potential of the "new" mental health discourse" (p. 179). After studying the précis, pronominalization and point of view, verb use, and metaphors found in the CMHA website's text, Jhangiani and Vadeboncoeur (2010) found that CMHA's new approach to positive psychology and the shifting mental health model is limited and only reflective of North American psychological assumptions. They found this to be problematic because it fails to "address the needs of all Canadians, but especially immigrants to Canada" (p, 181).

2.5 Access to Online Mental Health Information

Nowadays, individuals heavily rely on the Internet for information. According to Gowen (2013), approximately "93% of young adults between the ages of 18 and 29 go online" for information (p. 108). The Internet has become a platform which provides instant information for online users who are seeking answers, and the Internet has also made information easily accessible for the general public. In today's digitized society, the Internet serves as a high-speed, virtual community which allows people to congregate to gather information and to connect with others (Thompson, 2012). More specifically, people have become more reliant on the Internet to seek health information. According to Fergie et al. (2015), "the Internet has become a key means to access resources relevant to people's health experiences" (p. 1325).

Health information is presented and communicated online in many different forms. The Internet has become a valuable tool for educating online users and for creating calls to action to support specific causes and campaigns. Within the context of mental health, the Internet serves as an accessible tool because individuals may turn to online sources when they do not feel comfortable in seeking immediate help from health practitioners. Gowen (2013) found that "young adults may feel less isolated and less stigmatized by learning via online communities" that involve other individuals who face similar mental health challenges as them (p. 109).

3. RESEARCH QUESTIONS

Effective communication is essential for organizations that aim to educate and raise awareness for mental health-related issues. This imperative is significant because effective communication is critical as a means of persuasion to different target publics. According to Harrison (2003), the interrelatedness of text and visual imagery on organizations' websites

contributes to making information credible and meaningful. Mental health organizations are able to manipulate their messages, and they can be selective with how they want to communicate their messages to their target audiences. The text and visual imagery that organizations choose to display on their websites are representative of what the organization is and what they advocate for.

Based on the previous research and the literature presented above, the overarching research question I propose for my MRP is: *How is mental health communicated through the text and images used on the Centre for Addiction and Mental Health (CAMH) and the Children's Mental Health Ontario (CMHO) websites?* More specifically, the two research questions I will attempt to answer through this study are:

Research Question #1: *What are the key themes that emerge from the text and visual imagery found on each organization's website?*

For this question, I am interested in exploring and identifying key themes from the CAMH and CMHO websites, which will contribute to answering the overarching question pertaining to how mental health is communicated on both websites. With this question, I have already hypothesized that both organizations' websites will share similar key themes. To address this question, I will be looking specifically for positive themes such as empowerment, support, and inclusivity, that are reflective of the positive psychology approach to the mental health model. By addressing this research question, I will be able to uncover and categorize themes that emerge as either positive or negative.

Research Question #2: *How does applying a visual social semiotic framework to the CAMH and CMHO websites address mental health discourse and contribute to the understanding of the shifting mental health model that is reflective of the positive psychology approach?*

By applying a visual social semiotic framework to my analysis of the CAMH and CMHO websites, I am interested in addressing mental health discourse by exploring how both organizations use text and visual imagery to make meaning of mental health. I am also interested in observing whether or not the text and visual imagery used in both websites reflect the shifting mental health model towards a positive psychological approach to mental health in the efforts of reducing and eliminating mental health stigma.

4. METHOD

How organizations communicate mental health online is important, and the language, rhetorical devices, and visual imagery that organizations display on their website heavily contribute to shaping the organization's message. Since stigma appears to be a primary obstacle that is associated with mental health, as discussed in previous literature, it is important for mental health organizations to carefully tailor their messages in the efforts of promoting mental health awareness while eliminating mental health stigma.

4.1 Multimodal Analysis for Websites

To address the research questions proposed in this study, a multimodal analysis is used to help understand how mental health is communicated online both textually and visually. Multimodality is "the detailed and multifaceted analysis of the internet and websites with all their constituting parts" (Pauwels, 2012, p. 250). According to Pauwels (2012), modes are distinct elements of a medium which are typically connected "with physiological or sensory channels" such as the visual and auditory channels (p. 250). For the purpose of website analysis, websites mainly only focus on the visual (sight) and auditory (hearing) sensory channels rather than other channels such as the haptic (touch), gustatory (taste), and olfactory (smell) channels.

Moreover, even the visual channel alone is very broad in terms of multimodality because there are many elements that constitute the entire visual mode such as text, typography, website layout, and other design features.

For my MRP, I am taking a snapshot approach to analyze the CAMH and CMHO websites. The reason why I am taking a snapshot approach is that websites are constantly being updated over time. Additionally, due to the limited scope of this study, I am only able to focus on analyzing both websites at a specific point in time rather than conducting a longitudinal study over an extended period of time.

Furthermore, Pauwels' (2012) multimodal framework for website analysis consists of six phases. This framework takes a medium specific, as well as a sociocultural, perspective to analyze web phenomena (p. 247). According to Pauwels (2012), the six phases of the multimodal framework are:

1. The preservation of first impressions and reactions

2. An inventory of salient features and topics

3. An in-depth analysis of content and the website's stylistic features

4. The embedded point(s) of view and the implied audience(s) and purposes

5. An analysis of dynamic information organization and spatial priming strategies

6. A contextual analysis, provenance and inference

The Preservation of First Impressions and Reactions

The first phase of Pauwels' multimodal framework for website analysis requires the researcher to generate a general first impression of the website they are analyzing by recording any initial reactions. This step proceeds any further and more in-depth analysis. Additionally,

this phase plays an important role in helping the researcher understand how online audiences would potentially react to the look and feel of the website that they are visiting.

Inventory of Salient Features and Topics

The second phase of Pauwels' multimodal framework involves the collection of present and absent features and topics of the data from the website sample. This phase requires researchers to categorize different features and topics such as graphs, tables, feedback areas, and main content categories of the website. This stage of Pauwels' framework requires more of a quantitative approach, which can be completed by borrowing and "using standardized coding sheets by different coders" (Pauwels, 2012, p. 253).

In-Depth Analysis of Content and Stylistic Features

According to Pauwels (2012), the third phase of the multimodal framework is the "most encompassing phase", which requires an intra- and cross-modal analysis (p. 253). This phase looks at the information that resides from different signifiers and modes, and this phase also looks at the interplay between different modes. In order to make the research and study more manageable within the limited scope and timeframe of the study, Pauwels (2012) suggests that it is not necessary to assess all the possible signifiers and modes for analysis. Instead, Pauwels (2012) recommends for researchers to set manageable proportions depending on the research topic and the length of the research study.

