Social Marketing Plan

Youth Mental Health Intervention

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Cianna Reider

University of Colorado at Colorado Springs

November 20th, 2018

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## Background, Purpose and Focus

Mental health has been a topic of much discussion, but very little of it has been positive. The discussions centering on mental health tend to focus on adults and teenagers, but there’s another population at risk. According to CDC, Suicide death rates in kids ages 10 to 14 have doubled since 2007 (2016). The suicide rate is higher in males over female, but still alarmingly high for children so young. Studies have shown that younger kids will often take their own lives impulsively, and the warning signs for younger kids are less mood swings and closer to hyperactivity and attention disorders (Middlebrook 2016). An article in Time magazine discussed that the increased suicide rates may be connected with the climbing rates of depression and loneliness among young people, or that pediatricians are increasingly referring children with mental health issues to specialists or hospitals. The prevalence of social media may also play a part (Ducharme 2018). Dr. Lisa Boesky, a private clinical psychologist and author who studies adolescent suicide, said, “Although it is important to talk to your children, it is even more important to listen.” (Middlebrook 2016). But how can parents listen if the children do not feel comfortable talking? That’s the focus of this plan. Finding new ways to make adolescents feel comfortable communicating with authority figures in their lives, in order to improve their mental health.

### Purpose

The purpose of this campaign is to improve mental health communication among young adults which will lead to lowering young adult suicide rate.

### Focus

This focus of this campaign is to improve the overall communication about mental health for middle schoolers. The campaign will outline a program for schools that helps take the shame and stigmatization of mental health out of the conversation, and gets children engaged in discussing it with adults they trust. In order to do this, the campaign aims to provide training to teachers and parents in order to help young adults feel comfortable talking about this topic with the authority figures in their lives without feeling the stigma of mental health. This training will help both teachers and parents avoid behavior that may be making the children feel unable to communicate with them which will hopefully open the lines of communication more fully and give young kids a person they know they can talk to.

## Situation Analysis

|  |  |
| --- | --- |
| **Internal** | **External** |
| Strengths | Weaknesses | Opportunities | Threats |
| * Issue Priority
* School Support Systems
* Committed teachers
 | * Stigma
* Lack of time
* Peer pressure
* Lack of parental involvement
 | * Early Identification
* Improved School Performance
* Organizational Resources
* Involve parents
* Involve teachers
* Positive messages
 | * Bullying / Peer Pressure
* Ease of Access to Other Methods (Drugs, Alcohol, Self-Harm)
* Stigma
* Social Media Messages
* Funding
 |

### Internal Strengths

For this plan, we seek to maximize the priority of the issue. Children are at risk and the numbers are growing and it is a concern shared by parents and teachers alike. We also plan to maximize the use of the school support system with counselors and therapists in schools in order to help this process. Lastly, teachers have a commitment to their students, they want to see them succeed, and for many teachers they are also evaluated by the grades in their classroom, and improved mental health can improve classroom performance, so this should be an incentive to the teachers to adopt the plan early.

### Internal Weaknesses

For our plan, we will be working hard to reduce multiple weaknesses facing the potential mental health training. The major weakness is stigma. Mental health comes with massive stigma both to the children who may enroll in the program, as well as their friends and family. Another issue is a lack of time. In today’s society, parents have less time to get involved in their children’s lives, and teachers have significantly more students and exceptionally less time. In order for the plan to work, both parents and teachers need to prioritize time to dedicate to the training. This also ties into the weakness of lack of parental involvement. Another weakness of the plan is peer pressure. According to some formative research conducted, children are actively aware of the opinion of their peers and do not want to feel judged or mocked for their struggles.

### External Opportunities

For this plan, early Identification is a key opportunity. If we can reach and help kids during their middle school years, we can make a bigger impact as they get older. Breaking down the barriers around mental health and communicating about it would be a big impact overall. There is an opportunity for improved school performance for all the schools who participate, as research has shown that when children are engaged, and their mental health is in check they perform better and retain more focus in school. Good grades and higher test scores are benefits for the schools to get involved in the program.

The biggest opportunity is to involve parents and involve teachers in the plan. Both groups want to see the young people succeed in school and life, and their influence is important to the target audience so improving the involvement of both of these groups would be very beneficial.

