



# My Mental Health Campaign

*A social marketing project to reduce the stigma associated with mental illness*



## Project Template – 2007/2008



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## Access to My Mental Health Campaign Materials

This project template is available online at [www.mymentalhealth.ca](http://www.mymentalhealth.ca) and at [www.cmha.calgary.ab.ca](http://www.cmha.calgary.ab.ca).

The template is also available through the Canadian Mental Health Association – Calgary Region (CMHA):

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*Campaign materials including television, radio, and newspaper ads are available for the use of other non profit organizations at the discretion of CMHA – Calgary Region.*

## Acknowledgements

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CMHA Project Team: Judy Martin (Executive Director), Rob Gray (Campaign Director), Carmen Wyatt (Communications Manager), Bonnie Lee Morris (Fund Development Manager), Allie Groeneveld (Communications Assistant).

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Special  
Thanks to  
the Project  
Partners!



MacLAREN McCANN

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# Background

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Mental health is about people, about families, and about the workplace. It touches on every aspect of our lives and is an essential part of keeping our lives, our businesses, and our communities stable.

**Mental health affects everyone**, regardless of age, race, or religion. The single greatest barrier to better mental health and wellness is the stigma associated with mental illness. Unfortunately, because of this stigma, life is less than it should be for so many, contributing to the loss of health and countless lives. Careers are ruined, families are destroyed, and homes are lost – all because people are afraid to seek help, and when they do they are often faced with prejudice and persecution.

### Startling mental health facts:

- 1 in 5 people will experience a mental illness during their lifetime.<sup>1</sup>
- 5 of the top 10 illnesses contributing to disability and premature death are mental illnesses. Of these, depression is the most prevalent, expected to become the 2<sup>nd</sup> most disabling illness, worldwide, by the year 2020.<sup>2</sup>
- Research now links stress-related illnesses like depression to physical conditions like heart disease and cancer.<sup>3</sup>
- 1 in 10 people in the workplace are suffering from acute levels of stress and depression right now.<sup>4</sup>
- Early intervention is key in curbing mental health problems before they become a crisis, yet less than half of those who need help will seek it.<sup>5</sup>

With an eye to these issues, the CMHA – Calgary Region proposed the launch of a social marketing campaign to target the stigma that surrounds mental illness, and inspire good mental health for all. This two-year campaign ran across the province of Alberta and incorporated a mass-media component, a supporting website and literature, and a public relations strategy, all centered around influencing social change and targeting stigma by delivering key messages designed to educate and encourage access to much-needed information and support.

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<sup>1</sup> National Institute of Mental Health (USA) & World Health Organization

<sup>2</sup> World Health Organization

<sup>3</sup> Harvard University

<sup>4</sup> Global Business & Economic Round Table on Addictions & Mental Health

<sup>5</sup> CMHA – National Office

# Step 1

## Funding/Partnerships

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### Funding Partners

The *My Mental Health* campaign was anticipated to cost substantially more than CMHA's available communications resources, which meant that a funding partnership was required. CMHA approached TransCanada Corporation and RBC Financial Group with the idea of supporting the campaign. CMHA had existing relationships with both, the two companies had a track-record of working together on community investment projects, and both had a solid corporate reputation which would add credibility to the project through their association.

Once the lead project partners were secured, CMHA then set out to secure additional funding. This funding was provided through a grant from the Alberta Lottery Fund, as well as by approaching local Health Regions in Calgary and Edmonton to help bolster the impact of the project in those two locales.

- A. **The Approach:** An exploratory meeting or phone call was conducted, with an individual representative from each organization to determine level of interest in the project, desired scope (ie: were they more interested in an initiative in one major urban centre, or across the entire province), and requirements/process to submit a formal proposal for the project.
- B. **The Proposal:** A formal proposal was submitted to each project partner which outlined a general case for the project including project goals, project details (with a tactical plan and timeline), benefits to the community, benefits/recognition to the funder, budget, measurables, and anticipated outcomes.
- C. **Follow Up:** In most cases, a formal presentation was made to an executive group within the prospective partnering organization. The presentation focused on the need for the project, the goals/anticipated outcomes, and how these would be realized. A detailed explanation was provided of various project elements demonstrating what they might look like. Benefits to the funder, a description of exactly how funders' dollars would be used, and details of how success would be measured were also important inclusions in the presentation.

### Advertising Agency

Project stakeholders advocated for the involvement of an advertising agency to ensure a high caliber campaign. Through an affiliation on the CMHA – Calgary Region Board of Directors, CMHA approached MacLaren McCann, one of Canada's most prominent full-service advertising agencies with a request for pro-bono support. The agency agreed and participated fully in the development of campaign advertising materials as well as media planning and buying.

### Media Partners

While multiple media outlets were engaged in the project, only a select few were approached as partners – a special consideration for media who had actively supported CMHA in past. This included: CTV Television, which became the exclusive media supplier; Pattison Outdoor, the exclusive outdoor advertising supplier; the Calgary Herald and the Edmonton Journal (both CanWest papers were given exclusivity of market).