For the purpose of this paper, I will only select a few signifiers to incorporate into my study that are the most meaningful for the comparative analysis of the CAMH and CMHO websites. The signifiers that I have selected to study for this stage of the multimodal analysis are verbal and written signifiers, typographic signifiers, and visual representation types and signifiers. Firstly, verbal and written signifiers are elements that the researcher can make

meaning out of such uncovering embedded cultural meanings and implications. Secondly, typographic signifiers focus on potential cultural meanings "that reside in the visual properties of the written texts" (Pauwels, 2012, p. 254). Examples of typographic signifiers include font choice, font size, font direction, and font colour. Lastly, visual representational types and signifiers focus on the different images and visual representation that is displayed on a website. To address the visual representational types and signifiers, Harrison's framework will be used to analyze the images on the CAMH and CMHO websites.

Embedded Point(s) of View and Implied Audience(s) and Purposes

The fourth phase of Pauwels' multimodal framework for website analysis focuses on the point(s) of view that reside from the information that is communicated on the website. This phase also takes into account the intended audiences in which messages are communicated to through the website. Analyzing the perspectives and audiences of websites helps identify who is speaking, who the messages are speaking to, and who the target audiences are. According to Pauwels (2012), this phase helps to uncover embedded goals and purposes based on how information is communicated on the websites. Moreover, the point(s) of view may be expressed directly and explicitly or indirectly.

Analysis of Dynamic Information Organization and Spatial Priming Strategies

The fifth phase of Pauwels' multimodal framework for websites looks at the dynamic structure of the website that is being analyzed (Pauwels, 2012). This phase looks at the website's architecture and makes meaning of it. For example, analyzing the website structure and organization reveals how viewers and visitors potentially navigate through the website.

Contextual Analysis, Provenance and Inference

The sixth and final phase of Pauwels' multimodal framework for website analysis contextualizes and elaborates on the overall cultural significance and meaning of the website(s) that are being analyzed.

For this MRP, the data is manually collected and coded from the CAMH (Figure 1) and CMHO (Figure 2) websites. Due to the limited scale and scope of this research study, I chose to only focus on collecting data from each organizations' homepage. The reason why I chose to only focus on the homepage for my analysis is that it is the landing page that online users first encounter upon visiting the website. The homepage also generates the initial first impression for online visitors before they decide whether or not they want to continue navigating through the rest of the website. Since the homepage generates the highest traffic among online users, it is therefore important to assess how the websites communicate mental health both textually and visually.

4.2 Visual Social Semiotics Framework for Analyzing Images

The methodology that is adopted to conduct the visual analysis in this study is borrowed from Kress and Van Leeuwen's framework for analyzing visual design. More specifically, Harrison's social semiotics framework, which is inspired by Kress and Van Leeuwen's methodology, is utilized to make meaning of the images in this study. According to Kress and Van Leeuwen (2006), "visual structures point to particular interpretations of experience and forms of social interaction" (p. 3). This visual social semiotic framework is significant for the comparative analysis between the CAMH and CMHO websites because it is critical to interpret the websites' images in order to analyze the interplay between image and text, which contributes to the overall composition of a coherent layout for both websites.

When analyzing visual design, Kress and Van Leeuwen (2006) also state that "visual communication is always coded", and they borrow semiotic orientations and apply them to make meaning of images (p. 32). In order to answer the research questions proposed in this study, it is important to code the images from the CAMH and CMHO websites in order to make meaning of the images and to answer the main research question of this MRP: *How is mental health communicated through the text and images used on the CAMH and CMHO websites?* To guide the visual analysis in this research study, I borrow Harrison's visual social semiotic framework for analyzing visual imagery, which is adopted from Kress and Leeuwen, and focus on the three distinct metafunctions that help images make meaning: the representational metafunction, the interpersonal metafunction, and the compositional metafunction.

According to Harrison (2003), semiotics is the "study of signs" and there must be some sort of meaning manifested through the sign in order for it to exist. Moreover, social semiotics therefore attributes social meaning to signs and is a branch of the general study of semiotics. Harrison (2003) states that researchers need to "understand how text and still images work together to make meaning together for readers" (p. 47). Researchers must also gain a strong understanding on how images and text make meaning because of the growing multi-modal online environment. Therefore, it is important for researchers to understand how and when images enhance or do not enhance text, as well as how and when text enhance or do not enhance still images. Harrison (2003) also emphasizes the importance of researchers being able to elaborate on multi-modal issues within the field of communications.

Harrison's visual social semiotic framework is applied to the analysis of images on the CAMH and CMHO websites. This framework is helpful for researchers "who may not have the time or immerse themselves in a new field of study" in comparison to the other existing

frameworks for analyzing images (Harrison, 2003, p. 47). Therefore, this framework is feasible to adapt to this MRP due to the limited scope of the research study.

Moreover, visual social semiotics is applied to visual imagery such as photography and other visual forms of communication (Harrison, 2003). Harrison (2003) states that there are "three categories of images: the icon, index, and symbol" (p. 49). For my MRP, I am only focusing on the analysis of icons within the CAMH and CMHO websites because "professional communicators are likely to find that these images are the most contentious" (Harrison, 2003, p. 50). I have adopted Harrison's visual social semiotic framework for analyzing images to my multimodal analysis of the CAMH and CMHO websites. This framework places a particular emphasis on three metafunctions that images perform to make meaning. The three metafunctions are the representational, interpersonal, and compositional (Harrison, 2003).

Representational Metafunction

Firstly, "the representational metafunction is about the people, places, and objects within an image" (Harrison, 2003, p. 50). The representational metafunction assesses what the image is about, identifies who the represented participants (RPs) are, and assesses the relationships between represented participants and other vectors within the image. Additionally, the representational metafunction provides context to the image(s). Table 1 provides a general explanation of the basic structures and processes that make up an image's representational metafunction.

Table 1: Basic Structures and Processes of the Representational Metafunction (Harrison, 2003)

Structures	Processes
Narrative - Image includes vectors representing motion - Viewers can create a story through the images	**Action** - Narrative created by vectors (ex. Bodies, limbs, tools, etc) **Reactional** - Narrative created by eyelines that act as vectors between RPs
Conceptual - Image does not include vectors - RPs are grouped together and resemble a concept of what they represent	**Classificatory** - RPs represent some group or "are members of the same class" (p. 51) **Analytical** - RPs resemble a "part-whole" structure **Symbolic** RPs are important for what they mean

Interpersonal Metafunction

Secondly, the interpersonal metafunction resembles "the actions among all the participants involved in the production and viewing of an image" (Harrison, 2003, p. 52). According to Harrison (2003), the participants involved in the interpersonal metafunction include the creator of the image, the RPs in the image, and the viewer(s) of the image. The interpersonal metafunction is significant because it looks at how the image that is being portrayed engages with the viewer, which is explained in Table 2. For example, one may consider and take into account when analyzing an image's interpersonal metafunction whether or not the image generates strong viewer involvement.

