Invitation to Tender
Attachment 2e Lot 1 QB6
Public Health England -
Better Health, Every Mind Matters Brief

RM6123 Media Services

STRICTLY CONFIDENTIAL

Better Health - Every Mind Matters

Media Buying Briefing Document

2021/22

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1. Overview

1.1 Scale of the problem

Poor mental health is a significant issue in England. One in four, around 13 million people, will experience mental health issues at some point in their life[1], and the impact of mental health problems on our economy is estimated at £105 billion per annum (almost equivalent to the entire cost of the NHS)[2].

COVID-19 has had a significant impact on the nation's mental health and wellbeing. We've seen declines across indicators of good mental health [3], with a particular impact on certain audience groups, which are set out in the target audience section of this brief[4].

1.2 The landscape

This brief is focused on delivering support for sub-clinical or less serious mental health problems. (The needs of those experiencing more severe problems are addressed by NHS services, though the Better Health-Every Mind Matters offer, which is the subject of this brief, can complement clinical treatment.)

The sub-clinical mental health support landscape is complex, with a range of charities (including Mind and the Samaritans) offering online or face to face assistance, organisations offering digital support (usually paid-for, including Headspace and Sleepio) and private health insurers (such as Bupa) also offering paid for support. Recently, major TV networks, notably the BBC and ITV, have entered the market with campaigns and online resources (Headroom and Britain Get Talking respectively).

1.3 Better Health - Every Mind Matters - delivery to date

Better Health - Every Mind Matters (BH-EMM) was launched by Public Health England (PHE) in 2019 to address the mental health challenge: to build mental health literacy amongst the English population by helping 1 million people to be better informed and equipped to look after their own mental health by 31 March 2021. The campaign is aligned to the Beating COVID-19 and Backing the NHS priority theme, which aims to save lives and protect the NHS by encouraging people to take better care of their health.

This situates BH-EMM squarely in the prevention space, with the programme aiming to address mental health literacy by empowering people to take self-care actions to proactively care for their mental wellbeing.

Unlike previous charity-led campaigns, which have encouraged people to talk openly about mental health to help break down stigma, BH-EMM is focused on facilitating action. At the heart of the programme is a digital tool: the free-to-use, NHS-approved 'Mind Plan'. By answering 5 simple questions, adults can create a personalised mental health action plan, providing practical tips to help them deal with stress and anxiety, boost their mood, sleep better and feel more in control. The BH-EMM website also offers dedicated content and resources to help adults address the four most common mental health problems: anxiety, stress, low mood and sleep, and also includes specific advice on managing the challenges to wellbeing imposed by the pandemic.
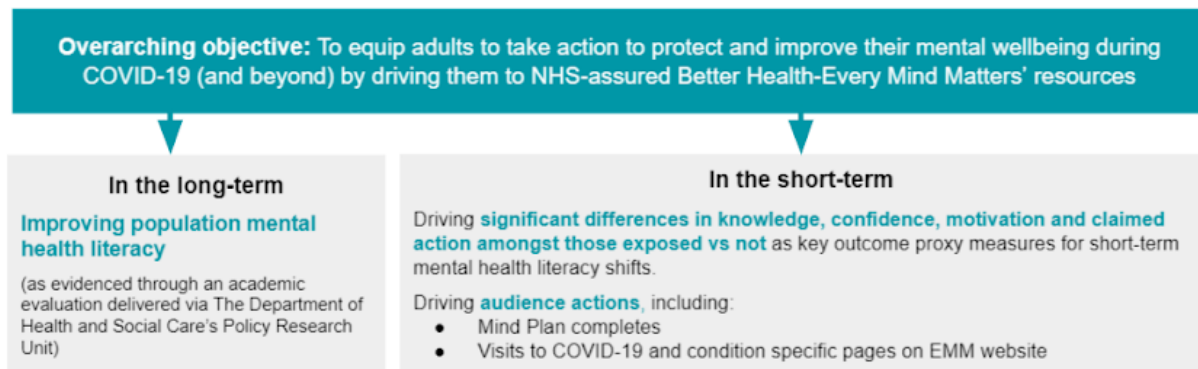
BH-EMM has exceeded its key objective, with over 3.3 million Mind Plans plans created so far, and shifts in key reported behaviour change indicators.

BH-EMM is part of the Better Health brand, which is designed to empower the nation to take action to look after their mental and physical health; tackling issues like obesity and smoking too.