### Fast Fact:

*Partner selection is a critical component in a social marketing effort. Funders must be selected that not only have the appropriate resources, but that also have a community standing capable of benefiting the project.*

### Fast Fact:

*All project partners were recognized in varying degrees as determined by their support.*

*This included recognition in all campaign materials and at a partnership luncheon held to publicly recognize the substantial support of TransCanada Corporation and RBC Financial Group.*

## Step 2

# Project Management/Collaboration

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### Fast Fact:

*It is important to clarify the expectations and required approval process of all stakeholders early on in the planning process. This includes understanding what each stakeholder requires in order to make a decision, and the amount of time they will require for such, which can vary – especially when dealing with a large corporate partner.*

*When working with multiple regions or divisions within the same organization (such as CMHA's various regions), it is important to understand that not all markets are the same, and some markets may have other initiatives underway which need to be taken into consideration.*

### **Project Management**

The campaign was executed in eight CMHA Regions across Alberta, and the project was managed by the CMHA – Calgary Region. The Calgary branch was most appropriately resourced to manage the campaign with funding in place and a communications department with the required capacity to lead the project. The project was managed by CMHA – Calgary Region's senior communications staff person, working closely with the Executive Director, and ultimately under the direction of the CMHA – Calgary Region Board of Directors. Management of the project included organizing stakeholder participation (both in terms of CMHA Regions, and project funders), liaising with the advertising agency and media partners, overseeing evaluation efforts, managing funds, and ensuring an appropriate approval process.

### **Stakeholder Relations and Decision Making**

Given the collaboration with eight other CMHA Regions and a number of corporate and public funders, stakeholder relations was a critical component in the success of this initiative. The project worked on a collaborative platform whereby participation was encouraged by all stakeholders and approval was required from each party for all major project components.

The project was designed to maximize the impact of a "grassroots localization" through the involvement of each CMHA regional office. While Calgary Region managed the media buy for each market, toolkits were provided to each office for local action which included printed materials for local distribution, and copies of campaign materials for use in presentations. Calgary Region also produced a series of media materials which were localized for each market and sent (by Calgary Region) to local media in each market on behalf of CMHA Executive Directors who were noted as key contacts for media, and provided with appropriate key messaging associated with each release.

All major project components were developed in consultation with representatives from each project stakeholder and CMHA – Calgary Region served to ensure that approval was in place for each campaign component from all parties.

# Step 3

## Overall Campaign Strategy

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The fundamentals behind the My Mental Health Campaign were driven by a vision of contributing to a future where fewer people die by suicide, fewer become homeless, fewer become addicted to drugs and alcohol, and fewer suffer from depression and anxiety. Working together with project partners, CMHA endeavored through the project to create a future where individuals are healthier, families and relationships are stronger, workplaces are more productive, and communities are more stable.

### Fast Fact:

Generally speaking, social marketing takes the following six considerations into account:

1. Audience segmentation
2. Behaviour/beliefs of target population (both current & desired behaviours/beliefs)
3. Consumer research (know your audience)
4. The exchange (the reason for your audience to make the desired change)
5. Competition (understanding the obstacles which prevent an audience from adopting the desired behaviour/attitude)
6. The marketing mix (how you employ basic marketing principles to the project)

### Project Goals

- To break through the debilitating stigma associated with mental illness.
- To broaden awareness of the Canadian Mental Health Association and key project partners.
- To foster a better understanding of mental illness in the community.
- To encourage mental health and wellness for the general population and the employees of key corporate partners.
- To encourage healthy, help-seeking practices.

To achieve these goals, CMHA employed a social marketing based approach. Broadly defined, social marketing is a tactic of applying marketing principles to an application with an end goal of changing attitudes or beliefs in a targeted population. The social marketing strategy for this project was as follows:

### Behaviour

At the outset of the project it was recognized that the majority of the population stigmatized those with a mental illness due to a gross misunderstanding of the issue and failure to recognize that mental illness can and does affect anyone.

A majority of individuals at the time perpetuated societal misconceptions around mental illness, such as thinking those with a mental illness are violent, crazy, lazy, unable to work, attention-seeking, to be avoided, at fault, and so on. The campaign aimed to change this attitude to one of acceptance and understanding where individuals realize that everyone is at risk of a mental illness and know how to recognize the onset and where/how to seek help.

### Consumer Research

Budgetary constraints prevented CMHA from executing formal market research at the onset of the project. However, available research at the time suggested that:

- 1 in 5 people will experience a mental illness during their lifetime. Virtually everyone will know someone with a mental illness at some point in their life, but a majority of people are surprised to learn this.
- Men are much more resistant to mental health messages than women.
- There is a growing recognition of the correlation between mental illness and stress amongst the educated upper class.
- Many mental health/illness misconceptions of the past are still prevalent in society today.
- Misconceptions are deeper rooted in the more aged demographics than in the younger groups where individuals tend to be more open minded about mental illness.

### **Audience Segmentation**

Because mental illness truly does affect anyone, the target market for this campaign really was “anyone”. However, for the messaging to obtain maintain maximum impact, the prospective audiences were segmented into the following three groups:

- Individuals who have a mental illness.
- Individuals who know someone with a mental illness.
- Individuals who neither have or know someone with a mental illness.

