



# Promoting 988 in Greater Baltimore

## Resident Interview Findings

Behavioral Health System Baltimore

May 2022

marketing  
for change™



# Research Overview

# Methodology

## RAPID RESEARCH REVIEW

- Conducted a **rapid analysis** of secondary data, including peer-reviewed research, public data, prior helpline campaigns and more.
- Conducted **13 one-hour in-depth interviews** (September 27, 2021 - October 15, 2021) with local experts and key stakeholders in all 4 counties, including service providers, law enforcement and community leaders.

## ONLINE SURVEY AMONG RESIDENTS

- A **15-minute online survey** was administered to residents in the Greater Baltimore area (December 14, 2021 - February 7, 2022). Those sampled were 708 residents across 4 municipal areas based on proportional population size and census demographics: Baltimore City (n=298), Baltimore County (n=235), Carroll County (n=66) and Howard County (n=109). The survey measured participants' level of stigma towards behavioral health care, awareness of municipal numbers and reactions to brand concepts.

## IN-DEPTH INTERVIEWS WITH RESIDENTS

- **75-minute in-depth interviews** were conducted with residents in the Greater Baltimore area (January 31, 2022 - February 18, 2022). Sixty residents were interviewed across 4 municipal areas: Baltimore City (N=15), Baltimore County (N=15), Carroll County (N=15) and Howard County (N=15). Interviews consisted of language testing with various message frames and visual testing with sample images and brand concepts.

## ONLINE SURVEY AND IN-DEPTH INTERVIEWS WITH COMMUNITY PARTNERS

- **25-minute online survey** with partner organization members (n=76)\* within the GBRICS region who serve a variety of audiences, including youth, older adults, people with disabilities, and the LGBTQ+ community (March 17 - April 6, 2022).
- **30-minute in-depth interviews** with partners (n=16) who expressed interest in participating while taking the online survey and were recommended by BHSB (April 11 - April 29, 2022).

# Key Findings

- There is **a lot of existing goodwill around a helpline** for mental health and substance use treatment. People feel comforted knowing the line is out there as an option if the need ever arises — for themselves and as a community resource broadly.
- There are **high expectations that the service will deliver on what it promises**. People want professional, compassionate, immediate help.
- The **biggest barrier to calling 988 is not knowing what to expect**. People fear the unknown and without clear expectations of what will happen when they call (e.g., who will answer, what kind of service and help they will receive, what kind of timeliness can they expect, what will this cost, who will find out about this), they are very reluctant to call.
- Calling for oneself, calling for loved ones, calling as a bystander, calling for emergency talk therapy or advice, calling for a response team, and seeking a referral are **all different behaviors that need different communications strategies**.

# Key Findings (cont.)

## Help-seeking and stigma

- Most participants had **generally positive feelings about seeking support** in hypothetical situations – especially if calling for someone else.
- **However, those with lived experience – our likely audience – had more negative feelings about help-seeking:**
  - **For loved ones:** Residents in Baltimore City reported higher frequencies of behavioral health issues among loved ones and less willingness to call for help.
  - **For themselves:** Overall, participants who reported higher frequencies of recent behavioral health issues had lower positive attitudes toward help seeking.
- **Stigma is subtle but pervasive.** From negative associations with behavioral and mental health to fear of being talked about and judged for needing help, stigma continues to be a key barrier to help-seeking.
  - **Participants reported more stigmatizing beliefs if *they themselves*** needed to seek behavioral health treatment.
  - **There is more stigma for substance use, and it can hamper help seeking for mental health.** Some participants said seeing “substance abuse and mental health” together made them less likely to seek help because it “makes me think that this is not for me.”

# Key Findings (cont.)

## Context for messaging in a 988 campaign

- **Knowing that 988 calls will be answered by professionals who are specialized and experienced in mental health and substance use treatment** made participants more motivated to use the service.
- **Knowing calls would be confidential increased willingness to call.** Participants wanted assurance their problems would be kept private.
- **Hope and resilience are highly resonant.** For participants who have needed crisis services and those who are open to perhaps needing mental health care at some point, concepts that focused on hope and getting better were more motivating to action.
- **Fear of overstepping boundaries and making things worse is a barrier to calling for others.** Participants were more willing to call for a loved one than a stranger; in both cases, however, many hoped to get advice for what they themselves could do to help.

# Respondents' lived experiences with behavioral health

## SELF

**37%**

Reported **zero**  
behavioral health issues

**39%**

Reported **1 to 5**  
behavioral health issues

**24%**

Reported **6 or more**  
behavioral health issues

## LOVED ONES

**43%**

Reported **zero**  
behavioral health issues

**36%**

Reported **1 to 5**  
behavioral health issues

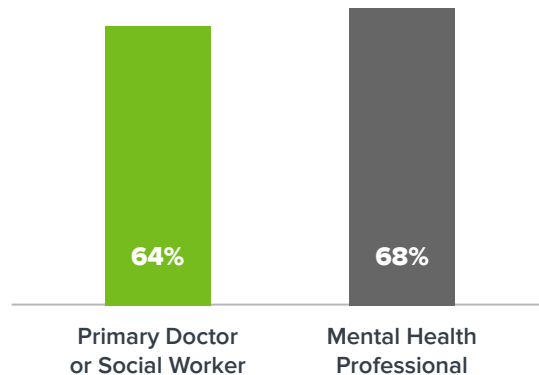
**21%**

Reported **6 or more**  
behavioral health issues

**11% of participants had a mental health or substance use issue that required a visit to the emergency room or overnight stay in the hospital within the past year.**

