

DIGITAL MEDIA CAMPAIGN PROPOSAL



CRISIS CENTER
OF TAMPA BAY

Help. Hope. Healing.

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ABSTRACT

This digital marketing proposal for The Crisis Center of Tampa Bay targets college students 18-24 at risk of suicide, with the goal of increasing awareness and interaction with the Center. A secondary audience of all at-risk people 18-34 and a tertiary audience of friends and loved ones of those at-risk people are included in the plan. Past research findings suggest college students are at substantially high suicide risk; that high levels of depression and anxiety can negatively impact campus morale; and that at-risk subjects and their friends and families lack awareness about suicide prevention resources and needs (David, 2019). However, research on specific messaging to increase awareness is lacking. This new research included the following methodologies: 1) primary quantitative research surveying students' awareness about services for students contemplating suicide; 2) interviews conducted by The Crisis Center of Tampa Bay (with the subjects' permission to publish); 3) an autoethnographic account of coming to the center in crisis and subsequently working at the center. Secondary quantitative research is also cited throughout. Examples of creative content and messaging are recommended based on the following findings: 70% of subjects surveyed were not aware of The Crisis Center of Tampa Bay suicide prevention resources. Three of the five subjects interviewed indicated that The Crisis Center of Tampa Bay helped them find solutions to their needs and a plan to move forward. Two of the five subjects interviewed had trouble with the messaging of counselors who used cliches such as "It will be okay" or "You are not alone," which is the Center's current slogan. Subjects seemed to value the language of "getting help" for problems. All five interview subjects were social media users. Secondary research indicates social media can be an effective medium for intervention and that family and loved ones need information about how to identify at-risk loved ones and how to intervene in positive ways (Lewis et al, 2012). Based on the above research, digital media recommendations for The Crisis Center of Tampa Bay include new branding and messaging, partnerships with colleges and universities, and more engaging content for social media and website, including video, testimonials, blogs, and ads. Further study of messaging about suicide resources is recommended.



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EXECUTIVE SUMMARY

SUICIDE PREVENTION

According to the National Institute of Mental Health, 47,500 people died from suicide in 2020 (NIMH). The Center For Disease Control and Prevention states that suicide is the second leading cause of death in the U.S. for people ages 10-34 (CDC). In the United States, approximately 1,100 college students within this age group have committed suicide, and nearly 24,000 have attempted it (Fernandez Rodriguez & Huertas, 2013). The Crisis Center of Tampa Bay reports a 17% increase in the number of suicide rates in 2020 compared to the previous year (Lanning, 2020). Since the COVID-19 pandemic, 56% of young adults ages 18-24 reported symptoms of anxiety and depressive disorder (Panchal et. al.,2021). A new research study conducted by the Center of Disease Control and Prevention indicates that one in four people between the ages of 18 to 24 seriously contemplated suicide (St. Amour, 2020). The CDC proclaims suicide is among the 10th leading causes of death in the U.S., and it is the second leading cause of death for people between the ages 10-34 (CDC).

Despite the increase in suicide rates in the country, The World Health Organization (WHO) notes that suicide prevention has not been adequately addressed due to a lack of suicide awareness and the taboos societies place to openly discuss this topic (WHO, 2021). More than 90% of people who died by suicide or attempted suicide showed risk factors, including psychological, behavioral, and situational symptoms (American Psychological Association). Two problems contributing to suicide rates are: people at suicide risk don't know how or where to get help, and people who know someone at suicide risk are afraid to intervene because they don't know how to help (AFSP, 2020).

THE CRISIS CENTER OF TAMPA BAY (CCTB)

Since 1972, The Crisis Center of Tampa Bay, a non-profit organization offering comprehensive services to people in crisis, has helped people find help, hope, and healing through a wide range of services, including the suicide hotline.



SUMMARY OF FINDINGS & RECOMMENDATIONS

Our survey indicated that 30% (12 of 40) subjects were aware of The Crisis Center of Tampa Bay's suicide hotline. However, according to a study conducted by Stephen Lewis, Nancy Heath, Natalie Michal, and Jamie Duggan, digital media campaigns could be highly effective in raising awareness, engagement, and conversions among the primary target audience of this campaign (at-risk college students 18-24) and secondary audience (at-risk people ages 18-34), including a tertiary audience of parents with at-risk children (Lewis et al., 2012). Customer interviews, Internet reviews, and an autoethnographic account indicated that The Crisis Center of Tampa Bay is effective at helping people who are facing or have faced significant life trauma, increasing help, hope, and healing.

CAMPAIGN GOALS

The goal of the proposed digital media campaign is to increase college students' awareness of and interaction with The Crisis Center of Tampa Bay by 15% in six months. (See "Objectives and Measurements" for a detailed plan and key performance indicators on pg. 42).



CAMPAIGN RESEARCH



SITUATIONAL ANALYSIS

1) CAUSES OF SUICIDE RISK

The interpersonal theory of suicide states that people at risk of suicide are likely to experience (a) a sense of burdensomeness and (b) isolation and disconnection from others. These factors can potentially cause someone to self-harm or to commit suicide (Joiner, 2007). People feel suicidal based on different reasons, including but not limited to depression, anxiety, fear, guilt, loneliness, disconnection, trauma, and emotional pain (Dodemaide & Crisp, 2013).

2) LOVED ONES LACKING INTERVENTION KNOWLEDGE

Loved ones can help others in crisis, though many do not know how to respond, according to a study conducted in 2020 by The American Foundation of Suicide Prevention including 2,072 U.S. residents (AFSP, 2020):

- 54% feel that they would make someone suicidal feel worse
- 22% would not know what to do or say to someone who is suicidal
- 78% of people would like to learn how they can help someone at risk of suicide
- 73% would tell someone if they had suicidal thoughts
- 90% believe the media should have a role in mental health and suicide prevention (AFSP, 2020).

3) AT-RISK COLLEGE STUDENTS

The following research suggests college students are a substantial at-risk group to be targeted for suicide prevention:

- According to Statista, from 2019 to 2020, 36.9 percent of college students who received mental health services reported considering suicide (Statista, 2021).
- The American Association of Suicidology says suicide is the second leading cause of death for college students because there is a lack of awareness and training on how to encounter or discuss suicide (AAS).
- A 2018 study conducted by the American College Health Association found that 41% of college students felt depressed, and 62% felt overwhelming anxiety (Macphee & Ponte, 2019).

PESTEL ANALYSIS

Political, economic, social, technological, environmental legal issues further contextualize the problem of suicide risk among college students today.

1. Political

- Government stability
 - Polarizing political issues have stressed social bonds among friends and families.
 - The polarization of political parties has, at times, hindered government responses to crises.
 - Government policies can affect the Crisis Center's performance and policies. An example would be when COVID-19 peaked in April 2020, leaders worked in the office and regular employees worked remotely. Not having enough employees in Gateway Contact Services led to high hold volumes on calls.
- Government Funding
 - As a non-profit organization, The Crisis Center of Tampa receives federal grant money.

2. Economic

- Unemployment rates
 - Higher unemployment rates lead to increased call volumes to 211 to connect to financial help resources.