The latter group has been identified as the key target group as this segment was least likely to know about and understand mental illness, and thus was most likely to contribute to stigma and benefit from a greater knowledge. Within this group 8 main subgroups were identified:

- Men
- Women
- Kids (age 1-11)
- Youth (age 12-18)
- Young Adults (age 19-28)
- Adults (age 29-39)
- Baby-boomers (age 40-60)
- Seniors (age 60+)

Because men are particularly resistant to mental health issues, it was determined that the best way to reach this group was through the women in their lives (ie: wives, mothers, sisters) As well, children’s mental health is a controversial issue, and not an area of program strength (at the time) for the Canadian Mental Health Association, so this group was omitted from the target audience for the campaign. As well, with the realization that attitudes are harder to change in an aging population, it was determined that the target market was women between the ages of 19-60.

This demographic was further targeted to include only those who reside in one of the eight regions of Alberta where the campaign was to be executed in association with a CMHA office:

- Calgary
- Camrose
- Edmonton
- Grande Prairie
- Fort McMurray
- Lethbridge
- Medicine Hat
- Red Deer

### **The Exchange**

The exchange or “what’s in it for the audience” is an important consideration for any social marketing campaign. The exchange for CMHA’s campaign focused around information and early intervention. The premise of the project was that because one in five people will experience a mental illness, everyone is at risk; but by taking the time to learn five simple steps (via the campaign’s available information resources) the audience would learn how to live a life with better mental health.

### **Competition**

The main competition to acceptance of the behavior promoted by this campaign was the same stigma the project sought to combat. As such, it was recognized that stigma would prevent many from taking advantage of available information resources out of “fear” that the individual may be seen as having a mental illness. The strategy used to circumvent this was to include messaging in campaign materials promoting the extreme prevalence of mental illness and the devastating effects of not knowing more, sooner.



### **The Marketing Mix (the 5 P's)**

**Product:** The campaign was centred around a series of provocative, thought provoking advertisements, targeted at driving the target audience to a campaign website which delivered a five-step plan for better mental health.

**Price:** To ensure ease of adoption, there were no hard costs to adopting the desired behaviour. Price in this case also refers to the cost of not adopting the behaviour promoted by this campaign. The cost for such was deemed to be devastating (ie: job loss, family break-up, homelessness).

**Placement:** A comprehensive and targeted media plan was developed in consultation with MacLaren MacCann to ensure adequate segmentation and appropriate scheduling.

**Promotion:** This campaign centered around a number of mediums to ensure maximum impact. Newspaper was used due to the medium's usefulness as the most credible medium and the medium most able to permeate smaller markets. Television was used for its broad appeal and ability to "blanket" the province, with an immense reach and significant ability to target the audience. Radio was used, also to target markets and deliver a compelling and public message. Outdoor ads were used as a means of maximizing message impact/recall, and online ads were used to drive added traffic to the campaign website.

**Partners:** Partners for this initiative were carefully chosen and tactfully promoted to bring credibility to the initiative. Branding of project partners was utilized to encourage adoption of campaign behaviours by selecting well-known and admired partners.

## Step 4

# Information Resources

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### Website

Because the “exchange” in this campaign was integral to providing education/information about mental illness, the campaign website became a key component of the project. Based on the notion of “5 steps to better mental health”, the website was developed to incorporate 5 main sections, each with 5 main sub-sections, as described below.

### Booklet

For those without internet access, a booklet was created which encapsulated the information from the website. The booklet was distributed through CMHA and partner offices and was available by request.

### Information Structure

#### 1) Learn about mental illness

- *Types of mental illness*: a list of mental illnesses (based on CMHA National’s classifications) with information including descriptions and symptoms.
- *Common symptoms*: A general list of common symptoms or warning signs associated with mental illness.
- *Causes*: a description of the three recognized causes of mental illness – a chemical imbalance in the brain, genetics, and psychological/ social factors.
- *Myths*: common myths associated with mental illness and the realities.
- *Mental health tips*: a series of practical tips for better mental health.

#### 2) Assess your mental health

- *My Mental Health IQ*: an interactive quiz to test mental health knowledge.
- *Mental Health Meter*: an interactive assessment of mental health based on a number of key indicators.
- *My Stress Test*: a self-test measuring stress on a scale of factors.
- *Is it More than Just Feeling Blue?*: a true/false test to help participants assess a possible depression.
- *Am I at Risk?*: a light-hearted quiz examining common risk factors (tied into campaign creative).

#### 3) Get help if you need it

- *Talk to your doctor*: information on how to guide a conversation with a family doctor and resources on how to obtain one.
- *Types of help*: an overview of the different types of mental health resources available and details of what to expect from each.
- *Supporting someone with a mental health concern*: Information for family/friends supporting someone with a mental illness.
- *Canadian Mental Health Association programs*: a comprehensive listing of CMHA programs listed by region (information submitted by each region via a template form).
- *Other resources*: an extensive listing of different resources available in different parts of the province.