Table 2: Basic Features and Processes of the Interpersonal Metafunction (Harrison, 2003)

Features	Feature Processes
Image Act and Gaze - Eye line between RP(s) and viewer	**Demand** - RP is looking directly at viewer - Generates strong engagement between viewer and RP

	Offer - RP is looking outside the picture or at something within the image - Generates less engagement between RP and viewer compared to the demand
Social Distance and Intimacy - Distance between RPs in the image and the viewer	**Intimate Distance** - Head and face only **Close Personal Distance** - Head and shoulders **Far Personal Distance** - Waist up **Close Social Distance** - The entire figure **Far Social Distance** - Entire figure with space around it **Public Distance** - Torsos of several people
Perspective – Horizontal Angle and Involvement - Relationship between the position of RPs and viewer	**Frontal Angle** - RP is presented frontally to viewer - Stronger involvement between RP and viewer **Oblique Angle** - RP is oblique to the viewer - Greater detachment between RP and viewer
Perspective – Vertical Angle and Power - Relationship between RP and viewer and between RPs within the image	**High Angle** - RP looking up has less power **Medium Angle** - RP looking at a horizontal angle has equal power **Low Angle** - The RP looking up has less power

Compositional Metafunction

Thirdly, the compositional metafunction of Harrison's visual social semiotic framework assesses the relationship between the representational and the interpersonal metafunctions.

Harrison (2003) states that "composition in imagery is equivalent of syntax in language", and that the compositional metafunction examines how the other two (representational and interepersonal) metafunctions integrate with each other to make a whole (p. 55). The compositional metafunction also takes into account various different elements that make up the image that is being analyzed, which is explained in Table 3.

Table 3: Basic Systems and Elements of the Compositional Metafunction (Harrison, 2003)

System	Elements
Information Value - Placement of RPs in image allows them to take different information roles	**Left/Right** - RPs on the left side of image have the value of being "given" knowledge - RPs on the right are "new" **Top/Bottom** - RPs at the top have the value of being "ideal" (emotive, imaginary) - RPs at the bottom have the value of being "real" (factual, informative) **Centre/Margin** - RPs provide nucleus of information
Salience - Ability of RP to capture viewer's attention	**Size** **Sharpness of focus** **Tonal contrast** **Color contrast** **Foreground/Background**

Harrison (2003) recommends that the best approach when using the visual social semiotic framework is not to utilize and implement the whole framework immediately. Instead, Harrison (2003) suggests to only focus on one or two of the three metafunctions and to select only a few elements to focus on until the researcher is comfortable enough undertaking a more in-depth study over a longer period of time. Since the timeframe and scope of my MRP is limited, I will only focus on specific elements when conducting my visual analysis.

5. DATA COLLECTION

I began my data collection for the multimodal analysis by recording my initial reactions and first impressions of the CAMH and CMHO websites using a table for comparison. Following Pauwels' multimodal framework for analyzing websites, I navigated through the CAMH and CMHO websites' homepages and manually cut and pasted the images from the image gallery sliders into two separate spreadsheets, one for each organization. I created a table on each spreadsheet consulting with Harrison's (2003) framework for analyzing visual design. Applying this framework to code the images from the CAMH and CMHO websites helped with my analysis later on by helping me make meaning of the visual imagery, thus helping to answer the overarching research question of how mental health is communicated through the text and images on the websites. Tables were created to analyze the representation, interpersonal, and compositional metafunctions of both websites' images, which I have explained in the previous methods section above. From there, I was able to uncover underlying themes for each image. This coding process worked towards answering my first research question: *What are the key themes that emerge from the text and visual imagery found on each organization's website?*

In order to address how mental health is communicated through the text of each organization's website, I assess the text to uncover the embedded audiences and point(s) of view by identifying and elaborating on the usage of pronouns within the text. I took excerpts of the text from both organization's homepage, About Us page, Get Involved page, and Donation page and identified whether the messages are communicated predominantly in the first, second, or third person point of view. To do so, I record and highlight the different pronouns that are used within the text of both organization's websites. The analysis of pronouns contributes to addressing the mental health discourse.

Utilizing this framework for my data collection and applying a social semiotics framework to my analysis of the CAMH and CMHO websites allowed for me to answer my second research question: *How does applying a social semiotic framework to the CAMH and CMHO websites address mental health discourse and contribute to the understanding of the shifting mental health model that is reflective of the positive psychology approach?*

6. RESULTS AND DISCUSSION

First Impressions

My overall first impressions of both the CAMH and the CMHO websites were that both websites have an overall clean and minimalistic layout. At first glance, I was initially attracted to the appearance of both websites because they both had a similar website layout, and I found both websites to be visually appealing. For example, as shown in Figure 1 and Figure 2, both websites have their logos clearly placed and clearly visible on the top left corner of the homepage. Additionally, both websites' homepage displays a menu bar and a header with the different content categories, pages, and tabs of the websites.

At first glance, it is notable that there is a lot of white space surrounding the CAMH website's homepage. The white space surrounding the website's content creates a sense of confinement, making the images and text appear confined within the website's homepage. On the other hand, at first glance, there is a lot less white space displayed on the CMHO website's homepage in comparison to the CAMH website. Instead, the images, text, and content blocks extend from edge to edge and take up the full width of the page on the CMHO website's homepage.

Moreover, both organizations' website has an attractive colour palette. The CAMH website's colour palette consists of purple, light blue, and grey. Comparatively, the CMHO website's colour palette consists of yellow, grey, and navy. Both organization's choice of colour palette generates and reflects a vibrant mood.

Figure 1: Centre for Addiction and Mental Health Website Homepage

Figure 2: Children's Mental Health Ontario Website Homepage

Visual Analysis

  The multimodal analysis used in this study places a particular emphasis on analyzing

visual signifiers in order to understand how CAMH and CMHO communicate mental health.

While conducting an in-depth analysis of stylistic features for the images on the CAMH and

CMHO websites utilizing Harrison's visual social semiotic framework for analyzing images,

several similarities and differences were identified pertaining to how both organizations

communicate mental health online. Overall, the analysis revealed that the images presented on

the CAMH homepage were high quality photos of imagined community members that may be

interpreted as the "faces" of CAMH. The represented participants of each image on the CAMH website were easily identifiable, allowing for the viewer to establish a clear social connection with the represented participants of the images.