3. Social

- In addition to the social circumstances cited in the "Situation Analysis," increased isolation and pandemic concerns have increased anxiety and depression (Lanning, 2020).
- Mental health posts on social media have raised general awareness and encourage people to get help.
- Increased social media posts about mental health issues have improved dialogue and acceptance of these issues.
- Negative effects of social media on mood
 - McLean Hospital, a Harvard Medical School Affiliate, claims social media can be addictive and causes anxiety and depression. It was found that social media can affect users' sleeping schedules, which is associated with depression, memory loss, and poor academic performance. People also tend to compare themselves with others, which affects their self-esteem and mental health (McLean Hospital, 2021)

4. Technological

- Advanced technology like the ones listed below allow the crisis center to attend visitors quickly and efficiently (CCTB):
 - Ford Transit ambulances and E-350 Econoline Transportation
 - Stryker Stair-Pro tracked stair chairs
 - Dispatch technology
 - Automatic vehicle location and GPS-Mobile Data Terminal
 - Cameras in each ambulance
 - Wireless hotspot technology in ambulances
 - Electronic patient care reporting
 - Samsung 9 CAD interface routing with real-time traffic reporting
 - High-tech Windows and Apple computers
 - Messaging online-services with crisis specialists
 - Phone services for Gateway Contact Center
 - Teletherapy Services

5. Environmental

- COVID-19
 - Currently, Florida is the "epicenter" of the COVID-19 outbreak, with more daily cases than any other state (Jones, 2021).
 - Stress and anxiety resulting from COVID-19 led to an increased call volume to 211 and the COVID-19 hotline.
- Weather
 - Floridians experience tropical storms and hurricanes, which means many people in the area need help connecting to resources to help prepare for the climate.

6. Legal and Ethical

- Patient privacy is assured through Health Insurance Portability and Accountability Act (HIPAA); health information is not shared without the patient's consent.
- Patients know their privacy is respected and treated under strict policies of confidentiality.
- CCTB upholds ethics of trustworthiness, respect, honesty, fairness, and justice.
- All services are voluntary and patients will get informed consent forms.

PRIMARY & SECONDARY RESEARCH

The following primary and secondary research has been conducted:

- Surveys with quantitative questions focused on student awareness for the suicide prevention resources offered by The Crisis Center of Tampa Bay;
- Qualitative research through a review of existing CCTB interviews of people sharing personal stories about how The Crisis Center helped someone at suicide risk;
- Autoethnographic research depicting my own experiences with The Crisis Center of Tampa Bay;
- Secondary research, including previous studies and scholarly journal articles, found the importance and benefits of using social media and specific messaging to increase suicide prevention awareness.

Methodology Rationales: Interviews and autoethnography can be important methodologies for qualitative understanding of suicidal mindsets and experiences in the Crisis Center environment, as well as the decision-making processes that can be involved in utilizing such important resources. Primary quantitative research can be important in determining student awareness of these resources. In future research, the sample digital media messaging suggested here as the creative part of this study could be evaluated for effectiveness through social media insights.



1. QUANTITATIVE RESEARCH



SURVEY

To get a better understanding of suicide prevention resources awareness in the Tampa Bay area, we surveyed 40 students at the University of Tampa, located at the heart of Tampa Bay, to see how familiar they are to suicide prevention resources in the area, including services offered at The Crisis Center of Tampa Bay. The results suggest that 30% (n=12) of college students were aware of the services offered at The Crisis Center of Tampa Bay. Recommended future studies could include larger samples from a wider range of colleges and universities in the area.

2. QUALITATIVE RESEARCH



INTERVIEWS

To understand how effective suicide prevention resources are, The Crisis Center of Tampa Bay interviewed five people who used to be at risk of suicide. In this research, we found that three out of five interviewees seeking help through suicide prevention hotlines were able to find solutions and ways to move forward. However, two out of five said suicide prevention services to be ineffective. These participants did not like how specialists told them, "it will get better," because they felt no one could understand their pain or reasoning for their suicidal thoughts. Therefore, this kind of messaging should be avoided. Throughout the interviews, one of the findings was that people who call suicide prevention hotlines or connect to suicide prevention services want a way out of their deep emotional pain or problems. However, they are not ready to end their lives, knowing they would be leaving their loved ones behind and giving up on a hopeful future. They need to talk to someone who will listen carefully and take their thoughts and feelings into account without thinking they are faking it for attention. Below is a testimony of interviewee # 4's thoughts on suicide prevention services based on the question "share your thoughts on suicide prevention."

In college, due to new negative experiences, I didn't know how to navigate and cope with, I became depressed to the point I thought ending myself would be the solution. I felt trapped in my situation due to family pressure to remain at the school I was studying at and had a strong self-hatred from toxic roommates and friendships. I was so sad some nights that I would sit at my desk and try to convince myself to down a bottle of my antidepressants. Looking back, I realized there was more to the suicide prevention services rather than the stereotypical "you will be okay." I benefited greatly from other services like suicide prevention hotlines or suicide prevention chats because you don't even have to call in, you can also message with some of the services available. Suicide prevention services are new to make people more publicly aware. Seeing that there are more options to help those who prefer different methods to connect would not only benefit society but decrease suicide rates as a whole [sic].

The interviews provided insight on messaging strategies that should be used to help people at suicide risk or people who know someone at risk. The biggest takeaway was to avoid using cliches like "you are not alone" (CCTB's current slogan) or "it'll be okay." These messages apparently don't ring true because people at risk of suicide believe life will not be "okay" and that no one understands what they're going through. Instead, they are looking for solutions if they are ready to seek help. With this new information, we were able to brainstorm campaign concept ideas that will resonate with the target audience.

3. AUTOETHNOGRAPHY

The following autoethnography is my own story told at The Crisis Center of Tampa Bay before I became a volunteer. The account will be shortened and turned into a testimonial video as a patient and Crisis Center employee and will include montage footage of the center itself and the employees there, to be shared on The Crisis Center of Tampa Bay's website, YouTube, and social networking platforms.

As an intern at The Crisis Center of Tampa Bay, I was in an environment filled with caring, compassionate, understanding, and open-minded professionals. They were very empathetic, and they seemed to make people feel safe, valued, and heard. This environment was very different from where I grew up, where showing emotions was considered a weakness, and people would be degraded for being vulnerable, especially if they were males. The American Foundation of Suicide Prevention found that the highest suicide rates are among males, due to the lack of emotional support offered by society (AFSP). At the Crisis Center, people of any age, gender, race, and ability seem to be respected and honored. Every visitor is considered worthy of being heard and helped. I loved working at the Crisis Center and helping people, but little did I know I would be the one needing help. My journey receiving personal support was the starting motivation for my study of suicide resource awareness.

I lost my brother to suicide on September 4, 2020. He was my best friend and always pushed me to be the best version of myself. However, once he turned 19 years old, he started hanging around the wrong crowd, leading him to abuse drugs and alcohol. This new addiction developed a lot of stress and tension in our household, causing fights between him and our parents. On June 20, 2020, the day before father's day, Michael's father, my step-dad, passed away from a heart attack. We were all distraught and in shock processing the unexpected loss and dealing with watching him die right in front of us. Everyone was there when my step-dad was, except Michael, who was getting high with his friends. I vividly remember calling Michael to tell him the news and picking him up from his friend's house. Just by looking at him, I could tell he was not okay.

After Michael lost his dad, he became depressed and withdrew from everyone. He would stay in his room for days just drinking alcohol. His appetite was non-existent, making him very weak and leaving him with no energy. He kept expressing how guilty he felt for his dad's death, thinking that the stress caused by his risky behavior made his dad have a heart attack. He also felt ashamed that he didn't make his dad proud while he was still alive. Michael experienced psychological, behavioral, and situational warning signs of suicide. His behavior was concerning, so we contacted The Crisis Center of Tampa Bay for help. The trained specialists gave us strategies to talk to Michael, showed us how to create a safe environment by taking away lethal means, and gave us tips to encourage him to get help. Despite our best efforts, he did not want help. He wanted to be alone and disconnect from everyone. Eventually, Michael had to get Baker Acted due to his risky behaviors. He stayed at the hospital for over a week and received counseling, and he joined grief groups to help ease his pain. We could tell Michael was in a better mental state and no longer showed signs of suicide. He stopped drinking alcohol and consuming drugs, and he started looking for a second job to keep him busy. He made a lot of progress and seemed like he was coping better, but in reality, he was not. On September 4, 2020, Michael died by suicide. That day, my heart felt as if it had been punctured by a sword multiple times, and the bleeding wouldn't stop. The how and why thoughts invaded my mind, and the voices got louder and louder. Once I let the first tear break free, the rest followed like an unbroken stream. Thinking about a world without him punctured my soul and made my stomach feel as if it were getting punched over and over again. The pain didn't stop. It still hasn't stopped. I remember calling my boss at the Crisis Center to let him know what had happened, and he was the most understanding person ever. He gave me time off work, and when I came back, he helped me connect to resources.

