

Running head: CREATING CONVERSATION: BELL LET'S TALK

CREATING CONVERSATION: HOW BELL LET'S TALK PRODUCES ENGAGING  
MENTAL HEALTH CONTENT ON TWITTER

by

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### Abstract

This pilot study explores how Bell Let’s Talk, a mental health initiative to foster positive conversation about mental health in Canada, uses Twitter to disseminate mental health messages with the intention of increasing awareness and reducing stigma. A content analysis was conducted of 89 tweets posted by the official Bell Let’s Talk Twitter account, @Bell\_LetsTalk between December 1, 2016 and January 31, 2017 to establish the overall engagement of content, examine which content receives the highest engagement and establish which message function creates most conversation. The results suggest Bell Let’s Talk produces medium engagement content. The majority of tweets feature a non-celebrity influencer ( $n=37$ ) or non-influencer ( $n=37$ ). However, celebrity content had the highest level of engagement ( $mdn=1102$ ). Of the communication features used, links were the most frequently utilized ( $n=52$ ). Public-centric topics ( $n=45$ ) were the most common type of tweet, yet organizational-centric action tweets received the highest level of engagement ( $mdn=1382$ ). The results of this pilot study suggest Bell Let’s Talk produces content of medium. They also indicate there is potential for further research to build upon and improve health professionals’ knowledge regarding successful content about mental health on Twitter.

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### **Introduction**

With one in five Canadians living with mental illness, it has become a national public health crisis (“End the Stigma”, n.d.). Although this statistic is significant, it does not accurately explain what makes mental illness so daunting. To start, mental illness or mental health refers to a wide range of disorders which impact mood, thinking and behaviour such as depression and anxiety disorders (“Facts and Statistics”, n.d.). Mental illness does not discriminate against gender, age or socioeconomic background, as everyone is susceptible to the disease (“Facts and Statistics”, n.d.). Further, recent indicators show mental illness is currently the primary cause of disability in Canada (“Facts and Statistics”, n.d.). Statistics show that two-thirds of those living with mental illness do not speak up or seek help due to the stigma attached to the illness (“End the Stigma”, n.d.; “Five year plan”, 2015). Stigma is caused by misinformation and misconceptions which then perpetuate stereotypes (“Stigma”, 2017). Based on best practices for reducing stigma, organizations are attempting to increase and normalize the conversation around mental illness to not only break down barriers but allow others to recover from mental health issues (“End the Stigma”, n.d.; “Toolkit”, n.d.). A successful method for challenging stigma includes improving knowledge, attitudes and behaviour through mass media and social media (Livingston, Tugwell, Korf-Uzan, Cianfrone, & Coniglio, 2013; Sampogna, Bakolis, Evans-Lacko, Robinson, Thornicroft, & Henderson, 2017). Thus, in an attempt to fight stigma, the past few years have brought Canadians an increase of mental health campaigns and advocacy online which has influenced the public to have a major interest in combatting the public health crisis (Choi & Nicolas, 2017; Livingston et al., 2013). Yet, despite its distinct importance, there have been limited studies discussing how these operations attract online engagement and thus, if these campaigns impact the understanding of mental health, stigma or raise awareness (Livingston et



al., 2013; Sampogna et al., 2017). As such, the main purpose of this study, which will be discussed more thoroughly later in the Introduction, is to develop an understanding of what content leads users to engage in mental health conversation online on a daily basis. This will be achieved by specifically analyzing the mental health initiative Bell Let’s Talk and its account on Twitter, @Bell\_LetsTalk. It is important to note that throughout this paper, the designation @Bell\_LetsTalk will be used when describing the official Twitter account and the phrase ‘Bell Let’s Talk’ will be used in reference to the initiative created by Bell, and not specifically the Twitter account.

Bell Let’s Talk is an important initiative to study as it is a wide-reaching and well-established program (Miller, 2013). Beginning in September 2010, Bell<sup>1</sup> launched Bell Let’s Talk to foster positive conversation and support mental health all across Canada (“End the Stigma”, n.d.). To showcase their dedication to the cause, Bell pledged to raise no less than \$100 million for mental health programs by 2020 (“Mental Health”, 2016). Moreover, to help drive the change, the corporation pledged to expand its funding based on the interactions of Canadians on Bell Let’s Talk Day, an annual, one-day campaign (“Mental Health”, 2016). On this day, Bell donates five cents for every text message or call made on its network, every use of the Bell Let’s Talk filter on Snapchat and every message sent on social media using the hashtag, #BellLetsTalk (“Media Release”, 2017). Since its inception, Bell Let’s Talk has raised \$86,504,429.05 for mental health programs nationwide (“Bell Let’s Talk”, n.d.). To date, this is the largest-ever corporate commitment to mental health in Canada (“Mental Health”, 2016). However, the goal of Bell Let’s Talk is not only to foster engagement on the campaign day but also to continually contribute mental health conversation year-round (“Our Initiatives”, n.d.). For this reason, Bell

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<sup>1</sup> Bell is a Canadian telecommunications company

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Let’s Talk leverages multiple social media platforms throughout the year (“Five Year Plan”, 2015). As such, this study will focus on @Bell\_LetsTalk content year-round as opposed to the one day campaign.

As a means to evaluate the performance of Bell Let’s Talk, a 2015 Bell-commissioned Nielsen<sup>2</sup> study revealed the progress of Bell Let’s Talk Day over a five-year time period (“Five Year Plan”, 2015). Up from 25 per cent in 2011, 42 per cent of Canadians felt Bell Let’s Talk Day influenced them to discuss mental health issues with family, friends and others (“Five Year Plan”, 2015). In addition, four in five Canadians say Bell Let’s Talk has increased their level of awareness of mental health issues (“Results Impact”, 2017). Thus, the results suggest Bell Let’s Talk is aiding in an individual’s recovery from mental health as talking about and learning more about mental illness helps in the healing process and reduction of stigma (“End the Stigma”, n.d.; “Toolkit”, n.d).

More recently, in April 2017 Ipsos<sup>3</sup> third annual Canadian Mental Health Index showed how mental health issues are changing in Canada (“About Ipsos”, 2016; Chai, 2017; “Public Perspective”, 2017). The results suggest, “mental health stigma may be lessening while awareness may be increasing” (Chai & Nicolas, 2017, para. 13). It was also noted, 51 per cent of Canadians believe their peers are more comfortable discussing mental health (Chai & Nicolas, 2017). These results imply mental health promotion online is reducing stigma and raising awareness.

As more organizations adopt online campaigns in attempt to reduce stigma and raise awareness regarding mental health, it is imperative to determine how people respond to and engage with the content shared. This pilot project provides an opportunity to determine if further

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<sup>2</sup> Nielsen is one of Canada’s most established public opinion and market research company

<sup>3</sup> Ipsos is a leader in Canadian market research

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study can inform future communicators and thus, contribute to the increased awareness of mental illness and the reduction of stigma. Through the analysis of @Bell\_LetsTalk, this pilot study provides insight into how Bell Let's Talk uses content to engage an audience on a daily basis. Through quantitative and qualitative research methods, this study analyzes the success of content by creating an overall engagement score for each tweet. For the purpose of this study, success is measured by level of engagement. To examine which content garners the highest levels of engagement, a content analysis of several aspects of each tweet—such as *influencer* mentioned, multimedia attached or overall theme—will be conducted to determine how Bell Let's Talk creates successful content when engaging in conversation about mental health on social media.

As Canadians face a national mental health crisis, this pilot study critically examines @Bell\_LetsTalk day-to-day conversation on Twitter to gather information to educate health communication professionals in regard to what type of content contributes to successful mental health conversation online.

### **Literature Review**

The following literature review widens the scope of analysis from focusing exclusively on mental health campaigns on Twitter to more broadly examining health communication on social media. As mentioned in the Introduction, despite the increase in mental health campaigns on Twitter, scholars have noted there are limited studies regarding both, the use of social media for mental health and more generally, health promotion (Korda & Itani, 2013). By expanding the parameters of the research that this study intends to analyze, the present pilot project offers a comprehensive literature review comprised of four main areas. The first area examines social media, Twitter and cause-related marketing which will contextualize the methodologies used by Bell Let's Talk. The next area discusses the role of Twitter in a health context to deliver insight into how Bell Let's Talk uses Twitter to disseminate health information. Following this, the literature review investigates health campaigns on social media to determine which online factors shape people's attitudes toward mental health issues (Livingston et al., 2013). Lastly, the literature review discusses the importance of metrics on social media and Twitter. Further, these studies illustrate how key performance indicators (KPI) aid in the measurement of engagement. Additionally, analyzing these studies will help build a foundation for measuring the success of @Bell\_LetsTalk content.

### **Social Media, Twitter and Cause-Related Marketing**

This section is divided into three subsections to provide an overview of the main promotional devices utilized by Bell Let's Talk. It begins by exploring social media in a general context. Once a more comprehensive analysis of social media is complete, the next area examines Twitter and its features, as Twitter is the focus of this pilot project. Following this, the

third area investigates cause-related marketing, a technique that is also employed by Bell Let's Talk.

**Social Media.** Social media is an array of Internet-based applications in which users—both, individuals and organizations—can connect with a broad range of people by creating and sharing content (Thackeray, Neiger, & Keller, 2012). Social media has become a prevalent channel for organizations to not only distribute information but also interact and engage with an audience (Harris, Mart, Moreland-Russel, & Caburnay, 2015). One reason for its frequent use within organizations is its low cost which attracts marketers (Gupta, Tyagi, & Sharma, 2013). Additionally, scholars indicate social media provides professionals with the ability to reach a global audience which allows for increased promotional and marketing opportunities (Gupta et al., 2013; Thackeray et al., 2008). With respect to how audiences use social media, scholars suggest users frequently spend time on social media to seek out and exchange information (Duggan, Ellison, Lampe, Lenhart, & Madden, 2015 as cited in Park, Reber, & Chon, 2016). However, given the wealth of information available on social media, one major concern for several users is the prospect that the information they seek may be inaccurate (Lim, 2016). Despite this setback, researchers argue a solution for organizations to enhance the value of a social media channel is to foster continuous conversation and dialogue with its audience (Park et al., 2016; Thackeray et al., 2012b). In regard to which social media channel is most widespread, Li (2014) argues Twitter is the most commonly used platform globally by Fortune 100 companies. As such, this assertion confirms Twitter is the utmost meaningful tool to analyze for this study. Accordingly, the next section will provide an overview of the structure and functions of Twitter.

**Twitter.** Twitter is a social media or micro-blogging platform which enables users to send 140-character messages (a tweet) to an audience with little effort (Park, Rodgers, & Stemmler, 2013; Sinnenberg et al., 2017). With 500 million tweets sent each day and over 300 million monthly active users worldwide, Twitter continues to grow as a social media platform ("About Twitter", 2016; Sinnenberg et al., 2017). In regard to how the medium is used, Twitter can disseminate information and create dialogue, thus becoming a crucial tool for effective communication and engagement (Park et al., 2016). As a result of this claim, various scholars believe the platform often plays a large role in social activism campaigns due to its ability to form online communities by connecting users who share similar beliefs and values (Heldman, Schindelar, & Weaver, 2013; Shepherd, Sanders, Dolye, & Shaw, 2015). Through this online community, users can coordinate and participate in various activities, both online and offline (Shepherd, et al., 2015). A more comprehensive review of online campaigns and communities will be provided later in the Health Campaigns and Social Media section. Thus far, this section demonstrates how Twitter can be used to foster social engagement. Next, it is necessary to define the features which are specific to the platform.

Twitter has several key features which increase interactivity between the message sender and receiver (Park et al., 2016). Twitter's communicative features include: *at-replies*, *at-mentions*, *retweets* and *likes* (Bhattacharya, Srinivasan, & Polgreen, 2014; Park et al., 2016). To begin, the terms *at-reply* and *at-mention* are similarly formatted as they both can be included in the body of a tweet. As well, they include the @ symbol before a username, @[username] which ultimately tags a user. The difference between an *at-reply* and an *at-mention* is the former is used in-reply to a user's post whereas the latter is used to talk about another user (Jacobson & Mascaro, 2016; Park et al., 2016). Subsequently, the following two terms, *retweet* and *like* are

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similar in that they can only be used after a tweet is posted. The feature *retweet* is when a user reposts a tweet published by another user, thereby sharing the original tweet with their own followers (Park et al., 2016). Lastly, the term *like* means to “show appreciation for a tweet” (“Liking a tweet”, n.d., para. 1). Similar to aforementioned communicative features *at-reply* and *at-mention*, users can incorporate various media types within a tweet (Couraris, Van Osch, & Brooks, 2014). While users have the option to share a text-only tweet, media features such as hyperlinks, pictures and videos can also be employed (Couraris et al., 2014). Firstly, a hyperlink (or URL) direct users to an external source outside of Twitter (Jacobson & Mascaro, 2016; Park et al., 2016). In contrast, a picture and video can be embedded into the tweet itself (Park et al., 2016). Despite the features’ differences, each of these elements have the ability to enrich a message (Couraris et al, 2014; Park et al., 2016). This correlation is important as studies indicate the richer a message is, the more likely a receiver will engage with it (Ramanadhan, Mendez, Rao, & Viswanath, 2013).