2.   Objectives

The BH-EMM programme aims to make people better informed and equipped to look after their mental health, as laid out in PHE's Theory of Change:

Overarching objective: To equip adults to take action to protect and improve their mental wellbeing during COVID-19 (and beyond) by driving them to NHS-assured Better Health-Every Mind Matters' resources

In the long-term

Improving population mental health literacy

(as evidenced through an academic evaluation delivered via The Department of Health and Social Care's Policy Research Unit)

In the short-term

Driving **significant differences in knowledge, confidence, motivation and claimed action amongst those exposed vs not** as key outcome proxy measures for short-term mental health literacy shifts.

Driving **audience actions**, including:
● Mind Plan completes
● Visits to COVID-19 and condition specific pages on EMM website

Please find details on measurement of the above and our Theory of Change in Appendices 1 and 2.

3. Target audience

Mental wellbeing is relevant to everyone. However, because the campaign aims to empower people to take preventative self-care action, we target all adults,but we focus on those who are more at-risk and those who are in need of and open to our offer. This ranges from those who are currently coping with mental health challenges, through to those who are mentally unwell but haven't received a NHS diagnosis.

3.1 Mental health awareness

Within the range of mental health states that BH-EMM targets we have identified two key cohorts - the "new" and the "familiar":

●   **"New" mental health audience:** those who have not self-identified as having a distinct "problem" and are generally on the first step of their mental health journey. We need to **empower** this group to start taking self-care action.

●   **"Familiar/aware" audience:** have already identified a mental health issue and are actively looking for information and support to address it (e.g. as evidenced by their search activity. We need to **respond** to this group's hand raising activity.

We need to ensure a balanced delivery against these two audiences, as the former is, inevitably, more challenging to reach and engage.

3.2 At-risk groups

Sitting across these two cohorts of the "new" and "familiar", evidence shows that some population groups are significantly more likely to develop common mental health problems, with the COVID-19 pandemic having increased the risk for some. Various factors contribute to some groups being more at risk of experiencing mental health issues including: demographics, socio-economic circumstances, social relationships, physical health issues and behaviours and disability. We need to ensure that we reach these groups effectively, leveraging both relevant channels and dedicated, resonant messaging. These at-risk groups are outlined in the COVID-19 mental health and wellbeing surveillance report: https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far

Whilst some at-risk audiences may be most effectively reached via earned partners, we would like you to recommend any paid opportunities to reach these groups while achieving cost efficiencies.

4. The strategy

Our overarching strategy, used since launch, is built around two pillars: Empower and Respond, focusing on increasing confidence and prompting people to take action to protect and improve their mental health.

	EMPOWER	RESPOND
ROLE OF STRATEGIC PILLAR	Encourage and facilitate self-care action among those experiencing MH difficulties but haven't yet taken action to address them. This is delivered through a free, personalised Mind Plan designed to help people find the simple steps that help them look after their mental wellbeing.	Provide relevant self-care actions and content for people signaling needs around common mental health problems: Stress Anxiety Low mood Sleep
AUDIENCE(S)	All adults With a clear focus on reaching at-risk audiences	Explicit signals Hand raisers
CTA	Direct to and/or integrate EMM Mind Plan	Direct to and/or bring content specific resources on site
CHANNEL ROLE	To efficiently reach and cut-through with our audience, to enable them to create a Mind Plan.	To reach those whole are raising their hand for support and drive them to relevant support.
CHANNEL BEHAVIOUR	Cultural moment, mass, bold, impactful, newsworthy, directional	Personal, relevant, intimate

5. The campaign

5.1 The campaign

We are planning to deliver an integrated campaign to bring our strategy to life and drive self-care action. The campaign will activate around World Mental Health Day (10 October) - which coincides with the start of autumn and the end of the organic summer 'lift' to mental health - and will maximise the use and impact of owned, earned and networked channels. These include: website, email programme, social channels, partnerships, community outreach and PR.

However, given the breadth of audiences this campaign needs to reach, paid media will be essential to deliver our overarching programme objectives. We have allocated £2.5m to paid media channels to deliver these objectives (exclusive of agency fees and VAT).

5.2 Key considerations for the campaign

There is a number of key considerations that will influence delivery of the integrated campaign:

- **COVID-19 context**: COVID-19 has resulted in uncertainty and constant change, with attendant impacts on individuals' mental health. The campaign will need to be able to respond to and reflect this evolving context, and flex accordingly.