### External Threats

For a plan involving mental health, there are bound to be many barriers. The biggest concern that we will work to reduce is bullying and negative peer pressure in the school and home environment. Another threat to the plan is the ease of access to other methods of dealing with mental health struggles, including Drugs, Alcohol, Self-Harm. These things are common in media and society and can be easily accessed in homes. Another external threat to the success of our plan would be social media and its messages. Children have active social media presence very early on, and the bullying, media influence and peer pressure that may have only affected them at school, now follows them wherever they go and can be very detrimental to their overall mental health and their willingness to participate in the program. The concern that influences all of this is stigma. Mental health is highly stigmatized and not commonly discussed among people of all ages. In order for this plan to work, this threat needs to be minimized, and the perspective of mental health needs to be destigmatized.

## Prior and Similar Efforts

When looking at research in this area, there has been many notable efforts. Andreasen (2004) discussed how social marketing could be best used to reach and effect the mental health of adolescents and how to frame it. The national mental health information center estimates that at any moment one in five children and adolescents may have a mental health problem and one in 20, about 3 million young people, may have serious emotional problems. (Andreasen 2004). When looking at building the social marketing plan, Phillipson et. al. had some discussion on the other factors that are as important as communication in the help-seeking behavior in young adults, and what his formative research revealed (2014). Though this was in Australia, the impact of this research highlights key influences for our plan as the focus is related directly to help-seeking and opening the lines of communication. Silenzio et. al. used a similar approach when looking at the impact of social networks on the suicidal tendencies of gay, lesbian and bisexual adolescents. This research emphasized the fact that to research the audience we are hoping to help, we may need to leverage social networks as that is where they spend their time (2009). When looking at how to improve the issue of mental health in adolescents, Pisani et. al had discussed emotion regulation difficulties, and the tie to youth-adult relationships and their importace in this space. Having, and improving, the relationships between the child and parent may dramatically reduce the mental health issues of that child (2012).

## Target Audience

For this effort the primary audience is young adults, which includes ages 12 through 21, but this campaign will be focusing on Middle School (12-15) age primarily, and then branching out to older sections of students in High School and College in later campaigns if successful.

Additional audiences that will need to be influenced in this process will be parents of young adults, teachers in Middle School, and middle school principals and the district school board. Many of this audiences will be making decisions that will impact the campaign and the effectiveness, so each party needs to be included in order to get the greatest benefit for our target audience.

## Marketing Objectives and Goals

### Behavior Objective

*Young adults will communicate about mental health with parents/teachers.*

### Knowledge Objectives

*Young Adults will know that mental health and mental illness is nothing to be ashamed of and is normal. Young adults will not feel the need to hide it from people.*

### Belief Objectives

*Young adults will believe that mental health discussions and mental health issues are normal and healthy.*

### Campaign Goal

*In 10 years, we will reduce the number of young adult suicides by 20%*

*Within 2 years, we will have this program active in 5 schools in Colorado*

*Within 1 year, 80% of young adults will report feeling more comfortable about communicating about their mental health.*

## Audience Insights

### Perceived Barriers and Benefits

The barriers for my target audience include:

* The stigma of mental health
* Peer pressure to drink or do drugs
* Lack of time with parents
* Bullying in schools
* Lack of a safe space in school
* Fear of worrying their parents

The benefits for my target audience include:

* Improved performance in school
* Better relationship with parents and teachers
* Less anxiety and worry in daily life
* Feeling of being understood and accepted
* Lack of feeling alone, or weird

### Motivators

The primary motivator for my target audience would be feeling less worried and feeling happier. Those who are struggling with mental health often feel weighed down, anxious, sad and like they are alone. Those are feelings no one wants to have so promoting the improved feelings would hopefully motivate the target audience to participate in the program and change their behavior. The other motivator would be the ability to do this program privately, on an app or website, instead of engaging in a group dynamic, each person can engage personally and with their trusted adults. This will reduce the fear of peer pressure and bullying as precautions will be taken to prevent anyone from knowing who is participating in this program.

### Competing/Alternative Behaviors

In terms of the behavior that competes with suicide, we have two levels. In the first, base level, we are faced with simply not communicating with others when you are feeling anxious or unhappy and bottling their feelings up, outbursts and anger issues at home and school, poor grades in school, lack of attention and focus on activities and school work. On the next level, the behaviors escalate into bullying of others as a means to deal with their mental health, drug use and abuse, alcohol use and abuse, and self-harm and ultimately suicide.

### Influential Others

In terms of others who are influencing the target audience, we have to look two places. First, looking in their immediate circle, students are influenced by their peers, their siblings, family, parents, and their teachers. How this core group engages and reacts to mental health is what the target audience uses to gage what is acceptable and what is not. Open communication is not usually the norm in these situations, and so our target audience will take their cues from others around them first.