To conclude, through the use of Twitter, both message sender and receiver have a multitude of opportunities to enhance their interactions with one another through features such as *at-replies*, *retweets* and attaching various media types. As a result, these attributes can impact overall engagement. For the purpose of this study it is critical to understand which factors contribute to the engagement of a message. The aspect of engagement will be extensively analyzed further in the Social Media Metrics section. The next section will draw attention to literature that describes the uses of cause-related marketing.

**Cause-related marketing.** The following section focuses on cause-related marketing (CRM). Organizations use CRM as a communications tool to promote a campaign (Brønn & Vrioi, 2001). Historically, in these campaigns an organization commits itself to donating a

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specific amount of money to an identified cause (Moosayer & Fuljahn, 2010). Customarily, the total donation increases based on the participatory actions of the public (Moosayer & Fuljahn, 2010). Thus, the more an individual participates in the campaign, the more the company will donate (Moosayer & Fuljahn, 2010). In regard to the Bell Let's Talk one day campaign, it is designed so that for every interaction by an audience member on social media, Bell will contribute five cents toward their established mental health initiative ("Media Release", 2017). Therefore it is apparent that Bell Let's Talk is a CRM campaign.

Upon establishing the donation size and the charitable recipient, an organization must then decide which marketing tactics garner the largest amount of audience participation with the intention of enhancing the company's overall giving (Thamaraiselvan, Arasu, & Inbaraj, 2017). A frequent technique utilized by organizations to attract participants during a CRM campaign is featuring a celebrity (Thamaraiselvan et al., & 2017). According to Thamaraiselvan et al. (2017) celebrities aid in building brand image as well as depicting the importance of the supported cause. Additionally, previous studies propose that consumers become emotionally invested in CRM campaigns which are supported by their favourite personality (Kim & Na, 2007; Nunnelley, 2012; Thamaraiselvan et al., 2017). Therefore one can conclude that celebrities influence individuals to participate in the featured cause (Nunnelley, 2012). To further exemplify how Bell Let's Talk is a CRM campaign, celebrities such as Clara Hughes, Howie Mandel and Michael Landsberg are spokespeople employed to support the cause and encourage engagement (See Appendix A for a complete list of Bell Let's Talk spokespeople).

The above three subsections provide insight into the tools used by Bell Let's Talk. Collectively, these studies suggest multiple features such as *likes*, *retweets*, *at-replies* and the inclusion of multimedia elements and celebrities, play a distinct role in both message creation



and how a user responds to a message they receive. To build upon the importance of Twitter as a tool, the next section will focus on the use of Twitter in health communication.

### **The Role of Twitter in a Health Context**

This section begins by examining how previous academics have studied Twitter in health communication. It then investigates the usage of Twitter by health professionals. Lastly, it explores reasons Twitter is used in a health context. More specifically, it examines common themes and message topics of health-related tweets.

A recent study by Sinnenberg et al. (2017) focuses on providing a comprehensive overview and compilation of literature related to Twitter and health. The authors conclude 56% of studies perform a content analysis of tweets (Sinnenberg et al., 2017). Additionally, the scholars suggest content analysis' are commonly performed to identify tweets as either informative or uninformative (Sinnenberg et al., 2017). Alternatively, previous researchers also perform sentiment analysis' on tweets to understand whether followers have a positive, negative or neutral opinion regarding health promotion content (Sinnenberg et al., 2017). Another notable finding shows that of all the studies Sinnenberg et al. (2017) examined, 14% analyze the engagement between Twitter users and an organization's official Twitter account. In sum, this research assists in forming a foundation through which the Bell Let's Talk content will be analyzed.

The following section will explore the prevalence of Twitter by health professionals. As earlier mentioned, scholars suggest Twitter is becoming increasingly used by health communication professionals (Freeman, Potente, Rock, & McIver, 2015; Park et al., 2013). However, a number of studies indicate that despite the considerable use of social media in health promotion, it is not widespread (Edgerton et al., 2016; Harris, Mueller, & Snider, 2013). Similar

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to this assertion, Thackeray et al. (2013) argue health promotion departments are not using the social media outlets to their advantage. Yet, little research has been completed with regard to how organizations can leverage social media. Although this area of research may be inadequate, the remainder of this section will explain how health organizations are currently using Twitter.

This segment provides a general context around how organizations use Twitter. Then it will present Twitter usage more thoroughly by investigating specific message categories and topics frequently used by health organizations. To begin, Park et al. (2013) propose health professionals operate Twitter to inform, manage, guide and monitor the public during health emergency and risk situations (Harris et al., 2015). In addition to this, Twitter is used as part of a promotional strategy to share information and influence behaviour change (Freeman, Potente, Rock, & McIver, 2015; Park et al., 2013). This approach, commonly referred to as health promotion, encompasses an overarching goal to afford individuals better control and understanding of their health (Veale, Sacks-Davis, Weaver, Pedrana, Stoové, & Hellard, 2015). Moreover, studies suggest the topics of health promotion posts range from information and fact-based to personal narrative experiences (Shepherd et al., 2015). Similarly, several authors offer a more substantial list of message topics, which include but are not limited to: breaking news, health information such as trends and screening procedures, events, action-based information, health services, health programs and career announcements (Neiger, Thackeray, Burton, Giraud-Carrier, & Fagen, 2013; Park et al., 2016; Shepherd et al., 2015; Thackeray et al., 2013). By observing the array of messages and topics more critically, Lovejoy and Saxton (2012) suggest there are three key groups of tweets: *informational*, *community building* and *action taking*. The authors believe tweets containing information about events or news such as reports and facts have an *informational*-function (Lovejoy & Saxton, 2012). These tweets typically involve one-

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way conversation from an organization to the public (Lovejoy & Saxton, 2012). Second, *community building* tweets facilitate interaction and conversation between organization and followers through acknowledging their support and sharing personal stories which could strengthen their bond (Lovejoy & Saxton, 2012). Lastly, *action-taking* tweets are referenced to encourage users to carry something out for the organization, such as donate money or participate in an event (Lovejoy & Saxton, 2012). In sum, the authors argue these three message categories can encourage users to make improvements to their personal health and health-related behaviours (Korda & Itani, 2013).

In response to Lovejoy and Saxton's (2012) model, Thackeray et al. (2013), create broader topics referred to as *organization-centric* and *personal health-centric* messages, to enhance the classification of messages. The purpose of an *organization-centric* tweet is to strengthen the image of the organization (Thackeray et al., 2013). Whereas, a *personal health-centric* tweet shares a multitude of health information, yet the tweet does not specifically mention the organization (Thackeray et al., 2013). Although these frameworks have been adapted by studies, it remains unclear which type of messages are best to reach users (Freeman, Potente, Rock, & McIver, 2015). Researchers believe studying the message topic and category of tweets can contribute to the optimization of health communication on social media (Park et al., 2016). The studies presented thus far provide evidence that while Twitter is a growing resource in the health industry, more research must be done to establish what creates engaging content. Therefore, this present pilot project aims to help classify which type of messages are predominately used by Bell Let's Talk to foster conversation. Based on the above, one can determine which message function proves to be most successful for Bell Let's Talk.

### **Health Campaigns on Social Media**

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This section critically examines the relationship between general health campaigns and mental health campaigns on social media. Each subsection begins by looking at the reasoning behind social media use for health campaigns. The sections conclude by discussing strategies used to increase campaign participation online.

An important notion to consider when examining a health campaign is that health professionals are driven to social media by several factors (Cugelman, Thelwall, & Dawes, 2011). For instance, social media not only provide millions of users access to information but also allows for interactivity between information sender and receiver (Cugelman et al., 2011). In regard to health campaigns, prior studies show social media play an essential role in meeting campaign objectives (Freeman et al., 2015). Moreover, unlike other multimedia campaigns, social media allow for public health messages to be integrated into every day online conversation (Gupta, Tyagi, & Sharma, 2013). According to previous studies, one way to increase participant involvement in an online campaign is by managing a variety of social media platforms (Freeman et al., 2015). As previously mentioned, Bell Let's Talk manages a variety of social media platforms, however this study specifically focuses on Twitter ("Five Year Plan", 2015). Additionally, scholars indicate a significant factor when attempting to increase campaign involvement is to discover and feature potential *influencers*, whether it be another agency, a celebrity or individual (Freeman et al., 2015; Kumar & Mirchandani, 2012). Influential users or *influencers* are organizations or individuals who have a large social following and therefore, capture a considerable amount of attention on social media regarding a specific topic (Edgerton et al., 2016). Research shows by mentioning a figure who advocates for or is interested in the focus of a campaign, users can be influenced to follow or further share the movement online (Freeman et al., 2015; Heldman et al., 2013; Kumar & Mirchandani, 2012). This notion is also a

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factor in developing an online community, which is an essential part of any campaign (Heldman et al., 2013). An online community is made of users who believe in the same cause or issue (Heldman et al., 2013). Through creating a sense of community, social media campaigns are more likely to be successful (Freeman et al., 2015). According to Freeman et al. (2015), even during campaign idleness, continuously building and strengthening an online community is a necessity, as the stronger the community, the more likely users will support future campaigns. The present study intends to investigate which elements of the above research, Bell Let's Talk incorporates into its content.

**Mental Health Campaigns on Social Media.** As earlier indicated, several studies show a rising number of anti-stigma campaigns are being produced on social media platforms (Betton, Borschmann, Docherty, Coleman, Brown, & Henderson, 2015; Livingston et al., 2013; Shepherd et al., 2015). In response, various researchers propose reasons for this growth (Livingston et al., 2013; Shepherd et al., 2015). For instance, scholars document that social media can act as a resource in reducing stigma and raising awareness regarding mental health (Shepherd et al., 2015). On a related note, researchers identify social media as a tool to inform users about how to seek help for their illness (Shepherd et al., 2015). Another key tactic to reduce stigma is to include those who live with mental health issues in the creation of an intervention, both online and offline (Livingston et al., 2013). Despite its growth online, few studies have been conducted to establish which factors, specifically online, shape people's attitudes toward mental health issues (Livingston et al., 2013). With regard to mental health conversation on social media, previous research suggest individuals produce more conversation regarding mental illness than organizations (Betton et al., 2015). This means organizations can leverage individual-led conversations by promoting their followers conversation (Betton et al., 2015).

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Upon identifying social media strategies which reduce stigma and raise awareness, it must be recognized that there is a lack of evidence as to whether these campaigns achieve or maintain positive impacts (Betton et al., 2015; Norman, 2012). A study conducted on 'Time to Change' (TTC), a mental health campaign in England, demonstrates social media is an effective tool in increasing awareness regarding mental illness (Sampogna et al., 2016). However, there is a significant gap in literature when it comes to the effects of mental health campaigns on Twitter, or more broadly, social media on audiences (Jacobson & Masarco, 2016; Shepherd et al., 2015). Due to this Betton et al., (2015) concludes more studies need to analyze the connection between social media and public opinion about mental illness.

Additionally, Freeman et al. (2015) argue researchers must investigate the delivery of content on various social platforms to eventually form a framework for developing online campaigns. Given the compelling assertions made by previous scholars, it is imperative to analyze Bell Let's Talk content as a pilot study to determine a potential base for creating future campaigns. The next section presents an overview of the terms which are important to measuring the success of online campaigns.

### **Social Media Metrics**

The remainder of this Literature Review examines studies which explain terminology specific to social media measurement. First, it defines metrics and key performance indicators (KPIs). It then explores the ways in which previous scholars use these processes. Lastly, it provides a thorough analysis of measuring social media engagement.

Traditionally when examining a social media campaign, it is crucial to track and analyze common online analytic measurements known as metrics and KPI (Neiger et al., 2012). According to Sterne (2010), metrics are measurable variables and KPI are a form of metric

(Neiger et al., 2012). For this study, it is necessary to indicate common metrics associated with Twitter are number of tweets, *at-replies*, *likes* and *retweets* (Freeman et al., 2015; Neiger et al., 2012). More importantly, several studies indicate through the identification, development and tracking of metrics, organizations can improve their contributions online as they can determine what content adds to the success of their social media interventions (Korda & Itani, 2013; Veale et al., 2015). However, a major limitation researchers mention is that scholars and health professionals use different KPI to measure success (Neiger et al., 2012; Sterne, 2010). This notion alludes to a disconnect between health communication scholars as there is no common framework for defining metrics or measuring and tracking KPI (Korda & Itanti, 2013; Lim et al., 2016; Neiger et al., 2013). The evidence suggests metrics are assigned by individual evaluators (Neiger et al., 2012; Sterne, 2010). For this reason, researchers determine there is a lack of continuity in regard to standard measurements when analyzing social media metrics (Korda & Itanti, 2013; Lim et al., 2016). Neiger et al. (2015) find that looking at KPI such as engagement, insights, exposure and reach are most valuable. In contrast to those measurements, Korda and Itani (2013) recommend an already established approach known as the RE-AIM framework, which addresses: reach, effectiveness, adoption, implementation and maintenance. Regardless of the differences, these metrics are necessary for gauging influence online (Krall, 2009). As such, scholars express the need and value for establishing consistent measures to assist in evaluating engagement of future health promotion on social media (Lim et al., 2015). The next section focuses on how scholars study and measure engagement of health campaigns.