# Overall, participants report having very positive views of help-seeking

*“I would feel comfortable talking about my mental health problems with...”*

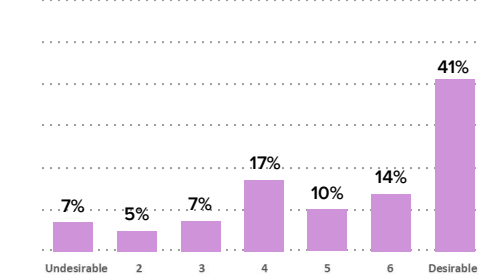
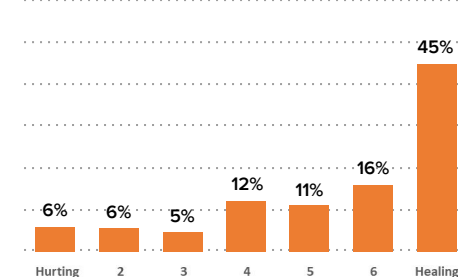
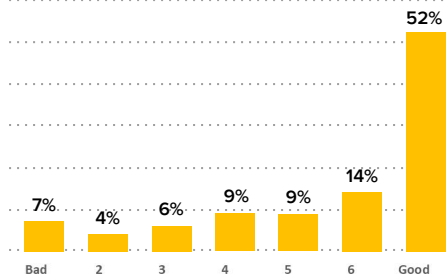
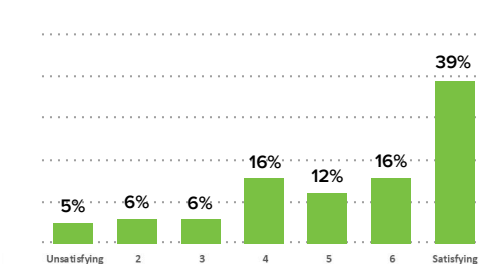
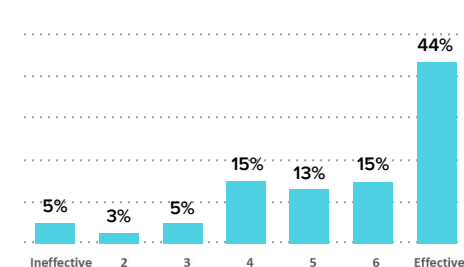
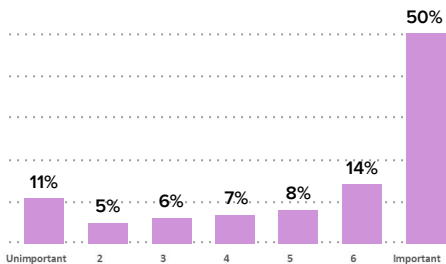
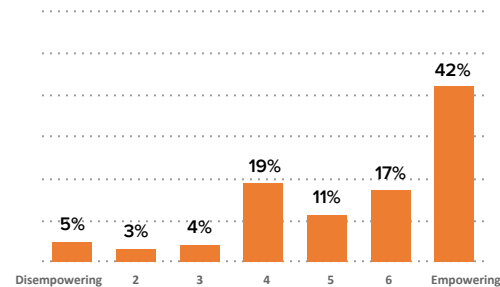
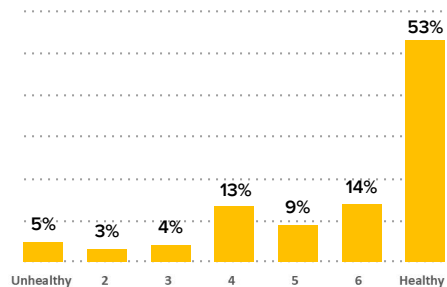
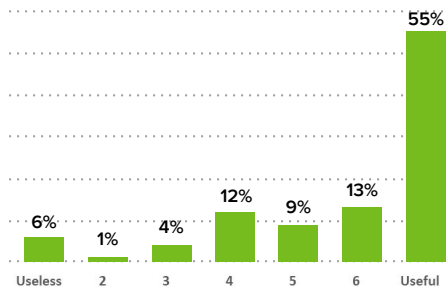


Percent who **agree** or **strongly agree** that they would be comfortable discussing their mental health issues



# However, at least 1 in 10 residents did not expect help-seeking to help

*“If I had a mental health concern, seeking help from a mental health professional would be...”*



# Lived experience makes help seeking less appealing

Most participants had **generally positive feelings about seeking support in hypothetical situations** – especially if calling for someone else.

59%

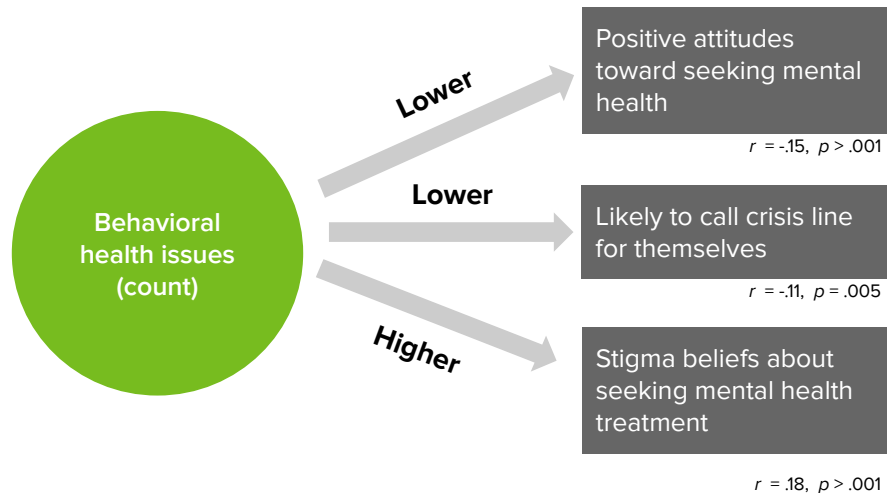
Agree or strongly agree they would feel comfortable calling a crisis line **if they** were having mental health problems.

70%

Agree or strongly agree they would feel comfortable calling a crisis line **if a loved one** were having mental health problems.

However, **those with lived experience – our likely audience – had more negative feelings about help-seeking.**

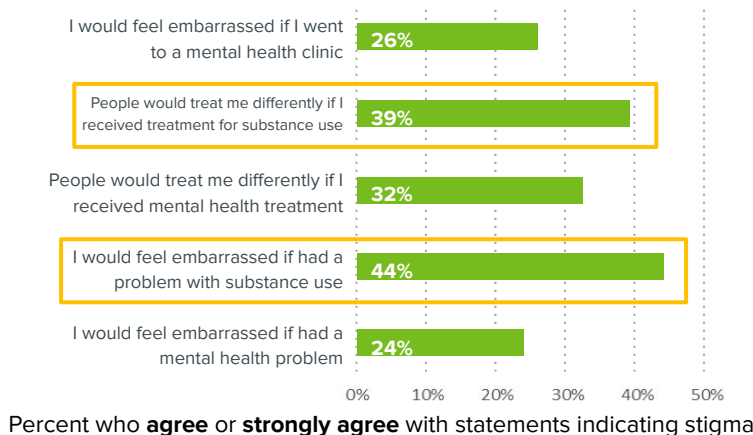
- For themselves: Overall, people **who have more reported behavioral health issues** in the past 6 months had **lower positive attitudes** toward and **higher stigma about seeking mental health treatment**.
- For loved ones: Residents in **Baltimore City** reported higher frequencies of behavioral health issues among loved ones and less willingness to call for help.



