

ONE SMALL ACT.  
ONE BIG CHANGE.

Marketing Society Excellence Awards  
Client: Time to Change  
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*Agilvy*

# A Mental Health Epidemic

We're facing an epidemic.

Each year one in four people experience a mental health problem.

It's responsible for the largest burden of disease in the UK (28%).<sup>1</sup>

Costing the economy up to £99bn each year<sup>2</sup>.

It's the leading cause of sickness absences: 70 million lost work days a year.<sup>3</sup>

Stigma is a large contributor to the devastation caused. Of those who say they've experienced it, one in five say it's the reason they lost a job, and half say they've lost contact with a loved one because of it.<sup>4</sup>

That's why in 2007 two charities, Mind and Rethink Mental Illness, came together to tackle this stigma and put an end to mental health discrimination.

Funded by Comic Relief and the Big Lottery Fund; Time to Change (TTC) was awarded four years of funding; followed by a second four-year phase funded by the Department of Health, Comic Relief and the Big Lottery Fund.

From 2008 – 2016 national surveys showed an overall improvement in people's attitude with a 9.6% change: 4.1m people. They also saw average levels of reported discrimination among mental health service users fall from 41.6% to 28.4%.<sup>5</sup>

A decade of TTC campaigns had had a massive impact. Momentum had grown – more people were speaking out, there was more coverage and mental health had a higher profile than ever before.

However, ending centuries of stigma and discrimination takes time. Mental health remained taboo. Certain segments of the population still believed mental health was scary and didn't affect them. Especially Men C1C2D. But with mental health problems so widespread it would almost certainly affect their partner, friend or close family member.

That's why Ogilvy partnered with Time to Change to develop a campaign unlike any other mental health campaign, which was funded by the Department of Health, Comic Relief and the Big Lottery Fund.

We were up against the clock, heading into battle with one of modern day's biggest epidemics.

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<sup>1</sup> Ferrari, A., Charlson, F., Norman, R., Patten, S., Freedman, G., Murray, C., Vos, T. and Whiteford, H. (2013). Burden of Depressive Disorders by Country, Sex, Age, and Year: Findings from the Global Burden of Disease Study 2010. PLoS Med, 10(11), p.e1001547, Retrieved from <https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-15.pdf>

<sup>2</sup> OECD 2014: <http://www.oecd.org/els/emp/MentalHealthWork-UnitedKingdom-AssessmentRecommendations.pdf>

<sup>3</sup> Davies, S.C. (2013). Chief Medical Officer's summary. In: N. Metha, ed., Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence [online]. London: Department of Health, pp.11-19. Available at: <https://www.gov.uk/government/publications/chiefmedical-officer-cmo-annual-report-public-mental-health>.

<sup>4</sup> Time To Change, 2017, independent public poll was carried out across a sample of 2,000, <https://www.time-to-change.org.uk/news/new-figures-released-time-talk-day-reveal-%E2%80%9Cdevastating%E2%80%9D-human-cost-mental-health-stigma>

<sup>5</sup> Corker et al, <http://onlinelibrary.wiley.com/doi/10.1111/acps.12610/epdf>

# Objectives

*To go against marketing theory norms. Convince an audience to 'buy' something they don't want or think they need.*

## Communication Objectives

1. Achieve 25% campaign recognition amongst men and women C1C2D
2. Achieve at least 40% message take out that:
  - Mental health problems are common
  - It's important to step in if you think your friend is experiencing one

## Marketing Objectives

TTC has an annual behaviour change target for their entire communication programme – including always-on social, Time to Talk day activity and In Your Corner (IYC) campaign.

Year one 16/17: behaviour change in 700,000 people

Year two 17/18: behaviour change in 750,000 people

The desired behaviour: people stepping in to support a mate with mental health problems.

The IYC campaign must deliver the majority of this target.

## Scale of the Task

### The Hardest Seam to Mine

Over the past eight years, TTC had reached millions of people in England through their Time to Talk platform. The platform was very successful at getting people who believed mental health was relevant to take action and talk openly about mental health.