**Measuring engagement of a health campaign.** As previously mentioned, there are several proposed metrics and definitions to represent engagement in past literature (Harris et al., 2015). More specifically, multiple scholars propose engagement is a meaningful indicator of

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social media success as it signifies campaign participation, awareness and can be an implication of behaviour change. (Lim et al., 2016; Park et al., 2016; Veale et al., 2015). Additionally, researchers note that engaging tweets focus on building relationships and strengthening networks with followers (Lovejoy & Saxton, 2012; Thackeray et al., 2013). In contrast with the previous definitions, engagement is also described as “interactions designed to promote some common goal” (Bhattacharya et al., 2014, p. 1). Due to the vast array of definitions it is evident a universal definition is essential. For the context of this paper, engagement is defined as: “a measurement that links social media to action and can range from low to medium to high” (Neiger et al., 2012, p.162). This definition is effective because it creates a spectrum on which engagement can be numerically measured.

Neiger et al. (2013) propose three standard definitions for low, medium and high engagement. Low engagement metrics involve activities that do not ask for action from the audience (Neiger et al., 2013). Instead, low engagement is associated with creating a relationship between organization and followers (Neiger et al., 2013). An example of a low engagement metric on Twitter are *likes* (Neiger et al., 2013). Twitter metrics associated with medium engagement are *retweets* and *at-mentions* (Neiger et al., 2013). According to Neiger et al. (2013) high engagement refers to the number of people who participate in or support programs or services offered by the organization (Neiger et al., 2013). Given the definitions of low, medium and high engagement, one can use them to understand if content on Twitter produces low or medium engagement.

According to Neiger et al. (2013) most public health and health promotion on Twitter tend to begin and end at low engagement. Multiple studies suggest medium and high engagement are linked with two-way communication; an essential feature of social media (Neiger et al.,



2013). However, research indicate a majority of health organizations only participate in one-way conversation, thus health communication professionals are not leveraging social media to its full potential (Edgerton et al., 2016; Thackeray et al., 2013). One-way communication denotes an organization sends out a message to its followers but does not reply to any messages directed to the organization (Thackeray et al., 2013). In comparison, two-way communication signifies a connection between an organization and follower as they engage in conversation (Thackeray et al., 2013).

In addition to the metrics on Twitter mentioned above, which represent engagement such as a *like*, *reply* and *retweet*, communicative features such as media types contribute to increased engagement (Veale et al., 2015). Veale et al. (2015) analyzed sexual health promotion on Twitter in which they found key strategies for successful engagement include: posting regularly, using celebrity influencers, using *at-replies* as well as uploading multimedia content. Additional studies claim features such as hashtags, hyperlinks and *at-mentions* increase the likelihood of a tweet being *retweeted*, thus producing engagement (Bhattacharya et al., 2014). These studies provide a basis upon which one can establish what type of content contributes to the engagement of @Bell\_LetsTalk posts.

To conclude this section, the growing body of literature recognizes the importance of creating not only a unilateral measure of engagement but also a clearer understanding of what content, both type and message, is most successful on Twitter in a health communication context. In sum, this literature draws attention to three main concepts: engagement, content type and message topics and categories. Based on these ideas, the Literature Review guided the creation of relevant research questions which are described in the following section.

### Research Questions

This chapter addresses the three research questions which this study intends to answer. The research questions are based on the information provided in the Literature Review. As explained in the Introduction, this pilot study focuses on observing the Bell Let's Talk Twitter account, @Bell\_LetsTalk, to investigate day-to-day conversation about mental health, to answer the following research questions:

**RQ1.** To what extent does content posted by @Bell\_LetsTalk create engagement among users?

**RQ2.** What type of content produces the most engagement among users?

**RQ3.** What message topics lead audiences to *retweet*, *like* or *reply* to @Bell\_LetsTalk posts?

For clarity, Table 1, Table 2 and Table 3 display the definition of each feature being used in this analysis. While other definitions exist, those in Table 1, Table 2 and Table 3 represent the classifications used for this study. The next section presents the procedures and methods that will be used in this investigation.

### **Methodology**

In order to answer the defined research questions, the following section provides a more detailed account of the methodology used for this study. This section begins by describing how the dataset was collected through Keyhole, a social media tracker. Then it describes how the tweets were methodically narrowed down to achieve the objectives of the project. Lastly, this section presents how the data was systematically analyzed and meticulously coded.

#### **Data Collection Approach**

Data for this study was composed of a collection of tweets posted from the official Bell Let's Talk Twitter account, @Bell\_LetsTalk, between December 1, 2016 and January 31, 2017. Due to the perpetual nature of Twitter content, data was extracted from the most recent calendar year as it reflected the current practices of Bell Let's Talk professionals. The tweets were collected through Keyhole, a social media tracker ("About us", n.d.). In contrast with most existing analytic tools Keyhole is considered a "firehose" which provided the author with unfiltered access to all tweets ("Data Access", 2016). The collection of data also included tweet and related information such as the time and date the tweet was published, number of *retweets*, number of *likes*, number of *replies*, tweet type, media type and hyperlink to the original tweet ("Twitter Analytics", n.d.). This sampling procedure resulted in a total of 500 tweets, each of which were imported into an Excel spreadsheet (See Figure 1 for how data was imported and organized into Excel).

Given the practical constraints of the pilot project, the dataset was narrowed down systematically before the tweets were interpreted. To begin, January 25, 2017 was removed from the dataset. This date was the official Bell Let's Talk campaign Day where @Bell\_LetsTalk sent a total of 350 tweets. With reference to this, January 25, 2017 was excluded as the goal of the

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project was to analyze how Bell Let’s Talk enhanced mental health awareness on a daily basis through every day conversation in comparison to a one day campaign. Additionally, both *retweeted* content and *at-replies* sent by @Bell\_LetsTalk were omitted from the dataset. To elaborate, as discussed in the Literature Review, *retweets* do not express original thoughts, attitudes or opinions by the secondary poster (“Retweets”, n.d.). As well, *at-replies* sent by @Bell\_LetsTalk were only published as a result to another user directing a message toward @Bell\_LetsTalk. In short, *retweeted* content and *at-replies* were removed as this pilot study focuses explicitly on @Bell\_LetsTalk original content and not tweets published or influenced by other accounts. For this reason, the author did not collect or analyze tweets which used the hashtag #BellLetsTalk as it was necessary to consistently focus on content created by the organization instead of other public entities. While the use of a hashtag represents audience engagement, the goal of the project was to specifically study the interactions caused by @Bell\_LetsTalk Twitter content (Bhattacharya et al., 2014). As such, each user that shares the hashtag #BellLetsTalk has a different amount of followers. Due to this factor and the scope of the project, the level of engagement associated with the use of the hashtag cannot be accurately measured as a user with 20 followers would not create as much engagement as one with one million followers. Consequently, one could argue the use of the hashtag #BellLetsTalk on Twitter could have been influenced by other factors such as word-of-mouth, an online magazine or newspaper article as well as a television or radio advertisement, instead of a @Bell\_LetsTalk tweet. Thus, it was necessary to circumvent the collection of tweets which featured the hashtag #BellLetsTalk by various users. It is important to indicate, *at-mentions* were included in the analysis as these tweets represent the sender’s original ideas (Neiger et al., 2013). In sum, after removing *retweets* and *at-replies*, the sampling procedure resulted in a total of 89 tweets, each of

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which were analyzed manually. The collection of tweets assisted in addressing all three research questions. Therefore, the gathered data informed and supported the pilot study's conclusions as to what makes successful content when engaging in mental health conversation on Twitter.

### Data Analysis

The following section describes the data analysis in greater detail. First, it presents the analysis methods which were applied in this study, specifically making reference to: content analysis, textual analysis and mixed-methods approach. It then moves onto defining the coding procedure for each individual research question.

As mentioned in the Literature Review, content analysis has frequently been used as a method of analysis when studying a specific health topic on Twitter. More specifically, a content analysis offers insight into what content generates the largest impact on an audience (Sinnenberg et al., 2017). Based on these findings, a content analysis of @Bell\_LetsTalk tweets was performed to determine what makes content successful when discussing mental health on Twitter. After collecting the sample data through Keyhole, each tweet was hand-coded twice to ensure accurate results. One major drawback of this collection method was that even though a number of tweets collected included a multimedia aspect such as a picture, link or video, only the text of the tweet was provided. See Figure 1 for how content was displayed for the coder. In comparison, see Figure 2 for how content was displayed if a user accessed the tweet through a web browser or smartphone application.

Date	Time	Tweet	Retweet	Likes	Replies	Type	Link
01-Dec-16	11:40 AM	Let's make talking about our <a href="#">#mentalhealth</a> as easy as it is to talk about going to the dentist. <a href="#">#BellLetsTalk</a>	153	162	3	Picture	<a href="https://twitter.com/Bell_LetsTalk/status/804364493140660224">https://twitter.com/Bell_LetsTalk/status/804364493140660224</a>

*Figure 1:* Sampling spreadsheet. This figure illustrates how data was imported into the Excel spreadsheet for the coder.

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*Figure 2:* Screenshot of a tweet. This figure illustrates a tweet mention in Figure 1, cell C3. It demonstrates how a tweet would appear for someone viewing Twitter on a web browser. (Bell Let's Talk, 2016b).

Due to the coder's inability to view the multimedia portion of the tweets, a textual analysis of each tweet was performed. Therefore, when coding the above tweet in Figure 2 the following information was taken into consideration: "Let's make talking about our #mentalhealth as easy as it is to talk about going to the dentist. #BellLetsTalk" (Bell Let's Talk, 2016b). However, disregarding the multimedia content within the tweets is indicative of a major flaw within the coding procedure. Specifically, information from a photo, video or link could be vital in the coding of each tweet and thus, if not included, presents a major limitation in which the coding may have produced slightly different results. A more comprehensive discussion of this limitation is provided in the RQ2 and RQ3 subsections below.

Lastly, this research paper takes a mixed-methods approach as prior studies have shown that quantitative and qualitative approaches are productively combined when analyzing health-related posts on Twitter (Hamad, Savundranayagam, Holmes, Kinsella, & Johnson, 2016). For

the context of this paper, deductive analysis was defined as, “when the purpose of the study is to test a theory or extend an existing theory or prior research” (Hamad et al., 2016, p. 3). In sum, the development of the analysis methods was in part based on previous research as well as caused by the limitations of the resources. The next section outlines the construction of the coding instrument employed by the coder. The coding manual below consists of three parts which correspond to each research question.

**RQ1.** To identify what level of engagement @Bell\_LetsTalk created on a daily basis when discussing mental health on Twitter, the coder followed three steps. To begin this process, each sampled tweet was analyzed by engagement KPIs, specifically: (a) *likes*, (b) *retweets*, (c) *replies*. As discussed in the Literature Review, the individual number of *likes*, *retweets* and *replies* for each tweet represent a level of interaction between an organization and follower (Manetti, Bellucci, & Bagnoli, 2016). Thus, understanding this data is the first step toward determining which tweet received the highest overall engagement.

After finding the individual number of *likes*, *retweets* and *replies*, the next step of the procedure was to calculate the overall level of engagement for each individual tweet. To do this the author created a more sophisticated measure of engagement, in which metrics were weighted differently to highlight the amount of engagement generated by Bell Let's Talk (Lim et al., 2016). Firstly, the lowest weighted metric was a *like* which was assigned a value of 1 as it was considered a low engagement metric (Neiger et al., 2012). A *like* was denoted by *l* (Coursaris et al., 2014; Neiger et al., 2012). Next, a *retweet* was weighted 2 as it was a medium engagement metric and it was denoted by *rt* (Neiger et al., 2012). Lastly, a *reply* was weighted 3 as it was considered a medium engagement metric but more engaging than a *retweet*. A *reply* was denoted

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by  $r$  (Neiger et al., 2012). Therefore, an overall measurement of engagement “E” was calculated as follows:

$$E = (1 * l) + (2 * rt) + (3 * r)$$

Once the engagement score was calculated, the data was sorted into three defining levels: low, medium and high, to fulfill the aim of this research question. The results were gathered using Microsoft Excel’s “percentile” and “IF” functions. According to the Excel website (n.d.), the percentile function is useful to establish groups in which data should be divided. Specifically, the percentile function earmarked three specific quantities based two factors: the dataset selected and an established “threshold of acceptance” (“Excel”, n.d., para. 1). For this study, the equation was utilized to set low, medium and high cut-off points by dividing the overall engagement scores into thirds. Upon applying the function, the data was divided into the following defining levels: low ( $E = <191$ ), medium ( $E = 192$  to  $928$ ), and high ( $E = >928$ ). After establishing the groupings, the Excel function “IF” was used to sort each individual tweet into an appropriate category. According to the Excel website (n.d.), the IF function allows users to “make logical comparisons between a value and what you expect” (para.1). Accordingly, the coder used the calculation to verify the level in which each tweet belonged. For instance, the method sorted any engagement level lower than 191 into the category, “low”. For definitions of the aforementioned features, refer to Table 1.

