



David

Treatment Type:
Anxiety & Depression

Persona Type:
High Functioning Silent Sufferer

CHARACTER

Demographic

Age: 44
Sex: Male
Marital Status: Divorced, in a new relationship
Children: 1
Location: Portsmouth
Employment: Full-time
Occupation: Middle Management (Sales)
Income: £70k + performance bonus

Bio

David's depression led to the breakdown of his first marriage a few years ago and he is now divorced. He has one early teenage son. Although he had a strong marriage for many years, his internal struggle with anxiety and lack of attention at home eventually led to his wife seeking separation.
He is on antidepressants and in touch with healthcare services (GP for reviews and prescription updates). He was referred for NHS talking therapy but he did not see any significant improvement. He has never been diagnosed with high functioning anxiety, and although he is aware his behaviours are excessive, he is not aware how severe they are.

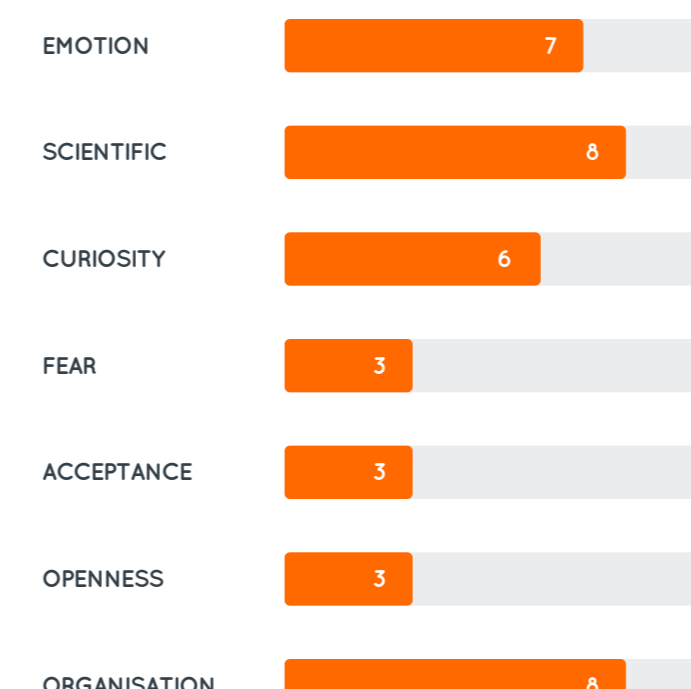
He is now in a new relationship but stress at work and the pressure of his divorce is leading to cracks in his current relationship and he wants to take action to prevent a second relationship breakdown.
His work is quite unpredictable and leads to anxiety due to a lack of routine and he is always on edge on the inside but appears calm on the outside, so it is hard for others to really know what is happening inside. The build-up of stress leads him to bouts of severe depression which he tries to deal with alone. However, many people see him as very successful in his work.
David is a devoted father, but his schedules reduce the amount of quality time he spends with his son.

He is very social but has a strong sense of fear of failure, and fear of disappointing others.
He knows he needs to seek help, but has found traditional routes to be ineffective, he needs a solution that is discrete, low impact, local and effective.
David likes to plan because his schedule is unpredictable and he has a busy social life, he is also a very passionate person and throws himself into tasks driven by his fear of failure and his mindset of having to be seen to be successful and high achieving.
David is an overthinker, his mind is always active with racing thoughts which also causes insomnia.

Personality Traits

- On the surface he is confident, calm and talkative. He tends to deflect personal conversations
- Process driven, factual and scientific
- Accepting rather than questioning, appreciates the detail but unlikely to query it
- Appears to be very social
- David has a strong fear of failure and the pressure to be 'perfect' in all his roles is a constant pressure
- Outgoing
- Proactive
- Organised
- High achieving
- Detail-oriented
- Passionate
- Overthinker
- He is rarely alone, but quite often lonely

Personality



State of mind about treatment

- Can foresee a decline and explosive ending unless he takes action
- Preventative state of mind
- Realistic but hopeful expectations but has been disappointed in the past
- Does not want interruption to his life or home

Patient journey key moments

- His first divorce
- Limited access to his son, recognition of a lack of balance in his life
- Also instances where binge drinking is impacting on his ability to get up and function to the best of his ability mid-week, leading to cancelled meetings.
- He is aware of these indicators and is openly receptive to new suggestions for dealing with his depression.
- Close friend recognises his condition and offers to help find solutions with him

HABITS & BEHAVIOURS

Habits and Behaviours

- David is quite a heavy drinker, he uses this as a coping mechanism and to help calm his racing thoughts. He often uses his busy social life as an excuse to drink because people expect him to be the life of the party
- Experiencing a lack of sleep and insomnia, which is leading to difficulty concentrating at work and affecting his performance
- Increased casual drinking which is leading to binge drinking which impacting home life and relationships
- David benefits from repetition and routine
- He struggles to say No, as his personality is embedded with a need to please and not disappoint

Goals

- To find a treatment that will reduce the impact of depression on his relationship and enable him to regain some normality and routine and support his family
- To be able to spend some more time with his son

Motivations for treatment

- Prevention of present relationship breakdown and reducing impact on previous relationships
- Increase performance at work in order to achieve important bonuses
- To make sure his son is well looked after and that he can be the father he wants to be

Influences

- Trusts own judgement
- Sceptical of alternative treatments, more influenced by scientific sources
- Acknowledge doctor and specialist advice but experiences have not yielded results
- Influenced by authority figures or authoritative sources (eg A Sunday Times feature) but will do their own self-research to validate
- Can be influenced by a close friend that takes an interest if they can see through his personality and recognise his symptoms

Quote



"Depression has left a dark cloud hanging over my previous relationship and unless I do something different, there's every chance it will happen again this time around. I just want to break free from it."

Digital Behaviour

- Accessing social media on a casual basis, but not a heavy participator (Facebook)
- On-demand TV services, such as Netflix and Amazon Prime, with new partner.
- He is regularly on LinkedIn

INTERESTS AND LIFESTYLE

Interests

- Portsmouth FC. Used to go to matches with friends but family life got in the way. He still feels an affinity for the club but not with the same passion
- A general sports enthusiast, he is a confident golfer, a good footballer and has interests in cars and motorsports. He uses his wide knowledge to help build conversations with people he meets, which helps to feed his need for acceptance