But there was one group of people that felt no connection to mental health, like they were hard-wired to not talk about it.

That group: Blokes.

Primarily aged 25 - 44 years, C1C2D.

These blokes were working class, car loving, football loving, beer swilling, fast food eating, tabloid reading, banter beasts.

They were less knowledgeable about mental health and had more negative attitudes towards it. They were more likely to say mental illness was the result of a 'lack of self-discipline and willpower'.<sup>6</sup>

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<sup>6</sup> Mind's Anxiety poll, 2015 – Populus online interviews with 2,063 GB adults, sourced from Time to Change <https://www.time-to-change.org.uk/sites/default/files/In-Your-Corner-Campaign-Narrative.pdf>

They were less likely to report their own experiences of mental health problems and less likely to discuss mental health problems with a professional.<sup>7</sup>

And yet, they were also three times more likely to take their own lives. 76% of all suicides are male, and it's the single biggest cause of death in men under 45.<sup>8</sup>



Fig 1. Media Headlines

Stigma was shaped by their upbringing and reinforced by the media. They were subjected to constant negative headlines (fig 1) that associated mental health problems with killers or losers.

They were blokes suffering from bloke-ism. We needed to find the antidote.

## From Victims to...

Type 'mental health campaign' into Google image search and you'll see a sea of black & white imagery; people, head in their hands, screaming, sombre-looking (fig 2).

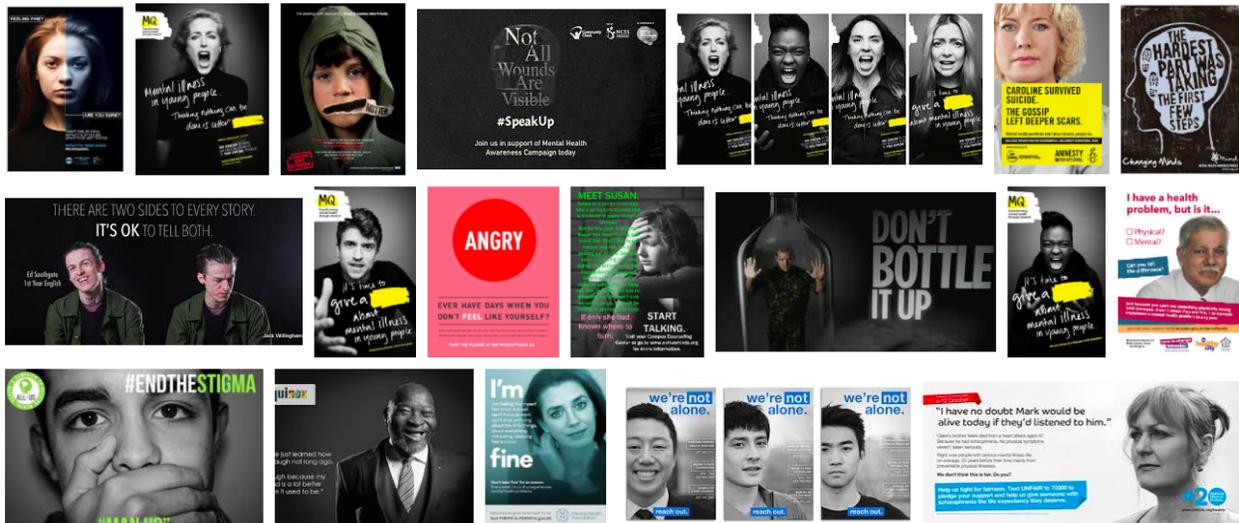


Fig 2. Mental Health Campaigns

<sup>7</sup> Mind's Get It Off Your Chest report, 2009 - included YouGov survey of 2,000 men and women

<sup>8</sup> Based on data published by Office of National Statistics (ONS), General Register Office (GRO) and Northern Ireland Statistics and Research Agency (NISRA), [Download CALM's compiled figures for 2014 here.](#)

A review of mental health campaigns revealed a common strategy: tell powerful stories of people with lived experience to spark empathy.