Suicide is an issue that is hard to understand until you experience it first-hand. The Crisis Center helped me tremendously with dealing with my emotions and trauma. The trained specialists allowed me to talk to them whenever I felt sad during or out of work. Talking about my feelings and reliving the event has helped me cope and helped me to stop blaming myself. At first, I talked to specialists in a private office and then got connected to a trauma therapist through the Crisis Center. In counseling, I learned strategies and techniques to help me cope with my feelings, depression, and anxiety. For example, I learned different relaxation and breathing exercises to help me destress. As a customer, I experienced support and attentiveness. As my place of employment, they were also supportive and attentive and paid close attention to my mental health. For example, if I ever needed a break, they would allow me to go into the break room dedicated to relaxation or suicide topics triggered me, I would be assigned different tasks. My experience at the Crisis Center was positive and helped me heal, and now I want to raise awareness on suicide prevention resources so others can get the help they need.

4. CCTB RESEARCH

Suicidal thoughts could happen to anyone, so it is beneficial to know the signs. Working at the Crisis Center, I've learned suicide risk signs that I was unaware existed. The Crisis Center reports three types of suicide warning signs including, psychological, behavioral, and situation. Below are some signs to look for within each category (CCTB)

1. Psychological

- History of diagnosed psychiatric disorders
- Depression, despair, hopelessness
- Obsessive Thinking
- Mood swings
- Feeling of being a burden to others
- Having a sense of not belonging
- Extreme guilt or shame
- Extreme anxiety



2. Behavioral

- Prior suicide attempts
- Verbal indications
- Difficulty in making decisions
- Loss of energy
- Change of habits
- Giving away prized possessions
- Insomnia/excessive sleep
- Withdraw
- Risk-taking behavior
- Frequent alcohol or drug abuse



3. Situational

- Loss of a significant other
- Loss of health
- Loss of status
- Major change
- Sexual or physical abuse
- Trauma
- Isolation





CCTB SERVICES

- 1. Gateway Contact Services:** Intervention specialists provide information and help connect people in the community to over 3,000 human services available in Tampa Bay. These resources include basic needs for food, rent, clothing, shelter, relationship counseling, health and substance abuse issues, depression, parenting help, disaster assistance, Florida veterans Support Line, suicide and crisis hotline, substance abuse hotline, and more. Gateway services can be reached by calling the 24/7 line 211, online, and by chat on the organization's website.
- 2. Suicide Prevention Services:** Trained specialists answer calls of those who need immediate support with suicide-related instances. By calling 211 or the National Prevention Suicide Lifeline (1-800-273-8255), specialists can help bring support to people in the community, help them come up with a plan to stay safe and in tune with their feelings, and help establish treatment. This department of the Crisis Center is determined to raise awareness on suicide prevention and intervention.
- 3. Traveler's Aid Services:** Through the Crisis Center's corporate partnership with the Tampa International Airport, travelers are provided with resources to help travelers facing a crisis or who are disconnected from their support system.
- 4. Corbett Center Sexual Assault Services:** Whether it is rape, incest, sexual harassment, or sexual assault, the certified rape center for Hillsborough County, is ready to provide help for those in need. It doesn't matter how long it's been, the Crisis Center sexual assault services are ready to help victims by including advocacy, forensic medical exams, and possible financial and relocation assistance. These services are free of charge throughout the victim's recovery process.
- 5. Corbett Center Trauma Counseling:** Counselors are ready to help those who are facing a crisis or need help dealing with trauma. Counselors use evidence-based treatment like Trauma-Focused Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing, Accelerated Resolution Therapy, and Cognitive Processing. Group therapy and other support for individuals and their loved ones are also available.
- 6. TransCare Medical Transportation Services:** Provides basic life support ambulance services in Tampa, Florida. Ambulance services include "BLS emergency and non-emergency ambulance service throughout Hillsborough County; countywide psychiatric transports to/from all area hospitals; psychiatric transports for students from Pasco County Public Schools to mental health receiving facilities; transportation to state psychiatric facilities; Community Paramedicine for high-need, high utilizers of local emergency departments; and stand-by service for special events" (CCTB).



**FROM
MARCH - SEPTEMBER 2020 THE
CRISIS CENTER OF TAMPA BAY:**



5,693

Conducted 5,693 suicide prevention assessments (CCTB).



7,727

TransCare provided 7,727 behavioral health (Baker Act/ Marchman Act) transportation (CCTB)



8,481

Provided 8,481 counseling sessions (CCTB).

CCTB BENEFITS & POSITIONING

1. CCTB's comprehensive suicide prevention, sexual assault, trauma, and shelter services are free of charge and available 24/7 when college campus mental health facilities are not always available.
2. Trained medical and therapeutic specialists and resources help people reach hope and healing. Suicidal clients receive expertise in suicide prevention, as well as specific traumas.
3. The organization is open to everyone in the community and beyond and does not discriminate based on people's backgrounds. Under-represented groups at high risk, such as LGBTQ minorities, ethnic minorities, and economically challenged individuals can receive immediate help.
4. The Center coordinates with the Tampa Police Department and provides advocates to victims as they make their reports, which can otherwise be re-traumatizing.
5. Whatever crisis someone faces, they can be assured that they will be heard and cared for.
6. The Center does not consider itself to be in competition with other resources and instead complements these resources.

MISSION, VISION, & VALUES

MISSION:

The mission of the Crisis Center is to ensure that no one in our community has to face crisis alone.

VISION:

At the Crisis Center, we seek to be that extraordinary place where all people find help, hope and healing to make tomorrow better.

CORE VALUES:

Physical and Psychological Safety, Collaboration, Resourcefulness, Accountability, and Empowerment



UNIQUE VALUE PROPOSITION

The Crisis Center of Tampa Bay offers 24/7 free support and resources to people in crisis, with professional, compassionate medical and counseling teams standing by to offer hope and healing. Resources include Suicide Prevention Services, Sexual Assault Services, Trauma Counseling, Gateway Contact Services, Traveler's Aid, and TransCare medical transportation services.

TARGET AUDIENCE



For this campaign, the primary Tampa Bay target audience will be college students 18-21. The secondary audience will include all people 18-34. The tertiary audience is friends and family members of people in these audiences, including parents of children who display suicidal warning signs. Given the high suicide rates between people ages 10-34 (CDC), we hope to reach this audience to help reduce suicide rates in this age group. Apart from this, people in the target audiences tend to be technological savvy. They are heavy media users, which gives them access to further information on the center and media content.

- Geographics:
 - Consumers live in the Tampa Bay area, including Pinellas, Hillsborough, Pasco, and Hernando County.
- Psychographics:
 - The attitude and beliefs customers have that there is hope. Even in dark times, people who go to the Crisis Center believe there is a healing process and want to get the help they need to move forward.
- Distribution:
 - People can receive detailed information at <https://www.crisiscenter.com/> and cursory information on the organization's social media @crisiscenteroftampabay.



PAINS & GAINS

FRUSTRATIONS & FEARS

What does a bad day look like for your customer?

Feeling alone, helpless, and worthless. This person is numb and feels like their life has no value.

What is this person afraid of?

Afraid of not being enough. Afraid of letting people down.

What keeps this person up at night?

Depressive thoughts. Negative voices telling them they are a failure and a disgrace. Stress and anxiety torment them.

What is this person responsible for?

Responsible for their life choices and academic success.
Responsible for fighting their own demons.

What obstacles stand in this person's way?