Loyalties / Brands



Previous or current Treatments

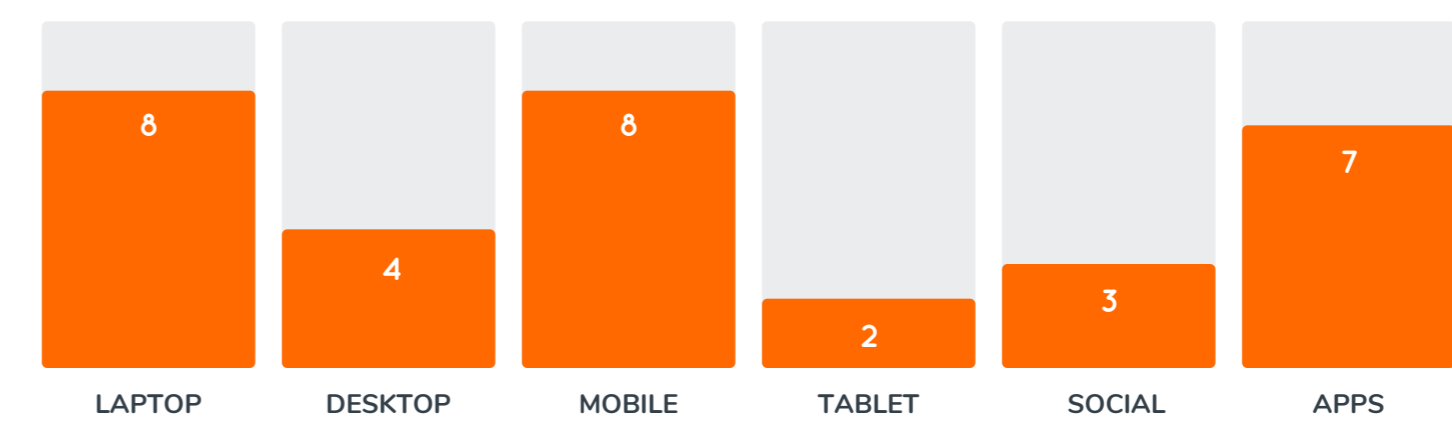
- Antidepressants
- Natural remedies (regularly exercises)
- NHS talking therapy
- He has participated in mindfulness classes

Treatment opportunity



Has very low awareness of TMS, but also a low fear factor which means he is likely to be open to new treatments (especially those that are more scientific in nature) and delivery meaningful change

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- Finding the time and headspace to keep the various plates in his life spinning - demanding job, emotional support for child, ageing parents, awkward relationship with ex-partner, building relationship with new partner.
- He doesn't like to talk about his condition because he assumes everyone feels the same as him and he will just be seen as complaining

Concerns

- Impact to work if time off is required for treatment
- Stigma around male depression
- He has some concerns about treatment working, but as the cost is less of a barrier for him he should be open taking action

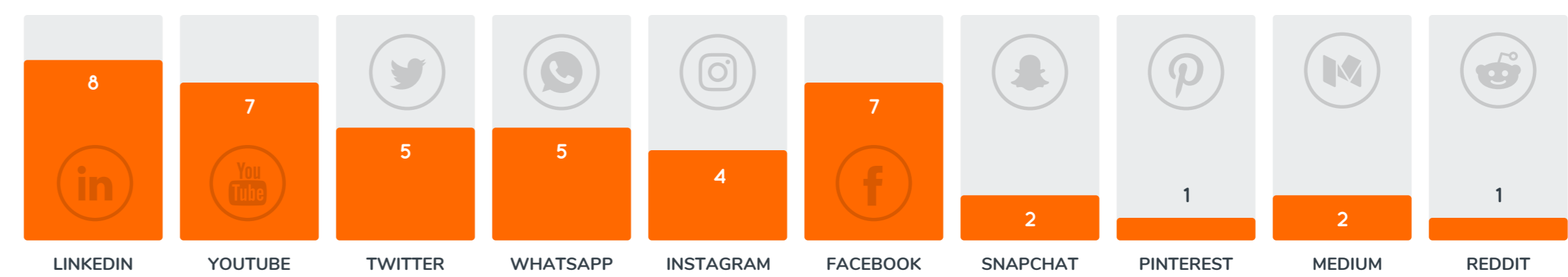
Needs

- Sense of direction and purpose in managing his depression.
- To access proven medical treatment as opposed to hopeful alternative therapies.
- To be supported and understood at a difficult time.
- He needs to not feel alone and would benefit from patient stories that he can relate to

Communication Preferences

- Request a call back at a time that is convenient for him to talk where he can have some privacy but not interrupt his work or home life (eg lunchtime at work)

Social Media Usage



MARKETING

Reach

- David can be reached through communications with medium to large scale businesses or at local sporting events (such as the local football stadium, golf course, water sports centres or gyms).
- He is very social will likely be a regular in the largest nearby town/city and will be familiar with bars, restaurants and clubs.
- He travels regularly for work and will often be on motorways and in motorway services.

Messaging

- More scientific and data driven content
- Would be interested in relationship focussed content and the impact of depression
- Returning to a normal life, not just managing a condition
- Improved health, reduced drinking, better work performance
- Innovative in the UK but proven history in the US
- Immediate access to consultation/treatment
- Reassuringly expensive - akin to personal, private treatment as opposed to NHS
- Mental health is not always obvious and can affect anyone, showing behavioural aspects of high functioning anxiety and shining a mirror on the potential patient

Content

- Factsheet
- Process of treatment
- Credentials of team and Smart TMS
- Success rates
- Real patients stories that he can relate to
- Easy contact methods

Influencing Channels



Hangouts

- Petrol stations and service stations as he is travelling a lot by car for work.
- Digital radio, predominantly talk and sport stations.
- Pubs, bars and clubs (local and city based)
- Local gym and sports centre

Google Search Terms

- Treatment for anxiety
- Alternative treatment for anxiety
- New treatments for anxiety
- Innovations in anxiety treatment
- Ways of reducing anxiety symptoms
- Brain stimulation anxiety treatment
- What is TMS
- How does TMS work
- Is TMS safe

Awareness to Conversion Timeline





Lauren

Treatment Type:
Anxiety & Depression

Persona Type:
Experimental Follower

CHARACTER

Demographic

Age: 29
Sex: Female
Marital Status: Single
Children: 0
Location: London
Employment: Employed
Occupation: Account manager, PR agency
Income: £35k

Bio

Lauren is increasingly suffering from anxiety and periods of depression despite a good career and active social circle. She had depressive episodes since she was eight years old. She has undergone a lot of psychological help, and has tried lots of therapies and medications. Her parents recognise her recent decline and are concerned about her wellbeing.

She regularly sees a psychotherapist who she has known for a long time, this time is generally used to help talk through her daily stress. Her psychotherapist recognises her General Anxiety Disorder and Depression.

She has concerns over money because of the high monthly rent, paying off student debt and little prospect of being able to save enough to buy a property. Her parents regularly help her with money, but she feels constant guilt that she is unable to stand on her own two feet without support from them.

Her friends are beginning to settle in to long-term relationships and she has been invited to several marriages next year.

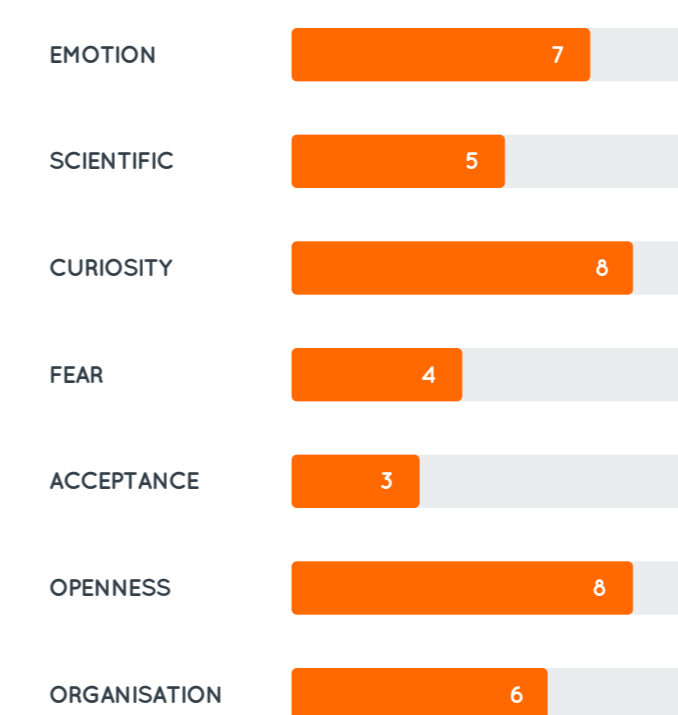
She is often carried along with the drinking culture at work but regrets the expense and feelings of remorse after a heavy night, but has a fear of telling her colleagues in case they isolate her. She also finds drinking a distraction from her daily concerns.