An effective strategy for those who have proximity to mental health; but not for our blokes. It was not relevant, and therefore, ignored.

## Our Insight

We conducted qualitative groups, our 'blokes' showed us that friendship means everything.

They would go out of their way to help their mates. They'd stick up for them, they'd lend them cash when they had little to spare.

But talking about mental health? That was a step too far.

We told them a powerful statistic: one in four people experience a mental health problem each year.

They looked around the room, counting.

There were eight blokes. The penny dropped.

If it didn't affect them, then it probably affected someone in the room; possibly even a mate.

We told them that what they do could make a difference; even be life-saving. They found it compelling. It gave them a role they could personally fulfil.

They were more than capable of 'feeling' and up for the challenge of helping, they just needed to know what to look for and what to do.

## The Trojan Horse of Brotherhood

We needed a Trojan horse to engage our audience with mental health.

We called it the Trojan horse of brotherhood.

We would show them how a mate with mental health problems might act. Appeal to their 'good mate' self-identity; speak their 'mate language', and give them clear tips – in line with how they usually behaved with mates, eg not necessarily talking about mental health.

This insight led us to our bold new creative platform:



While other campaigns were telling heart-wrenching stories, we would hero men who stepped in for a mate with mental health problems.

## Bringing Our Idea to Life

We borrowed heroic cues from culture, specifically the hero's walk from films like Armageddon, Independence Day and Top Gun.

We showed people like them, helping a mate, just like one of theirs – getting rid of the head clutching, dishevelled stereotypes that persisted.

We landed our key statistic: 'one in four people will fight a mental health problem this year' and supported it with tips on how to help.

The campaign, which ran for two one-month bursts in February and October of 2017, was designed to normalise mental health problems in 'their world'.

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**time to change**  
let's end mental health discrimination

## Engage the Heart

We aired the 40" TVC for one weekend during prime time on Channel 4 and then seeded it online on sports websites and social media: Facebook, Twitter and Youtube and 4OD on male-oriented programming.

The film tackled stereotypes of who could have mental health problems and who could help. But most importantly directly showed them how they could help.



We partnered with TalkSport Radio and Virgin Radio to host a weekly program, telling stories of the mates who stepped in to support a mate fighting a mental health problem. We called it Time to Change Hour.

The radio partnership allowed us to go deeper on the topic and have a two-way conversation.

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## Engage the Brain

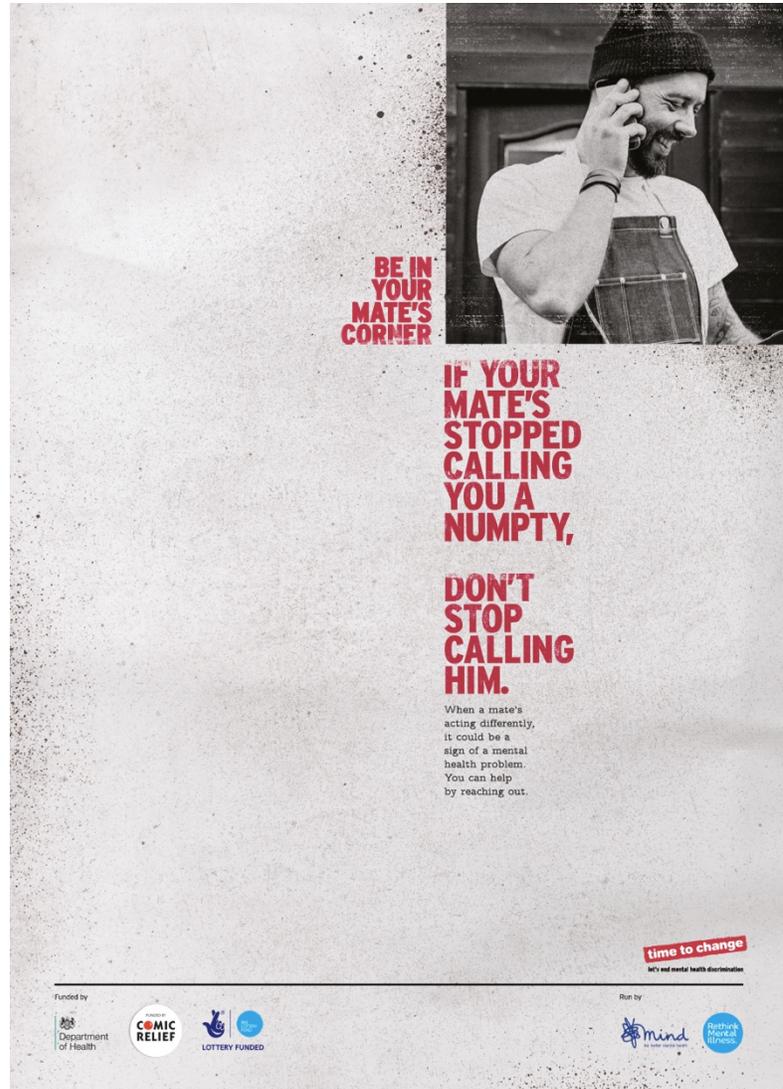
Once engaged, we wanted to nudge them to take action in their native male spaces. We used posters in gym changing rooms and pub toilets to give our audience tips for how to be in a mate's corner.