- **The use of celebrity and cultural phenomena/moments:** The campaign will build on the success of previous BH-EMM campaign spikes, which generated strong public interest and engagement with the campaign. The key building blocks for this are:
  - Wrapping the campaign around popular cultural phenomena/at key calendar moments (e.g. supporting male mental wellbeing via a campaign in partnership with the FA Cup Third Round) to lend impetus and urgency to national interest in tackling mental health needs
  - Using relevant, engaging talent to authentically tell stories about their own mental health challenges and deliver cut-through and connection with our audience
  - Being sensitive and timely around the wider COVID-19 context to ensure we support the nation's mental wellbeing at key moments of need

- **Reach and relevance for our at-risk audiences**: Both tracking and qualitative research show that we have an opportunity - and need (noting PHE's remit to tackle health inequalities) - to further engage at-risk audiences. There are a number of ways that we can deliver this: (1) targeting, (2) creative content, (3) non-paid partnerships (e.g.with dedicated charities and (4) the relevance and representation of our product offer.

- **Bringing action to the fore:** Insight has shown that it is important to bring actions that help mental health to the front and centre of our media and creative executions. This is important to message delivery and to minimising friction in the user-journey.

- **Cut-through and saliency in a cluttered marketplace**: There has been a proliferation of mental health platforms, campaigns and organisations throughout the pandemic. A key requirement of this campaign is to ensure cut through and saliency for our audiences.

- **Bringing support to life:** Insight shows that using case studies and showing people in real-life scenarios resonate well and are impactful - particularly when they bring to life the benefits of self-care actions.

6. Key requirements

There are some key requirements we would like you to address in your response to this brief:

- **Media landscape**: Please provide an overview of the anticipated media landscape around the time of our campaign, including any areas of opportunity and risk.

- **Media plan and channel selection:** Develop a detailed media plan to deliver our objectives as outlined in the brief. As part of this, please can you address:

  - **Impact**: Our planning approach is predicated on deploying owned and earned channels, supplemented, where needed, with highly-targeted narrowcast channels, and, in exceptional circumstances, broadcast/TV. As part of this response, please demonstrate incremental reach, cut through and impact delivered by paid for activity so that we can make a robust case for building out plans beyond owned and earned channels. As part of this argument, please make clear how this activity will work alongside and maximise the impact of owned and earned channels.

  - **Young adults**: Given that young adults can have quite different media behaviours and channel consumption from their older counterparts, how can we effectively reach and engage this audience, whilst ensuring we deliver our overarching objectives?

  - **Search**: How would you structure search activity to ensure we can maximise the engagement funnel, including consideration of expansive and reductive search approaches.

- **Reaching our key audiences:** We have a range of key audiences to reach, defined by socio-demographics as well as their need for mental health support. Please give clear recommendations on how we can effectively reach and engage these audiences, giving particular thought to:

  - **Preparing for a cookieless environment:** Please give particular consideration to the implications of moving to a cookieless environment. Please demonstrate how we can use this activity to set ourselves up for future success, with recommendations on testing we should consider to explore and maximise delivery options.

  - **Maximising our use of owned data:** Within the confines of the data privacy and the legislative environment, we want to use our owned data to drive behaviour change on an individualised basis. How can we maximise opportunities around this?

  - **Personalised delivery and testing matrix:** How could our targeted, data-driven approaches be supported by more personalised content to reach and engage our key audiences? What is the right balance between personalised communications and cost-efficiently reaching and engaging the audience? As part of this response, we would like you to develop a testing matrix to answer the above questions, enabling