She has some past relationships, some of which were quite serious. She is very loyal in her relationships but they were always quite unstable and she never felt the depth of emotion that she might have expected. She is aware that her depression may be a factor in this.

Personality Traits

- Cool exterior, rarely providing a glimpse of the emotional turmoil she is experiencing beneath the surface
- Naturally questioning with an air of cynicism
- Keen to present an image that she is up-to-speed across news and popular culture
- Principled and socially aware
- Can come across as defensive if her views are challenged
- She struggles to keep things in perspective and multiple bad situations can trigger severe depressive episodes
- She can be indecisive and often asks others for their opinions
- She tries not to be the centre of attention

Personality



State of mind about treatment

- Tired of feeling tired. Wants to get on top of her mental illness so that it doesn't continue to dictate her life as she moves into her 30s.
- Hopeful that this represents a treatment rather than a therapy - she wants it to affect real change
- Encouraged that it is a relatively new treatment as it represents a more progressive, modern approach
- Relatively unphased by the equipment and process if there is clear evidence of it being safe and (potentially) effective
- Doesn't want to wait or be 'stuck in the system', with a lack of control over her choices

Patient journey key moments

- Has previously used mindfulness apps but feels that they are a 'lite' version of treatment
- Saw content on social media related to 'the girl in the depression helmet' and went on to do her own research, using Google and YouTube as starting points
- Undertook a lot of online research herself before approaching her family and friends when she was confident about going ahead
- Supported financially by her parents and emotionally by long-term close friends
- Influenced by her psychotherapist who mentioned TMS as a treatment option

HABITS & BEHAVIOURS

Habits and Behaviours

- Regular social events at work
- Regular Friday and Saturday nights out to 'de-stress' with friends
- Struggling to face getting up for work, with the pressures of a busy workload hanging heavy on her shoulders
- Increasingly anxious at work. She is not performing to the best of her abilities, finds it difficult to speak openly with colleagues, and fears confrontation from fairly aggressive seniors
- Working late and skipping lunch to try to make up time and show dedication - all of which means she's not getting the breaks she needs to get perspective

Goals

- Wants to top up the energy levels that she feels have been waning in recent years
- Control the increasing instances where anxiety feels debilitating
- Return to the dating scene with renewed hope of finding someone who is right for her
- Increase confidence and self-esteem and be more open

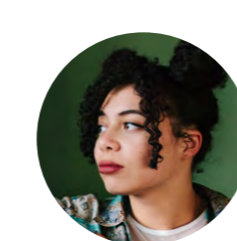
Motivations for treatment

- Maintain performance levels at work through more positive, confident outlook
- Summoning the energy to move jobs and possibly even change career to do something more fulfilling
- Regain more positive relationships with her family, who she doesn't see as much as she should, due in part to the fact that they live outside of London

Influences

- Digital media channels over 'traditional' media
- Intelligent commentators, influencers and celebrities on social media
- Parents
- Psychotherapist
- Close friends from school days

Quote



"I can't see how my situation is ever going to change if I don't try to do something about it now. I don't want to spend my life on antidepressants and I just don't think natural or talking therapies will make enough of a difference. If there are new options for treatment then I would be open to finding out more about them and giving them a try."

Digital Behaviour

- Heavy mobile user
- Favours Instagram over Facebook
- Twitter for real-time news
- WhatsApp is preferred messaging service
- Work email is a heavy burden, with constant messages and a high level of expectation to respond almost instantaneously - even after hours
- Netflix
- Spotify

INTERESTS AND LIFESTYLE

Interests

- Yoga
- Podcasts related to her job and also about wellness/mental health
- Fashion and city styles

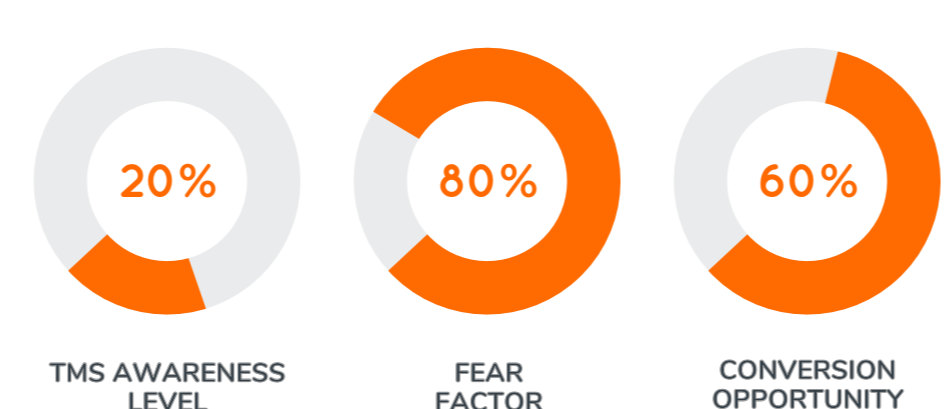
Loyalties / Brands



Previous or current Treatments

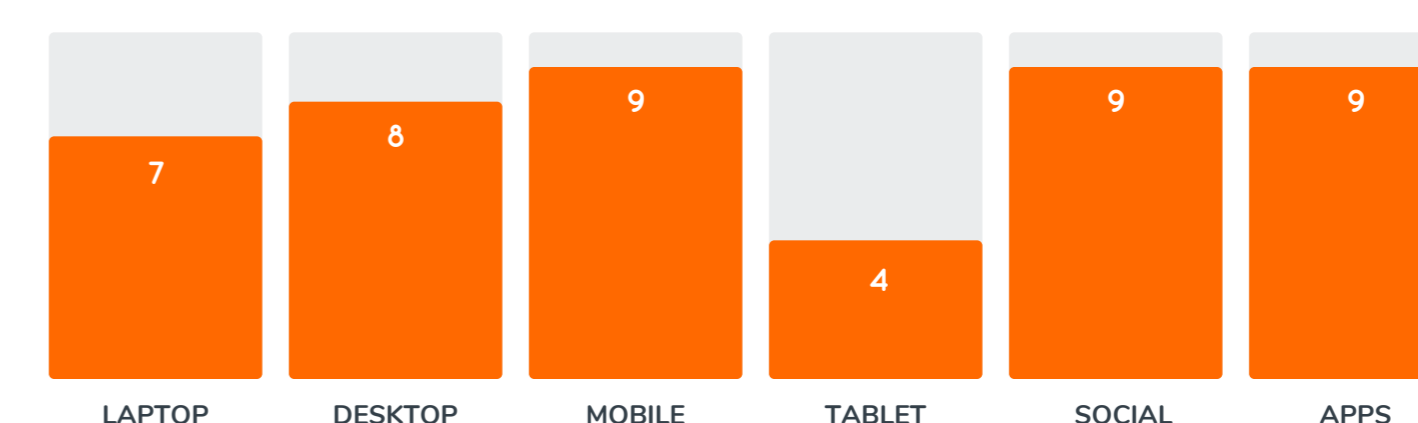
- Antidepressants
- Talking therapy
- Hypnotherapy
- Alternative therapies, including aromatherapy, acupuncture and reflexology
- Mindfulness apps