Overall, the images presented on the CAMH website also display strong social engagement with viewers. Through conducting a visual analysis utilizing Harrison's framework, findings reveal that the images presented on the CAMH website demonstrate strong interpersonal metafunction. A strong interpersonal metafunction implies a strong relationship "among all the participants involved in the production and viewing of an image" (Harrison, 2003, p. 52). This finding is significant because strong social engagement and strong viewer involvement contributes to an image's overall interpersonal metafunction. For example, all the images displayed on the CAMH website are presented at either an intimate distance or a close personal distance in relation to the viewer. In Figure 3, the represented participants in this image are presented at an intimate social distance, resulting in the viewer feeling closely connected to the represented participants within the image. Additionally, since the represented participants are engaging at an intimate action in the form of a hug, it is a sign that the producer of the images intends for the represented participants to be at an intimate distance. Thus, the intimate distance created generates specific emotions and uncovers positive themes such as support and acceptance.

Figure 3: CAMH Gifts of Light
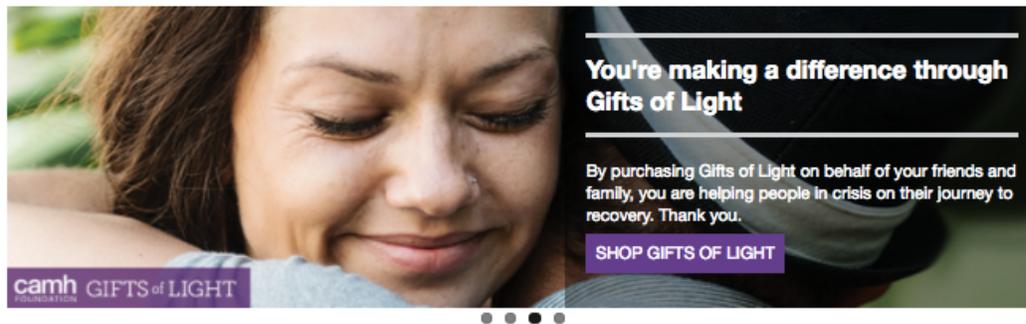
The vertical and horizontal angles of the images presented on the CAMH website also indicate strong involvement between the represented participants and the viewer. For example, in Figure 4, the represented participant is presented at a frontal and medium angle. The frontal horizontal angle indicates a strong sense of involvement between the represented participant and the viewer. The image generates a strong sense of involvement because the viewer is looking directly at the represented participant at a close distance where it makes is seem like the viewer is able to converse with the represented participant. Moreover, the medium vertical angle of the represented participant in this image generates a sense of equal power between the represented participant and the viewer because the viewer is also able to look at the represented participant at eye level, indicating equal status and power. These findings from the visual analysis are consistent across all of the images presented on the CAMH website's homepage. Overall, all of the images are produced in a manner where the represented participant(s) of each image are closely engaging with the viewer. The four images displayed on the CAMH website homepage are also coherent as a whole unit, contributing to its overall compositional metafunction.

Figure 4: CAMH Change Agent
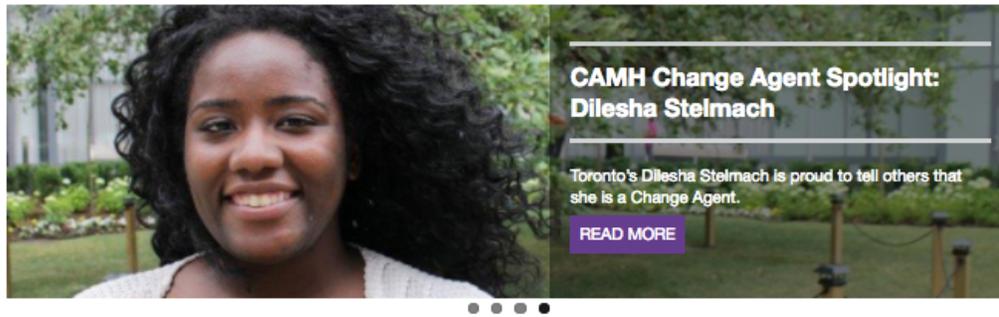
Moreover, the elements that make up the compositional metafunction of the images

chosen to represent the CAMH website are quite strong. All four of the images displayed on the

CAMH website homepage are high in salience, meaning that the images and the represented

participants within the image are prominent, noticeable, and are the central focus of the overall

image. According to Harrison (2003), represented participants that are more salient than other

elements or represented participants within an image are more likely to capture the viewer's

attention. These systems and elements of the images' compositional metafunction validate the

message of the text that accompanies the images, which is significant because the images appear

real and relatable to the viewer.

Overall, the CAMH website does a notable job in reflecting the shift towards a health

model rather than the illness model of mental health. The visual analysis of the CAMH website

uncovers positive themes and character traits, which is reflective of the overall positive

representation of the website. This finding is significant because the messages communicated on

the CAMH website enable and encourage website visitors to be proactive and to play an active

role in participating in the different initiatives and campaigns to raise awareness for mental

health and mental health research. The messages communicated through the images and the text

on the CAMH website also enable people to be proactive in monitoring their own mental health,

all the while reducing the stigma associated with it by emphasizing empowering themes and personal character traits.

Comparatively, the CMHO website consists of fewer images that portray "real" people or imagined community members than the CAMH website. While CAMH uses images of "real" people as a form of visual representation on its website's homepage, there are more infographics than photographs displayed on the CMHO website's homepage. Moreover, out of the six visuals (photographs and infographics) displayed on the CMHO homepage, only two are high-quality photos of "real" people or imagined community members. Additionally, the two photographs do not demonstrate as strong viewer engagement in comparison to the photographs displayed on the CAMH website. For example, while assessing the basic features and processes of interpersonal metafunction for the photograph displayed in Figure 5, I found that an offer act is taking place, meaning that the represented participant (RP) in the image is not looking directly at the viewer (Harrison, 2003). The lack of a strong viewer engagement between the represented participant and the viewer implicates feelings of detachment. However, the represented participant in Figure 5 is presented at an intimate distance at a frontal horizontal angle, making the viewer feel close to the represented participant and reflecting strong viewer engagement, similar to the effects of the photos displayed on the CAMH website.