# Stigma for seeking help persists — especially for substance use

From **negative associations with behavioral and mental health** to **fear of being talked about and judged for needing help**, stigma continues to be a key barrier to help-seeking.

- Participants reported **more stigmatizing beliefs if they themselves needed to seek behavioral health treatment**.
- Stigmatizing beliefs were **highest for substance use**.



*“What makes it hard to call to get help for yourself? **Fear of acknowledging that something is wrong.** Fear of talking about it and **being judged.**”*

*– Female, Baltimore City*

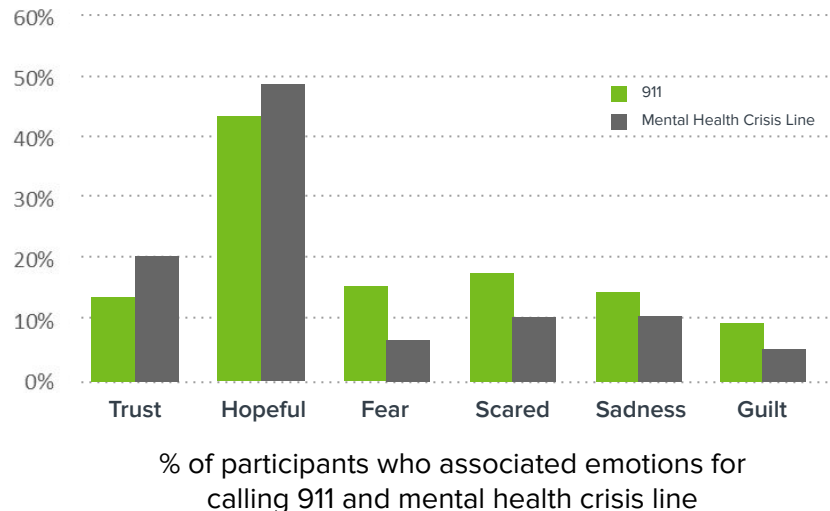
*“**I don't like being grouped together with substance abuse,** so that ... automatically makes me think that **this is not for me.** This is for someone else.”*

*– Female, Baltimore City*

# More positive associations with a helpline compared to 911

## There is existing goodwill for a mental and substance use helpline.

- Participants **generally felt positive overall about calling 911 or a mental health crisis line**, but there were **more positive and fewer negative emotions associated with a mental health line**.
  - **More participants** felt **trust** and **support** for calling a crisis line **compared to calling 911**
  - **Fewer participants** felt **fear** and **sadness** when calling a crisis line **compared to calling 911**
- The concept of a compassionate and caring **988 helpline generates broad community goodwill**.  
Overall, people felt comforted knowing that a helpline specializing in mental health was available if they needed it.



# Different types of calls seen as separate behaviors

While most participants said they (hypothetically) would call a helpline....

59%

Agree or strongly agree they would feel comfortable calling a crisis line **if they** were having mental health problems.

70%

Agree or strongly agree they would feel comfortable calling a crisis line **if a loved one** were having mental health problems.

Calling 988 in a crisis and calling for mental health care were seen as different behaviors to participants and have very different needs states.

The two different care options will require **separate messaging strategies.**

*“You say, ‘call today for better tomorrow.’ Somebody could take that literally and expect to feel better tomorrow. But then, right before it, you said ‘long term.’ **So is it long, or is it tomorrow? Which one? Because it can’t both.**”*

— Female, Carroll County

*“If the situation goes out of control and if I can’t actually handle myself, then I will likely call... If the situation is not out of control, I can wait until, you know, I go seek help from my scheduled visits, you know, from my providers.”*

— Male, Howard County

# The key barrier to calling 988 is not knowing what to expect

## Identified barriers to calling 988

- The **biggest barrier to calling 988 is that people have no idea what to expect**. Even people who are more likely doers are tripped up by uncertainty about the process and outcomes.
- People are hesitant about **being put on hold or let down when they are vulnerable**. When people make themselves vulnerable by calling for help, one of the things they most fear is that they will be let down.
- **Fear of overstepping boundaries and making things worse is a barrier to calling for others**. Participants were more willing to call for a loved one than a stranger; in both cases, however, many hoped to get advice for what they themselves could do to help rather than putting the person-in-need on the phone or calling out a crisis response team.

*“I just really need to know more information about especially who comes to the scene because ... it can snowball into something so much bigger.”*

*— Female, Baltimore City*

*“That’s important to know what to expect. It’s better to know what’s going on because of the **fear of the unknown**.”*

*— Male, Baltimore County*

*“I don’t want to be actually put in like a 30-minute hold on a telephone line. **It is very important that the moment you call it, someone is at least there to help immediately.**”*

*— Male, Howard County*

# People will be looking for clues to tell them what they can expect

## What the campaign needs to communicate

- Knowing calls would be **answered by professionals who are specialized and experienced** in mental health and substance use treatment **made participants more motivated** to use the service.
- **Knowing calls would be confidential increased willingness to call.** Participants wanted assurance their problems would be kept private.
- **988 must be able to deliver on its promises.**

The campaign will need to set very clear expectations and only promote services it's certain it can deliver well.

*"This all sounds frickin' amazing ... de-escalation, trauma-informed care, helping you get safe and supportive help. ... But put it into action. **Make me believe it.** Show me what you can do."  
— Female, Howard County*

*"If they're saying no matter what I can get help, are they going to be by this? Would you be there if I call at 4 a.m. like you say you will? Or is this bullsh\*\*? **It sounds good, but you have to prove this to me.**"  
— Male, Baltimore City*

# Behavioral determinants explored in interviews

## Hassle Factor

Even if someone needed help, Adam probably wouldn't call a 988 helpline because he thinks it could end up being more of a hassle than it's worth.

## Self-standards

Barbra likes being the kind of person who helps other people. So if someone needed help, she would call a 988 helpline to connect them to care.

## Control

Carter is glad his community has a 988 helpline, but he probably wouldn't use it because he's not sure what the experience would be like or what would happen next.

## Peace of Mind

Dani plans to call a 988 helpline if she or someone else ever needs it, because she thinks it would provide immediate relief and peace of mind.

## Perceived Consequences

Erin probably wouldn't call a 988 helpline, because she's worried responders who come to the scene could just make things worse.

## Emotions

If a neighbor or friend was in crisis, Felipe would hesitate to call a 988 helpline because he's worried they would get upset with him and think he meddled in their business.

## Investment

Gabby is not likely to call a 988 helpline because she's worried it could end up costing her money even though it says it's free.

## Stigma

Henry is not likely to call a 988 helpline for himself or his family because he is worried about what others would think if they found out.