Treatment opportunity



She has quite a high fear factor about TMS due to a lack of knowledge, but is willing to try a new treatment

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- Keen to avoid medication if possible
- Has found some success with alternative therapies but they are not delivering the change she really wants.
- Keen to wrap everything together into a managed strategy
- She finds decision making difficult, partly because she worries about any outcomes and partly because she doesn't trust her own judgement

Concerns

- More aligned with natural remedies and hesitant to undergo treatments perceived as 'serious' or 'extreme'
- Has trust in the NHS and seeks endorsement from GP prior to undertaking treatments.
- Has a degree of price sensitivity but supported financially by her parents.
- She worries about the future and finds it hard to exist in the present unless she is drinking
- She worries about talking to people about her anxiety because they may dismiss it

Needs

- Calm, comfortable, relaxed, chatty environment
- Reassurance of treatment safety and low likelihood of adverse reaction - confirming her own research
- Clear understanding of the science behind the treatment
- Ability to access treatment in a way that has minimum impact on day-to-day job
- Someone to listen

Communication Preferences

- Mobile-first (text over calls)
- Email

Social Media Usage



MARKETING

Reach

- Lauren is regularly in pubs, bars and clubs around London. She takes classes at Fitness First after work and during lunch breaks
- She regularly eats out with colleagues, clients and friends
- She is influenced by her old school friends. They are accepting of her and unlikely to intervene unless her behaviour changes dramatically
- She is heavily influenced by her parents (who want the best for her) and her psychotherapist, who she sees regularly and updates her on new research and treatments for anxiety and depression
- She can find seasonal periods such as Valentine's, New Year and Christmas difficult; she is also aware of World Mental Health Day but considers it 'for other people who are more in need'
- Lauren is exposed to mindfulness, confidence and self-esteem classes/workshops through work

Messaging

- Effective: transparent data and scientific evidence of the success rate for TMS as a treatment for anxiety and depression.
- Safe: TMS is approved by official medical bodies.
- Innovative: TMS is based on neurostimulation techniques that are becoming increasingly common in treating mental and physical health
- Messages that reflect the secondary benefits of treatment such as increased confidence, being more decisive and being more focussed, along with the benefits that these bring in life (such as building meaningful relationships, improving performance at work, being more independent, designing the future you want for yourself)
- Messaging for young professional career focussed women and opening the conversations about mental wellbeing at work

Content

- Website content - presenting the facts in a factual, data-driven way
- Video testimonials
- Social media

Influencing Channels



Hangouts

- Instagram
- Facebook
- WhatsApp
- Tube for commuting to work
- Occasionally magazines as an escape from digital

Google Search Terms

- New treatments for depression
- Drug-free depression treatment
- How to stop feelings of anxiety
- Why am I so tired?
- What is TMS?
- How does TMS work?
- How much does TMS cost?

Awareness to Conversion Timeline





Jenny

Treatment Type:
Anxiety & Depression

Persona Type:
Emotive Final Resort

CHARACTER

Demographic

Age: 50
Sex: Female
Marital Status: Divorced
Children: 2
Location: Bristol
Employment: Unemployed
Occupation: N/A
Income: N/A

Bio

Jenny has suffered from depression most of her life. She married in her mid twenties and now has 2 grown-up children, one of whom has recently announced she is pregnant.

Jenny divorced from her husband a few years ago and due to selling the family home through the divorce, she now has some independent wealth.

Although she has tried to get back into work, it is too hard to hold down any significant role and her depression means her motivation is low and lethargy is high. Now her children have left home she feels very lonely, which contributes to her isolation and depression, and her sleeping patterns are very erratic.

She has one sister and older parents but has grown apart from them over the years as she become more isolated and it was a huge strain on the family and especially on her elderly parents.

She has some close friends who regularly drop in, but she is too anxious to leave her house even for a short walk to visit nearby friends for a coffee.

She has tried all kinds of therapies over the years including: Rogerian therapy, psychoanalytic therapy, contextual therapy, cognitive behavioural therapy, mindfulness, and various medication including antidepressants.

Her therapist, who she trusts and has built up a good relationship with over the years, recommended TMS treatment after learning about it at a recent seminar.

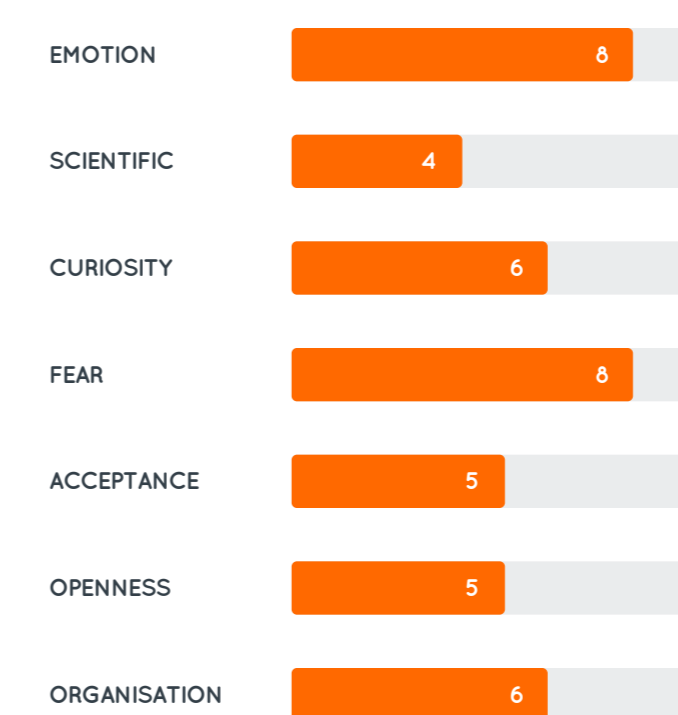
Jenny has a small dog who is her daily source of inspiration and reason to get out of bed each day. She is keen the dog is well looked after and exercised regularly. Very often that is the only time that Jenny will leave the house.

Jenny started some research about TMS, and her close friends supported her by calling Smart TMS (which was the nearest local clinic that Jenny would be able to get to). One of her close friends offered to take Jenny to the appointments if she spoke to the patient advisor and went through the consultation period.