Referring back to Figure 3, there is also an image on the CAMH website of where an offer act is taking place and the represented participant is looking down and not looking directly at the viewer. To account for this difference in comparison to the image on the CMHO website displayed in Figure 5, the represented participant is joined by another subject on the CAMH website in Figure 3. Additionally, the facial expressions between the represented participants in Figure 3 and Figure 5 differ. This finding is significant because the main represented participant

in Figure 3 is smiling, uncovering themes of support. Comparatively, the represented participant

in the image displayed in the CMHO website in Figure 5 uncovers themes of loneliness because

there are no other represented participants within the image. This observation is significant

because it uncovers themes of isolation and there are no signs of support given to the subject of

the image. According to Thompson (2012), "happy-looking people" that are depicted in

photographs "promote the normalization of disorder" (p. 416). As a result, organizations that use

images of people who are smiling or expression feelings of happiness capture the essence of

healthy people. Additionally, "stock images that contextualize groups of people in outdoor

environments promote lifestyles based on concepts such as 'togetherness' and 'leisure'

(Thompson, 2012, p. 412).

Figure 5: **CMHO #KIDSCANTWAIT**
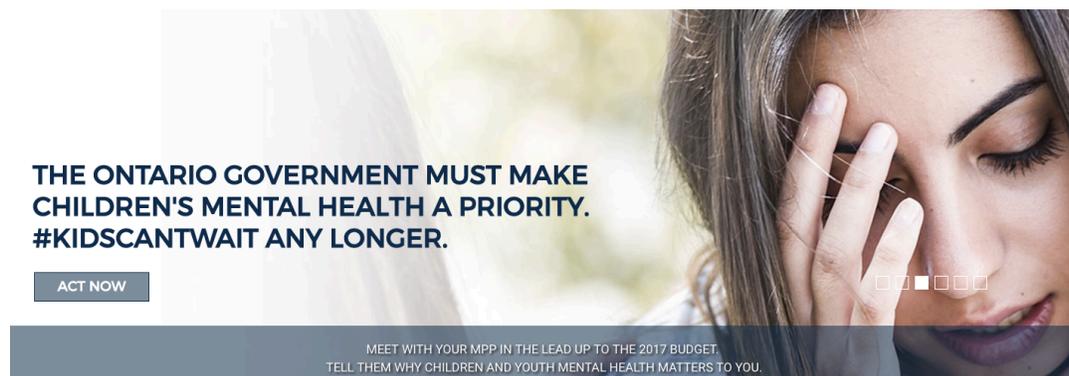
The visual analysis of the CMHO website homepage reveals that infographics generate a

more informative reaction rather than an emotive response from the viewer. While the CAMH

website uses photographs of people to generate an emotional response for viewers to relate to,

the CMHO website uses infographics to inform viewers and to provide information such as facts

and statistics. For example, the infographic in Figure 6 is displayed in the image slider of the

CMHO website homepage, which presents a visual representation of Ontario's children who are

urgently seeking mental healthcare. While this visual infographic is informative and provides the

viewer with facts and statistics pertaining to the issue surrounding mental health, the infographic itself generates a weaker viewer engagement and involvement as opposed to photographs of represented participants or objects. Infographics, such as the one displayed in Figure 6, generate weaker viewer engagement due to its lack of interpersonal meaning. According to Thompson (2012), "the deployment of faces on health websites influences ideological notions about health and wellness" (p. 412). As a result, strong social engagement between the represented participant of an image and the viewer increases the possibility of health and wellness, making health and wellness an "attainable and relatable" construct (Thompson, 2012, p. 416). Since there is no distinct relationship between the viewer and subject in the infographics displayed on the CMHO website homepage, this results in weaker viewer engagement and involvement. Moreover, the study of visual social semiotics emphasizes that "photographic images of people demanding engagement from viewers have become the dominant resource" (Thompson, 2012, p. 412). According to Thompson (2012), images in the form of photographs act as a "visual synthetic personalization to capture and maintain a web audience" (p. 412).

Overall, I found that the CMHO website does not reflect the positive psychology approach to mental health as closely and as strongly in comparison to the CAMH website. The way mental health is communicated through images and its accompanying text uncover themes that do not strike as positive. The hashtag #KIDSCANTWAIT, which is associated with the image displayed in Figure 5, gives the impression and indication that without the Ontario government taking action, kids are helpless.

Figure 6: CMHO Wait Time Data

Additionally, the infographic displayed in Figure 6 reinforces the urgent need for

children's mental healthcare. These findings are significant because the visual analysis of the

CMHO website uncovered themes of struggle, powerlessness, and helplessness. As a result, the

way in which the images on the CMHO website are presented does not reflect the positive

psychology approach to mental health as closely, revealing that there is still stigma attached to

children with mental health-related problems.

Embedded Point(s) of View and Intended Audience(s)

While conducting the multimodal analysis for the CAMH and CMHO websites, a critical

discourse analysis was applied in order to identify the different points of view and the intended

audiences that reside from the messages that are communicated on each website (as shown in

Appendix B). Fairclough, one of the founding theorists of critical discourse analysis, emphasizes

the importance of studying text and its interrelation to a larger social context (Jhangiani &

Vadeboncoeur, 2012).

The discursive analysis of pronouns revealed that second-person pronouns addressing the

viewer such as "you" and "your" were used 13 times on the CAMH website, and first-person

pronouns such as "we" and "our" were also used 13 times on the CAMH website (for the pages

that I had intended to assess and analyze for the purpose of this study). This finding is significant

because I found that the CAMH website is predominantly communicating in a first-person point of view and also communicates in a distinct second-person point of view, with the intended audience representing the viewer(s) of the CAMH website because it seems as though CAMH is speaking directly to the viewer. Moreover, the intended audience that is targeted by CAMH's messages seems to be supporters and donators to CAMH.

To contextualize this finding after applying a critical discourse analysis to the use of pronouns on the CAMH website, Jhangiani and Vadeboncoeur (2012) state that "the use of the personal pronoun *you* continually addresses the reader, drawing the reader into the text, and it operates in at least two complementary ways: (a) generally, to create a reader who identifies with the text, and (b) specifically, to create a reader who willingly engages with the questions posed, responds to each, and begins the process of self-assessment according to the definition of mental health advanced" (p. 177). For example, the CAMH website poses questions targeted to viewers such as "Have you considered giving monthly?" and "Looking to host your own fundraiser for CAMH?" The rhetorical questions communicated to the viewer, such as the ones aforementioned, engages with the viewers on the CAMH website and act as calls for action in the efforts to increase support for mental health.