## Identity

Jason probably would not call a 988 helpline because he thinks the system doesn't work for people like him.

## Self-efficacy

Lisa doesn't know what a 988 helpline would do, so she thinks she would just call 911 in a crisis to be safe.

*\*Participants were shown behavioral determinant statements **without** the labels.*



# Behavioral determinants affecting residents' willingness to call

## Decrease willingness to call (barrier)

## Increase willingness to call (opportunity)

Selected by more  
than 50%

- Worry the person who is the subject of the call will get upset and think the caller meddled in their business. **(Emotions)**
  - Not feeling confident about the appropriate use cases for calling 988 (especially compared to 911). **(Self-efficacy)**
  - Unknowns about what the experience would be like or what would happen next. **(Control)**
- 
- Feeling that calling a 988 helpline could end up being more of a hassle than it's worth. **(Hassle Factor)**
  - Worry that responders who come to the scene could make things worse. **(Perceived Consequences)**
  - Disengagement because of perception that the system doesn't work for people like them **(Social Identity)**.
  - Worry about what others would think if they found out about 988 usage. **(Stigma)**
  - Worry 988 could end up costing money. **(Investment)**

- Calling 988 because someone sees themselves as the kind of person who helps other people. **(Self-standards)**
- Seeking immediate relief and peace of mind. **(Peace of Mind)**

# Differences in top behavioral determinants by location

	Baltimore City	Baltimore County	Carroll County	Howard County
Opportunities	<div>Self-standards</div> <div>Peace of Mind</div>	<div>Peace of Mind</div>	<div>Peace of Mind</div>	<div>Self-standards</div>
Barriers	<div>Hassle Factor</div> <div>Perceived Consequences</div> <div>Emotions</div> <div>Investment</div>	<div>Control</div> <div>Emotions</div>	<div>Control</div> <div>Investment</div> <div>Stigma</div> <div>Social Identity</div>	<div>Self-efficacy</div>

\*These reflect the determinants that were more likely to be selected compared to other counties.

# Calling for themselves: People need to know what to expect

When calling for themselves, people are more focused on the experience of what calling will be like — as they are the ones who are vulnerable.

Benefit (hope)	Barrier (fear)	More likely to call if
<ul style="list-style-type: none"><li>• Relief</li><li>• Getting help</li><li>• Calming the situation down</li><li>• Being treated with compassion</li><li>• Talking to a human</li><li>• Getting connected to immediate help (immediate counseling as well as referrals)</li></ul>	<ul style="list-style-type: none"><li>• Getting locked up or committed, “losing agency”</li><li>• <b>Being put on hold</b></li><li>• <b>Being treated dismissively or with judgement</b></li><li>• Getting a “script” (not the individualized help you really need)</li><li>• Other people finding out</li></ul>	<ul style="list-style-type: none"><li>• It’s confidential</li><li>• They won’t have to wait (immediacy)</li><li>• They will be treated with compassion</li><li>• Follow-up after call (next step)</li><li>• <b>It is a true emergency</b></li></ul>

# Calling for a loved one: Participants expect guidance

When calling for a loved one, participants were more likely to anticipate calling to get advice on how to navigate the situation as well as resources they might use to get help.

Benefit (hope)	Barrier (fear)	More likely to call if
<ul style="list-style-type: none"><li>• Feeling like you've done something rather than standing by while a loved one is hurting</li><li>• Loved one could get better</li></ul>	<ul style="list-style-type: none"><li>• Ruining relationship</li><li>• Misdiagnosing the problem / incorrectly assessing the situation</li><li>• Making the problem worse</li></ul>	<ul style="list-style-type: none"><li>• It's confidential</li><li>• <b>They can call to assess the problem / find out how they themselves can help</b></li></ul>

# Calling as a bystander: Fear of making things worse

When calling for a stranger or neighbor, while participants like the idea of help being available for members in their community, they were hesitant to call (meddle in someone else's business) especially if they lacked situational context.

Benefit (hope)	Barrier (fear)	More likely to call if
<ul style="list-style-type: none"><li>• Relief</li><li>• You could feel like you've done something to help rather than standing by (weaker than for loved one)</li><li>• You could save a life</li></ul>	<ul style="list-style-type: none"><li>• Retaliation</li><li>• Misdiagnosing the problem</li><li>• Making the problem worse</li></ul>	<ul style="list-style-type: none"><li>• It's anonymous</li><li>• <b>It is a true emergency</b> (e.g., someone is clearly suicidal)</li></ul>

# Partners & residents separate SUD from mental health

Some respondents noted the need for clear messaging that does not isolate any residents who might benefit from 988's services.

*“Do I need a mental health expert for SUD if I don't know that SUD falls within a MH issue spectrum? Or do I need an expert in substances AND mental health?”*  
— Partner survey respondent

*“Some of the images seemed to exclude people who may not have a substance use problem, and therefore they may be less likely to call 988. Some of the messages put so much emphasis on substance use that those who do not have substance use issues but purely mental health problems may think that the 988 service is not for them.”*  
— Partner survey respondent

Some respondents who work in the mental health space see substance use messaging as less important for their audiences.

*“Most of my clients do not struggle with drug or alcohol issues.”*  
— Partner survey respondent

*“Like much of the GBRICS Initiative, and especially the roll out of the 988, I get the feeling “struggling with addiction, or a substance use disorder” feels like a add on. That this campaign is really targeting mental illness. Not saying that is a bad thing. But people struggling with addiction probably won't use it much.”*  
— Partner survey respondent

*“Too much focus on substance use disorders, not incorporating messaging for family members helping adult family members versus just kids.”*  
— Partner survey respondent

# Functional recommendations for campaign rollout

## Based on resident research, the campaign should...

- **Roll out in phases. Start with promoting the helpline for emergency situations** for oneself or a loved one.
  - When longer-term resources are available, create a separate campaign that distinguishes the two actions (calling in an emergency, calling for resources).
  - Calling for bystanders needs to be very carefully addressed to avoid feeling “snitchy.”
- **Only promote services 988 can deliver well.**
- **Help people know what to expect when they call.** Set very clear expectations.
- **Normalize the fact that everyone needs help** at some point in life. It’s not a weakness.
- **Keep messaging on mental health and substance use care separate.** This will make the messaging feel more personal to what the individual is experiencing, but also decouples the stigma associated with substance use.

# Message Testing



# The promise of specialized help is reassuring

## Get the right help - right now.

At the 988 crisis line, we specialize in mental health and substance use. 988 responders are trained in de-escalation and trauma-informed care to make sure you get safe, supportive help.