Not knowing what to do with themselves and the agonizing thoughts.



GOALS & GAINS

What does this person want and aspire to?

Be happy and have a purpose in life.

How does this person measure success?

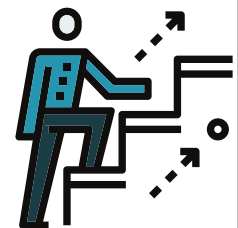
Getting out of bed, being productive, feeling any type of emotion.

How could this person benefit?

They would learn how to combat their thoughts, manage emotions, and work on their goals to be happy. They will learn the steps and get advice to find purpose in their life and realize they are worthy.

What can we offer this person?

We can offer the suicide hotline, trauma counseling, teletherapy, and connections to groups of people experiencing similar things.



CUSTOMER JOURNEY MAP



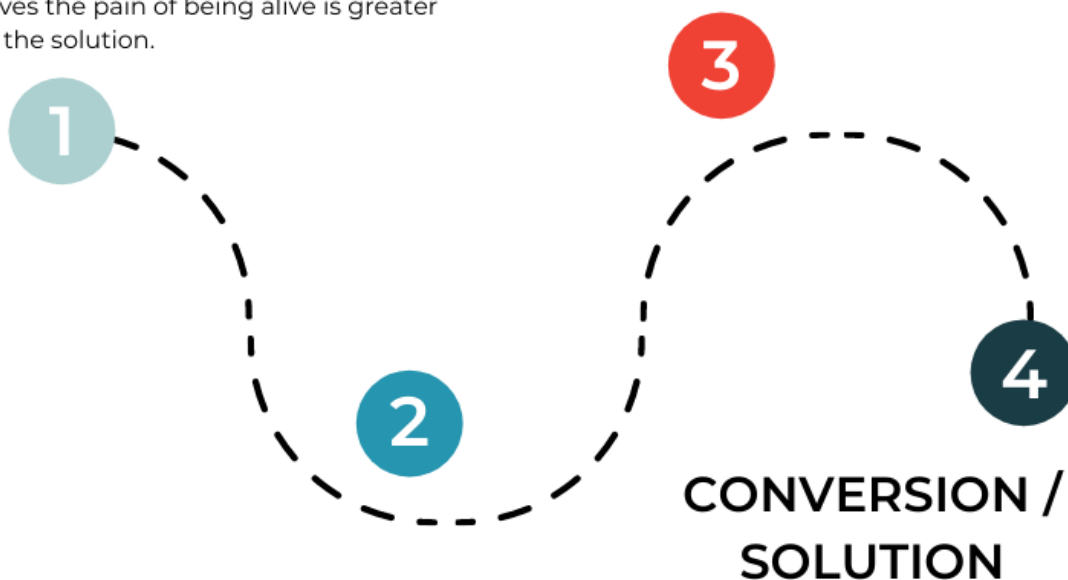
THE PROBLEM

The person is facing a problem and believes the pain of being alive is greater than the solution.

INTERVENTION

Before taking action, the person takes one or more of the following routes:

- a) Referral from a loved one
- b) Internet search locating website
- c) Social media exposure
- d) Internet testimonials of successful outcomes



IDEATION & PLANNING

The idea of putting an end to all their problems and finally being at peace begins to form. The person believes they are better off dead and starts thinking and planning suicide.

CONVERSION / SOLUTION




The person makes a phone call or engages in an online chat with CCTB, gets emotional support and connect to the appropriate form of therapy/counseling depending on their situation. The person is now a survivor of suicidal thoughts or attempts.



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OF TAMPA BAY
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EMPATHY MAP



	PROBLEM	PROCESSING THE SITUATION	OPEN TO HELP	AFTER HELP
 Think	Why is this happening to me?	Is there a way out? Is it even worth it? Am I better off dead?	Is there a way out? Can anyone help me? If so, where can I get help?	What did I learn to help me face this crisis and future suicidal thoughts?
 Feel	Depressed, overwhelmed, anxious, and hopeless.	Unworthy, stuck, feels like a burden to others, and deep pain.	Hopeful	Relieved, in touch with their emotions, and hopeful.
 Do	Starts isolating.	Starts showing suicide risk behaviors.	Tells someone they trust about their thoughts or they call the suicide prevention hotline.	Ready to begin and continue their healing process.



PERSONAS

The profiles below are real; the names and photos have been changed.



NAME: GABRIEL HAYWARD
PERSONA TYPE: PRIMARY
AGE: 19
LOCATION: TAMPA, FL

GOALS: To find emotions within himself. To cure the pain he feels and thoughts of self-harm.

FRUSTRATIONS: Thinks he is a failure. He doesn't feel happy. He can't get rid of the dark thoughts.

BIO:

As a child, his mom abandoned Gabriel in a Target parking lot when he was only eight years old with his little sister by him. Since then, Gabriel has blamed himself for not being good enough and always questioned if he was to blame for his mom leaving. As a mama's boy, he struggled to adjust to his new life with just his dad and siblings. He always had nightmares about his mom and never felt emotionally fulfilled since her absence. He stopped being the happy boy he was. Years later, Gabriel resorted to drugs to numb the pain and silence his dark thoughts. He was an excellent student studying to be a pilot and had dreams of joining the airforce. However, those dreams became cloudy once the drugs became more appealing. When Gabriel turned 19, his father, his only parent, passed away. His sorrow and pain grew by the second as he mourned the death of his dad, best friend, and support system. He blamed himself for not being enough, for never making his dad proud, and for not changing his lifestyle. Unable to control his emotions, Gabriel thought the only solution was to kill himself. However, he had a little sister he needed to be there for. Both of them went through traumatic events together. Despite his thoughts of wanting to be there for his sister, he wanted to end all the pain. He wanted to be at peace. So he committed suicide.

PERSONAS

The profiles below are real; the names and photos have been changed.



NAME: KATT SMITH
PERSONA TYPE: PRIMARY
AGE: 22
LOCATION: TAMPA, FL

GOALS: Overcome depression and anxiety

FRUSTRATIONS: Not getting enough sleep, feeling worthy, not fitting in with everyone else.

BIO:

At age 18, Katt suffered a life-threatening accident that put her in a coma for over four months. Once she woke up, she knew nothing. She didn't know how to speak, who she was, and couldn't remember her life. Slowly, Katt learned the basic words until one day she woke up, and her memory was back. Now she suffers from sleep disorders, which impede her from living a normal life. The medication she takes triggers her depression and anxiety, letting the suicidal thoughts creep in. Katt feels like a burden and compares herself to a lab rat because there are always studies being done on her. She needs emotional support to help her get through her trauma and suicidal thoughts.

PERSONAS

The profiles below are real; the names and photos have been changed.



NAME: DEBBY BROWN
PERSONA TYPE: TERTIARY
AGE: 60
LOCATION: TAMPA, FL

GOALS: To get more information about how she can help her 22-year-old son who is expressing suicidal behaviors.

FRUSTRATIONS: She is not informed about suicide prevention strategies and does not know what to do or how to help her son.

BIO:

As a loving and caring mother, Debby has always had a strong relationship with her son David. However, David entered a very strong depressive stage while he moved away from home to go to college. He completely isolated himself, had risky behaviors, and expressed how everyone would be better off without him. He even left a will for when he died, which was a big red flag for someone at suicide risk. Unaware of what to do, Debby called The Crisis Center of Tampa Bay, where they gave her information on how to communicate with him and help him stay safe. The trained specialists were able to calm her down and think through steps to help her son.