In conclusion, the described coding instrument was partially adopted from Neiger et al.’s (2012) classifications and findings. Therefore, this approach was deductive as it tested prior research which states health promotion commonly produces low engagement (Hamad et al., 2016; Neiger et al., 2013). However, it is important to note the tweets were categorized into low, medium and high engagement based on the overall engagement score as opposed to Neiger et



al.'s (2012) definitions of these rankings. Additionally, for this specific procedure, quantitative variables were used as the analysis of data was not meant to “infer meaning, but, rather, to explore usage” (Hsieh & Shannon, 2005, p. 1283).

It is important to mention that unlike the procedures for RQ2 and RQ3 below, regardless of whether the coder analyzed the text-only tweet in Figure 1 or the multimedia tweet in Figure 2, the tweets would not have been coded differently thus the findings would remain the same.

Table 1  
Definitions of engagement features analyzed in this study

Feature	Definition
<b>1. Engagement</b>	“A measurement that links social media to action and can range from low to medium to high” (Neiger et al., 2012, p.162).
<b>1.1. Overall Engagement Score</b>	$E = (1 * l) + (2 * rt) + (3 * r)$
<b>1.1.1. Low</b>	$E = <191$ (determined by the percentile function in Excel)
<b>1.1.2. Medium</b>	$E = 192$ to $928$ (determined by the percentile function in Excel)
<b>1.1.3. High</b>	$E = >928$ (determined by the percentile function in Excel)
<b>1.2. KPI metrics</b>	
<b>1.2.1. Like</b>	A like is used to “show appreciation for a tweet” (“Liking a tweet”, n.d., para.1).
<b>1.2.2. Retweet</b>	“A tweet republished by another user to share it with their own followers” (Park et al., 2016).
<b>1.2.3. At-reply</b>	“A tweet posted in direct response to another tweet, usually starting with @username” (Park et al., 2016).

**RQ2.** The second coding strategy aimed to answer what type of content produces the most engagement among users on a daily basis. The coder used a three-step procedure which took a mixed-methods approach. First, a qualitative content analysis was conducted to determine if tweets included a: (a) celebrity influencer, (b) non-celebrity influencer, (c) non-influencer. For the purpose of this study, the category celebrity influencer was inclusive of public figures such as

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politicians, athletes, television and movie stars. As well, the non-celebrity influencer category referred to the general public or a public organization, not including Bell or Bell Let's Talk. Lastly, the non-influencer category, included tweets which did not mention a person or organization. For further analysis, each tweet was separated into subcategories based on the influencer's designation such as profession or institution. The subcategories were determined at the time of coding as it was not possible to predict. Due to the assigned definitions, this sorting required the coder to use subjective judgment when categorizing the tweets. Following that procedure, each tweet was sorted by content type: (a) text, (b) link, (c) video, (d) picture. Lastly, the content was coded based on engagement: (a) *likes*, (b) *retweets*, (c) *replies* and accordingly, overall engagement score, which was also calculated in RQ1. The findings helped identify potential relationships between the type of influencer and media type with overall engagement level. Additionally, it is necessary to discuss the abovementioned shortcoming with the coding procedure. When examining Figure 1 and Figure 2 it is clear that although the figures present the same tweet, the two samples would be coded differently in the steps which identify: influencer and designation. Firstly, Figure 1 would be coded as a non-influencer with no designation as the text of the tweet does not provide detail which relates to a specific type of influencer. In contrast, Figure 2 would be coded as a celebrity influencer with the designation of comedian as the photo included in the tweet is of Howie Mandel, a famous comedian and Bell Let's Talk spokesperson (See Appendix A). Therefore, there is a distinct difference between coding the text of a tweet in comparison to analyzing the multimedia features along with the text. This further suggests by disregarding the multimedia feature of the content, the results may have differed slightly. However it is important to note the findings from the coding procedure which identify:

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multimedia type and engagement, would not differ when analyzing Figure 1 or Figure 2. See Table 2 for the definitions of each communicative feature analyzed.

In this subsection, the final two coding procedures were quantitative methods of analysis as it focused on counting the frequency of specific content (Hsieh & Shannon, 2005). By determining the influencers used, this method was deductive as it tested Thackeray et al.'s (2013) findings which state health organizations should consider collaborating with the general public and celebrities to engage audiences (Thackeray et al., 2013).

Table 2  
Definitions of communicative features analyzed in this study

Feature	Definition
<b>2. Content Type</b>	
<b>2.1. Influencer</b>	Social media users with a large social following (Edgerton et al., 2016)
<b>2.1.1. Celebrity influencer</b>	Public figures
<b>2.1.2. Non-celebrity influencer</b>	The general public or a public organization, not including Bell or Bell Let's Talk
<b>2.1.3. Non-influencer</b>	Tweets which do not mention a person or organization
<b>2.2. Media type</b>	
<b>2.2.1. Text</b>	A tweet with only text (Park et al., 2016)
<b>2.2.2. Video</b>	A video can be embedded into a tweet (Park et al., 2016)
<b>2.2.1. Hyperlink</b>	A hyperlink directs users to content outside of Twitter (Park et al., 2016)
<b>2.2.1. Picture</b>	A photo can be embedded in a tweet (Park et al., 2016)

**RQ3.** Before defining the coding procedure which intended to aid in answering which message topic lead users to engage with @Bell\_LetsTalk tweets on a day-to-day basis, this section first describes how the message categories were chosen, it then explains the alterations

made to the categories and message topics upon initial analysis. Lastly, it depicts the coding method which has three parts.

The majority of the coding instrument for this project was based on pre-defined classifications discussed in previous literature which focused on health communication on Twitter (Desai et al., 2012; Lovejoy & Saxton, 2012; Park et al., 2016; Thackeray et al., 2013). However, the present study used an “unconstrained matrix” (Elo & Kyngäs, 2007, p. 111) which allowed for modifications following the initial gathering and analysis of data ( $n=28$ ). To ensure the coding procedure was most effective, after the preliminary examination the instrument was adjusted in two ways. The first alteration was made to the message categories and the second, to the message topics. The decision to adjust the coding categorizations was based on the sample analysis of tweets ( $n=28$ ) which revealed an overlap of category and topic descriptions, thus making it difficult to sort the tweets into various pre-defined classifications. A more thorough description of the adjustments are below.

***Alterations to message categories.*** As earlier stated, the first amendment was made to the message categories. For this study there were a total two coding groupings which represented message categories: *organizational-centric* and *public-centric* (see Table 3). However, these were not the original categories the study intended to investigate. Initially, the categories were based on Park et al.'s (2016) study which were: *organizational-centric* and *personal health-centric*. *Organizational-centric* tweets focused on information pertaining to and strengthening the organization (Park et al., 2016). The meaning of this term was not changed for this study. Therefore, using this definition, tweets which mentioned Bell or Bell Let's Talk were grouped into the *organizational-centric* category. A limitation with this definition was highlighted by Park et al. (2016) stating all tweets sent by a particular corporation can be understood as

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organizational-facing. However, it was concluded that it was important to separate tweets into two categories, those which specifically mentioned the organization and those that did not (Park et al., 2016). As far as the *personal health-centric* category, it was defined as “general health information for personal health” (Park et al., 2016, p. 193). The present author believed this definition was problematic as it blurred the relationship between personal health and *organizational-centric* tweets. This is because one could argue the majority of Bell Let’s Talk tweets provided “general health information for personal health” as the goal of the initiative was to raise awareness and reduce stigma (“Five Year Plan”, 2015; Park et al., 2016, p. 193). For example:



Figure 3: Example of an *organizational-centric* tweet. (Bell Let’s Talk, 2016c).

The text, “...strongly believes that the most important thing we can do to help someone is listen. Watch this video to find out why,” implies the video shared would provide information that could influence one’s perspective, thus one’s mental health. Therefore, if this study used Park et al.’s (2016) definition this tweet would be categorized as a *personal health-centric* tweet. However, a second concern arose upon recognizing @Bell\_LetsTalk tweets featured a variety of influencers, some of which were official Bell Let’s Talk spokespeople and organizational partners (See Appendix A for an official list of Bell Let’s Talk spokespeople). A spokesperson is a well-known, reputable source who is sponsored to uphold an organization’s mission and values (Suggs, McIntyre, Warburton, Henderson, & Howitt, 2015). This notion suggests, a Bell Let’s Talk spokesperson would aid in furthering Bell’s goals and messages. Therefore, determining whether those featured in content were designated to represent Bell Let’s Talk, was a critical

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aspect which needed to be addressed when categorizing individuals or organizations. As such, since Clara Hughes was a spokesperson, this tweet was considered *organizational-centric* instead of being grouped as a *personal health-centric* tweet. In contrast, it was decided influencers who had no direct connection with Bell Let's Talk would better fit under a more applicable category. Therefore, the first modification was made by changing the second message category from "*personal health-centric*" to "*public-centric*". For the context of this project, the *public-centric* categorization would be applied to tweets which did not mention Bell Let's Talk. Moreover, it can be understood an influencer who does not have a connection with Bell Let's Talk would be speaking on behalf of themselves instead of the corporation. In sum, it was necessary to create a more succinct and applicable definition for the affected category.

***Alterations to message topics.*** This subsection discusses the alterations made to the message topics. Within the two coding categories, *organizational-* and *public-centric* there were three subcategories or topics based on Lovejoy and Saxton's (2012) approach: *action-taking*, *community building* and *informational* (See Table 3 for definitions). The present study expanded the analysis of subcategories as Park et al. (2016) did not include the *community building* category as part of the *personal health-centric* classification. Unlike Park et al.'s (2016) abovementioned study, it was decided for this pilot project, both *organizational-* and *public-centric* tweets could build an online community. Traditionally, campaigns have the intention to build an online community as a strong following is an indication of a campaigns success (Heldman et al., 2013). As a result, it could be argued that all tweets sent by @Bell\_LetsTalk had the intention to enhance the channels online community. Thus it was concluded a second adjustment must be formulated as for the purpose of this study, both *organizational-* and *public-centric* tweets could build community. Firstly, the *organizational-centric* category would include

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content that fostered relationships with users by giving thanks or through sharing a spokespersons personal experience. Secondly, a *public-centric community building* tweet would incorporate societal news or personal experience stories. For example:



Figure 4: Example of a *public-centric community building* tweet (Bell Let's Talk, 2017d).

@MollyBOfficial was not a designated spokesperson of Bell Let's Talk (see Appendix A), therefore she did not represent the company, but instead the public. Furthermore, the sentence "Read her powerful story" clearly suggests the message receiver will read @MollyBOfficial's personal experience. In sum, the aforementioned modifications lessened the overlap between message topics and allowed for a more suitable range for tweets to be categorized.

**Coding procedure.** As previously indicated, there were three steps in the coding procedure that aided in the attempt to answer which message topic led audiences to engage most with @Bell\_LetsTalk content. The first step of this process was to code each tweet into *organizational-centric* or *public-centric*. Then, the tweets were separated into subcategories: (a) *action*, (b) *community building*, (c) *informational*. It is important to note, both of these procedures were qualitative as the coding procedure relied on a subjective interpretation of the language used in each tweet (Hsieh & Shannon, 2005). Once the tweets were sorted into the appropriate categories, each tweet was coded by level of engagement: (a) *likes*, (b) *retweets*, (c) *replies* and overall engagement level, similar to the methods presented for the previous two research questions. Therefore, quantitative variables were used to determine which message function or topic influenced users to *like*, *retweet* or *reply* to @Bell\_LetsTalk posts. Although new information emerged from the data, the analysis was deductive as the author used both,

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pre-defined categories based on prior health communication research as well as tested existing findings in a new context (Elo & Kyngäs, 2007; Hsieh & Shannon, 2005).

Following the individual textual analysis for each question, it was apparent the coding manuals aided in the investigation to determine what makes @Bell\_LetsTalk content successful when discussing mental health on a daily basis on Twitter. Moreover, this analysis provided an opportunity to discuss the potential changes seen in Twitter usage by health professionals. Nevertheless, it is important to re-examine the aforementioned coding procedures' limitation in which all multimedia features were disregarded. Upon assessing both Figure 1 and Figure 2, it is apparent the tweet would be coded differently with regard to identifying the message category. Firstly, Figure 1 would be considered *public-centric* as it does not mention Bell or Bell Let's Talk. Whereas Figure 2 would be coded as an *organizational-centric* tweet as the photo included in the tweet shows a Bell Let's Talk spokesperson, Howie Mandel (See Appendix A). Consequently, by not analyzing the multimedia feature of the tweet it changes the results found by the coding procedure. Alternatively, it is necessary to note that the results from coding and identifying the message topic and overall engagement would not differ if the coder analyzed Figure 1 and Figure 2 separately. A more detailed examination of the findings will be provided in the following section.