- **Safe, supportive care** made respondents feel “comfortable” and “safe.” It also helps set expectations about the kind of help callers will receive.
- **The word “specialized”** made people more confident that they would **get help from knowledgeable professionals with experience.**
- **De-escalation** and **trauma-informed care** were reassuring phrases in that they conveyed receiving care customized to the problem and (importantly) that 988 will help restore calm. However, overall these phrases were too technical for initial messaging.
- **“Right help”** felt specialized but also can imply you have been getting the “wrong” kind before, which felt judgmental.
- **Calling out that help is available “right now”** is assuring (especially for those who have been in a crisis) but can feel a little pushy for non-doers.

*“Someone being trained ... you're teaching that person how to handle the situation versus someone who is specialized and they may have actually dealt with it.”*

*– Female, Baltimore City*

*“The mental health and substance use together [in the messaging] makes it **makes me feel a little bit more stigmatized** ... I don't like being grouped together with substance abuse, so that kind of **makes me pause and automatically makes me think that this is not for me.** This is for someone else. Usually when I think about “**substance use,**” it's like, kind of really heavy drugs and there's just a lot of negative connotation that comes with that.”*

*– Female, Baltimore City*

# Relief and hope that things will get better is motivating

## Find hope here.

Struggling with mental health or substance use? The response teams at 988 offer fast, free, confidential help with emergency or long-term care. Call today for a better tomorrow for you or your loved ones.

- **Hope for the future** is a motivating frame for likely doers and possible doers.
- An **emergency** seems less scary and chaotic and is more manageable than a “crisis.”
- **Long-term care** has off-putting associations with older people or hospitalization.
- **“Struggling”** was often negative and off-putting, especially for people with lived experience with behavioral health issues.
- **“Free and confidential”** made respondents more likely to call.
- **“Fast” can seem rushed**, while the term “immediate” may better convey timely, quality support.
- **“Substance use”** was generally understood but “drugs or alcohol” is clearer.
- **“Response teams” drew mixed reactions.** It reminded some participants of the police, but others appreciated the concept of a team offering support.

*“I think ‘struggling with mental health’ is kind of a negative statement. To me, if you’re telling a person ‘you’re struggling,’ it means that they’re weak and they don’t know how to address problems correctly.”*

*— Male, Baltimore County*

*“Response teams is positive to me because it’s not just one respondent. I feel like it probably takes a team to figure out what’s going on with people. It feels like there’s more strength there, and I would go there and have more of a collaborative effort.”*

*— Female, Baltimore County*

# High hesitation about calling for others

## It's OK to call.

See someone in your neighborhood in crisis? Call 988. Our response teams provide fast, free, compassionate care for mental health and substance use.

Because everyone in our community deserves the help and support they need to be mentally healthy.

- **Respondents are very hesitant to call for a stranger.** They are worried about misdiagnosing a situation, making things worse and backlash.
- **However, the phrase “It’s OK” helps give permission** and reassurance to call for a stranger who they believe may be in crisis.
- **“Confidential” is an essential component** of this message that makes people feel comfortable calling.
- **The promise of “compassionate care”** was a motivator for people to call.
- The sentence *“Because everyone in our community deserves the help and support they need...”* **sparked strong agreement, but didn’t make participants more likely to call.**

*“Everybody don’t love thy neighbor.”*

— Male, Baltimore City

*“If it’s not knocking on my door I’m not getting involved.”*

— Female, Howard County

*“A cop is coming. Someone is getting detained or shot.”*

— Male, Carroll County,

*“Not so likely to call, not knowing all the circumstances. I’d feel like I’m overstepping my boundaries. Probably would only call if my neighbor asked [for help/advice].”*

— Female, Carroll County

# “Brave” helps in reducing stigma around help-seeking

## You know what’s really brave? Getting help.

Sometimes being tough means knowing when to admit there’s a problem. 988 knows how hard that can be. Call now to be connected to confidential help with mental health and substance use for you or your loved ones.

- **“Brave”** was highly appealing to both doers (people who had used crisis lines) and likely doers.
- **“Being tough”** and **“admit”** were appealing to some (especially men and older residents) but were off-putting and even stigmatizing for others.
- **The phrase “988 knows” was off-putting** both because “988” is an entity not a person and also it diminished individualized experiences.

*“Brave is something that you want to be. If the word was ‘strong,’ that wouldn’t have the same impact because I don’t care if I’m strong or not strong, But brave is a good solid, word — like, ‘Yeah, of course I want to be brave.’”*

*— Female, Baltimore City*

*“That feels like disingenuous to me. They don’t know. Unless you felt this, you don’t know what it feels like. It just feels like not authentic — not real.”*

*— Male, Baltimore County*

# Being one's best self is a motivator for help-seeking

## You matter.

So often we put other people first. But we need to care for ourselves to be there for others. If you are struggling with your mental health or substance use, call 988 today to get connected to help. So you can get back to being you.

- “**You matter**” is highly appealing and affirming, but doesn’t necessarily point to getting mental health counseling as a next step.
- “**We need to care for ourselves to be there for others**” successfully reminded people to take care of their own mental health. However, for many, taking a break might be an easier initial step.
- “**Get back to being you**” was motivating for some but unhelpful or even dismissive for those managing a mental or substance use issue. People were more motivated by seeking support for being or becoming their best selves.

*“As a mother, I know that my mental health wellbeing has a significant impact on my child and my husband...**That just hit home for me in terms of mental health doesn't just affect you,** it affects all those around you, but I think it takes a long time for us to realize that.”*

*— Female, Baltimore City*

*This one feels really kind of condescending. It's the person that means well, but isn't really helping...*

***‘Get back to being you’ just feels very Hallmark to me.***

*— Male, Baltimore County*

# Language recommendations

Use this:	Instead of this:	Because:
Specialist or professional	Trained	“Trained” feels like someone with little experience
Emergency	Crisis	“Emergency” feels solvable; crisis feels out of control
Safe, supportive, confidential	De-escalation and trauma-informed	The technical terms felt overly clinical and were less understood
Plain language like “depression or anxiety” and “drugs or alcohol”	Mental health, behavioral health or substance use	People can relate better to more concrete terms; the more technical terms evoke more stigma
Hope, resiliency, it gets better	Struggle	“Hope” was motivating; “struggle” felt diminishing
Immediate	Fast	“Fast” felt like care might be rushed
Brave and courageous	N/A	This helped destigmatize help-seeking
Everyone needs help	N/A	This helped destigmatize help-seeking
Helpline	Hotline or crisis line	Hotline feels like it will be staffed by volunteers; crisis feels like things have to be out of control to call



# Image & Brand Testing

# Bank of images used to uncover motivational factors





# Images: Respondents want care, connection & competence

**Images featuring attentive listeners in professional settings assured many residents that they would get quality care when they called 988.**

- *“They look very attentive. They’re smiling, which makes a person feel warm and welcome.” — Male, Carroll County*

**Participants were also motivated by sincere displays of care and support.**

- *“I think hugs are absolutely wonderful and comforting. You know, it would be nice to reach out and have somebody give you a hug.” — Female, Baltimore County*
- *“It takes a village. And I think that the way that the people are in that picture is like, ‘we’re supporting you. We’re all here for you.’” — Female, Howard County*



Similar images motivated participants when considering calling 988 for themselves or for a loved one.