#### 4) Take action to make a difference

- *Practice mental fitness*: a series of easy to execute mental fitness tips.
- *Volunteer*: information on the intrinsic social/networking benefits of volunteering.
- *Advocate*: information on how to advocate for various mental health issues.
- *Host a mental health event*: suggestions for various awareness-raising events.
- *Talk about it*: information on how to make mental health conversations more acceptable and commonplace.

#### 5). Donate to support local programs and services

- Information on how to make a donation in support of mental health.

## Step 5

# Campaign Creative and Messaging

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Campaign creative, in this instance, refers to the overarching strategy used in campaign advertising and messaging. The fact that one in five people will experience a mental illness during their lifetime, and that any and everyone is equally at risk became central to the campaign's creative theme. Ultimately, campaign creative took a light-hearted approach to "normalize" mental illness by highlighting serious risk factors which were intentionally commonplace (such as living on earth or breathing) so as to describe literally everyone.

### Pre-Development Process

Campaign partners spent a significant amount of time determining the most appropriate creative strategy, considerations of which ranged from taking a serious and emotional approach to the humorous approach that was eventually determined. The latter was chosen as the strategy that was most congruent with trying to break through stigma by making mental illness seem less threatening, and more commonplace. Once the initial strategy and themes were identified, CMHA worked closely with MacLaren McCann to develop advertising concepts and scripts which then went through a rigorous approval process whereby each partner was able to contribute varying expertise to ensure that the creative was as strong as possible.

### Testing

Because of the humorous approach taken in the creative, CMHA was concerned about how mental health consumers would react to the ad concepts. Therefore a series of focus groups were hosted with CMHA program participants in various markets throughout the province. The general consensus was very supportive of both the campaign overall and the creative. A number of valuable suggestions arose as part of this which were incorporated into the final creative presented below.

### Development Process

Once creative concepts were approved, the details were developed for each ad, including careful selection of individuals to be showcased in ads (taking age, gender, diversity, etc. into account.). The overall "look and feel" of each ad required careful consideration so as to ensure that the ads helped build on CMHA's existing brand.

### Logo

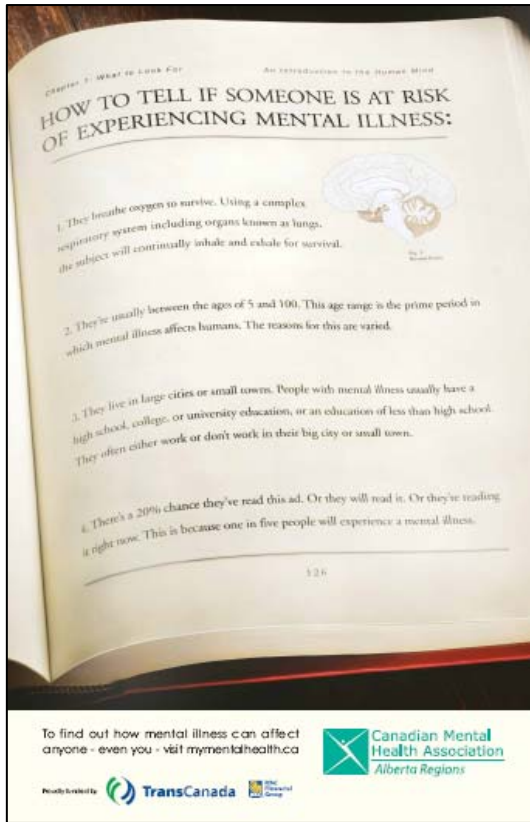
A logo was developed for the project which served to tie in to existing organizational brand standards, but at the same time contribute to a unique identity for the campaign as a stand-alone initiative. The following logo was designed, taking into account the campaign key message that "1 in 5 will experience a mental illness during their lifetime". The campaign website was incorporated into the logo, as the website was the "hub" of the project.



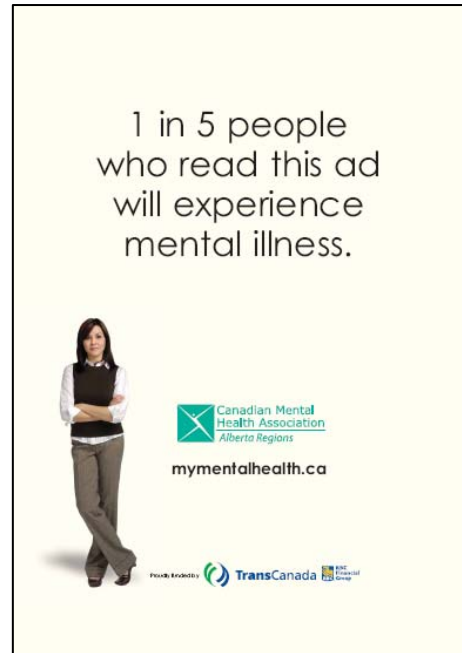
### CMHA Logo Solution

Branding of the project from the CMHA perspective was a challenge in that numerous local regions were involved as well as a provincial (Division) office. The initial plan was for all campaign elements to reflect the logo of the local office (in each market). In the end, this was cost prohibitive, and in some cases (for example TV), simply wasn't possible. As such, a new logo was developed focusing on the regional level which is where the campaign was really targeted. The logo was created to match existing CMHA brand standards (colours, fonts, etc).