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Table 3

Definitions of message categories and topics analyzed in this study

Feature	Definition
<b>3. <i>Message category and topic</i></b>	For further details, see Table 4
<b>3.1. Organizational-centric</b>	Have a “purpose of building and strengthening the organization” (Thackeray et al., 2013)
<b>3.2. Public-centric</b>	Tweets which do not mention Bell Let’s Talk or Bell
Action	“The aim of getting followers to ‘do something’ for the organization” (Lovejoy & Saxton, 2012)
Community Building	“Foster relationships, create networks and build communities on Twitter through tweets that promote interactivity and dialogue” (Lovejoy & Saxton, 2012)
Information	“Involves spreading information” (Lovejoy & Saxton, 2012)

### Findings

This section presents a summary of the results which were compiled from the data analysis and coding procedures discussed in the Methodology section. The results are divided into subsections according to the relevant research question as indicated in the Methods section. Meaningful data is emphasized through the creation of graphs, charts and tables. The definitions of the terms explored in this analysis can be found in Table 1, Table 2 and Table 3. The findings will be comprehensively interpreted in the Discussion section.

#### Level of Engagement

This section presents the findings of the following features: metrics and engagement score. The analysis aids in answering the question: what level of engagement does @Bell\_LetsTalk create on a daily basis?

**Metrics.** As evident in Figure 5, there is a variance between *retweets*, *likes* and *replies* among tweets in the dataset. The results indicate content is *retweeted* ( $mdn=153$ ) more often than *liked* ( $mdn=130$ ) and *replied to* ( $mdn=4$ ). By determining the median of the data, one ensures the information is not distorted by high or low outliers. Further analysis shows all tweets in the corpus receive a minimum of 7 *retweets* and 7 *likes*. The dataset also includes 14 instances in which tweets receive 0 replies within the timeframe under review. Additionally, 21% of @Bell\_LetsTalk tweets ( $n=19$ ) receive more than 1000 *retweets*. It is important to mention that one outlier was removed from the dataset in the creation of Figure 5. The outlier has the largest number of *retweets* ( $rt=12,818$ ), *likes* ( $l=13,781$ ) and *replies* ( $r=113$ ) and consequently, would have skewed the dataset represented in the graph. It is also noteworthy to mention the number of engagements increase as the date approaches the end of January.

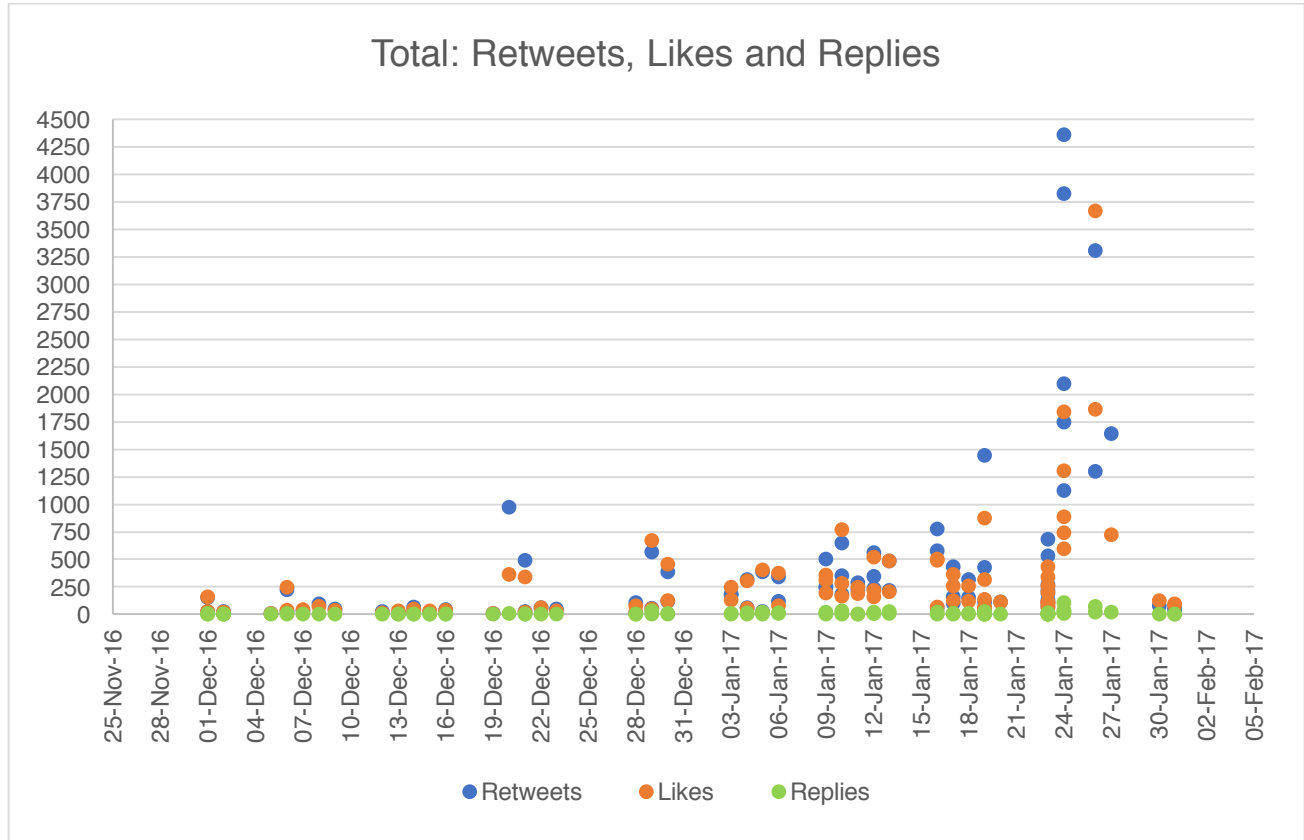
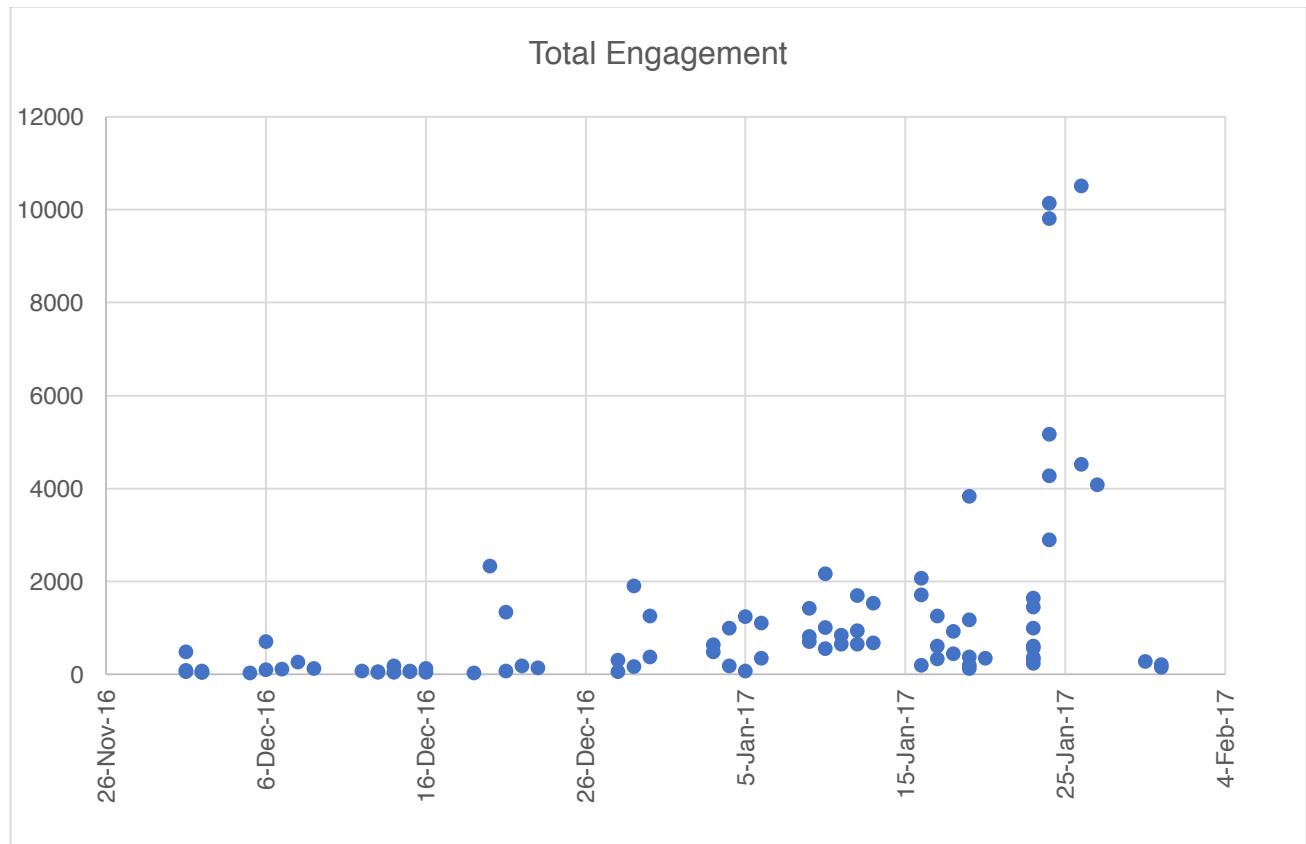


Figure 5: Total: *Retweets*, *Likes* and *Replies*. This figure illustrates the engagement features used for Bell Let's Talk content between December 1, 2016 and January 31, 2017

**Engagement score.** As mentioned in the Methodology section a scale was created to determine if content produced low ( $E \leq 191$ ), medium ( $E = 192-928$ ) or high ( $E > 928$ ) engagement. In accordance with the characterized levels, 68% of the tweets generate low ( $n=30$ ) and high ( $n=30$ ) engagement with 29 tweets producing medium engagement. However, of the tweets sampled ( $n=89$ ), the overall engagement score was  $mdn=477$ . This suggests the @Bell\_LetsTalk account generates medium engagement throughout the two months sampled. Further investigation indicates the most engaging tweet ( $E=39,756$ ) and the least engaging tweet ( $E=23$ ) show significant statistical difference. After additional analysis the data reveals that only 3 tweets have a total engagement score over 10,000. As exemplified in Figure 6, similar to the

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findings in the Metrics subsection above, higher levels of engagement occur as the date approaches the end of January. It is important to note the most engaging tweet (E=39,756) was removed from the graph as it was an outlier which impacted the presentation of the data.



*Figure 6: Total engagement. This figure illustrates the total engagement created by @Bell\_LetsTalk between December 1, 2016 and January 31, 2017*

### Content Type

This section presents the findings of the following features: influencer, media type and engagement score. The analysis aids in answering the question: what type of content posted by @Bell\_LetsTalk produces the highest level of engagement?

**Influencer.** The analysis of tweets reveal non-celebrities ( $n=37$ ) and non-influencer ( $n=37$ ) groupings are the most commonly attributed influencers by @Bell\_LetsTalk. This result indicates less than 20% of the content mention a celebrity ( $n=16$ ). A closer analysis of celebrity

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influencer tweets ( $n=16$ ) reveal a total of 20 celebrity influencers are mentioned. As such, even though there are 37 tweets categorized as non-celebrity, a total of 42 non-celebrity influencers are mentioned. The difference between the total number of tweets and the total number of influencers mentioned for this section is the result of tweets mentioning multiple influencers. For example:

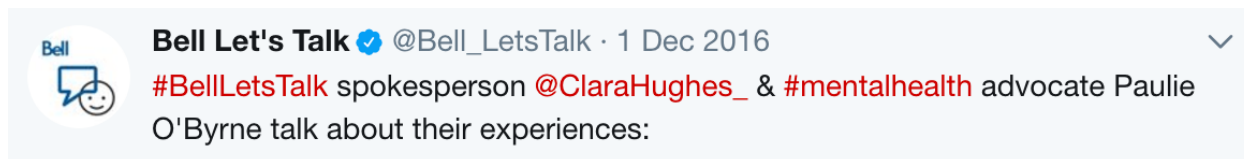


Figure 7: Multiple influencer tweet. (Bell Let's Talk, 2016a).

This tweet features both Clara Hughes, a celebrity and Paulie O'Bryne, a non-celebrity. Therefore, it is categorized as both a celebrity and non-celebrity tweet. This distinction results in the tweet being coded twice. For clarification, this tweet is considered an anomaly as no other @Bell\_LetsTalk tweets contain influencers from a different category. Furthermore, all other instances which mention more than one influencer were tallied toward the number of times influencers are mentioned. For example:



Figure 8: Multiple celebrities mentioned in a tweet. (Bell Let's Talk, 2017h).

Upon further analysis, it is clear the above tweet mentions two celebrity influencers, Michael Landsberg and Clara Hughes. Due to this reasoning, the tweet was coded once as a celebrity tweet. However, to ensure the dataset accurately represents the content, the second mention of a celebrity was counted toward the total number of influencers mentioned by @Bell\_LetsTalk. Thus, while there are 16 celebrity tweets, there is a total of 20 mentions of a celebrity figure.

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As evident in Figure 9, the most frequently mentioned type of celebrity is an athlete (63%,  $n=10$ ).