We needed to talk to them like they talked to each other.

We created beer mats to get men thinking about mates in that moment, encouraging them to reach out if they were missing. We wanted them to realise it was simple to be in a mate's corner.

We put the tips on social media platforms (Twitter, Facebook and Instagram) and drove people to the website to get more information.

Ultimately, taking action would prove to them that being there for a mate with mental health problems didn't have to be scary – shifting their attitudes and behaviours.



## Making our platform famous

Our campaign featured on BBC Breakfast, Good Morning Britain; and was shared by hundreds of sporting associations, organizations and celebrities, including Frank Bruno and Stephen Fry.

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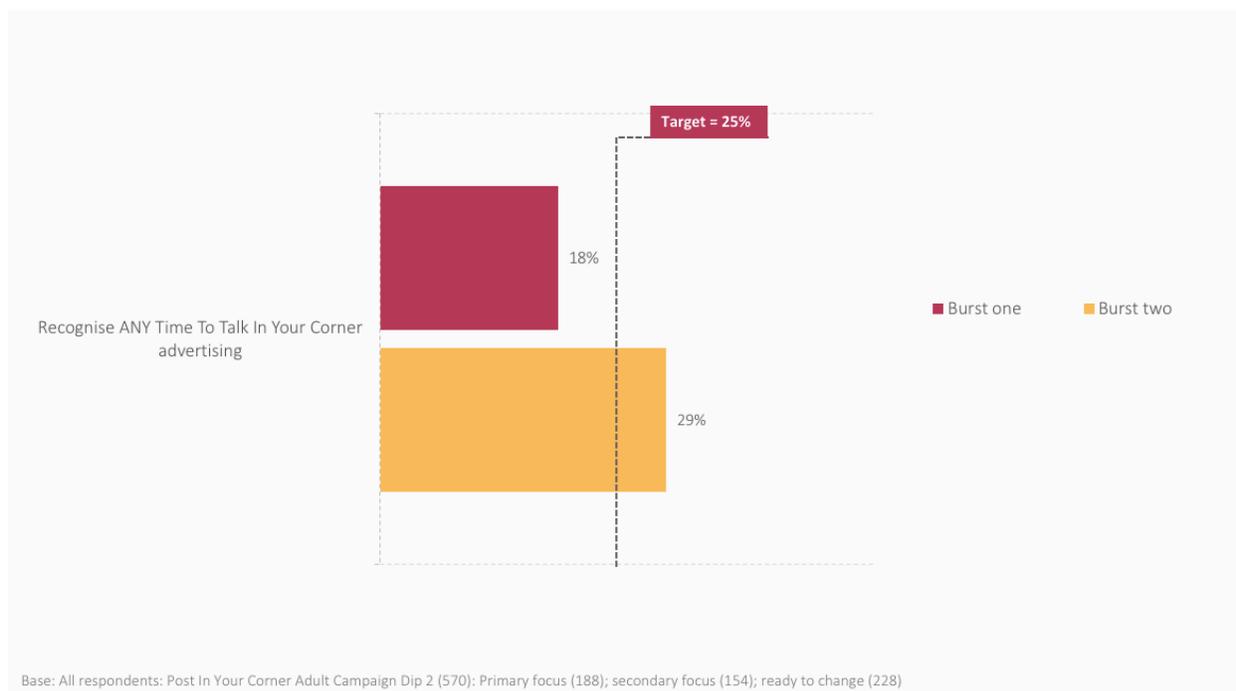
**time to change**  
let's end mental health discrimination