Personality Traits

- Lethargic
- Not very hopeful
- Open minded, but somewhat sceptical
- Willing to accept help from friends if they take the decisions out of her hands
- Jenny needs routine and reassurance, once she is familiar with a process she will follow it, therefore regular therapy appointments work well for her and get her through the day to day struggles
- Quite heavily influenced by word of mouth if it is well known or endorsed by multiple sources (eg on TV and being talked about by a celebrity in an interview)

Personality



State of mind about treatment

- Jenny feels a lack of control over her condition
- Medication has helped manage her condition on a day to day basis, but the culmination of isolation and loneliness means she feels more and more withdrawn and less motivated to help herself
- She always feels lonely but knows she has friends that love her and are trying to help but she doesn't think they really understand
- She feels lost and without direction because she has tried so many options but none have made a significant change
- She has a strong will to change her life but finds it very hard to take action

Patient journey key moments

- Divorce
- House sale
- Children leaving home
- Continuous and trusted relationship with therapist
- Proactive friends

HABITS & BEHAVIOURS

Habits and Behaviours

- Jenny needs routine, it is too hard for her to plan and organise new things all the time, therefore she will order the same food for online delivery (so she doesn't need to leave the house), she watches the same programmes on TV, she makes the same phone calls at the same time each week and she focuses her attention on her regular therapy sessions
- Jenny can be quite negative at times and she struggles to see the positive side to things
- She feels a lack of control and therefore relies on her close friends to act on her behalf

Goals

- Jenny wants to just live a normal life like her friends, she wants to be social and join in their planned activities, she realises she is getting older, her children have moved home and she has an opportunity to try and enjoy the rest of her life but she knows depression is what is holding her back.

Motivations for treatment

- To put depression behind her and live a new life
- To be more social with her close friends
- To be able to visit her grown-up children who will soon be having children of their own
- To take control of her depression
- To do simple things without anxiety and fear

Influences

- Jenny is heavily influenced by her therapist, with whom she has developed a strong relationship
- She can be influenced by her friends, but only if her friends take control away from Jenny

Quote



"Throughout my life I've suffered from depressive episodes. During such an episode I usually feel lethargic, and often I would hit rock bottom. At that point I would think: I want to die, I don't want this awful life. Often my depressions were triggered by something in particular, and I would know what that particular thing was that made me depressive, but I simply couldn't stop myself from falling into the depression."

Digital Behaviour

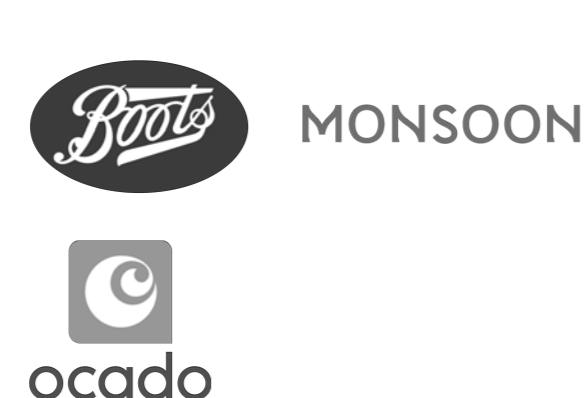
- Primarily text and phone
- Occasional email use, but finds it hard to focus
- Casual social media user, mainly Facebook and Instagram, not very engaged with posting and prefers to see what her friends are doing
- Online grocery shopping

INTERESTS AND LIFESTYLE

Interests

- Walking (walking the dog)
- Food / cooking
- Movies
- Reading home/lifestyle magazines and celebrity magazines
- Family
- Pet dog

Loyalties / Brands



Previous or current Treatments

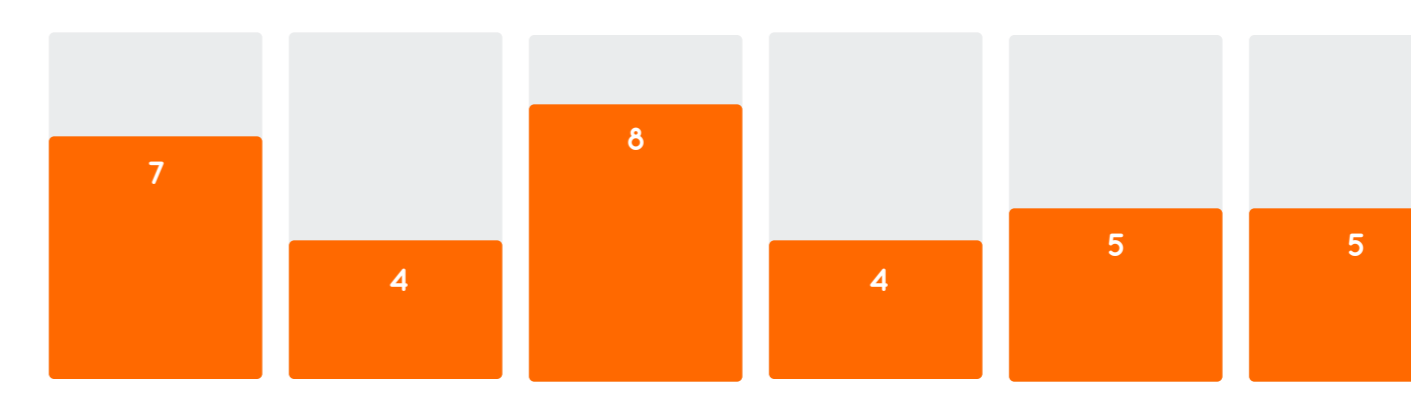
- Rogerian therapy
- Psychoanalytical therapy
- Contextual therapy
- Cognitive behavioural therapy
- Mindfulness
- Currently seeing a psychotherapist
- Currently on antidepressants

Treatment opportunity



Jenny has heard of TMS therapy but is somewhat fearful of it as she has associated it with ECT, however support from her therapist and friends make her conversion high

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- Hard to find information on TMS especially regarding success rates of patients like Jenny
- Frustrated with GPs and the NHS as nothing she tried worked, so she had to turn to 'alternative' therapies
- Hard to be motivated and be proactive
- Jenny prefers to travel by bus because she has Anxiety about travelling and parking in the town, but quite often she is collected by a friend

Concerns

- Sceptical that any treatment will work
- Worried about travelling to the clinic
- Worried about pain or discomfort during the process as well as side effects
- Jenny is concerned that treatment will be painful, she is already very low and any physical discomfort will impact her mental health and her ability to look after her dog

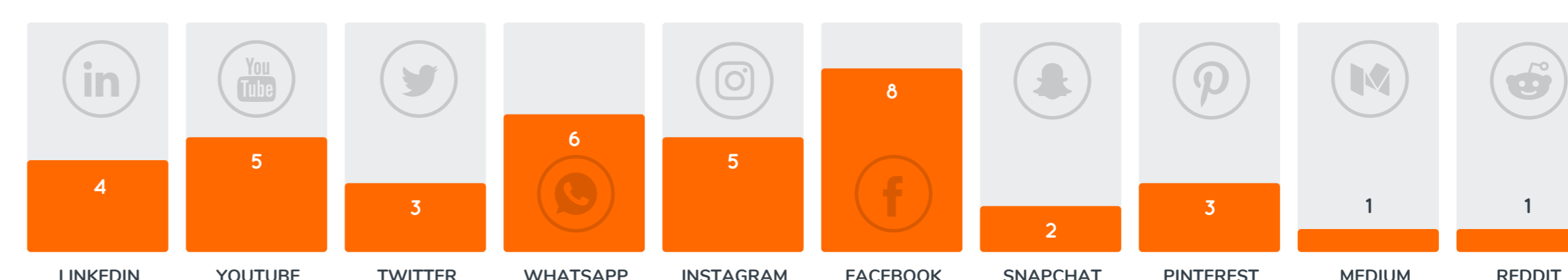
Needs

- Reassurance
- Trusted advice
- Direction and someone taking control
- As few barriers for contact as possible, any proactivity from Jenny will be difficult, a call back would be preferable so she does not require to take action
- Familiarity session (by phone)

Communication Preferences

- Phone
- Text
- Email (although she will only check her email once or twice a week because of the effort it requires)
- Call back service initiated by a friend

Social Media Usage



MARKETING

Reach

- Jenny can be reached through the Influencer roles (close friends and family who are aware of her declining mental health). It is quite likely that her close friends will do a lot of the early research for Jenny, collating information, talking to various clinics and forming opinions that will help Jenny make a decision
- Outside of this, Jenny will likely keep a fairly low profile and follow the same routines which may include meeting friends at local coffee shops, shopping at the same supermarket
- Jenny travels by public transport (bus) or will walk if she is feeling active enough.