SWOT ANALYSIS

- **Strengths:**

- The call center is Open 24/7
- Free comprehensive services for sexual assault services, suicide prevention services, and gateway contact center services
- Friendly staff who are passionate
- Trained professionals
- Comprehensive resources available (ex: medical unit, counseling, group therapy, connection to local resources)
- Coordination with law enforcement
- Benefits for organization's employees
- Volunteer opportunities allow for people with experience to help others

- **Weakness:**

- Gateway Contact Services are understaffed leading to holds on phone calls
- There is not enough marketing or promotion of resources for the audience
- Limited space (ex: one sexual assault medical room, two counseling rooms in the center)


- **Opportunities:**

- More social media engagement with the target audience, to raise awareness and use of the center
- Sponsorship growth
- Donation increase
- Expansion of location
- Growth in suicide prevention awareness

- **Threats :**

- COVID-19: Increased call volumes to the center leading to phone call holds
- Not enough awareness of the crisis center
- Not enough resources

MEDIA ANALYSIS

<div><div>MEDIA ANALYSIS</div><div></div></div>		
WEBSITE	FACEBOOK	INSTAGRAM
<p>Impression of strengths:</p> <ul style="list-style-type: none">• Concise information• Connection to resources• Relevant information about the company• Easy to follow tabs <p>Needs for improvement:</p> <ul style="list-style-type: none">• More organized layout• Add "Healing Stories" tab for testimonials• Information on how to help those at risk• Search engine optimization• More vivid, hopeful graphics	<p>Impression of strengths:</p> <ul style="list-style-type: none">• Strong images with short text• Reposts important information about the community• 7,718 likes on FB <p>Needs for improvement:</p> <ul style="list-style-type: none">• Increase followers and reach• Increase engagement• Use Facebook stories• Provide information on how to help those at suicide risk	<p>Impression of strengths:</p> <p>Short-text The activity rate is high Uses appropriate hashtags 1,1753 followers</p> <p>Needs for improvement:</p> <ul style="list-style-type: none">• Needs more video content• Increase followers and reach• Increase engagement• Use Instagram stories• More creative content• Provide information on how to help those at suicide risk



CAMPAIGN & MEDIA CONCEPTS

STRATEGIES

1. NEW BRANDING

A. WEBSITE



Current Website:

Currently, the graphic branding of the organization, as signified on the website, can appear bleak and alarming.

- The images of people in the header banners on internal pages are ghostly, in low opacity.
- The bright red tabs signify alarm.
- The dominant black and gray colors give a bleak feel.
- The home page slide show currently contains all images of depressed and anxious people.
- The type (words) seem to be scattered on 4 different lines, none of which are aligned with another line (internal page header banners).
- Of the corporate colors (black, gray, red, teal), the dominant graphic colors on the website are black/gray and red.
- The website graphics seem inconsistent with the branding of the social media artwork, which has the teal color dominating.

Website Recommendations:

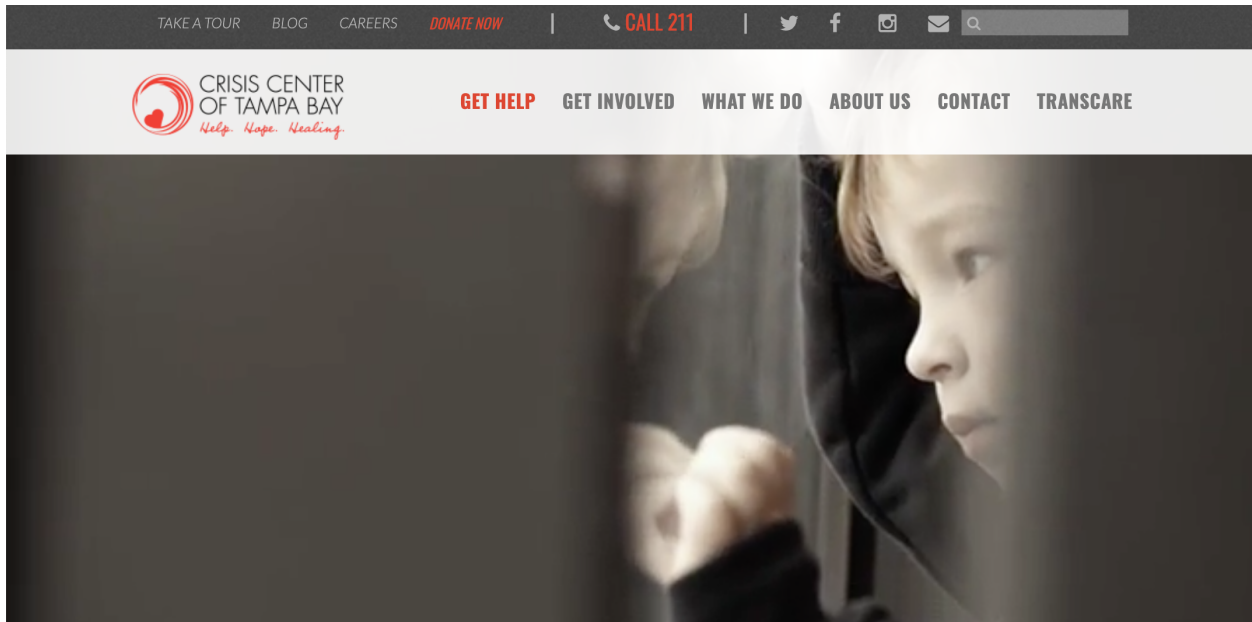
While suicidal people will likely relate to the bleakness of these graphics, the website could also offer a sense of calm and hope.

- The homepage banner slideshow could alternate images of distressed people with images of happy/hopeful people, telling a story of a problem/solution.
- A headline in the banner image on the home page can send a message of hope and worthiness and feature a button that's an easy call to action. A headline and call-to-action button in the home page banner can be highly effective vs. no message or call-to-action button in the banner.
- A more orderly layout with conscious alignment could send a message of order and calm to people who are in chaotic situations and instill trust in the organization for guidance.
- Teal could be the dominant color, with red, gray, and black as accents.



HOME PAGE BANNER LAYOUT (Current)

Need more hopeful, calming colors and some positive images. combined with the current bleak ones.



INTERNAL PAGE LAYOUT (Current)

Need more vivid graphics, hopeful/calming colors, and simplified typography.



B. STYLE GUIDE: CORPORATE COLORS ISSUE

Current corporate colors are black, gray, red, teal, and green-gray. The green-gray is inconsistent with the teal (clashes). Ideally, it could be replaced by a dark teal of higher intensity (not so much gray), which would be more compatible and positive in connotation/



2. MESSAGING

The current messaging targets young people at risk of suicide. seems to be strong and consistent with the needs mentioned in the secondary research sources. This campaign adds messaging to the tertiary audience of loved ones who often don't know how to help or talk about the problems and solutions.

Current Key Messages:

- The Crisis Center of Tampa Bay is a safe environment for anyone facing a crisis.
- The Crisis Center of Tampa Bay has trained specialists and resources to help people facing a crisis.

Current Slogan:

- "You are not alone."
 - The Crisis Center of Tampa Bay has used this phrase on numerous media channels to let its audience know that they do not have to face problems or go through a crisis alone. The crisis center is there to provide emotional support, connection to resources, and help in order to navigate through life-changing challenges. This slogan needs to change because it does not resonate with the target audience. People want a solution and resources to help them with their problems and cope with their feelings. It is better to communicate that The Crisis Center is there to help and support them.

New Messaging

- How to talk with a loved one who is at risk of suicide.
- Warning signs for loved ones to watch.
- "Feelings" of the person at risk (showing empathy and identifying with them)
- #211 emphasis to call.
- "We can help." This message resonates with people looking for solutions.
- Help a friend. Save a life.



3. PARTNERSHIPS WITH COLLEGES AND UNIVERSITIES

Tampa Bay is home to 22 colleges and universities within a 20-mile radius of Tampa, including the University of Tampa, University of South Florida, Strayer University, Pasco-Hernando State College, and Hillsborough Community Colleges.

Partnerships with these colleges and universities could provide campuses with important resources, particularly those that are not equipped with mental health facilities or those that are strained to provide 24/7 care.