# Our Success

## Campaign Recognition

We set out to achieve a 25% total recognition level. For burst one, we received a total of 18%; however, in burst two we improved our campaign recognition achieving 29% total recognition.

### Total Recognition of Time To Change In Your Corner Advertising



## Communications Message Take Out

The objective was to communicate that mental health problems were common and that it's important to step in if you think your friend is experiencing one.

Excellent communication benchmark is above 50%.<sup>9</sup>

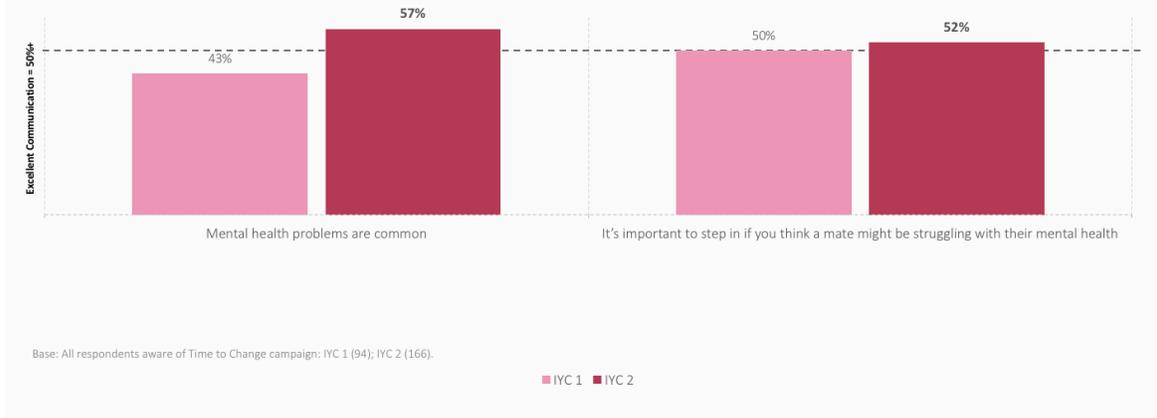
Over the two bursts we achieved an impressive 57% of our target agreeing that mental health problems were common and 52% agreeing that it's important to step in if you think a mate might be experiencing one.

<sup>9</sup> Consumer Insight UK Communication Benchmark: <http://consumer-insight.co.uk/>

The campaign is excellent at telling people that MHP are common, and that it's important to step in.