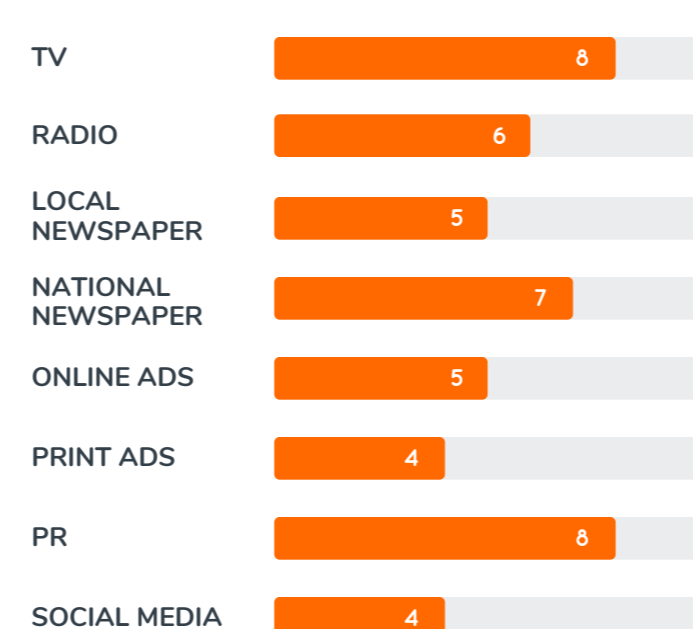
Messaging

- Enjoying life again
- Future thinking (for example playing with your grandchildren and being part of their lives)
- A new chapter in life
- Socialising with close friends
- Positive emotional words and phrases (love, living, excitement, hope)
- As Jenny's friends are the primary researchers, they will look for clinic and staff credentials and accreditations
- Locality is very important as Jenny will not be able to travel far
- Safety and side effects: Jenny gets confused by different treatments and is afraid TMS is like ECT treatment

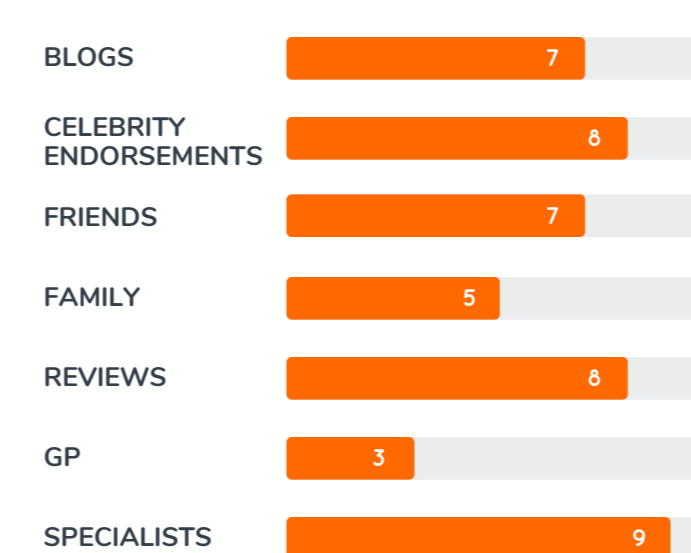
Content

- Advertorials and print ads (National and Local)
- Emotive language
- Patient stories that she can relate to
- Direct mailers and magazine inserts

Influencing Channels



BLOGS



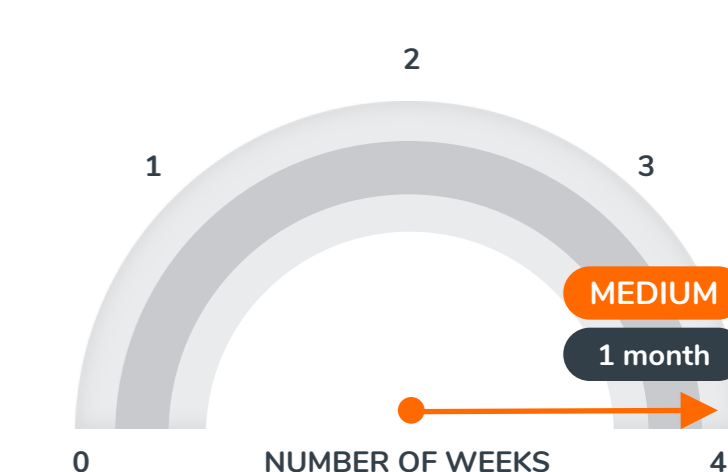
Hangouts

- Local coffee shops
- Supermarket
- Parks and open spaces

Google Search Terms

- TMS
- What is TMS?
- What are the side effects of TMS?
- TMS clinics near me
- Help with depression

Awareness to Conversion Timeline





Michael

Treatment Type:
Anxiety & Depression

Persona Type:
Slow Decliner

CHARACTER

Demographic

Age: 65
Sex: Male
Marital Status: Married
Children: 2
Location: Hertfordshire
Employment: Retired
Occupation: Finance
Income: N/A (Savings)

Bio

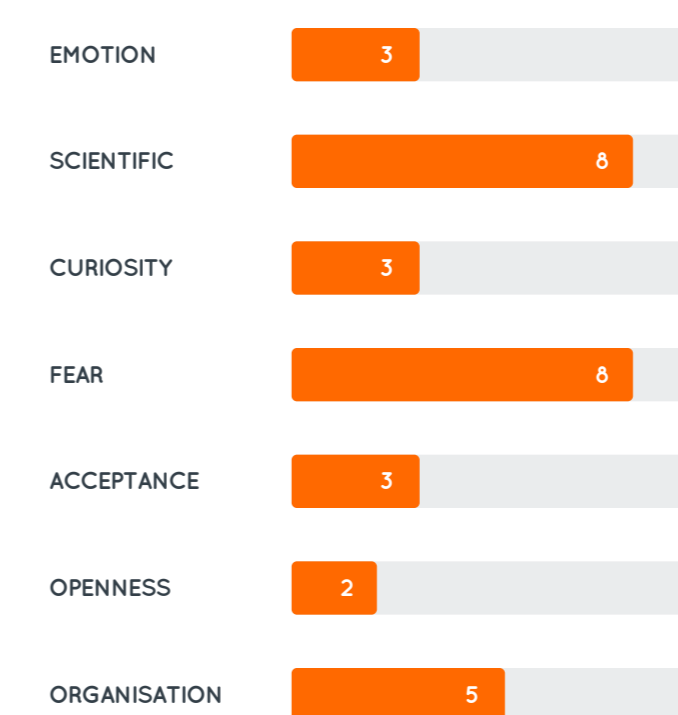
Following a successful career in the City, Michael retired early with the aim of winding down and enjoying more time with his wife and family. He is financially secure, having made good money in the 1980s through a series of smart property investments.
However, having always been so focussed on work, Michael is struggling to adapt to his new life and has been trying to manage this struggle for several years. The sense of emptiness is becoming difficult to ignore but he is not willing or able to see that it is depression.
His moods are frequently dark but this has intensified for long periods following the death of a number of close friends. He subsequently found it increasingly hard to take interest in things he would