A. BROCHURES ON CAMPUSES

Brochures could be located in the mental health centers and libraries of colleges and universities and distributed at orientations. QR codes can also be placed around campuses to redirect the person scanning the code to the digital version of the brochure. Addressing victims is crucial, and teaching loved ones how to approach someone at risk will also help save lives. The National Institute of Mental Health created a five-step plan to help someone at suicide risk. The steps are the following (NIMH):

1. Ask

- a. If you think someone is expressing suicidal behaviors, be direct and ask them. Studies show that asking someone about suicidal thoughts does not increase suicides or suicidal thoughts.

2. Keep them safe

- a. Make sure you remove any lethal means from the person at risk.

3. Be there

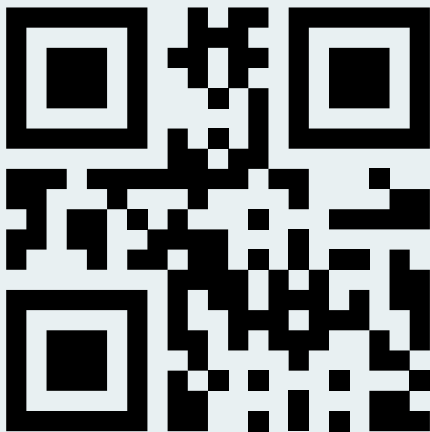
- a. Listen to the person communicating their feelings and acknowledge their thoughts. Don't judge them and stay calm.

4. Help them connect

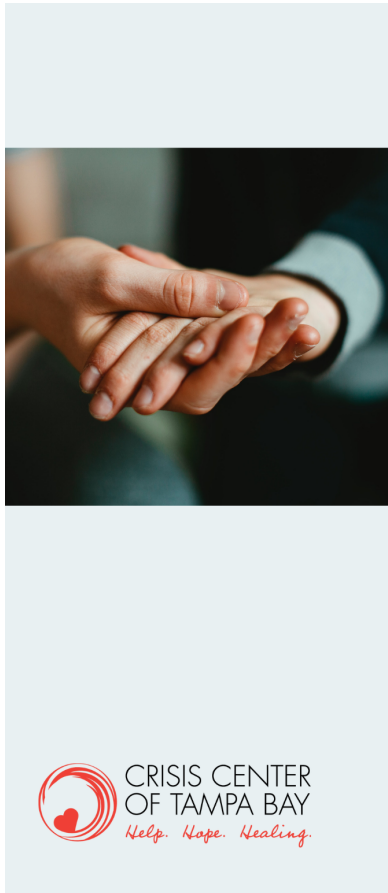
- a. Connect the individual to a suicide prevention hotline like 211 or a trusted individual, including friends, family, or mental health professional.

5. Stay connected

- a. Follow up with the individual after the crisis. Studies show suicide numbers go down when someone follows up with the at-risk person.

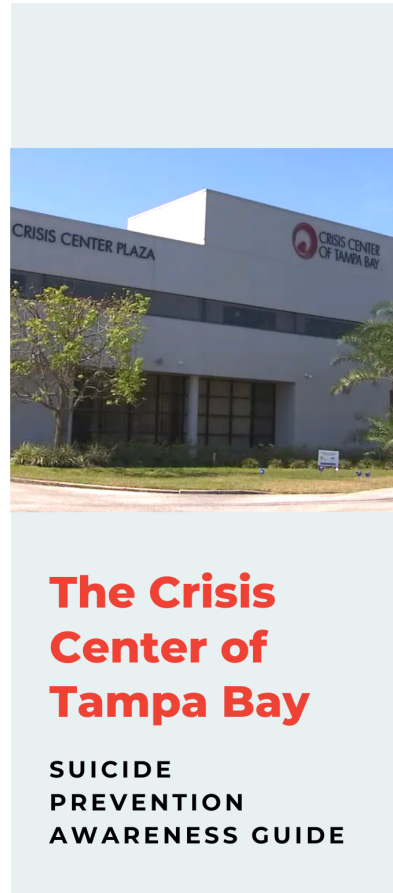


BROCHURE EXAMPLE



CONTACT US

(813)-964-1964
1 Crisis Center Plaza, Tampa, FL, 33613
www.crisiscenter.com



The Crisis Center of Tampa Bay

SUICIDE PREVENTION AWARENESS GUIDE

Warning signs

Psychological

- Depression, despair, hopelessness
- Obsessive thinking
- Mood swings
- Feelings of burden to others
- Having a sense of not belonging
- Extreme guilt or shame
- Extreme anxiety

Behavioral

- Verbal indications
- Prior suicide attempts
- Acute loss of energy
- Change of habits
- Withdraw
- Insomnia/excessive sleep
- Risk-taking behavior

Situational

- Loss of significant other
- Loss of health or function/abilities
- Threatened major change
- Sexual or physical abuse
- Trauma/accident
- Isolation
- Family history of abuse



Resources

Contact our trained specialists if you are suicidal or know someone at suicide risk.

National Suicide Prevention Lifeline

1-800-273-TALK (8255)
www.suicidepreventionlifeline.org



Crisis Center Suicide Prevention Hotline

CALL 211
www.crisiscenter.com



How to help:

1) ASK

If you notice any suicide warning signs, ask if they are having suicidal thoughts or if they have a plan.

2) LISTEN

If the person expresses their feelings and thoughts, and make sure to listen compassionately with no judgment while remaining calm.

3) KEEP THEM SAFE

Remove access to any lethal items or places

4) ENCOURAGE them to get professional help

Help them connect with someone they trust or a professional who will help them, like the suicide prevention specialists.

5) FOLLOW UP

Make sure to stay in touch with the at-risk person.



B. GUEST SPEAKERS

Having guest speakers talk about mental health awareness and suicide prevention awareness can also help increase knowledge on the topic, and through the guest speaker's testimonial, the audience will be inspired to reach out for help or help someone in need.

C. THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION EVENTS

This organization has a chapter in Tampa Bay that hosts a wide range of events and information sessions to raise awareness on suicide. These leaders and members are determined to raise funds for suicide resources and help those in need (AFSP Tampa Bay). Having them engage with students and partner with the crisis center will provide double resources to students.

D. ON-CAMPUS TRAINING

The Crisis Center of Tampa Bay can go to college campuses in Pinellas, Hillsborough, Pasco, and Hernando County, where specialists can provide trauma-informed training and allow faculty and staff to participate in the Applied Suicide Intervention Skills Training (ASIST) offered by the crisis center. According to the National Center of Biotechnology Information, a survey of educators believe it is their role to detect students at risk of suicide. However, only 9% of them reported they had the skills to detect someone at risk of suicide (Nadeem et al., 2011). Teachers play an important role in identifying, referring, and supporting students in crisis or at risk of suicide. The training will help faculty and staff to be equipped with the resources, knowledge, and skills to help aid a student at risk of suicide.

4. SOCIAL MEDIA

Social media-based interventions have allowed an opportunity to raise awareness on suicide and prevent it (Rice et al, 2019). Research shows that the internet is an appealing medium for young people like students to express distress, which increases communication on sensitive topics like suicide (Lewis et al., 2012). Social media posts and resources can help people identify reasons for feeling suicidal by letting them know they're not alone and by giving them support resources (Ali & Gibson, 2019). With the use of social media, we can raise awareness on suicide and help people get the information they need to get the right help.