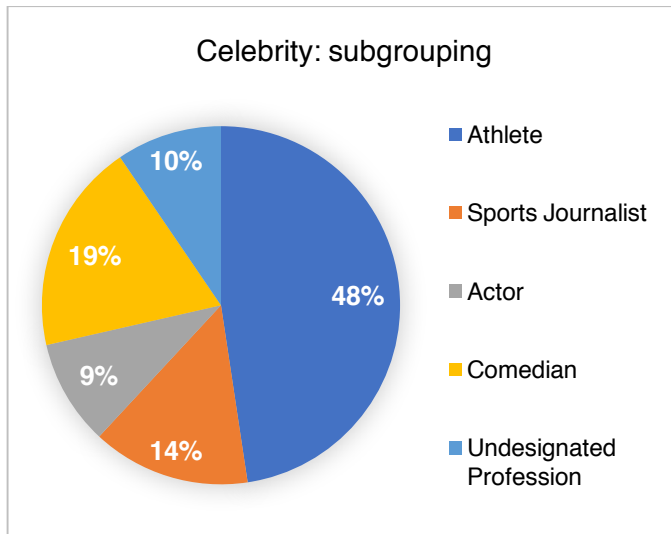


Figure 9: Celebrity: subgrouping. This graph represents the type of celebrity influencers the @Bell\_LetsTalk account mentioned.

Further, with around 42% of tweets featuring a non-celebrity influencer ( $n=37$ ), the most commonly used non-celebrity influencer are organizations ( $n=18$ ) and students ( $n=10$ ) (See Figure 10).

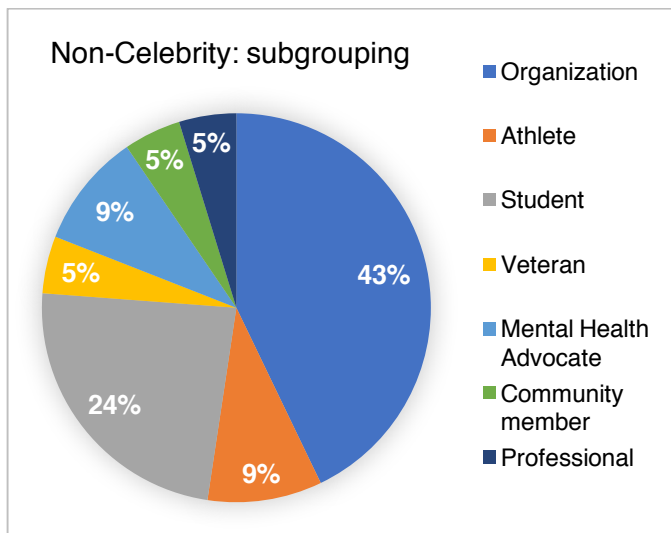


Figure 10: Non-celebrity: subgrouping. This graph represents the type of non-celebrity influencers the @Bell\_LetsTalk account mentioned

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Additionally, it is important to recognize 88% of celebrity influencer tweets include a Bell Let's Talk spokesperson ( $n=14$ ). In contrast, less than 3% of non-celebrity influencer tweets utilize a Bell Let's Talk spokesperson ( $n=1$ ).

**Media type.** Of all the tweets sampled ( $n=89$ ), hyperlinks are the predominately used media type ( $n=52$ ) (Figure 11). As seen below, Figure 11 depicts the usage of media type among all tweets.

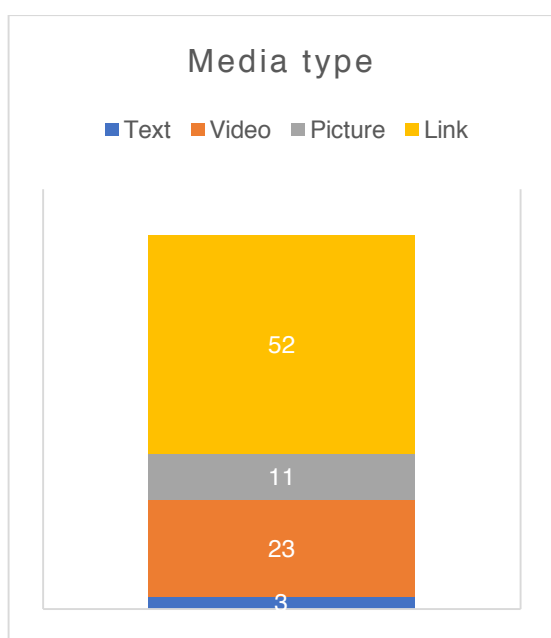


Figure 11: Media type. This figure depicts the usage of media type among all @Bell\_LetsTalk tweets.

As illustrated in Figure 12 the results indicate the media type used in each tweet differs based on the influencer featured in the tweet. A large variance in the data can be seen between the number of hyperlinks provided in non-celebrity ( $n=26$ ) and non-influencer ( $n=22$ ) tweets compared to celebrity tweets ( $n=4$ ). Additionally, the amount of celebrity-influencer videos ( $n=11$ ) are 45% higher than the number of videos used in non-celebrity ( $n=6$ ) and non-influencer content ( $n=6$ ). A closer analysis shows the most frequent celebrity influencer media features are video (73%,  $n=11$ ) and hyperlinks (27%,  $n=4$ ). Similarly, non-celebrity influencer tweets

commonly feature hyperlinks (70%,  $n=26$ ) and videos (16%,  $n=6$ ). Following the trend, non-influencer tweets also contain a high volume of hyperlinks (59%,  $n=22$ ). Further analysis shows text is the least common media feature among all three influencer categories, with celebrity influencers including no text-only tweets.

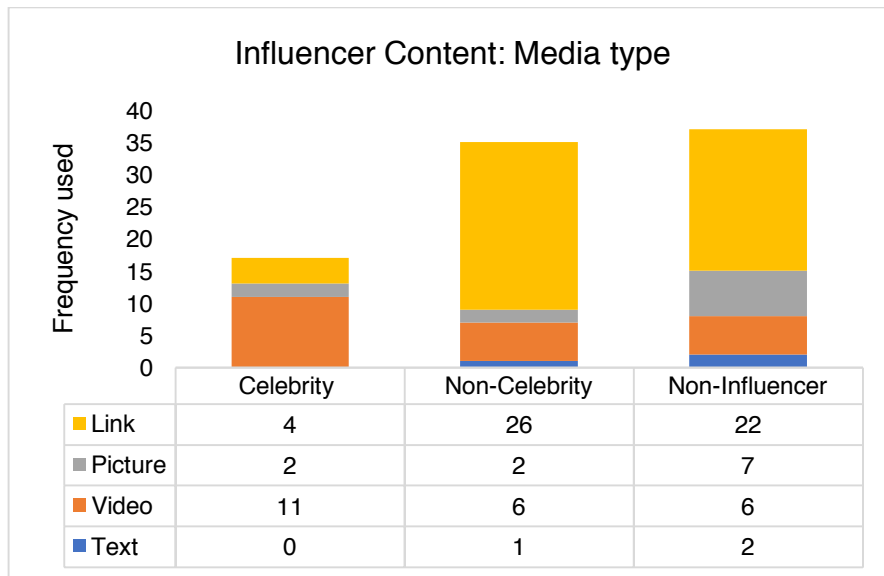


Figure 12: Influencer content: media type. This figure clarifies what type of media was most often used in various content.

**Engagement.** As mentioned in the Methodology section based on the aforementioned groupings, data was categorized as pertaining to low, medium or high engagement. The findings in Figure 13 show non-influencer content has the greatest number of tweets categorized as high engagement ( $n=17$ ). Additionally, the results indicate non-celebrity tweets have the most tweets classified as low engagement ( $n=21$ ).



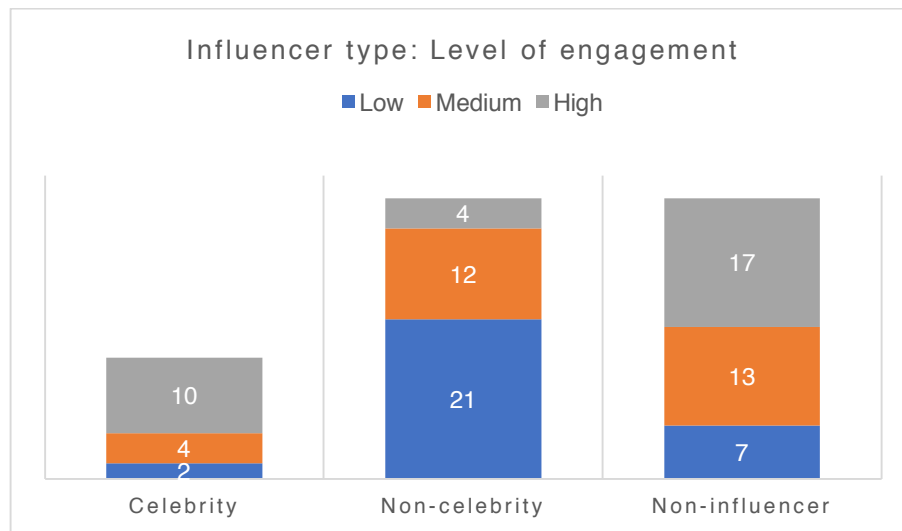


Figure 13: Influencer type: Level of engagement. This figure represents how to categorize the total number of tweets in various levels of engagement.

Additional analysis shows even though the majority of non-influencer tweets are high engagement, celebrity influencer tweets have the largest number of total *retweets* ( $mdn=342$ ), *likes* ( $mdn=349$ ) and *replies* ( $mdn=45$ ), thus the highest engagement ( $mdn=1102$ ). See Figure 14 for a comparison of engagement metrics between the three categories. As such, the total engagement for the celebrity influencer ( $E=1169$ ) is almost ten-times higher than non-celebrity influencer ( $E=120$ ) content and almost double total engagement for non-influencer tweets ( $E=689$ ).

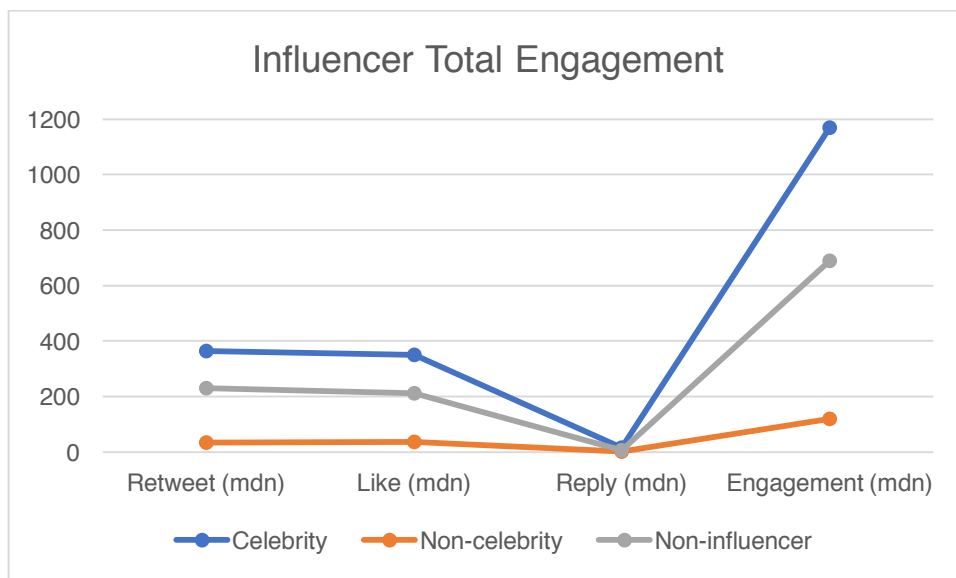


Figure 14: Influencer Total Engagement. This figure illustrates the engagement features used for Bell Let's Talk content between December 1, 2016 and January 31, 2017

### Message Category and Topics

This section presents the findings of the following features: message category and topic, media type and engagement score. The results contribute in answering the question: what message topics lead audiences to *retweet*, *like* or *reply* to @Bell\_LetsTalk posts?

**Message category and topic.** As shown in Figure 15 the majority of tweets pertain to the *public-centric* category (51%,  $n=45$ ), with *community building* being the most frequently used subtopic (60%,  $n=27$ ). In contrast, *organizational-centric* tweets make up 49% of the @Bell\_LetsTalk tweets ( $n=44$ ), with 44% of those tweets producing *action-based* content. For examples of how tweets were categorized into message category and topic see Table 4.

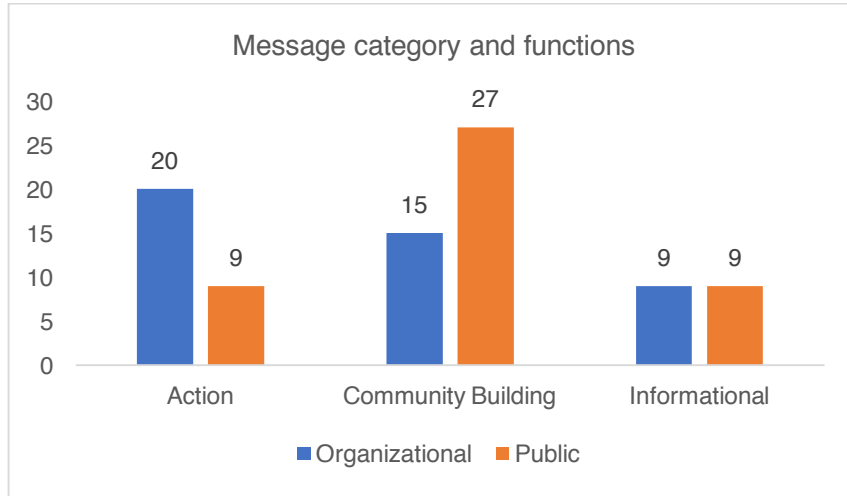


Figure 15: Message category and functions. This figure illustrates how tweets were coded in the study.