Similarly, the findings reveal that the CMHO website is also predominantly communicating in the first-person point of view with a distinct second-person point of view. It is notable that the intended audience that CMHO is communicating to are advocates and supporters of mental health. For example, the CMHO website includes calls for action targeted to viewers such as "What you can do" and "Tell the Ontario government how you feel". The calls for action engage with the viewers on the CMHO website and enable viewers to act in order to make a difference and support CMHO's cause and efforts to provide adequate mental healthcare for

children and youth. However, one distinct difference is that the CMHO website reveals more frequent usage of third person pronouns and the third person perspective. On the CMHO website, third person pronouns are used 19 times (for the pages that I had intended to assess and analyze for the purpose of this study). For example, the third person perspective and pronoun use on the CMHO website is apparent on the About Us page: "CMHO's nearly **100 member organizations** operate in every region of the province, providing treatment and support to children, youth and families. This includes targeted prevention, early intervention, short- and long-term counselling and therapy, addictions services, and intensive services such as residential care." Whereas CAMH uses "we" more frequently when talking about their organization, CMHO refers to themselves in the third person point of view more frequently.

The analysis of pronouns is significant because specific choice in words "work dialectically to reify assumptions, advance certain interests, shape issues, and they identify the boundaries of legitimate discourse" (Jhangiani & Vadeboncoeur, 2012, p. 173). In order to contextualize the analysis of pronouns for the purpose of this study, a critical discourse analysis helps people understand how the use of pronouns play a role in shaping messages, with the underlying goal of removing the stigma surrounding mental health and communicating in a manner that does not marginalize those who are labelled as mentally ill.

7. IMPLICATIONS FOR FURTHER RESEARCH

Due to the limited scope of this research study, the analysis and findings for this study can be further analyzed at a deeper level by analyzing beyond the homepages of each website. The literature surrounding positive psychology and mental health is still limited, but implications for further research include considering utilizing a website scraping tool or software to do a fuller

and deeper analysis of the CAMH and CMHO websites. Additionally, the visual social semiotics framework is rather complex, and future research can go more in-depth when analyzing the images. For the purpose of my MRP, I only began exploring the visual social semiotic framework by analyzing simple images by mainly focusing on the images' interpersonal metafunction. According to Harrison (2003), the interpersonal metafunction's effect is the mostly easily identifiable upon viewing an image.

Future studies may also conduct a deeper critical discourse analysis by analyzing the use of verbs and other rhetorical devices, further exploring communication practices of mental health organizations. Researchers may also look at other related aspects such as website user interactivity to assess how users interact with online messages surrounding mental health communications. Another recommendation is to also reach out and conduct interviews or focus groups with organization donors and assess how website interactivity enables supporters to donate to these organizations.

8. CONCLUSIONS

Overall, the comparative analysis of the CAMH and CMHO websites reveals that both organizations share some similarities and differences when it comes to communicating mental health online. While the website layouts for both organizations are similar, the image and text choice that is used to communicate mental health on both organizations' websites slightly differs. Overall, the results from the comparative multimodal analysis and visual social semiotic analysis between the CAMH and CMHO websites reveal that the CAMH website uses more images of "real" people to communicate and establish strong relationships with their website viewers. The images on the CAMH website generate strong viewer engagement and strong viewer

involvement based on the processes and features of the images' interpersonal and compositional metafunction.

To address the first research question of this study pertaining to the themes that emerge from the text and visual imagery of the organizations' websites, the multimodal analysis reveals that the CAMH website uncovers positive themes such as support and empowerment. Empowering messages such as "You're making a difference through Gifts of Light" reflect positive change and empowerment, recognizing the efforts of the individuals and groups that support CAMH. Moreover, all of the images analyzed on the CAMH website display represented participants who are smiling, uncovering positive themes of support and empowerment. The results from this analysis are significant because happy-looking people not only uncover themes and emotions of support, but happy-looking people also normalize mental health disorder (Thompson, 2012). Thus, the images displayed on the CAMH website are coherent as a whole and contribute to the efforts of removing the stigma surrounding mental illness, providing an inclusive and supportive community and culture between CAMH supporters and people who are experiencing mental health issues.

On the other hand, as aforementioned, CMHO utilizes more informative strategies to communicate their messages by presenting more factual and statistical information in the form of infographics. The infographics displayed on the CMHO website place a significant emphasis on the urgent need of mental healthcare for children, marginalizing children and youth who are in need of mental healthcare. This finding is significant because it uncovers themes of detachment, helplessness, and isolation. For example, the text associated with the image in Figure 5 states "The Ontario government must make children' mental health a priority. #KIDSCANTWAIT any longer." As a whole, the text and visual imagery derived from the CMHO website give off the

impression that children are still marginalized and this finding does not uncover as strong positive themes in comparison to the CAMH website.

As society is moving in a direction where mental health is more openly discussed as a public health issue worldwide, organizations should strive for inclusivity and tailor their messages so that people experiencing mental health issues are not marginalized. Positive, empowering messages encouraging inclusivity and support will help organizations reduce stigma surrounding mental health.

To address the second research question proposed in this study, findings reveal that applying a visual social semiotics framework and a multimodal analysis addresses mental health discourse in the efforts to reduce stigma surrounding mental health. According to Harrison (2003), Kress and van Leeuwen state that "social semiotics is an attempt to describe and understand how people produce and communicate meaning in specific social settings" (p. 58). Moreover, visual social semiotics is "an effective tool for understanding many conventions" (Harrison, 2003, p. 58). In the case of this MRP, the visual social semiotic framework served as an effective tool for understanding how mental health organizations such as CAMH and CMHO communicate mental health. This goal is achieved by analyzing the interrelation between image and text, and by giving meaning to the images that were being analyzed on both organizations' websites.

Overall, I agree with Thompson (2012) and his claim that visual imagery can cause or contribute to the shift of mental health discourse to focus on health and wellness rather than illness. This is supported by how CAMH makes use of visual imagery. The choice of visual imagery displayed on the CAMH website communicates that by working together, individuals experiencing mental health issues are not alone and are empowered by the support they receive.

Using images of real people will continue to contribute to reframing mental health discourse. This shift is significant because it places a significant emphasis on optimism and empowerment in comparison to messages that are concentrated on the "despair of illness" (Thompson, 2012, p. 416).

  As the discussion surrounding mental health continues to increase, there is hope that the stigma surrounding mental health will be further eliminated. This positive shift towards mental health and the positive psychology approach to mental health will hopefully shape organizations' messages to be communicated more clearly and in a strong and powerful manner.