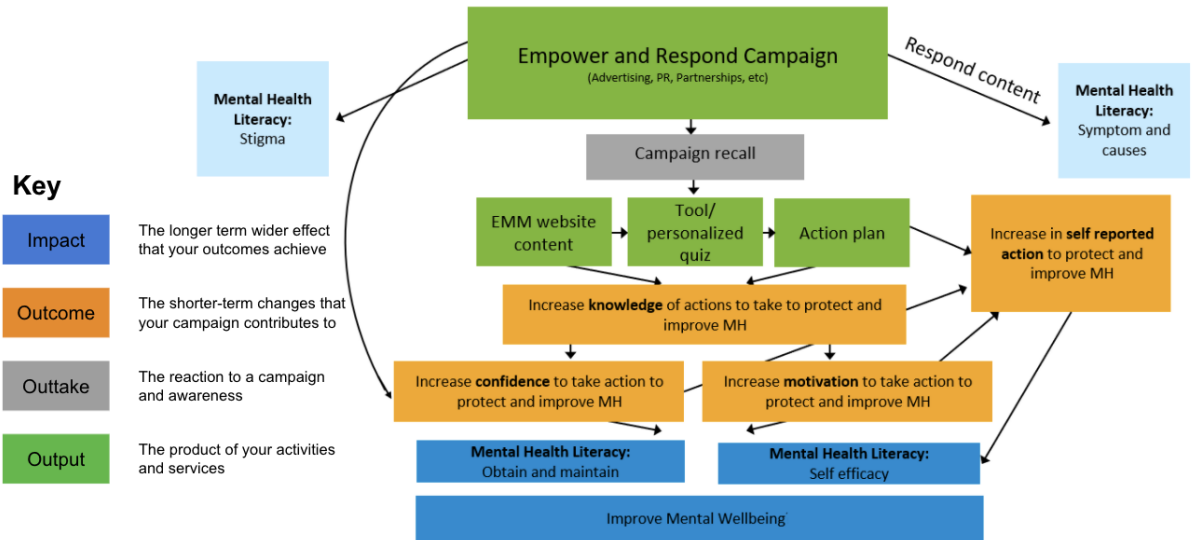us to understand and demonstrate the impact of more personalised approaches.

- **Evaluation and optimisation**: Essential to the response is demonstrating how we can effectively optimise the campaign in-flight and evaluate the impact of the channels and campaign. Please give particular thought to:

  - **Tracking**: Please consider how best to track and optimise media performance against KPIs, given constraints around digital analytics and tracking.

  - **In-flight optimisation:** Please demonstrate how you would approach in-flight media optimisation to ensure that we optimise to our overarching objectives.

  - **KPIs:** Please develop KPIs for each channel, making clear how these ladder up to the overarching objective and outcomes the campaign aims to deliver.

  - **Evaluation**: Please outline your approach to evaluation, showing your approach to understanding:

    i. How effectively the media was bought per channel

    ii. How paid media has maximised and added incremental value to the performance of owned and earned channels

    iii. How the channel delivery ladders up to delivering the overarching objectives.

- **Ways of working**: Throughout your response, please make clear how you would work with us as your client and other agencies as part of a cross-agency team to deliver an integrated campaign. Please pay particular attention to how you would approach working with the media planning agency.

7. APPENDICES

APPENDIX 1: Theory of Change

The below Theory of Change shows how BH-EMM is designed to:

- Increase people's knowledge of the actions to take to protect and improve their mental health
- Increase their confidence to take action
- Increase their motivation to take action
- Increase self-reported action

APPENDIX 2: Evaluation methodology

Metric	Methodology

Impact Increase mental health literacy (see Theory of Change for the areas BH-EMM aims to shift), as defined by: ● Understanding how to obtain and maintain positive mental health (primary) ● Enhancing help-seeking efficacy (knowledge of when and how to get help and ability to improve and self-manage mental health (primary) ● Understanding symptoms and causes of mental health issues (secondary) ● Decreasing stigma related to mental health disorders (secondary)	Validated academic scale via tracking
Outcomes We know shifting metrics at a total population level is extremely challenging and takes major investment over time. We will measure the below metrics pre to post campaign at total population level, but will set numerical targets based on those who have seen our campaign or used our materials: ● X% of those who have seen BH-EMM campaign reporting knowledge of actions to take ● X% of those who have seen BH-EMM campaign confidence in ability to take action ● X% of those who have seen BH-EMM campaign self-reporting action taken 9.5% of population claiming to have taken a positive action to improve their mental health as a result of the campaign	Tracking

Outtakes
 	
● 1,060,456 Mind Plan completions
● 581,117 visits to key BH-EMM web pages with 90% user approval rating. The key pages are:
    ○ Mental health issues pages: https://www.nhs.uk/every-mind-matters/mental-health-issues/
    ○ Coronavirus pages: https://www.nhs.uk/every-mind-matters/coronavirus/
	Website data

APPENDIX THREE: Data owned by BH-EMM

Those who create a Mind Plan also have the option to sign up for emails, where we capture the following data:

Email address

Name (optional)

Postcode (optional)

Please note that data capture is kept to a minimum as a result of user insight, which informed us that individuals did not want to share a significant amount of personal data due to sensitivities around mental health.

The number of active subscribers to the BH-EMM eCRM programme is c.500k