**Prompted Impressions About Mental Health Suggested by In Your Corner Adult Campaign – Total Sample Over Time**

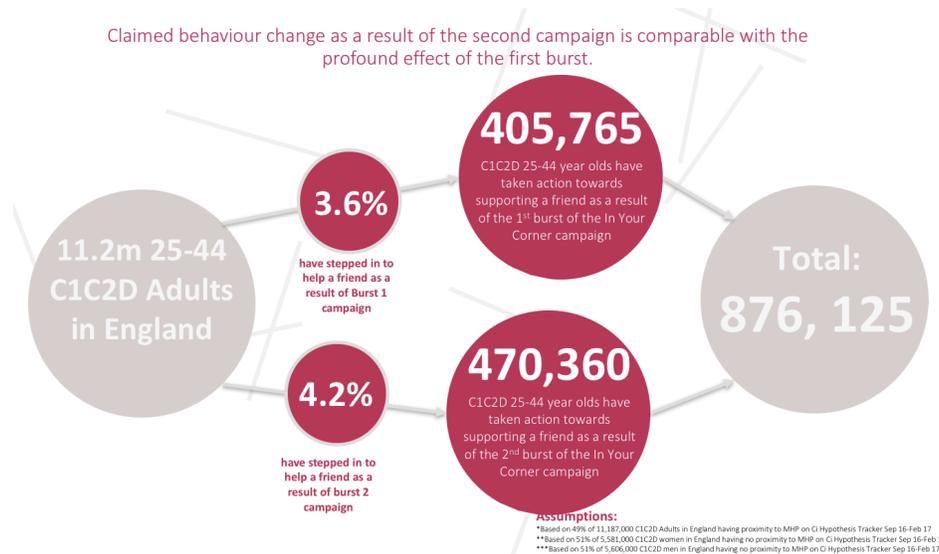
Q. Which of the following impressions, if any, did the advertising give to you about mental health problems and those who experience mental health problems?



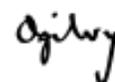
## Behaviour Change

The overall behaviour change objective for all TTC activity (including IYC) was 700,000 people in year one 16/17 and 750,000 in year two 17/18.

We achieved 405,765 in the first burst and 470,360 in the second burst, enabling TTC to reach their first year objective and putting them on track to reach their second year objective.



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## ROI

The primary objective for TTC is to reduce mental health stigma and discrimination. An effect of reduced stigma and discrimination is people feeling more able to step forward and seek professional help. In the absence of a monetary value for decreased discrimination, Ogilvy has measured increased likelihood to see a healthcare professional for mental health problems as a result of the campaign to calculate an ROI.

We can isolate the effect of the campaign as seen in annex chart 1. This shows an increase of 38% of those now very likely to see a doctor for mental health problems; whereas only 8% increase for those who are non-campaign aware. Demonstrating that the campaign had an effect of 30% increased likelihood to see a doctor for mental health problems.

Description	Figures	Source / Explanation
Target population: Men C1C2D 25 – 44 years in England [1]	5,606,000	Telmar Communications Ltd, sizing of demographic population
Target population with an mental health problem (15%) [2]	840,900	Common Mental Disorders: Adult Psychiatric Morbidity Survey 2014
Target population with an undiagnosed mental health problem (36.2% of the 15%) [3]	304,405.8	Common Mental Disorders: Adult Psychiatric Morbidity Survey 2014
The proportion with an undiagnosed mental health problem and are campaign aware (23.5%)	71,535	Mean score of awareness. Refer to campaign awareness results chart above
The proportion of those who have stated they are now very likely to visit the doctor if they have a mental health problem as a result of the campaign (30%)	21,460	Refer to Annex chart 1. Likelihood to visit a professional for mental health problems over time. Campaign aware vs non-campaign aware
Net monetary value of help-seeking (benefit minus cost) [4]	£421 per person	McCrone P, Knapp M, Henri M, et al (2010)
<b>Total potential benefit</b>	<b>£9,034,961</b>	
<i>Cost of the campaign</i>		
Burst one media spend	£610,000	
Burst two media spend	£630,000	
Total production and agency fee for the two bursts	£230,000	
<b>Total cost of campaign</b>	<b>£1,470,000</b>	

[1] © Telmar Communications Ltd, Mediaplannerv3.0.0 Release 159 Respondent Engine, Resp-Engine R&F method Resp Engine v1.0.0.149[

[2] Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., Hinchliffe, S., (2016) Common Mental Disorders: Adult Psychiatric Morbidity Survey 2014

[3] Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., Hinchliffe, S., (2016) Common Mental Disorders: Adult Psychiatric Morbidity Survey 2014

[4] McCrone P, Knapp M, Henri M, et al (2010) The economic impact of initiatives to reduce stigma: demonstration of a modelling approach. *Epidemiologia e Psichiatria Sociale*, 19(2), 131-9

Given our estimates of the benefit of the campaign, and our knowledge of the costs, we can model the return on investment. The return on investment will depend on the extent to which respondents who said they were, after the campaign, very likely to visit the doctor if they have a mental health problem *in fact do so*.