½ Page Print Ad



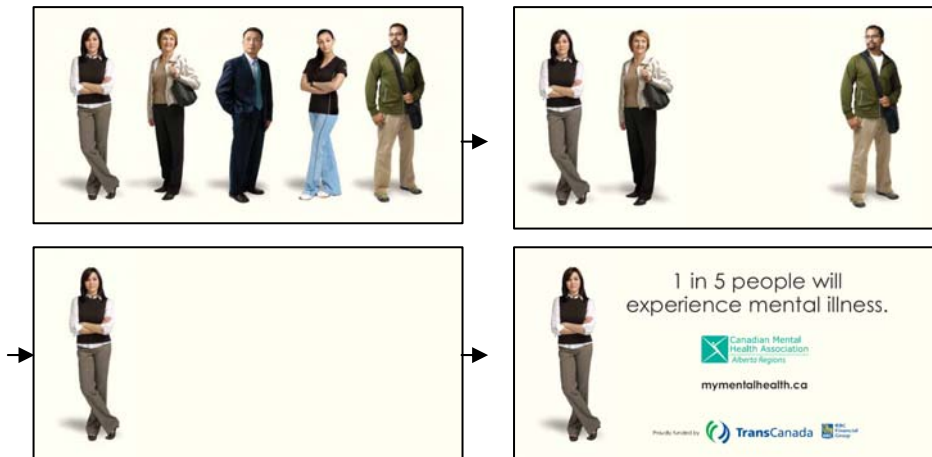
Street Level Ad



Banner Print Ad



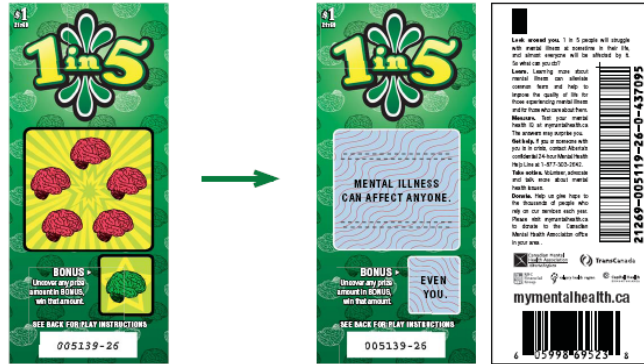
Billboards (teaser campaign)



Poster



Scratch & Learn Lottery Ticket



Radio Script -1

SFX: PLEASANT MUSIC UNDER AND THROUGHOUT.

ANNCR: This is: how to tell if someone is at risk of mental illness.

One sure way to tell is by their social class. They are always lower class ... middle class ... or upper class. And their yearly income typically ranges between zero ... and one billion dollars.

So now you know – mental illness can affect anyone, even you. To learn more, visit mymentalhealth.ca

Brought to you by TransCanada, RBC and the Canadian Mental Health Association.

Radio Script -2

SFX: PLEASANT MUSIC UNDER AND THROUGHOUT.

ANNCR: This is: how to tell if someone is at risk of mental illness.

One sure way to tell is by their behaviour. When a person with mental illness meets other people, they tend to grab the other person's hand and jiggle it slightly. This is what is known as ... "a handshake".

So now you know – mental illness can affect anyone, even you. To learn more, visit mymentalhealth.ca

Brought to you by TransCanada, RBC and the Canadian Mental Health Association.

**TV Script-1**

STYLE: Looks like an educational video.

AUDIO	VIDEO
<p>Pleasant music under and throughout.</p> <p><i>Voice:</i> The first way to tell someone is at risk is by the area they live in.</p> <p>They typically live within this area.</p> <p>You can also tell by their behavior.</p> <p>They tend to use their “mouth” or “nose” to breathe in oxygen.</p> <p>And sometimes, they stare at boxes with moving pictures in them.</p> <p>So now you know – mental illness can affect anyone, even you.</p> <p>To learn more, visit our website.</p>	<p><i>Written on screen:</i> TransCanada, RBC and CMHA present</p> <p><i>On screen:</i> How to tell if someone is at risk of mental illness.</p> <p>A man is wearing a suit, glasses and holding a pointing stick while sitting on a classroom desk. He walks over to an easel.</p> <p>He points at a picture of the earth and makes a circle around it.</p> <p>Points at a scientific diagram of the breathing process.</p> <p>Points at a picture of a TV with a show playing on it.</p> <p><i>Written on screen:</i> mymentalhealth.ca</p>

**TV Script-2**

STYLE: Looks like an educational video.