A. SOCIAL MEDIA MESSAGING

The Crisis Center of Tampa Bay identifies the following as effective messaging to friends and family of suicidal subjects: (a) identifying suicide warning signs, (b) identifying suicide risk behaviors, (c) informing people how they can help, and (d) informing people of the suicide resources in the area. In addition to addressing victims, the center can address loved ones to encourage people to use resources at the crisis center for help. A study by Nicholas, Rossetto, Jorm, Pirkis, and Reavley in 2018 found that the top messages that should be delivered are the following (Nicholas, Rossetto, Perkins, & Reavley, 2018):

1. Take suicidal thoughts seriously
2. Allow people to talk about their suicidal thoughts and feelings seriously
3. Encourage a call to a suicide helpline if the person doesn't want to talk face-to-face
4. Get professional help if someone has a specific plan for suicide
5. Remove the means of suicide if possible

B. SOCIAL MEDIA PLATFORMS

In the United States, Facebook is the most popular social media platform, with a 76% usage rate, followed by Twitter, Instagram, and Youtube (Statcounter Global Stats). However, the use across all social media platforms varies depending on age and gender. For this campaign, we are primarily targeting people between the ages of 18-24. According to Statista, people between this age group use Instagram, Tik Tok, and Facebook more than other platforms (Statista Research Department, 2021). For this reason, the campaign social media posts will be executed through Facebook and Instagram.



C. POSTING SCHEDULE

The Crisis Center of Tampa Bay posts informative content starting at 4 p.m because people tend to be leaving work and get active on their phones. Throughout the day, the audience checks The Crisis Center's media pages, but the activity rate is not as high. The schedule below contains the best time to post on Instagram and Facebook, where the campaign content will be shared.

Media	Frequency	Posting Times
Videos: 60 sec	2x/ week	3-4 p.m
Organic posts	1x/ day	5-6 p.m
Reposts	4x/ day	10 a.m- 1 p.m
Promotional Posts	1-2x/ day	4-6 p.m



5. CONTENT



A. Videos

Interviews with subjects suggested that video testimonials would help them relate to others in at-risk situations and recognize possibilities for hope and healing. According to Forbes, 95% of video messages are retained by viewers compared to 10% when they read (Stafford, 2017). The Crisis Center of Tampa Bay does a good job posting articles on its website and posting informative content on its Facebook and Instagram accounts. However, with the right technological equipment for filming and video editing and with a script, the Crisis Center can develop a 60-second video that will be impactful and help spread information and experiences offered at the crisis center. Recommendations for a video are video to:

1. Have the proper video equipment and filming location

- a. Having the right technology and location will help create a professional video that will lure the audience in without causing distractions based on the production of the video.

2. Tell a story

- a. The customer can start by talking about what brought them to the Crisis Center (closeup on the interviewee).
- b. Show how the services offered at the Crisis Center helped them recover and heal, by showing a montage of the Crisis Center with the customer's voiceover continuing.
- c. End by showing the customer having a happy life with loved ones around them.

3. Teach the audience something

- a. Use statistics to paint the greater issue. These stats can appear in text on the screen.
- b. Inform the audience of services offered at the Crisis Center and how to access them.

4. Make it creative

- a. Use different angles throughout the video.
- b. Use animations to make the video more engaging.

5. Edit

- a. Not everything you film needs to be part of the video. Make it concise and straight to the point.
- b. Make sure to edit background noise.
- c. Add smooth transitions.
- d. Animoto is an easy app to use for this kind of video, for example.

Concepts for suicide prevention awareness include:

1. Show how the Crisis Center helped someone who was suicidal find a solution to their problems and stay safe.
2. Show how the Crisis Center helped someone help a suicidal loved one by giving them the right tools and information to help face this crisis.
3. Show how the Crisis Center helped someone with the loss of someone who died by suicide.
4. How the Crisis Center helped someone be equipped with the resources and knowledge to help spread suicide prevention strategies.

Videos about suicide prevention awareness and The Crisis Center Resources can be posted on Facebook, Instagram, YouTube, TikTok, and the website. Content examples could include the list below:

1. YouTube Content Ideas (ideal Length: 5-10 minutes)
 - a. Suicide prevention tips
 - b. Suicide warning signs
 - c. How to help someone who is suicidal
 - d. Testimonials on suicide attempt recoveries
2. Instagram Content Ideas (ideal length: 30 seconds - 1 minute)
 - a. Suicide prevention resources offered at The Crisis Center of Tampa Bay
 - b. Quick tips on how to identify someone at suicide risk and how to help them
 - c. Animation on suicide warning signs
3. Facebook Content Ideas (ideal length: 2 minutes)
 - a. Information on suicide prevention resources offered at The Crisis Center of Tampa Bay
 - b. Quick tips on how to identify someone at suicide risk and how to help them
 - c. Testimonials on suicide attempt recoveries
 - d. Facts and statistics about suicide
4. Tik Tok Content Ideas (ideal length: 1 minute)
 - a. Information on The Crisis Center of Tampa Bay's suicide prevention resources
 - b. Quick tips on helping someone at suicide risk



B. Instagram Posts

Instagram posts can allow for highly creative work that could appeal to younger people. These posts will target college-aged students and include concise, meaningful captions that are easy to read, and they will also include hashtags to expand reach. Hashtags include #211, #Tampabay #Suicideprevention #Suicideawareness, #CCTB, and #CrisisCenterTampaBay.

C. Facebook Posts

Facebook can accommodate longer posts when stories are engaging, and both platforms can feature stories of people who have gone to the Crisis Center to receive help.

D. Both Platforms

The Crisis Center of Tampa Bay posts the same social media content to its Instagram and Facebook accounts. However, best practices indicate content should vary from platform to platform and be tailored for best practices on each. Stories on Facebook could target parents of kids, while Instagram and TikTok could target college-aged students.

Examples of Ads

Below are examples of Instagram and Facebook ads and captions that are message-friendly to the audience of this campaign across both media platforms. The purpose of these posts is to (a) inform Tampa Bay residents of local suicide prevention resources (b) inform people on suicide warning signs, and (c) inform people how they can help someone at suicide risk.



Post 1: We're here 24/7 for anyone having thoughts of suicide or in need of emotional support. Call 211. #Suicideprevention #Mentalhealth #Tampabay, #211, #CrisisCenterTampaBay.



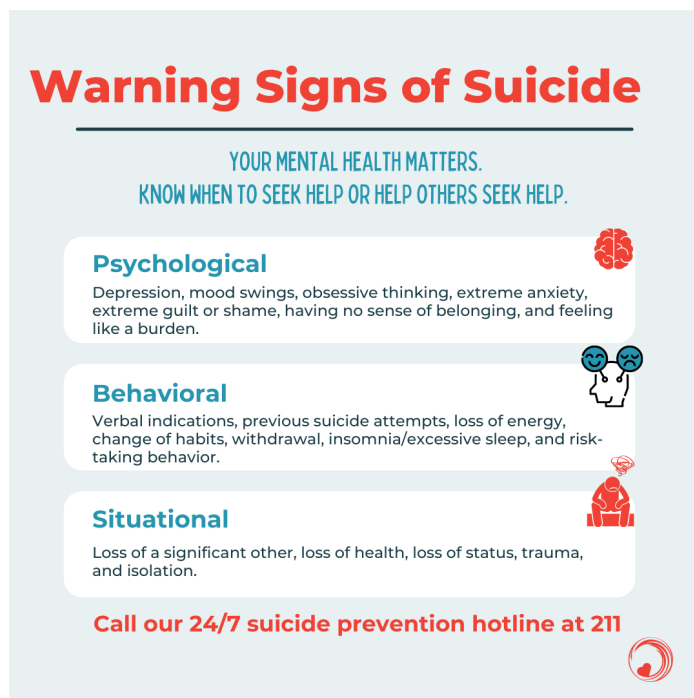
Post 2: Know someone who is suicidal? Call 211. You have a role in prevention. #Tampabay #Suicideprevention, #211, #CrisisCenterTampaBay



Post 3: Our suicide prevention hotline is available 24/7 for those experiencing suicidal thoughts or who need guidance to help those at risk. Call 211. #211, #Tampabay #Suicideprevention #Mentalhealth, #CrisisCenterTampaBay



Post 4: You can help others get help. Call 211. #Tampa #Tampabay #Suicideprevention #Suicideawareness #Suicidehotline #Mentalhealth #211 #CrisisCenterTampaBay