normally enjoy and became reluctant to leave the house.
With his mind preoccupied, Michael does not sleep well, which means he is often exhausted in the morning. He also experiences joint pain as an arthritis sufferer. He has sought comfort in food and, to some extent, drink but despite this has noticeably lost weight. Once an active man, he can see the decline in his physical appearance and this is only exacerbating negative feelings such as guilt and the tendency to be intensely self-critical.
The changes in Michael make for a difficult home life for his wife, and his grown up son and daughter have expressed growing concern to the extent they have looked up private treatments for depression. They feel he is a good candidate for TMS.

Personality Traits

- Influenced by wife and by grown up children, although he is reluctant to say that
- He is upset by the changes in himself, especially physically, as he used to be a very confident and sociable person
- Michael has lost a lot of self confidence over the last few years, some older friends say he is now almost unrecognisable from the man they once knew
- He is nervous about leaving the house and has become quite isolated
- He is aware he is not as quick and sharp as he used to be and that it takes him time to process information
- He is not very emotional on the outside and he suppresses his feelings when in the company of anyone other than his wife

Personality



State of mind about treatment

- Accepting any form of treatment comes with a sense of 'giving in'.
- Would rather avoid being forced to take medication as that he feels that would be the beginning of something that would stay with him for the rest of his life
- He is already on pain relief for arthritis
- He knows TMS is different from ECT but finds it difficult to separate the two in his head. As such, he has nagging doubts over its safety and exactly how it works
- He wants as much detail as possible on how the treatment works and whether it has been successfully used for patients of a similar age with similar symptoms

Patient journey key moments

- Slow gradual change
- Acknowledgement of the condition
- Influential conversation with wife and grown-up children about the future
- Acceptance to take action
- Less likely to be referred for psychotherapy

HABITS & BEHAVIOURS

Habits and Behaviours

- Spending what amounts to whole days in bed but not being able to get a proper night's sleep
- Listening to the radio or reading books but not really getting anything from them
- Not getting joy from simple pleasures, such as taking his car out for a drive

Goals

- To regain a sense of purpose - something that he has gradually lost since retiring
- To lift the dark mood that is making him withdraw from social situations while also making him irritable and difficult with those closest to him

Motivations for treatment

- Alleviate strain being placed on wife
- Enable family to come together in a happy and harmonious environment at important times of the year, such as Christmas and birthdays
- Prevent potential further decline, which he can foresee might begin to edge towards deep depression and possibly suicidal thoughts

Influences

- Wife
- Son and daughter
- GP

Quote



"I used to be so busy, what with work, the kids, going out and hobbies, but things are very different now. I just don't feel the same. It all somehow feels a bit pointless - like everything is so much more effort. I thought I could probably shake it off or that things would just get better but I can see that this is something more serious and I need to do something before it takes over what are meant to be some of the happiest years of our lives."

Digital Behaviour

- BBC websites (News, Sport, Weather)
- Car club website
- Online banking
- Online access to financial portfolio

INTERESTS AND LIFESTYLE

Interests

- Cruises
- Comfortable Travel
- Cricket (no longer able to play)
- Cars (owns a classic)

Loyalties / Brands



Previous or current Treatments

- Has spoken with his GP previously about sleep problems and subsequent tiredness as well as feeling a bit 'out of sorts' but gave little indication of the deeper issues at play
- As an initial step, the GP advised getting access to information and resources from places such as Age UK or Mind and recommended a number of counselling services

Influences

- He was not keen to pursue these routes, as they would involve opening up and talking about sensitive, personal matters
- On reading more about his symptoms he returns to the GP and is put on antidepressants

Treatment opportunity



Michael has a high fear factor as he is worried about the stigma of mental health, his awareness of TMS is low but he would appreciate the 'science' behind it as opposed to treatment being 'too personal' like CBT

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- He doesn't feel he needs treatment, but is aware his behaviour has been very impactful on his family relationships, and has pushed his children away
- He struggles to digest all the information available
- He is not very digital savvy and finds it hard to find the answers to his questions
- Facing the "postcode lottery" of being restricted by what is available in his area

Concerns

- Worried about the stigma of mental health illnesses
- Always adopted a 'keep calm and carry on' attitude to health issues, and uncomfortable with the idea of opening up to health professionals about personal matters
- He is mostly concerned about his wife who he loves dearly and wants to be a source of strength for her as they move in the later stages of their life together

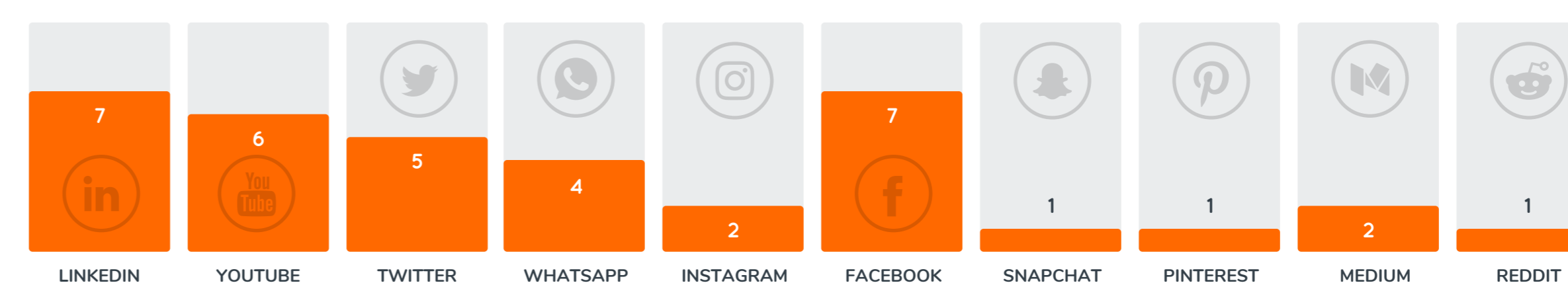
Needs

- To be able to talk about his situation and recognise its severity for himself
- Encouragement
- A vision of a better future where he has a greater sense of energy and purpose
- Privacy and discretion

Communication Preferences

- Post
- Websites
- Email

Social Media Usage



MARKETING

Reach

- Subscriber to a car magazine and also receives a regular magazine from his car club
- Trusts hard copy information over digital content but will use the internet to carry out research
- Partnerships with age charities and organisations as well as mental health organisations such as Mind, where Michael will likely be pointed to initially
- He needs to feel he is not alone and what he is going through is quite normal for people of his age