AUDIO	VIDEO
<p>Pleasant instrumental music under and throughout.</p> <p><i>Voice:</i> One way to tell if someone is at risk is by their possessions.</p> <p>They always own one of these.</p> <p>And this.</p> <p>You can also tell by their skin colour. It’s one of these.</p> <p>And sometimes ... they like to put cubes of hair on a stick and put it in their mouth.</p> <p>So now you know – mental illness can affect anyone, even you.</p> <p>To learn more, visit our website.</p>	<p><i>Written on screen:</i> TransCanada, RBC and CMHA present</p> <p><i>On screen:</i> How to tell if someone is at risk of mental illness.</p> <p>A man is wearing a suit, glasses and holding a pointing stick while sitting on a classroom desk. He walks over to an easel.</p> <p>He points at a picture of a brain.</p> <p>Points to a picture of a heart.</p> <p>Circles picture of a complete colour palette.</p> <p>Points at a diagram of a toothbrush going into a mouth.</p> <p><i>Written on screen:</i> mymentalhealth.ca</p>

## Step 6

# Implementation

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Following a planning and development period of almost a year, the campaign was executed in three distinct and separate phases deployed over the course of twelve months. The phased approach was used to maximize the duration of the campaign, allowing the target audience time to adopt the desired attitudinal change.

### **Pre-Campaign**

The process of obtaining funding for this project encompassed nearly a year. Once funds were in place, planning and development work took six months to complete. This included the development and execution (through Ipsos-Reid) of a pre-campaign poll which was used as a measure of attitudes related to mental illness. This provided valuable information in determining the direction of the campaign, and established a benchmark from which to measure the impact of the project.

### **Phase I: April-May, 2007**

The beginning of the campaign was marked by a celebratory launch event hosted at campaign headquarters in Calgary and broadcast via the internet to satellite launches hosted by CMHA in each region. Senior representatives from each partnering organization and local officials attended the event.

Campaign advertisements began running the day of the launch and were in market for approximately six weeks. This included television, radio, and outdoor advertisements, with newspaper in some markets as well. The ad-buy was concentrated, saturating each market with an initial "burst" of advertising activity.

*See media plan for further details.*

### **Phase II: Oct-Nov. 2007**

The second phase of the campaign focused solely on maximizing the impact of bonused media advertising as well as editorial coverage. CMHA worked with MacLaren McCann to secure/maximize exposure through ads donated by media partners which was achieved by leveraging the previous buy with the upcoming buy for Phase III. CMHA also approached all campaign media partners for editorial coverage and issued a series of campaign media releases to a broad range of media. As well Mental Illness Awareness Week (October) activity and a guerilla marketing component were employed to garner added media coverage.

*See PR plan for further details.*

### **Phase III: January-March 2008**

This was the largest phase of the campaign in terms of budget, which enabled a strategic media buy staggered to cover a more extended period of three months. Media employed for Phase III were television, radio, newspaper, and online ads, with outdoor used in only one market (as this was deemed the most appropriate for that market). Bonused advertising was still encouraged during this phase, and media releases were issued at key points throughout this phase to garner additional media coverage.

*See media plan for further details.*

### **Post-Campaign**

Following successful completion of the campaign, a series of evaluative efforts, including a post-campaign poll to determine any impact that the campaign had (see evaluation for details) took place as well as final reporting to project stakeholders. Once complete, a wrap-up luncheon was held to thank and recognize all project supporters for their efforts.

## Fast Fact:

*Before actually launching the project, CMHA hosted a "partnership luncheon" to publicly announce the support of TransCanada Corporation and RBC. This served to build the relationship between CMHA and the two lead funders, as well as garner significant media coverage of and interest in the project.*

# Step 7

## The Media Plan

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The media plan for this project was developed by MacLaren McCann/M2Universal Media Management in close consultation with CMHA. Negotiations were conducted by M2Universal on behalf of CMHA, leveraging CMHA's non-profit status with M2Universal's significant buying power.

Media suppliers were carefully selected, taking reach, audience demographics, and willingness to contribute over and above paid advertising into account so as to deliver the maximum impact for the dollars available. For television and radio, scheduling of advertisements was strategic allowing for a significant degree of prime-time advertising, as well as some "fringe" advertising.

### **Television**

Television was incorporated into the media plan because of its power as a medium and the ability to deliver an audio/visual message with impact. CTV was selected as the exclusive television partner for the My Mental Health campaign. CTV was chosen because of the size of their viewing audience, their ability to broadcast to all campaign markets, and their willingness to support the campaign.

### **Print**

Print (newspaper) was incorporated into the campaign because of its credibility as a medium (people tend to believe what they read), and because newspapers often have a solid reach with multiple readers per copy. Due to budget, only one newspaper – the most prominent in each market – was selected. Newspaper advertising was more extensive in Calgary and Edmonton due to the fact that local health regions from both cities directed their dollars to these locales.

### **Outdoor**

Outdoor was chosen for this project because, of all media, outdoor has the greatest reach, and as such the greatest potential of spreading the campaign message beyond those targeted through other media. Billboards and outdoor ads were placed along key commuter routes, where there would be seen by repeat traffic. The billboards incorporated a "teaser campaign" strategy, whereby a series of billboards were revealed (one week after the next) to pique curiosity and maximize the impact of the message.

### **Radio**

Radio was incorporated as a medium into the project because of the ability to target specific demographics, as well as the fact that radio is often listened to during times of high stress (ie: while stuck in traffic or while at work). Radio stations were chosen based on their audience demographics as well as reach.

### **Online**

Online ads (through Sympatico/MSN) were incorporated into the final phase of the campaign as a way of driving traffic to the campaign website.