APPENDIX B

SP = *Second Person POV*

FP = *First Person POV*

TP = *Third Person POV*

CAMH Homepage	
Message	**Pronouns/Point(s) of View**
Your Impact	Your: 1 (SP)
How you can help	You: 1 (SP)
By contributing on a regular basis, you provide us with a reliable source of funding that supports mental health care, treatment, research and education at CAMH	You: 1 (SP) Us: 1 (FP)
By hosting an event in support of CAMH, you help us to spread mental health awareness while raising funds towards programs at CAMH	You: 1 (SP) Us: 1 (FP)
We have the scope, the leadership and the will to transform mental health care in Canada and around the world. Now we need you. Join us and help make the breakthroughs necessary to change life for patients now and in the future.	We: 2 (FP) Us: 1 (FP) You: 1 (SP)

CAMH About Us Page	
Message	**Pronouns/Point(s) of View**
CAMH is one of the largest hospitals in North America for people with mental illness. We are an acknowledged world leader in brain science. Each year, we provide exceptional care for more than 28,000 patients and respond to 500,000 outpatient visits. We inspire change in the mental health field through the professionals we train, the knowledge we share, and in the modern facilities we are building: embedded in the community and open to the world.	We: 5 (FP)
We are inspired by the courage of our patients, the dedication of our staff and by the	We: 1 (FP) Our: 1 (FP)

example of our volunteers and donors, who have thrust mental health onto society's agenda.	
With your help, CAMH will drive the progress essential to changing mental health - for everyone. Because there is no health without mental health.	Your: 1 (SP)

CAMH Donation Page	
Message	**Pronouns/Point(s) of View**
Your one-time gift will transform the lives of those in need.	Your: 1 (SP)
Recovering from mental illness is a long and difficult road. Thanks to support from people like you, those affected will never have to travel it alone.	You: 1 (SP)
Have you considered giving monthly?	You: 1 (SP)
Choose your one-time gift amount	You: 1 (SP)

CAMH Get Involved Page	
Message	**Pronouns/Point(s) of View**
Foundation events are a great way to get involved and learn more about CAMH and mental health. Whether hosting your own or attending one of our signature events, you can make a real difference – helping to raise money and awareness in support of CAMH. Looking to host your own fundraiser for CAMH?	Your: 2 (SP) You: 1 (SP) Our: 1 (FP)

CMHO Homepage	
Message	**Pronouns/Point(s) of View**
40,000 kids in Ontario seeking care in hospitals could be prevented by increasing capacity	(TP)

54% increase in ED visits and 60% increase in hospitalizations in the past 10 years in Ontario	(TP)
6,500+ children & youth are waiting over a year	(TP)

CMHO About Us Page	
Message	**Pronouns/Point(s) of View**
Children's Mental Health Ontario (CMHO) is the association **representing Ontario's publicly-funded Child and Youth Mental Health Centres.**	(TP)
With the combined strength of our members, we **advocate for government investments, policies and programs** that are responsive to the needs of children, youth and families seeking mental health services in Ontario.	We: 1 (FP)
Our **primary goal is to promote a coordinated and high quality system of care** that puts children, youth and families first.	Our: 1 (FP)
CMHO's nearly **100 member organizations** operate in every region of the province, providing treatment and support to children, youth and families. This includes targeted prevention, early intervention, short- and long-term counselling and therapy, addictions services, and intensive services such as residential care.	(TP)
CMHO is governed by a Board of Directors composed of volunteers. The Directors are eligible to serve a maximum of two 3-year terms on the Board. There are currently 15 Directors on the CMHO Board.	(TP)
We champion the right of every child and youth in Ontario to mental health and well-being.	We: 1 (FP)
An Ontario where every child and youth grows up mentally healthy.	(TP)

Children's Mental Health Ontario is the primary catalyst in both strengthening Ontario's child and youth mental health agencies and enhancing mental health services for children, youth and their families in Ontario	Their: 1 (TP)

CMHO Donation Page	
Message	**Pronouns/Point of View(s)**
Children's Mental Health Ontario welcomes the support of private donors, community groups, philanthropic trusts and foundations, corporate supporters, and professional and local businesses.	(TP)
Our organization uses research, data and statistics to make a strong case to governments to take action to build a strong children's mental health system.	Our: 1 (FP)
Only a strong system of prevention and intervention will prevent youth suicides. Join us as we make a strong case to government to build an exceptional children's mental health system.	Us: 1 (FP) We: 1 (FP)
Why not make your birthday or anniversary gift to a family member, friend or colleague a donation in lieu to help CMHO? You will receive a tax-deductible receipt and your relative or friend receives a card from us telling them of your gift.	Your: 3 (SP) You: 1 (SP) Us: 1 (FP) Them: 1 (TP)
If you're hosting a party, why not make a donation to CMHO instead of sending your guests home with a party favour or lootbag? You can thank your guests by giving them a CMHO card saying that a donation was made to CMHO.	You: 2 (SP) Your: 2 (SP) Them: 1 (TP)
Make a donation to honour or remember someone of importance to you. A card will be sent to this individual's family or friends to let them know you have made a donation.	You: 2 (SP) Them: 1 (TP)

CMHO Get Involved	
Message	**Pronouns/Point of View(s)**
What you can do	You: 1 (SP)
Did you know that as many as 1 in 5 children and youth in Ontario will experience some form of mental health problem? And 5 out of 6 of those kids will not receive the treatment they need. For those who do seek help, many have to wait well over a year for the mental health treatment they need.	You: 1 (SP)
To truly make a difference in the lives of children, youth and families struggling with mental health issues, we must work together. Here are some of the many ways you can help.	We: 1 (FP) You: 1 (SP)
Tell the Ontario government how you feel	You: 1 (SP)
You can educate decision-makers and help influence child and youth mental health policies by speaking to our elected officials. In fact, they often prefer to hear from ordinary citizens rather than organizaitons. Resources you can use to speak up:	You: 2 (SP) Our: 1 (FP) They: (TP)
Template Letter that you can email to the Minister of Children and Youth Services	You: 1 (SP)
Meet with your MPP – This is one of the most critical advocacy activities available. See our Tips and sample script for meeting with your MPP. If an MPP hears a story directly from a family or youth it is more likely to move them to act. See our tips and sample script.	Your: 2 (SP) Our: 2 (FP)
Share CMHO's most recent Report Card on Child and Youth Mental Health with your MPP	Your: 1 (SP)
Speaking to the media is a great way to educate people in your community, raise awareness and get the attention of decision-makers. CMHO's Key Messages can serve as a helpful point as you craft your message	Your: 2 (SP) You:1 (SP)
Write an Op-Ed. An op-ed is an opinion piece by a guest writer (the term is short for "opposite the editorial page").	(TP)