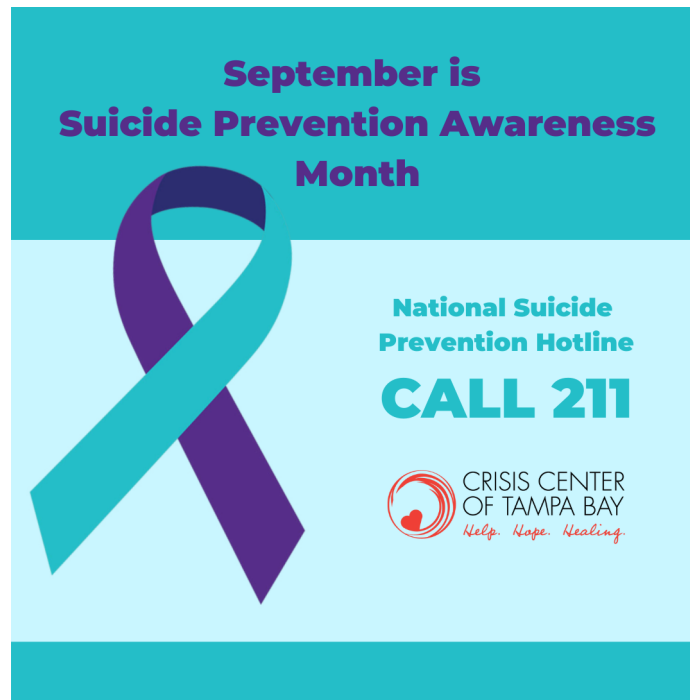
Post 5: For more information on how to help those at suicide risk please call 211 or visit <https://www.crisiscenter.com/>. #Tampa #Tampabay #Suicideprevention #Mentalhealth #211 #CrisisCenterTampaBay



Post 6: If you or someone you know is in crisis, call the suicide prevention hotline at 211. #Tampabay #Suicideprevention #Suicidehotline #211 #CrisisCenterTampaBay

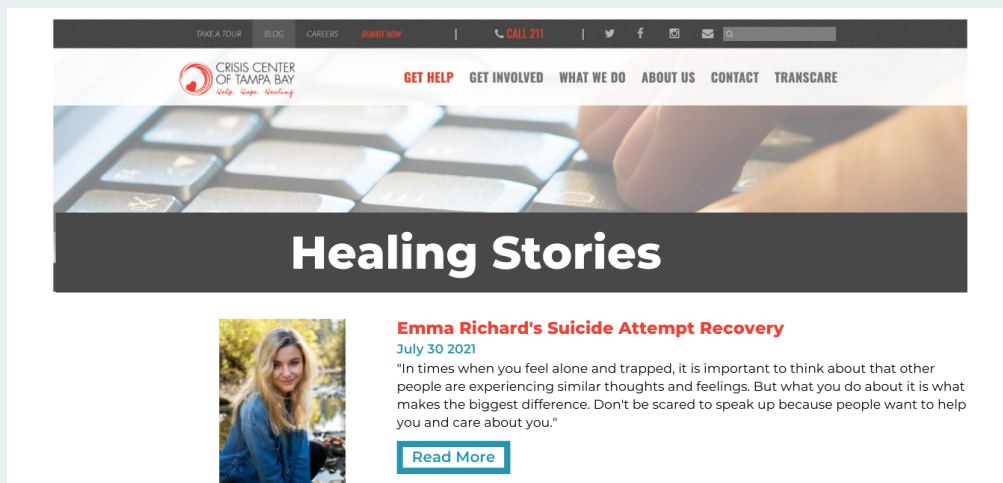


Post 7: September is #Suicideprevention Awareness Month. If you are struggling with thoughts of suicide or know someone who is at suicide risk, please call 211. #Tampabay #Suicidehotline #211 #CrisisCenterTampaBay



“Healing Stories” on the Main Menu of CCTB Website

The crisis center could benefit if there were a link on the website menu called “Healing Stories” where testimonies are shared. Testimonials—also known as “social proof” in marketing build credibility and could give the audience hope. Testimonials help bring raw material to the audience, which creates a deep and emotional appeal to those in need. It’s inspiring to read someone’s recovery story, and sometimes readers might be able to identify with the person or situation. An example of a healing story is attached below:



Emma Richard's Suicide Attempt Recovery

July 31, 2021



At age nineteen, Emma was sexually assaulted at a college party. The events tormented her every day as she carried the pain and emotional scars left by her abuser. She didn't want to continue studying at her school because she thought she'd run into her abuser, which caused her a lot of anxiety. Stressed and ashamed of the situation, Emma pulled away from everyone, including her closest friends and family members. She wanted to be left alone and thought there was no way of being happy again. "I felt disgusted with myself and would take multiple showers a day thinking it would help, but it didn't," she said. Emma considered taking away her own life multiple times. She would self-harm and considered taking an entire bottle of antidepressants. Emma wanted to get help, but she thought therapy wouldn't help her because she's had previous counselors who didn't give her the right strategies and tools to overcome problems.

Desperate for a way out, Emma called the Crisis Center of Tampa Bay, where she talked to a trained specialist who helped her process her thoughts and feelings. Through the crisis center, Emma connected to a trauma counselor at the Corbett Trauma Center times, where she got the strength, help, and resources to move forward in life and use her experience to help others. Today, Emma is a volunteer at the crisis center and serves as a sexual assault advocate to help other victims find their voices and get the help they need.

"In times when you feel alone and trapped, it is important to realize that other people are experiencing similar thoughts and feelings. But what you do about it is what makes the biggest difference. Don't be scared to speak up because people want to help you and care about you."

Help is available to all sexual assault survivors or people at suicide risk. **Call 211** to connect to a specialist at the Crisis Center of Tampa Bay.

Blog Concepts

The Crisis Center of Tampa Bay has a blog segment on its official website where stories and news about the center are shared with the public. The blogs could be more fully developed by adding articles by counselors who explain steps people can take to help themselves or a loved one in particular situations. These posts could utilize keywords so that they are more likely to appear in searches and increase awareness of the center, as well as search engine optimization. For example, Google's Internet search displays a link and information to the National Suicide Prevention Lifeline if people search keywords suggesting suicidal intent (Luxton et al, 2012). The Crisis Center of Tampa Bay can optimize its searches to bring more attention to the website and hotlines available for people in crisis.

Private Facebook Group

A private Facebook Group offering mutual support to past and future patients of CCTB could be effective for helping at-risk people reach out for help and past patients continue to support one another.



OBJECTIVES & MEASUREMENTS

Objectives

Key Performance Indicators

RAISE AWARENESS

Increased likes, followers, mentions,
Market awareness. research (surveys).

ENHANCE CUSTOMER RELATIONS

Increased engagement, reviews, positive
reposts.

DRIVE MORE WEBSITE TRAFFIC

Increased number of visits. Currently,
The Crisis Center has an average of 259
visits per day (Wallack, 2021). This
number will be increased to 500 daily
visits.

TARGET NEW CUSTOMERS

Increased number of new visitors ages
18-24.

INCREASE LOYALTY

increased visits and time on site.

INCREASE ADVOCACY

increased positive sentiment, reviews,
reposts, and social media shares.

CONCLUSION

The Crisis Center of Tampa Bay offers comprehensive services to those in the community who need emotional support or connection to resources to help them face a crisis. Effects of COVID-10, such as increased isolation, anxiety, depression, trauma, economic instability, illness, and family divisions, have increased suicide rates in Tampa Bay, particularly among 18-24-year-olds. To help decrease the suicide rates in the community, The Crisis Center can execute a campaign based on the recommendations in this report that will raise awareness on suicide prevention and local resources for those at risk. With the right messaging and strategies, we can help save lives and encourage people to seek help at the crisis center.



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