*See media plans next page...*



### Phase I Media Plan (2007)

AD FORMAT	MARCH / APRIL				MAY				JUNE				SPOTS	REACH	FREQUENCY		
	19	26	2	9	16	23	30	7	14	21	28	4				11	18
PROVINCE WIDE TELEVISION CTV	30 Second	44	44	44	44										176	56.45%	7.40
CALGARY OUTDOOR BILLBOARDS	10 X 20 Horizontal Street Level	5 POSTERS				18 POSTERS									5	64.8%	10.50
BONUS POSTERS RADIO	30 Second						105			130	130				18 365	62.9%	7.00
EDMONTON OUTDOOR BILLBOARDS	10 X 20 Horizontal Street Level	5 POSTERS				27 POSTERS									5	55.9%	6.70
BONUS POSTERS RADIO	30 Second						175			220	220				27 615	49.0%	13.30
LETHBRIDGE OUTDOOR BILLBOARDS	10 X 20 Horizontal Street Level	1 POSTER				1 POSTER									10	52.3%	4.10
BONUS POSTERS RADIO	30 Second						8			76					76	52.3%	4.10
MEDICINE HAT OUTDOOR BILLBOARDS	10 X 20 Horizontal Street Level	2 POSTERS				7 POSTERS									9	82.6%	19.40
BONUS POSTERS RADIO	30 Second						54								54	n/a	n/a
GRANDE PRAIRIE OUTDOOR BILLBOARDS	10 X 20 Horizontal Street Level	1 POSTER				1 POSTER									1	76.7%	10.00
BONUS POSTERS RADIO	30 Second						54								54	n/a	n/a
RED DEER OUTDOOR BILLBOARDS	10 X 20 Horizontal Street Level	1 POSTER				1 POSTER									11	81.8%	7.90
BONUS POSTERS RADIO	30 Second						56								56	27.9%	4.40
FORT MCMURRAY RADIO	30 Second						54								54	n/a	n/a

### Phase III Media Plan (2008)

AD FORMAT	JANUARY				FEBRUARY				MARCH				TOTAL SPOTS	REACH	FREQUENCY		
	31	7	14	21	28	4	11	18	25	3	10	17				24	
PROVINCE WIDE TELEVISION CTV	30 Second					39	39			38	38		38		192	55.50%	7.5
ONLINE Sympatico.MSN	Big Box (300 x 250)					1,900,584 Imp.									990 clicks	n/a	n/a
CALGARY RADIO (5 STATIONS) NEWSPAPER	30 Second/7-second tag Calgary Herald - 1/3 Page Calgary Herald - Banner					119	119			119	119		119		595 3	60.80% 50.02%	13.9 4.15
EDMONTON RADIO (5 STATIONS) NEWSPAPER	30 Second/7-second tag Edmonton Journal - 1/3 Page Edmonton - Banner					124	124			124	124		124		620 3 3	55.80%	14.7
LETHBRIDGE OUT OF HOME	Horizontal Poster Transit Shelter					1 POSTER 4 POSTERS									0 0		
MEDICINE HAT RADIO NEWSPAPER	30 Second Medicine Hat News (FR) - 1/3 Page Medicine Hat News - Banner					27	27			27	27				108 3 3	n/a n/a	n/a n/a
GRANDE PRAIRIE RADIO NEWSPAPER	30 Second Grand Prairie Herald Tribune (FR) - 1/3 Page Grand Prairie Herald Tribune - Banner					27	27			27	27				108 3 3	n/a n/a n/a	n/a n/a n/a
RED DEER RADIO NEWSPAPER	30 Second Red Deer Advocate (FR) - 1/3 Page Red Deer Advocate - Banner					27	27			27	27				108 3 3	65.80%	17.7
FORT MCMURRAY RADIO NEWSPAPER	30 Second Fort McMurray Today (FR) - 1/3 Page Fort McMurray Today - Banner					27	27			27	27				108 3 3	n/a n/a n/a	n/a n/a n/a

## Step 8

# The Public Relations Plan

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To maximize project exposure and awareness, a PR plan was developed (as part of Phase II) to generate media coverage and maximize impact of the ad buy so as to generate the biggest “buzz” possible.

### **Strategies**

#### **Mental Illness Awareness Week**

- Calgary Region issued PSAs encouraging free use of campaign advertising materials by media. Calgary Region also issued daily news releases (on behalf of each CMHA region), disseminating related key messages to each regional Executive Director.

#### **Guerilla Marketing Tactic**

- A large quantity of lottery-style scratch and learn tickets were developed and sent to all campaign stakeholders for distribution. The tickets looked real, but when scratched delivered the message that “Mental Illness Can Affect Anyone.” The back of the ticket (in place of the usual fine print) outlined the campaign’s five steps to better mental health. Partner logos and the website were included.
- The tickets were distributed randomly (left on the sidewalk, in food courts, in boardrooms and on buses, etc), with the idea being that someone would come across the ticket, thinking they’d found a lottery ticket. Then they would scratch the ticket and find the campaign info.

#### **Pitching Media Modules**

- Calgary Region pitched a series of editorial stories in each market to appropriate media suppliers that had been selected for the media buy. Leveraging the dollars spent, CMHA encouraged these suppliers to support the campaign with editorial coverage of pertinent mental health issues. Once a commitment was in place, local Executive Directors (and their teams) would orchestrate interviews, with the support of a toolkit from Calgary Region which outlined appropriate types of interviews, and how to make the story interesting.