Assuming that 100% of intended behaviour change is realised, we can calculate the following return on investment:

$$\begin{aligned}
 \text{RoI}_A &= \frac{\text{benefit of campaign} - \text{cost of campaign}}{\text{cost of campaign}} \\
 &= \frac{[22,830.44 \text{ C1C2D men seeking help} \times \text{£421 benefit per person}] - \text{£1,470,000}}{\text{£1,470,000}} \\
 &= \frac{\text{£9,611,613} - \text{£1,470,000}}{\text{£1,470,000}}
 \end{aligned}$$

$$\text{RoI}_A = 654\%$$

£1,470,000 spent created social value of £9,611,613, in other words

For every £1 spent, the campaign created social value of £6.54.

Assuming that 50% of intended behaviour change is realised, we can calculate the following return on investment:

$$\begin{aligned}
 \text{RoI}_A &= \frac{\text{benefit of campaign} - \text{cost of campaign}}{\text{cost of campaign}} \\
 &= \frac{[11,415.22 \text{ C1C2D men seeking help} \times \text{£421 benefit per person}] - \text{£1,470,000}}{\text{£1,470,000}} \\
 &= \frac{\text{£4,805,806.57} - \text{£1,470,000}}{\text{£1,470,000}}
 \end{aligned}$$

$$\text{RoI}_A = 227\%$$

£1,470,000 spent created social value of £4,805,806.57 in other words

For every £1 spent, the campaign created social value of £3.27.

Using this range, we can estimate the social value created from the campaign is between £3.07 and £6.15 for every £1 spent.

This demonstrates the powerful impact of the campaign. One small act really does lead to one big outcome.

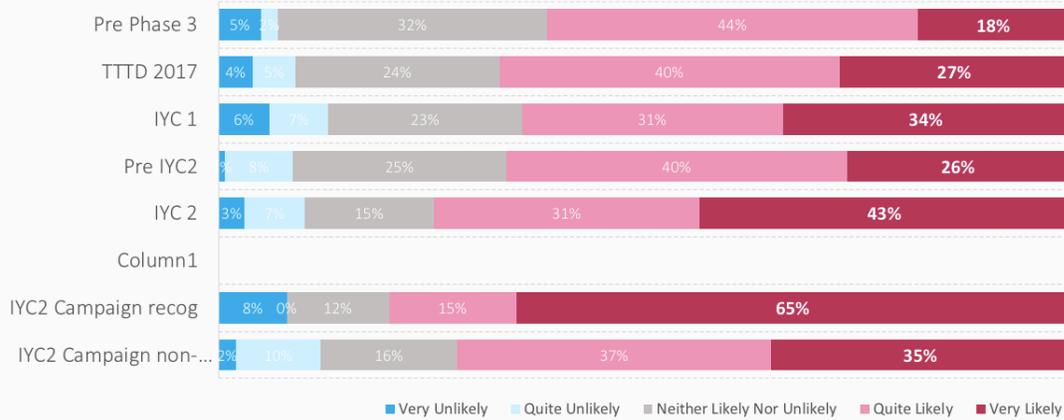
# Annex

## Chart 1

Likelihood to visit a healthcare professional. Pre-campaign to post-campaign. Campaign aware vs non-aware.

### Likelihood of Visiting GP for help if Suffering from a Mental Health Problem – Men Without Proximity to MHP over time

Q. If you felt you had a mental health problem, how likely would you be to go to your GP for help?



NB: We measured from TTTD 2017, which was held pre-In Your Corner campaign.

Base: All Men without proximity to MHP: Pre Stage (103); Time To Talk Dip (171); IYCD 1 (172); Pre October 17 (96); IYCD 2 (188); IYC 2 Ad recog (47); IYC non-recog (141)

1

Word count: 1998 words

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