Write a Letter to the Editor. They can be used for different purposes such as responding to a previously published letter, editorial or article, sharing a point of view, or carrying a message forward.	They: 1 (TP)
Call in to a television or radio talk-show: this is a great way to get your message to thousands of listeners. If they're covering a topic that's relevant to child and youth mental health, make an effort to call in and share short, concise statements about current issues. Or, try contacting the program's producer to urge him/her to cover a specific child and youth mental health-related issue.	Your: 1 (SP) They: 1 (TP) Him/her: 1 (TP)
If you are reaching out to media, please be sure to connect with Christine at cpelletier@cmho.org so we can help spread your message.	You: 1 (SP) We: 1 (FP)
Share resources about child and youth mental health issues to a friend who may be worried about their child.	(TP)
There may be an event that someone you know would like to know about.	You: 1 (SP)
Children's Mental Health Ontario uses research, data, and statistics to make a strong case to governments to take action to build a strong children's mental health system. Only a strong system of prevention and intervention will prevent youth suicides.	(TP)
Join us as we make a strong case to government to build an exceptional children's mental health system.	Us: 1 (FP) We: 1 (FP)

REFERENCES

Adami, E. (2014). What's in a click? A social semiotic framework for the multimodal analysis of website interactivity. *Visual Communication, 14*(2), 133-153. doi:10.1177/1470357214565583

Binns, C. & Low, W. (2015). What is public health? *Asia Pacific Journal of Public Health, 27*(1), 5-6). doi: 10.1177/1010539514565740

Bogren, A. (2010). Studying social power in textual data: Combining tools for analyzing meaning and positioning. *Critical Discourse Studies, 7*(1), 73-84. doi:10.1080/17405900903453955

Fergie, G., Hilton, S., & Hunt, K. (2015). Young adults' experiences of seeking online information about diabetes and mental health in the age of social media. *Health Expectation, 19*(6), 1324-1335. doi:10.1111/hex.12430

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry*, *14*(2), 231–233. http://doi.org/10.1002/wps.20231

Glanz, J. L. (2015). Flourish: A visionary new understanding of happiness and well-being. *Christian Education Journal, 12*(1), 221+. Retrieved from http://go.galegroup.com.ezproxy.lib.ryerson.ca/ps/i.do?p=AONE&sw=w&u=rpu_main&v=2.1&it=r&id=GALE%7CA412120015&sid=summon&asid=006346636f46e22c9c46fefc53d80966

Gould, T., Fleming, M. L., & Parker, E. (2012). Advocacy for health: Revisiting the role of health promotion. *Health Promotion Journal of Australia, 23*(3), 165-170. doi:http://dx.doi.org.ezproxy.lib.ryerson.ca/10.1071/HE12165

Gowen, L. K. (2013). Online mental health information seeking in young adults with mental

    health challenges. *Journal of Technology in Human Services, 31*(2), 97-111.

    doi:10.1080/15228835.2013.765533

Growing the global conversation and supporting Canada's mental health (n. d.). Retrieved June

    27, 2017, from http://letstalk.bell.ca/en/results-impact/

Harrison, C. (2003). Visual social semiotics: Understanding how still images make meaning.

    Technical Communication, 50(1), 46-60. Retrieved from

    http://ezproxy.lib.ryerson.ca/login?url=http://search.proquest.com/docview/220994740?a

    ccountid=13631

Kim, H., & Stout, P. A. (2010). The effects of interactivity on information processing and

    attitude change: Implications for mental health stigma. *Health Communication, 25*(2),

    142-154. doi:10.1080/10410230903544936

Kim, I., & Kuljis, J. (2010). Applying content analysis to web-based content. *Journal of*

    Computing and Information Technology, 18(4), 369-375. doi:10.2498/cit.1001924

Knaak, S., & Patten, S. (2016). A grounded theory model for reducing stigma in health

    professionals in Canada. *Acta Psychiatrica Scandinavica, 134*(S446),

    doi:10.1111/acps.12612

Kress, Gunther; Leeuwen, Theo Van. (2006). *Reading Images: The Grammar of Visual Design*.

    Taylor & Francis. Retrieved 29 June 2017, from http://www.myilibrary.com?ID=47857

Jhangiani, S. J., & Vadeboncoeur, J. A. (2010). Health care "as usual": The insertion of

    positive psychology in Canadian mental health discourse. *Mind, Culture, and Activity,*

    7(2), 169-184. doi:10.1080/10749030903311969

Munson, M. R., & Jaccard, J. (2016). Mental health service use among young adults: A

communication framework for program development. *Administration and Policy in Mental health and Mental Health Services Research,* 1-19. doi:10.1007/s10488-016-0765-y

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Adolescent health 3: Mental health of young people: A global public-health challenge. *The Lancet, 369*(9569), 1302-13. Retrieved from http://ezproxy.lib.ryerson.ca/login?url=http://search.proquest.com.ezproxy.lib.ryerson.ca/docview/199076575?accountid=13631

Pauwels, L. (2012). A multimodal framework for analyzing websites as cultural expressions. *Journal of Computer-Mediated Communication, 17*(3), 247-265. doi:10.1111/j.1083-6101.2012.01572.x

Podgornik, N., & Kovačič, A. (2014). Can mental health be viewed as a public social problem? *International Journal of Mental Health, 43*(2), 52-69. doi:10.2753/IMH0020-7411430204

Salerno, J. P. (2016). Effectiveness of universal school-based mental health awareness programs among youth in the United States: A systematic review. *Journal in School Health, 86*(12), 922-931.

Thompson, R. (2012). Looking healthy: visualizing mental health and illness online. *Visual Communication, 11*(4), 395-420. doi: 10.1177/1470357212453978

Tulchinsky, T. H., Flahault, A., Levav, I., Susser, E., Kovess-Masfety, V., Pathare, S., & Gryga, I. (2017). Editorial: Mental health as a public health issue. *Public Health Reviews, 34* doi:http://dx.doi.org/10.1007/BF03391669

Mental health: a state of well-being. (2014). Retrieved February 05, 2017, from

http://www.who.int/features/factfiles/mental_health/en/

Vertilo, V., & Gibson, J. M. (2014). Influence of character strengths on mental health

stigma. *The Journal of Positive Psychology, 9*(3), 266-275.

doi:10.1080/17439760.2014.891245

Wyatt, S., Henwood, F., Hart, A., & Smith, J. (2005). The digital divide, health information

and everyday life. *New Media & Society, 7*(2), 199-218. doi:10.1177/1461444805050747

Zeeman, L., & Simons, L. (2011). An analysis of discourses shaping mental health practitioners.

Journal of Psychiatric and Mental Health Nursing, 18(8), 712-720. doi:10.1111/j.1365-

2850.2011.01721.x