#### **Regular Media Releases**

- Based on a template and series of topics approved by all stakeholders, CMHA – Calgary Region issued a series of regular media releases, some relating to one of the campaign’s five steps, others related to other pertinent mental health info or stats. The releases were issued in all campaign markets, directing media to their local CMHA office for further info. Each region was supplied with supporting key messages to ensure consistency across the province.

#### **Circulate PSA Ads**

- All campaign advertising materials were circulated to appropriate media outlets in each market with a request to play the ads as PSAs should airtime become available. Local regions were also encouraged to promote the use of these materials when partaking in interviews related to the aforementioned activities.

## Step 9

# Evaluation Process

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Whereas many countries, such as the UK, employ social marketing strategies to reduce the stigma associated with mental illness, Canada has been lagging behind in this regard. There exists very little documented information as to the impact of this strategy in Canada. As such, CMHA set out to establish a benchmark with this project, and in doing so, forged a relationship with a pair of academic researchers interested in researching social marketing campaigns that had corporate support.

With the involvement of these two individuals from Carleton University/University of Ottawa and Laurentian University, CMHA was able to conduct a formative evaluation of the campaign which included measuring the outcomes of the campaign as well as partner satisfaction in the project.

### **Pre-campaign**

Prior to the launch of the campaign, the project researchers met (in-person) with key CMHA project staff, all project funders, and a selection of CMHA regional representatives to get a clear picture of the project's overall objectives and strategies as well of those of each of the projects stakeholders.

CMHA also commissioned Ipsos-Reid to conduct an omni-bus poll to establish a benchmark for public opinion related to mental illness. The poll assessed key indicators such as people's ability to identify mental illness risk factors and determine their own level of risk related to mental illness, as well as the public's comfort level with mental health concerns and their knowledge of where to find assistance.

### **Post-campaign**

Upon finalization of the campaign, CMHA once again commissioned Ipsos-Reid to conduct an omni-bus poll, with the exact same questions that were used in the pre-campaign poll. In this fashion, CMHA was able to determine and quantify the attitudinal shift related to mental illness that had occurred as a result of the campaign.

This information was included in a final project report which was circulated to all project stakeholders and was provided to the project researchers to consider as part of their final evaluation. The researchers once again met (in-person) with the same individuals as in the pre-campaign interviews, this time to assess the level to which the objectives identified by each in the first series of interviews had been met. The interviews once again focused on both the degree to which campaign goals had been achieved, as well as the degree to which each stakeholder's own goals had been achieved.

Research conducted as a part of the evaluation was circulated to all stakeholders. The research revealed some useful academic findings which the researchers undertook to publish in a social marketing journal.

# Project Outcomes

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## General Findings:

- There was a significant increase (+8 percentage points) in the numbers of people that are knowledgeable about mental illness (39% of people considered themselves knowledgeable in 2008 vs. 31% in 2007).
- More (38%) Albertans said that they are familiar with the signs of mental illness in 2008 versus 27% in 2007. This represents an increase of 11%.
- Perceptions about mental illness also improved:
  - 13% fewer people (58% versus 71% in 2007) still thought that there was a lot stigma associated with mental illness. This is significantly lower than in 2007 indicating that the campaign positively influenced perceptions of mental illness.
  - 13% more Albertans than in 2007 also reported knowing where to seek help if they encountered a mental health concern (57% agree versus 44% in 2007).

## Fast Fact:

*In considering the following statistics, it is important to note that social marketing literature suggests that a 3% shift in perception of a population per year is considered to be the mark of an effective campaign (obviously this depends on a number of variables).*

## Website Stats

*During the campaign, the [www.mymentalhealth.ca](http://www.mymentalhealth.ca) website logged over 1.3 million hits, and more than 20,000 unique visitors.*

## Knowledge of Mental Illness:

- While almost one in four Albertans considered themselves to be knowledgeable about mental illness, there was a corresponding decline among those who claimed that they were not knowledgeable about mental illness (25% in 2008 versus 35% in 2007).
- Women were significantly more likely to claim that they are knowledgeable about mental illness (53%) versus men (25%).

## Estimation of Incidence:

- 4% more of the poll respondents correctly estimated that 1 in 5 people will experience a mental illness during their lifetime. (65% versus 61% in 2007)
- 71% of women (versus 58% of men) and 76% of those aged 18-35 (versus 60% among older respondents) correctly estimated incidence of mental illness at 1 in 5.

## Familiarity:

- More (38%) people said that they are familiar with the signs of mental illness in 2008 versus 27% in 2007.
- Women (51%) were significantly more familiar with the signs of mental illness than men (26%).

## Advertising Recall:

- Message communication from the campaign was strong. 31% of respondents were able to playback details about the advertising they saw, read or heard that were directly linked to the current advertising campaign.
- When read a brief description of the television ads, another 18% claimed that they had noticed the television campaign. (Combined, 49% of Albertans claimed to be aware of the campaign).