# Images: Respondents want relief & restoration of calm

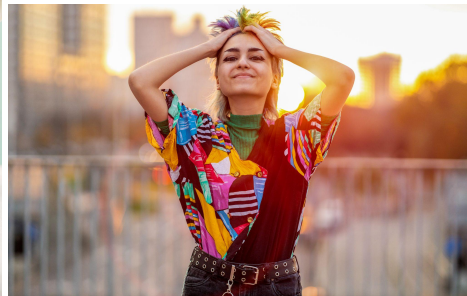
**Residents with lived experience related to images showing help resolving distress.**

- *“That’s exactly how I felt. Like the scribbles and stuff in your head, like I just like had like this cloud that I couldn’t see through. So that one really spoke to me.” — Female, Howard County*



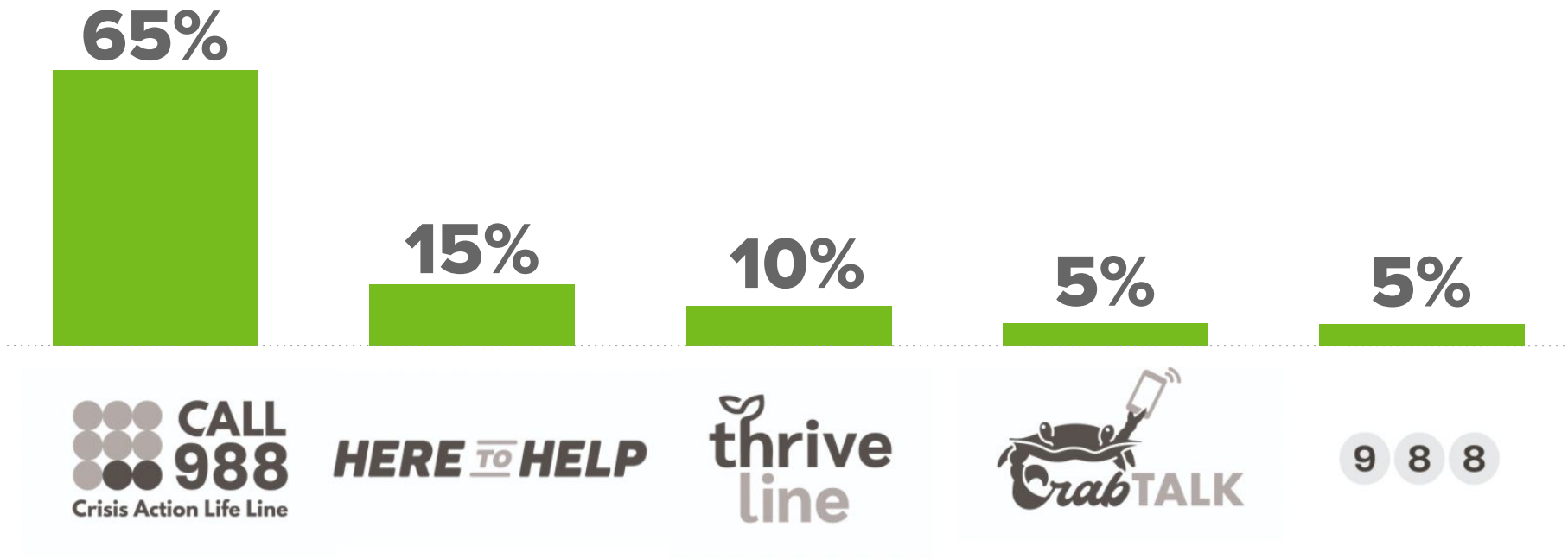
**“Relief” was the primary motivator for calling for oneself or a loved one.**

- *“She’s smiling. That’s the important thing. That’s what you’re going in there for, to be happy. You want to be happy, you want to be able to smile.” — Male, Carroll County*



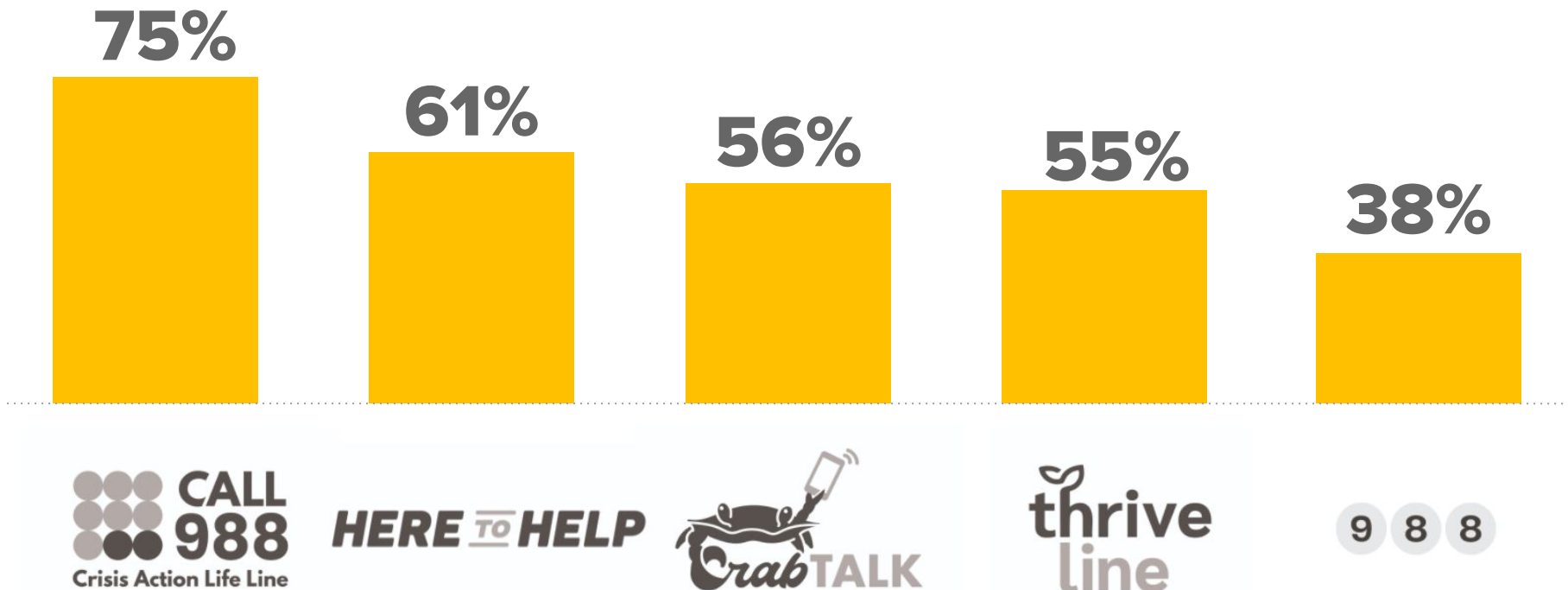
# Response to logos: Most likely to call