**Media type.** As Figure 16 outlines the type of media each message category, it is clear *public-centric* tweets use a significant amount more hyperlinks than any other type of media. In addition, *public-centric* content do not use any text-only tweets. *Organizational-centric* content most frequently use hyperlinks ( $n=17$ ) and videos ( $n=17$ ).

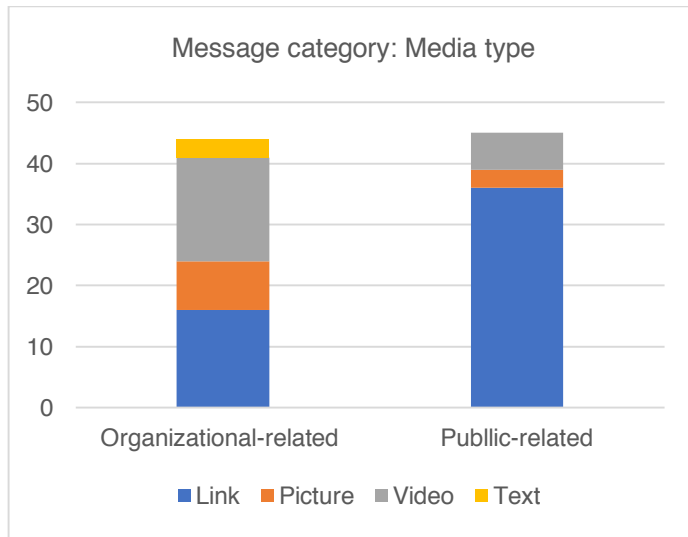


Figure 16: Message category: media type. This figure clarifies what type of media was most often used in various content.

**Engagement.** As evident in Table 5 the median engagement score for *organizational-centric* content ( $mdn=1170$ ) is six-times more than the amount *public-centric* content produces ( $mdn=182$ ). With regard to engagement metrics, *organizational-centric* tweets receive at

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minimum double the amount of engagement for each metric in comparison to *public*-centric tweets. It is valuable to note, both categories experience the highest level of engagement in the *action* subcategory. Nevertheless, *organizational*-centric *action* (mdn=1382) tweets generate more than double the engagement of *public*-centric *action* tweets (mdn=548). Upon further investigation although *public*-centric *community building* has the most content in the overall dataset, it has the lowest median overall engagement of each subcategory. In sum, *organizational*-centric content produces a high level of engagement, whereas, *public*-centric content creates a low level of engagement.

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**Table 4**

Examples of message category and topic in dataset

Message category and topic	Criteria	Sample tweet
<b>Organization-centric</b>		
Community building	Creating networks and fostering relationships with followers by giving thanks	The final results are in! Thank you all for your unbelievable participation! #BellLetsTalk (Bell Let's Talk, 2017j).
	Spokesperson sharing personal experiences	.@ClaraHughes believes understanding is the key to acceptance. Watch this video to hear her powerful message. #BellLetsTalk (Bell Let's Talk, 2017b).
Action	Inviting users to join a movement, event or act for the organization	#BellLetsTalk Day is tomorrow! RT this message to help us spread the word. <a href="http://bell.ca/letstalk">http://bell.ca/letstalk</a> (Bell Let's Talk, 2017g).
Information	Spreading organization information or resources	Want to start a conversation about #mentalhealth? Access our conversation guide & new #BellLetsTalk resources here: <a href="http://ow.ly/eveC307UBFt">http://ow.ly/eveC307UBFt</a> (Bell Let's Talk, 2017c).
<b>Public-centric</b>		
Community building	Strengthening the online community by sharing Canadian news or personal stories of individuals within Canada	These incredible student-athletes remind us about the power of being kind. #BellLetsTalk #OneTeamForMentalHealth CC: @AUS_SUA (Bell Let's Talk, 2017a).
Action	Encouraging followers to modify their health behaviour through action	#Parents: learn more about #cyberbullying and what to do if your child is a victim: <a href="http://ow.ly/cddE30739Kf">http://ow.ly/cddE30739Kf</a> @KidsHelpPhone (Bell Let's Talk, 2016c).
Information	Sharing general health information	New study: Athletes who play individual #sports are more likely to experience #depression than those in team sports: (Bell Let's Talk, 2016d).

**Table 5**  
Metrics and engagement of message category and topics

<i>Tweet category</i>	<i>Tweet subcategory</i>	<i>Likes (mdn)</i>	<i>Retweets (mdn)</i>	<i>Replies(mdn)</i>	<i>Engagement (mdn)</i>	<i>n=89</i>
<b>Organization-centric</b>		<b>342</b>	<b>363</b>	<b>9</b>	<b>1170</b>	<b>44/89</b>
	<b>Action</b>	349	500	7	1382	20/44
	<b>Community-building</b>	256	318	9	919	15/44
	<b>Information</b>	159	236	8	655	9/44
<b>Public-centric</b>		<b>69</b>	<b>54</b>	<b>2</b>	<b>182</b>	<b>45/89</b>
	<b>Action</b>	166	185	4	548	9/45
	<b>Community-building</b>	37	34	1	116	27/45
	<b>Information</b>	57	61	2	182	9/45

### Discussion

The following section interpret and discuss the abovementioned results from the Findings section. The subsequent discussion is divided into relevant subsections to address the results of the coding procedures highlighted in the Methods section. Despite the fact this pilot study is narrow in scope, the findings show noteworthy differences from prior research mentioned in the Literature Review. As such, the results indicate an exciting opportunity to advance the understanding of how Bell Let's Talk creates successful content on Twitter.

#### Level of Engagement

**Metrics.** Beginning on a broad level, @Bell\_LetsTalk content receives a greater number of *retweets* and *likes* than *replies* on a daily basis. These results relate to previous findings which suggest *likes* and *retweets* are the most frequent form of interaction on Twitter in health promotion (Veale et al., 2015). According to Neiger et al. (2013) medium engagement suggest an organization is producing compelling content which is captivating enough for followers to *retweet*. As outlined above, content has more *retweets* than any other interaction thus implying @Bell\_LetsTalk creates captivating content. While these results do not have statistical significance, the correlation is meaningful to mention as various authors suggest *liking* or *retweeting* content only requires "a click of a button" thus implying, the user is not truly engaged (Freeman et al., 2015; Veale et al., 2015). Regardless of the connotations, generating *likes* and *retweets* contribute to the main objective of Bell Let's Talk. As stated earlier in the Literature Review, Bell Let's Talk is a cause-related marketing campaign thus the organization relies on the interaction of users on Bell Let's Talk Day ("Results impact", n.d.). More specifically, the Bell Let's Talk website presents the total number of interactions created by users on Bell Let's Talk Day, under a heading which reads: "Small action. Big impact" ("Results impact", n.d.). The term

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“small action” can be associated with users simply *clicking a button* to share or like a Bell Let’s Talk post. In this case, “small action” directly correlates to “big impact” for two reasons. First, if a user *likes* or *retweets* a post, that post may appear in their followers feed, thus generating a larger network in which @Bell\_LetsTalk tweets are seen (Veale et al., 2015). Therefore, this seemingly “small action” or interaction may influence others—who would not have otherwise seen the post—to engage with it, creating a larger impact. Additionally, this “small action” on social media results in five cents being donated by Bell to its mental health initiative fund, which can be considered the “big impact” (“Bell Let’s Talk Day 2017”, 2017). Although the focus of this pilot project was not the campaign day but every other day, it is still important to highlight the idea that every interaction, no matter the day is significant and means increased levels of engagement. In sum, a *like* or *retweet* may be indicative of more engagement than originally believed by researchers.

**Engagement score.** Overall, the results suggest @Bell\_LetsTalk generates a medium engagement score on a daily basis. These findings diverge with multiple studies which cite that health professionals on Twitter exclusively create low engagement metrics (Hamad et al., 2016; Neiger et al., 2013). Although the previous similarities between low outcomes may be explained in part by the authors using various definitions for engagement metrics, this pilot study signifies a meaningful variance from past work.

On a different note, research suggests the level of engagement associated with metrics tend to align with an organization’s objectives (Veale et al., 2015). To further support this assumption, it is important to consider the Bell Let’s Talk website which states the organization focuses on receiving the highest number of interactions as each interaction makes an impact on the overall donation (“Results impact”, n.d.). Furthermore, a Bell Let’s Talk press release



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highlights there were 131,705,010 total interactions in 2017 (“Bell Let’s Talk Day 2017”, 2017). The statement does not specify the details of the interactions (“Bell Let’s Talk Day 2017”, 2017). Therefore, this alludes to the idea that Bell Let’s Talk does not favour one type of interaction such as a *like*, *retweet* or *reply*, and more specifically level of engagement over the other. Thus implying medium engagement is just as successful as high engagement content for Bell Let’s Talk.

With regard to the growth of engagement near the end of January, this corresponds to the official Bell Let’s Talk campaign day, January 25, 2017. It can be reasonably assumed that Bell Let’s Talk is taking appropriate measures to build the hype around Bell Let’s Talk Day as its goal is to increase the level of interaction with users (“Bell Let’s Talk Day 2017”, 2017). The amplified level of engagement may also be associated with the increase of posting by Bell Let’s Talk. The data shows the number of posts sent per day grew from an average of 1.75 posts per day in December to 2.75 posts per day in January. Further, Veale et al. (2015) explain the correlation between post increase and engagement growth, suggesting that frequency of updates can foster growth of engagement.

### **Type of Content**

**Media type.** Although the results show the majority of tweets include hyperlinks, the findings demonstrate the media type which produce the highest engagement score are pictures. This is consistent with previous studies which suggest similar to text-only posts, hyperlinks promote less engagement regardless of content (Kite, Foley, Grunseit, & Freeman, 2016). Additionally, studies indicate merely 1% of followers click on hyperlinks (Kite et al., 2016). This suggests links may not be producing the type of engagement organizations seek. In general, these findings indicate while hyperlinks are most used, they may not be the best media type to include

in a large number of tweets. However, it is plausible that the abundance of hyperlinks from Bell Let's Talk is caused by the need to provide credible materials as resources (Bhattacharya et al., 2014; Shepherd et al., 2015). It is frequently understood that health professionals provide hyperlinks to external sources for followers to use as reference in attempt to influence modifications to health behaviour (Bhattacharya et al., 2014).

An additional key implication is the findings contrast with prior research which propose videos are the most engaging media type to utilize in a post (Kite et al., 2016). In regard to Bell Let's Talk content, videos are not only the second most commonly used media type but also videos produce the second highest total level of engagement. Despite the scope of this pilot study, these results may indicate that an audiences' preference in media type may have changed since last analyzed in a health context. On another note, in comparison with previous analyses, Bell Let's Talk shared more videos than a typical health organization (Kite et al., 2016). Kite et al. (2016) state videos account for 3% of health professional content, significantly lower than the average marketers use of videos. This variance may be due to the fact Bell Let's Talk is not a conventional health organization but instead a corporation focused on disseminating health information.

**Influencers.** The current study shows that while non-influencer tweets have the largest number of high engagement tweets, the median celebrity influencer engagement level is ultimately higher. Similar to the present findings, prior studies indicate celebrities assist in vastly increasing the engagement of content (Kite et al., 2016; Thackeray et al., 2013; Veale et al., 2015). As such, a Bell Corporate Responsibility Report cites international media coverage as well as prominent Canadian and global figures as pertinent factors in the success of Bell Let's Talk social media engagement ("Bell CSR", 2015). While studies suggest celebrity spokespeople

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can quicken the spread of a campaign message, there is no indication as to whether a user is interested in the topic the organization is tweeting about or simply a fan of the celebrity (Holmberg & Hellsten, 2016). Therefore, the reason Bell Let's Talk celebrity tweets receive the most amount of engagement may solely be due to fans supporting their favourite public figure.

Based on the analysis of celebrity influencers it is clear a majority are athletes. According to Hambrick and Mahoney (2011), audiences develop positive perceptions when observing athletes perform, thus making the athlete seem trustworthy. A commonality between all celebrity athletes mentioned by Bell Let's Talk is that they all represent Canada rather than an individual Canadian city. While this detail may seem trivial, it indicates the campaign is targeted to all Canadians rather than those living in certain major cities. Historically sports rivalries are common between Canadian cities (Pumerantz, 2012). Therefore, one can assume if an athlete does not represent a rival city but instead Canada as a whole, Canadians will feel more open to supporting the featured athlete. Thus, proving to be an important aspect of the Bell Let's Talk approach.

It is also significant to highlight that celebrity content featured zero text-only content. These findings represent an opportunity taken by Bell Let's Talk to present more appealing content when featuring celebrities by only including a photo, video or hyperlink. As indicated earlier, these features correlate with an increase of *retweets*, *likes* and *replies* (Bhattacharya et al. 2014; Chapman & Freeman, 2015).