The second influential group is media personalities. This generation lives on social media. They look up to actors, musicians, YouTube stars. These people, and their discussions of mental health will also be impactful in forming the opinions of the target audience. If these people can be used in promoting better mental health, it could dramatically influence how the target audience takes to this program.

## Positioning Statement

*We want Young adults age 12 to 15 to see communication with a trusted adult about suicidal thoughts and feelings as a safe space for them to seek help and understanding.*

*We want young adults (12-15) to see depression and suicidal thoughts and actions as understandable and common in today’s society, and to feel comfortable seeking someone to discuss them with.*

*We want young adults (12-15) to understand that communicating about mental health will make them feel less anxious and more understood overall.*

## Product

### Core Product:

Reduced suicides and a feeling of understanding and a reduction in anxiety.

### Actual Product:

Non-stigmatizing and open conversations about mental illness at home and at school for young people ages 12-15.

### Augmented Product:

A Learning & training program to improve and integrate conversations about mental health into the classroom and home environment.

## Price

For this campaign, there are both monetary and non-monetary incentives to participation. For the monetary incentive, the campaign will be awarding by random raffle an iTunes or amazon gift card to students for completed participation of the program. This way, the students who are too young to work will have a way to buy things that matter to them like games and music. This will help overcome their unwillingness to participate in the program by giving them something they care about.

The non-monetary incentives include feeling better, improved grades in school, better relationships with parents, and a better sense of self. These will hopefully help the students overcome their barriers as the positives will outweigh the negatives, and participation will be kept confidential to reduce the fear of bullying.

## Place

For our place strategy, after formative research, we realized that school would not be the best place for this program to be implemented as adolescents no longer feel like school is a safe space for fear of ridicule and bullying so the program will be implemented in an online portal and will require meeting with parents and students to see how it is progressing.

## Promotion

For my promotion strategy, we will use posters that show adolescent scenes without a person in them. There may be two boys gaming, but one will be removed from the picture to symbolize the impact of suicide on your life and your friends. These posters will also be impactful for the parents who see them because they will picture their son or daughter in that situation. These posters will be put up around the schools participating. They will also be used in a smaller size as a mailing campaign to local families in the age range along with information about the program and the benefits. They will also be hung up at the mall and local movie theatres and bookstores in order to reach adolescents where they hang out outside of school.

### Key Messages

The key message for this campaign is “It’s not too late to communicate.” to emphasize the impact that suicide should not be an option and no matter what you’re feeling you can communicate with someone about it.

## Evaluation and Monitoring Plan

### Outcome evaluation:

#### Key Questions

The key question we will be asking:

* Has communication improved for the target audience?
* How much of the target audience is participating?
* How do the students involved in the program feel?

#### Outcome Measures

For the outcome we are measuring:

* *Improvement of kid behavior*
* *Number of schools participating*
* *Number of parents involved*
* *Changes in the beliefs of parents/students*
* *Reduction in suicide rates among target population.*
* *Improvement of grades for students involved*
* *Improved communication*
* *Improved communication among target population*
* *Improved understanding from parents*

We will measure these by a qualitive online survey, and in-person interviews multiple times during the program. We will also be asking teachers to report on both grades and behavior of the students in the program at the same time as the interviews and surveys are issued. In the interviews, we will ask the parents about their beliefs, their opinion of the level of communication with child, their opinion of the child’s behavior, and their opinion of how engaged the child seems to be in the process. We will also interview the children and ask the same questions. These interviews and surveys will be done once a month during the 6-month program.

#### Impact Measures

As for the impacts, we’re looking at:

* *Lives saved*
* *Injuries prevented*
* *Grades Improved for School*

These will be measured by looking at the suicide statistics in the towns that are involved, as well as hospital and school records for any behavior related to suicide and self-harm. The last part will be comparing the grades in years before the program to the grades during the year of the program.

### Process evaluation:

***Input Measures***

* *Money from grants and other funding sources*
* *Time from school professionals including guidance and teachers*
* *Marketing budget for creation of promotions and printing*

***Output Measures***

* *Number of outreach meetings held*
* *Number of promotional banners put up.*
* *Number of schools who participate*.

### Evaluation Methodologies, Techniques, and Timeline

For my evaluation of the program I will be relying on self-reporting through quantitative online surveys, and in-person one-on-one interviews. We will prepare a series of questions to ask the teachers, parents and students involved and compare those throughout the program looking for trends in the positive direction.

## Budget and Funding Sources

## Implementation Plan

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