Which logo would make you **MOST** likely to call 988 if you or someone you loved was experiencing a mental health or substance use crisis?



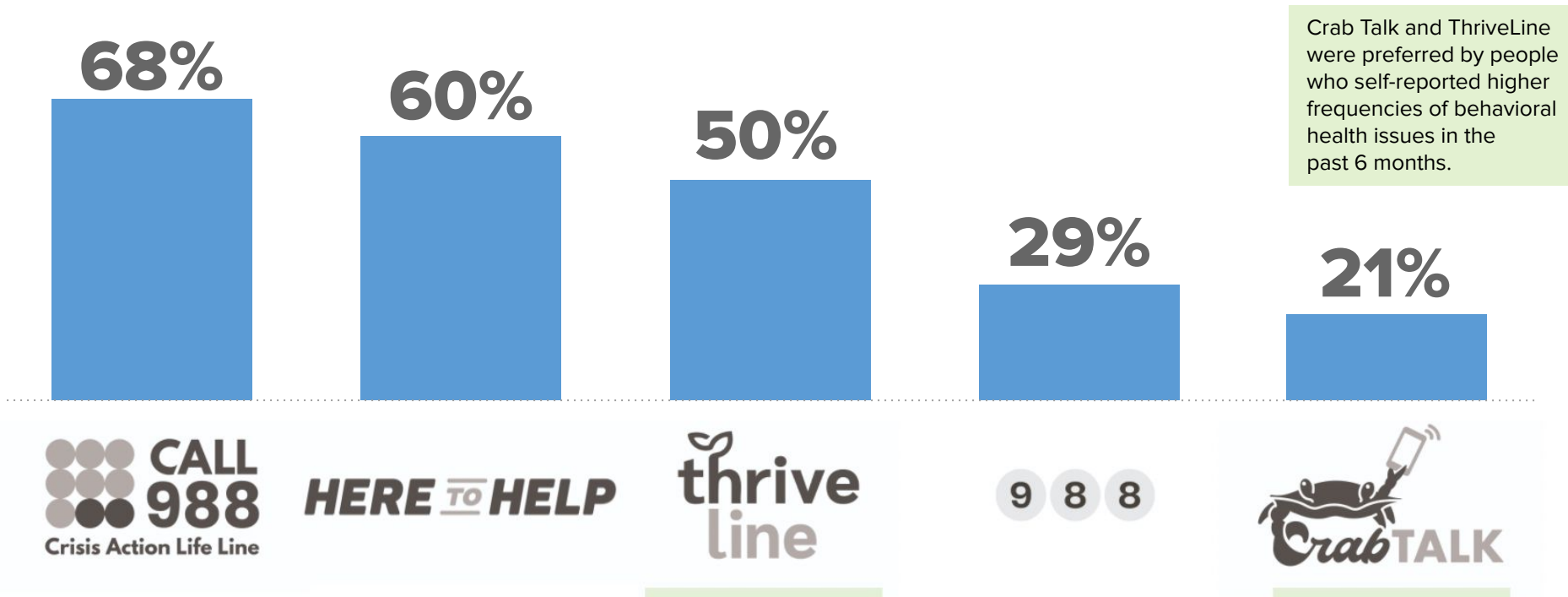
# Response to logos: Attention-grabbing

This logo would catch my attention: Agree and Strongly agree



# Response to logos: Quality

This logo makes me feel like I'd get quality care or service: Agree and Strongly agree



# Response to logos: Emotional reactions

*“Which words describe this logo? Choose all that apply.”*

	988	CALL 988	Crab Talk	Here to Help	ThriveLine
Friendly	26%	45%	47%	50%	58%
Cold	9%	2%	5%	2%	0%
Professional	29%	58%	32%	45%	40%
Supportive	26%	61%	34%	57%	60%
Institutional	11%	9%	13%	11%	8%
Credible	11%	46%	18%	27%	28%
Hopeful	43%	53%	34%	51%	66%
Helpful	46%	64%	56%	56%	52%
Difficult	3%	1%	5%	3%	3%
For people like me	11%	21%	21%	23%	30%
Hostile	3%	1%	0%	5%	3%
Scary	3%	1%	8%	3%	2%
Judgmental	6%	1%	5%	4%	2%
Safe	37%	63%	45%	54%	63%
Trustworthy	34%	50%	21%	48%	43%

# Logos and taglines were tested in interviews



Crisis Action Life Line

**HERE TO HELP**

Greater Baltimore Helpline



Ring. Relief. Recovery.

Logos and taglines were tested first in combination (for context) and then tested separately. The purpose was to:

- Learn which attributes of the logos and taglines motivated residents to call 988
- Learn which color combination would make residents most likely to call 988
- Check for negative or off-putting associations and brand confusion

# Reactions to logos



- Conveyed to many that this service was an alternative to 911.
- While many participants recognized the portrayal of dialing 9-8-8 on a phone pad, several were confused by the highlighted dots.

Bright colors felt appropriately urgent and attention-getting. Some liked the association with the Ravens' team colors.



- To many, this conveyed the “safe, supportive help” discussed in the message frames.
- However, “help” felt too generic of a term for others, leaving them questioning what kind of help they would get.

The green drew mixed feelings: calm (helpful), downbeat (not helpful), and even “army green aggressive.”



- Many appreciated the idea of being on their way to thriving after calling 988, especially those coping with day-to-day mental health struggles.
- Did not convey urgent, emergency care described in the message frames.
- Highest instances of potential brand confusion.

Blue felt calming, but was also associated with Kaiser Permanente and other healthcare entities.