In terms of non-celebrity content, prior research states that organizations can leverage individual-led conversations to increase engagement and awareness of a topic by acting as a channel to promote the conversation of their followers (Betton et al., 2015). Therefore, Bell Let's

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Talk may be using non-celebrity influencers to engage in the conversation individuals are having online about mental health. The most engaging non-celebrity tweet reads:



Figure 17: Most engaging non-celebrity tweet. (Bell Let's Talk, 2017e).

The phrase “Student-athlete from @OUASport know this first-hand” implies students are discussing the issue, “Language matters. The words we use matter” in daily conversation. Therefore, by sharing this tweet Bell Let’s Talk is taking part in the student-led conversation as this concern can be understood as what matters to the students within the community. By targeting student-led conversation, Bell Let’s Talk is communicating with a younger generation to potentially achieve their goal of contributing to conversation which encourages the lessening of stigma. According to Livingston et al. (2012) the window of opportunity to reduce stigma is earlier in life when people are young and still developing their understanding toward mental health. Additionally, it has been proven that establishing contact between persons with mental illness and other individuals, can challenge preconceived notions of mental health (Betton et al., 2015).

As was outlined in the Findings section, non-celebrity influencers have a substantially lower engagement rate than both, celebrity and non-influencer categories. Although students are a frequently mentioned non-celebrity influencer, it appears organizations are the most identified non-celebrity influencers. This factor could be responsible for the lack of engagement toward non-celebrity tweets as researchers believe content which feature influencers that relate to sponsorships or partnerships result in receiving less likes, shares and replies (Kite et al., 2016). While this information is vital, the Bell Let’s Talk website does not specify partnered

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organizations. Thus, as earlier stated, the lessened engagement toward non-celebrity tweets may be partially due to being partnered with or a sponsor of Bell Let's Talk. However, further analysis is needed to confirm this assertion.

The final part of this section posits a correlation between non-celebrity and non-influencer low engagement scores. As such, this outcome may be the result of the high volume of hyperlinks featured within the content. As previously mentioned, Kite et al.'s (2016) study claims users may be unwilling to leave Twitter to go to an external website, thus causing hyperlinks to have a lower level of engagement.

### **Message Categories and Topics**

**Message Categories.** An interesting finding is that regardless of the fact @Bell\_LetsTalk uses more *public-centric* posts, *organizational-centric* messages garner a significantly higher overall engagement score. This suggests users feel more inspired by *organizational-centric* information in comparison to *public-centric* posts. A potential reason for the stronger connection toward *organizational-centric* information could be due to the usage of celebrity spokespeople by Bell Let's Talk. This reasoning is based on prior research which suggests celebrity endorsers tend to enhance brand image as well as depict the importance of the supported cause and thereby encourage increased engagement (Thamaraiselvan et al., 2017). Another factor which could have contributed to the substantial difference in overall engagement is the type of media included in each post. The results indicate the majority of *public-centric* posts included a hyperlink. While this aligns with previous research which suggests health organizations typically use a preponderance of hyperlinks in tweets, it may not be the most successful technique to acquire *likes*, *retweets* or *replies* (Thackeray et al., 2013). As earlier stated, hyperlinks are increasingly associated with lower levels of engagement as users do not want to go to an external website

(Kite et al., 2016). Thus, it is fair to assume the findings confirm the association between low engagement and high usage of hyperlinks. With regard to the usage of video and pictures, *organizational-centric* content use more than double the number of photos and videos than *public-centric* content. As previously mentioned, *organizational-centric* content have a considerably higher overall engagement score than *public-centric* content. This aligns with research which states videos and pictures play a considerable role in motivating users to disseminate content (Park et al., 2016). Therefore, the results observed in this study are similar to studies which link use of pictures and videos to high engagement. In sum, the discrepancy in frequency of media types used by *organizational-* and *public-centric* tweets may have caused the large variance in overall engagement.

**Message Topics.** Within both categories, the most *liked* and *retweeted* content belong to the subtopic, *action*. These results diverge from Park et al.'s (2013) study which propose that the most *retweeted* health-centric tweets include useful and informative content, which the followers want to share or remember. For example the most *retweeted organizational-centric action* tweet reads:



Figure 18: Most *retweeted organizational-centric action* tweet. (Bell Let's Talk, 2017d).

While one can argue the content of the tweet above may be considered an item that followers want to share with the intention of helping spread the word about Bell Let's Talk Day, it is not informative or useful in the way the authors insinuate. Park et al. (2013) are referencing "useful" in regard to influencing behaviour change. Whereas the action referred to in the above-mentioned tweet is to *retweet* the message. To further prove the data contradict Park et al.'s

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(2013) findings, the most *liked*, *retweeted* and *replied* to, thus the overall most engaging Bell Let’s Talk tweet reads:

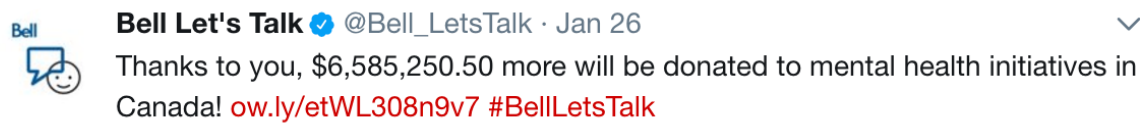


Figure 19: Most engaging tweet. (Bell Let’s Talk, 2017i).

This tweet is an *organizational-centric community-building* tweet as it “gives thanks” to the users for supporting the Bell Let’s Talk Day campaign. These findings suggest new implications emerged from analyzing the Bell Let’s Talk content in regard to what message topic produces the most success.

In addition, previous studies indicate the majority of tweets sent by health communication professionals tend to be firstly *informational*, then *community building* and lastly, *action-based* (Lovejoy & Saxton, 2012). Nevertheless, these notions are challenged by the present study as results indicate *information-based* tweets are the least published in both message categories. These findings suggest the possibility that health communicators are taking a new approach in sending messages via Twitter.

### Limitations and Future Direction

The following section addresses some limitations of the presented research. This study is the first step towards enhancing the understanding of what makes successful mental health content on an everyday basis on Twitter. However, given the small sample size, caution must be taken when interpreting the study. As mentioned above, the parameters of the study were narrow in size and scope as extrapolated content was not characteristic of all @Bell\_LetsTalk interactions and discussions on Twitter. This study was confined to content between a two-month period between December 1, 2016 and January 31, 2017, in which Bell Let's Talk Day, the most active day on Twitter for @Bell\_LetsTalk was excluded.

For more comprehensive results, future study could benefit from increasing scope and thus, sample size. The scope and size of the project can be enhanced a number of ways. First, to increase scope, @Bell\_LetsTalk *retweets* and *replies* could be analyzed as content shared through these features may be relevant to the goals of the campaign. Additionally, this study only looked at what @Bell\_LetsTalk was saying to its users but not what users were saying to or about Bell Let's Talk. By looking at both, @Bell\_LetsTalk *retweets* and replies as well as what users are saying, one can determine if @Bell\_LetsTalk is involved in one- or two-way conversation. Considering the lack of two-way conversations on Twitter in health communication, this would be a valuable feat to investigate (Neiger et al., 2013; Thackeray et al., 2013).

The sample size of this study could be enlarged by expanding the timespan of tweets analyzed from two-months to one year. This would create a more thorough understanding toward what content both, content type and message function produces most engagement. Moreover, it may be of interest to compare Bell Let's Talk Day content to the rest of the year, as it may help



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inform what aids in the campaigns success. This may also reveal a pattern as to how Bell Let's Talk maintains user interest throughout the year and how often it promotes Bell Let's Talk Day.

Other opportunities for future study could reach beyond textual analysis by examining the videos, pictures and links sent by Bell Let's Talk as this study focused on specifically the text element of the tweets. By expanding the study to include an analysis of all communication features, one could find more conclusive results regarding what messages and content create most engagement.

Another avenue to consider is analyzing social media platforms beyond Twitter. Bell Let's Talk utilizes multiple social media platforms such as Facebook and YouTube, which were not monitored in this study. Different channels may experience varying levels of engagement in general, or more specifically on different content. Therefore, conducting this study on various platforms may reveal which is the most active and engaged channel and thus, provide more comprehensive answers.

A limitation for Neiger et al. (2013) engagement framework was discovered upon completing coding procedures. More specifically, there was no possibility of determining which Bell Let's Talk content, whether it be featured on Twitter or various methods of media creates Neiger et al.'s (2013) perception of high engagement. Accordingly, high engagement is when followers participate in offline interventions to support the organization or produce health behaviour change (Neiger et al., 2013). A 2015 Bell Corporate Social Responsibility report states that since Bell Let's Talk inception, "730,000 people have been helped through crisis lines" ("Bell CSR", 2015, p. 45). From this, one can assume the Bell Let's Talk online interactions influenced this increased level of offline engagement. However, these inferences may not be

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correlated as there is no conclusive proof as to why these people sought help. In sum, the pilot projects findings suggest there are several opportunities for additional research.

### Conclusion

Although there has been a growth of online interventions to address mental health in Canada, mental illness remains an epidemic (“Mental Health Strategy”, 2012). With more mental health campaigns being organized on social media, it is necessary to determine what content grasps users’ attention in order to create a successful online movement (Choi & Nicolas, 2017; Livingston et al., 2013). Similar to the goal of a campaign, success is determined by an organization (Veale et al., 2015). The goal of Bell Let’s Talk is two-fold: first, to receive as many interactions as possible on Bell Let’s Talk Day and second, to engage in mental health conversation year-round to reduce stigma and increase awareness (“Our Initiatives”, n.d.). Over the course of this study, the purpose was to understand what makes for successful content about mental health on Twitter on a daily basis. The evidence from this study indicates the Bell Let’s Talk account has given rise to several areas which need further investigation.

The findings suggest health communication professionals may no longer strictly create low engagement content if they follow a similar content framework to the Bell Let’s Talk account. Additionally, if researchers intend to specifically observe metrics when analyzing engagement, this pilot study offers a new way to measure overall engagement. Equally important, further analysis revealed the use of hyperlinks may not lead to an increase of engagement but rather a decrease of interaction. Instead, health professionals should consider utilizing more videos and pictures to enhance metric levels. As for which influencer created most engagement, celebrities prove to be a successful partner for Twitter campaigns as content which mentions a public figure produces the highest level of engagement. Through understanding the successful aspects of content on Twitter, one can create a guideline which allows health organizations to achieve their campaign goals by creating what is understood to be the most

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engaging content. As such, this pilot study suggests users engage more with action-based content rather than tweets which build community or share general information. These findings could enable health communication professionals to better reach and connect with users. As mentioned throughout the paper, the discussion of mental health can aid in the reduction of stigma and improvement of awareness. While previous studies have suggested social media in general, may unlikely be the only cause of change in health-centric behaviour, various Bell-issued reports suggest online intervention does influence the public in regard to making positive mental health behaviour changes (“Bell CSR”, 2015; “Five Year Plan”, 2015; “Media Release”, 2017). Thus, one can infer the understanding of online interaction and offline perception is changing. This will be an important avenue to examine in future study.

Overall, this pilot study challenges previous notions as to what content contributes to the success of health communication content. Throughout the course of this pilot study, it became increasingly apparent that although the present study may not analyze a breadth of content, new mental health communication implications may emerge from further analysis. In sum, the results suggest a promising opportunity not only to advance the understanding of how Bell Let's Talk creates successful content on Twitter but also to act as a guideline for future studies intended to improve health professionals' knowledge regarding successful content about mental health on Twitter.

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## Appendix A

### Bell Let's Talk Representatives

Team name	Name	Occupation
<b>Spokesperson</b>	Clara Hughes	Athlete
	Étienne Boulay	Athlete
	Howie Mandel	Comedian
	Marie-Soleil Dion	Actor
	Michel Mpambara	Comedian
	Serena Rider	Singer
	Mary Walsh	Actor
	Michael Landsberg	Sports journalist
	Stefie Shock	Singer
<b>Experts</b>	Camillo Zacchia	
	Colonel Rakesh Jetly	
	Dr. Alana Hirsh	
	Dr. Alexa Bagnell	
	Dr. Chris Mushquash	
	Dr. David Goldbloom	
	Dr. Emilie de Tournay-Jetté	
	Dr. Heather Stuart	
	Dr. Ian Dawe	
	Dr. Johanne Renaud	
	Dr. Joti Samra	
	Dr. Mimi Israël	
	Dr. Nasreen Khatri	
	Dr. Robbie Babins-Wagner	
	Dr. Suzanne Filion	
	Dre Marie-Ève Cotton	
	Eric Latimer	
	Karen Letofsky	
	Ridha Joobar	
	Robert Whitley	
<b>Ambassadors</b>	Andrew Jensen	Athlete
	Bruno Guévremont	Veteran
	Kevin Breel	Comedian
	Mike Babcock	Sports personality
	Robb Nash	Musician
	Séan McCann	Musician
	Shea Emry	Athlete
<b>Faces of Mental Illness</b>	Andrea Paquette	Advocate
	Dexter Nyuurnibe	Advocate
	Samuel Breau	Advocate
	Stéphanie Fontaine	Advocate

("Our Initiatives", n.d.)