# Reactions to taglines

**Residents want context about the kind of service and experience they can expect when they call 988.**

## **Crisis Action Life Line**

- For some, this provided the best context for the service.
- However, many thought the word “crisis” was harsh and off-putting. It also felt like you could only call if things were out of control.

## **Greater Baltimore Helpline**

- Provided context and locality, but wasn’t generally preferred.
- Participants from Carroll and Howard Counties didn’t always identify with “Greater Baltimore.”
- This felt too general and left many participants asking, “Help with what?”

## **Ring. Relief. Recovery.**

- Conveyed fast, effective help and what people want the most: relief.
- “Recovery” implied substance use treatment to some and didn’t resonate as well with those coping with a long-term mental health condition.

# Implications for campaign branding

- **Bright colors are more attention-grabbing and welcoming to residents.**
  - The orange / purple combination is already being used by Here2Help and may carry some brand equity for this campaign.
  - Purple also has positive associations with the Ravens.
- **The “Call 988” logo provided the most context about 988’s services** in both the qualitative and quantitative resident research.



## Meet Shanice.

Shanice is a licensed mental health counselor. She loves the Ravens. She loves her community. And she loves being there for others when life gets too much.

If someone you love is experiencing depression, anxiety or something else, or you need help with alcohol or drugs, call 988. Shanice and other specialists are ready to answer your call at any time of the day or night.

- Available 24 hours a day
- Calls are answered immediately
- Staffed by mental health specialists
- Safe, supportive and confidential
- All calls are free



## Find. Hope. Here.

When life gets tough, sometimes it can feel like there is no way out. But things can get better.

**And we can help.**

- Available 24 hours a day
- Calls are answered immediately
- Staffed by mental health specialists
- Safe, supportive and confidential
- All calls are free

If someone you love is experiencing depression, anxiety or other mental health issues or needs help with alcohol or drugs, call 988.



# Message feedback from partners



## Connect here

When your child is not themselves, it can be hard to know what to do. The mental health specialists at 988 are here to help you help them.

- Available 24 hours a day
- Safe, supportive and confidential
- Calls are answered immediately
- All calls are free
- Staffed by mental health specialists

## Connect there

Things can get better. We can help.

## You know what's really brave?

### Getting help.

When life gets overwhelming, the 988 helpline is here 24/7 and will immediately answer your call. Our helpline is staffed by mental health specialists who are ready to talk when you are.

- Available 24 hours a day
- Calls are answered immediately
- Staffed by mental health specialists
- Safe, supportive and confidential
- All calls are free



Things can get better. We're here to help.



- When tested, overall, partners thought the messaging was appropriate for their audiences.
  - It conveyed hope, positivity and warmth, and it felt welcoming and humanizing.
  - It educated the audience on what they can expect from 988 services.
- Partners want to see diverse imagery that reflects the audiences they serve.
- Before sharing information about 988, partners also want to understand the process.

# Partners want to be engaged in 988 outreach efforts

## Partners most common channels of communication:

1. Social media
2. Email or print newsletters
3. Website content
4. Community events
5. Providing in-person services
6. Public meetings
7. Canvassing and/or direct outreach
8. Periodic membership events that feature outside speakers
9. TV commercials or appearances
10. Other

Digital materials are currently the most often used methods of communication for partners.

Interview participants and other community engagement committee members expressed the need to print materials to share with their community during in-person interactions.

*Q4 - Based on your understanding, what methods or channels does your organization use most often to communicate with the people in your network? Rank the following channels from the ones your organization uses most often to those used least often.*



# Recommendations

# Focus on offering what residents are seeking

## What people are seeking:

- **Hope** that things will get better
- **Immediate relief and service**, especially in an emergency
- **Personalized help** that is easy to identify with (anxiety, depression, alcohol use, etc.)
- **Safe, supportive and confidential** care
- **Specialists** (real people) who are knowledgeable and experienced are available to help them
- **Knowing that they're not alone in needing help**, and that they're brave for seeking it
- A "**helpline**," which feels safe and supportive

*"I've seen friends who have dealt with substance abuse, and it's a long struggle. And it's very frustrating at times. **So hope is important in this situation. Absolutely.**"*

*— Male, Baltimore City*

*"**I need to know that you're hearing what I'm saying and that you get it — that you're understanding what I'm saying. That you're not just sitting on the phone saying "mm-hmm" every five minutes because, you know? I need to see you write notes. I need to be able to see all that to feel like you're like 'OK, they're taking this seriously.'**"*

*— Female, Howard County*

# Avoid emphasizing what residents are NOT seeking

## What people are not seeking:

- **Crisis, struggle** and other phrasing that feels stressful
- Yet another service that asks them to **wait for care**
- **Generalities** that they're not sure they fit in to (behavioral health, mental health, substance use)
- **"Fast"** help, which could mean rushed and not quality service
- **"Trained"** call center staff with a checklist
- A **"crisis line,"** which can feel scary and like a very last resort

*"My father drank every night...but he's like, 'I don't have substance use [issues]'. That's for people that's on crack, or that's for people that's snorting coke."*

— Female, Carroll County

*"An emergency, it's a sense of like, we need to act now.... Crisis ... there's like that pandemonium ... **it's overwhelming.**"*

— Female, Baltimore County

*"**Crisis** is another word for **stress.**"*

— Male, Howard County

*"**The word "fast" really rubbed me the wrong way.** Like this is going to be someone who I don't believe will be very well equipped to handle the situation that I'm in. **I'm going to be a checkmark.**"*

— Female, Baltimore County

# Campaign tone should be supportive, helpful and safe

Campaign materials, messaging, imagery and branding should feel:

Helpful

Supportive

Hopeful

Friendly

Human

Trustworthy

Safe

Professional

Credible



# Recommendations for campaign rollout

## Based on resident research, the campaign should:

- **Develop a robust, local 988 brand identity** that is trusted, respected, welcoming and responsive.
- **Roll out in phases: start with promoting the helpline for emergency situations** for oneself or a loved one.
- **Only promote services 988 can deliver well.**
- **Help people know what to expect when they call:** set very clear expectations for what the experience will be like to address uncertainty (a barrier to use).
- **Keep messaging on mental health and substance use care separate when possible.** This will make the messaging feel more personal to what the individual is experiencing, but also decouples the stigma that is associated with substance use.
- **Use research-based key messages to reduce stigma**, such as framing help seeking as “brave” and noting that “everyone needs help” and avoiding a focus on “struggle” and “crisis.”
- **Engage with community partners** who can promote 988 as a trusted source to their constituents.

**Thank you.** 