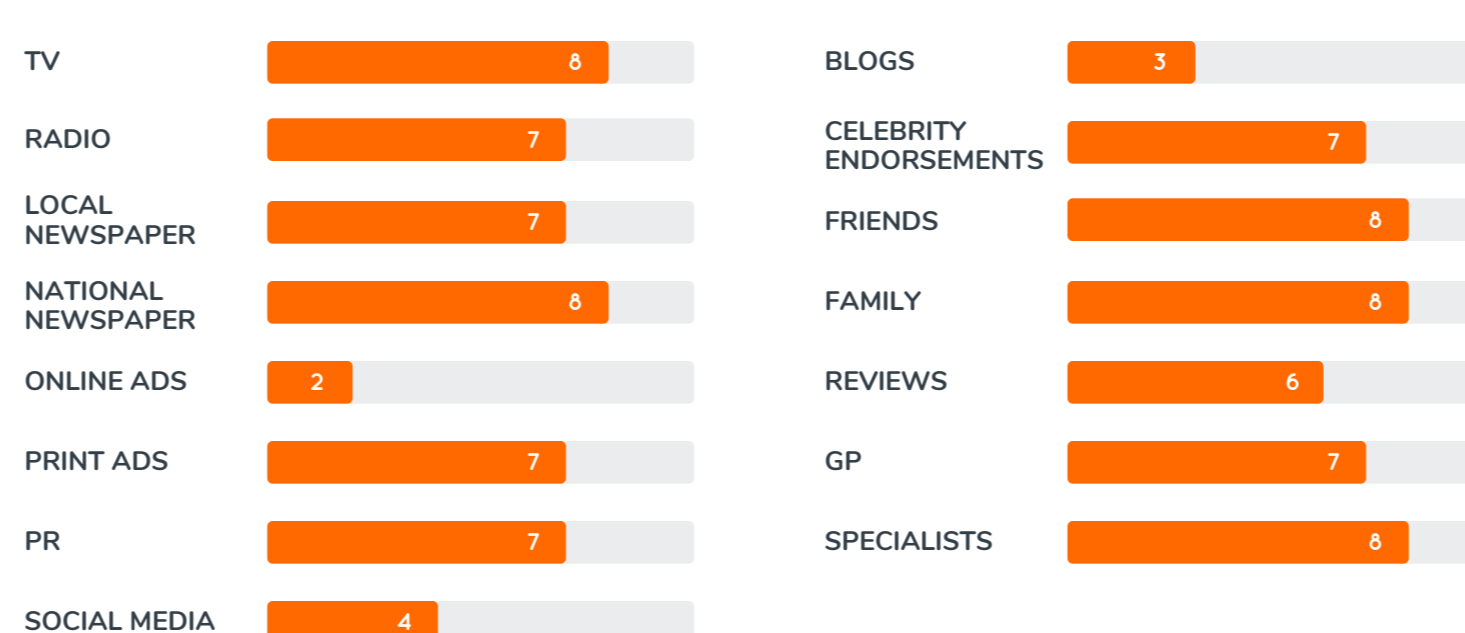
Messaging

- Mainly influenced by his wife and grown-up children, so messaging could be directed towards them as facilitators for helping a loved one
- For older patients messaging can be used to help demystify mental health treatments and should be based on more scientific aspects about the brain and changes in the body (they will be more conscious of changes to their physical and mental capabilities)
- Hand-holding and supportive content
- Reduce fear and stigma

Content

- Advertorial or native advertising that talks to him as a person and features people similar to him
- Factsheets or information that he can download, print off and read at his own leisure
- PR coverage within a respected editorial environment that underlines the scientifically approved credentials of TMS

Influencing Channels



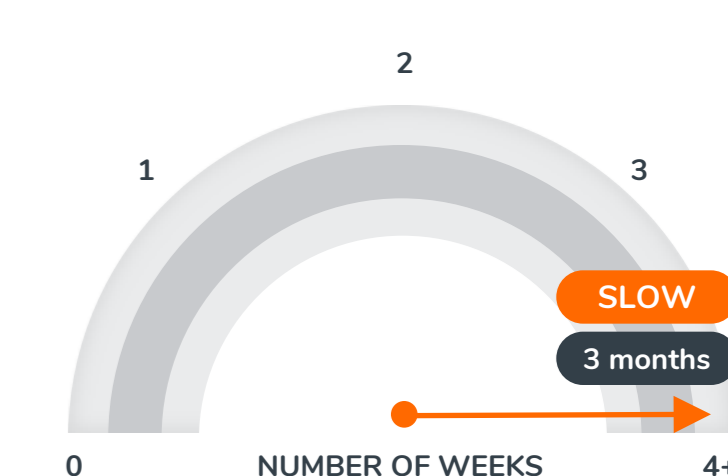
Hangouts

- Supermarkets
- Petrol stations
- Online news sites

Google Search Terms

- Why am I feeling so tired
- Do I have depression
- Symptoms of depression
- Depression in old age
- Depression in older adults
- Treatments for depression in the elderly
- How does retirement affect you

Awareness to Conversion Timeline





Chloe

Treatment Type:
Anxiety & Depression

Persona Type:
Parental Support

CHARACTER

Demographic

Age: 21
Sex: Female
Marital Status: Single
Children: 0
Location: Cheadle, Manchester
Employment: Part-time, Casual
Occupation: Student studying Biochemistry
Income: <£10k

Bio

Chloe is a student at Manchester University studying Biochemistry. Despite being a very high achiever and academically bright, Chloe has been experiencing depressive episodes since the age of eight.
Her teenage years were very difficult with peer pressure from her social group to be popular and at the same time bullied for her academic achievements which made her stand out from the crowd.
She has struggled to make meaningful relationships and is reluctant to bring new people into her life for fear of exposing her condition.

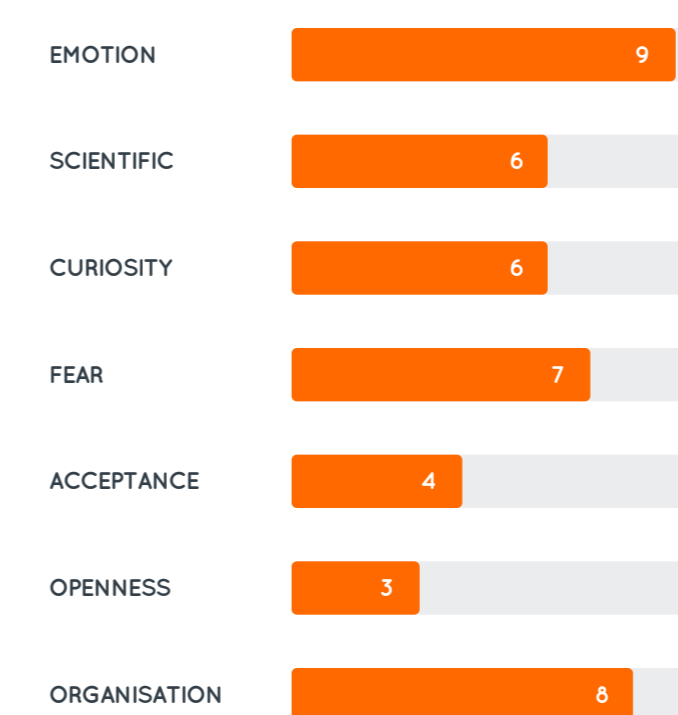
She has had a lot of support from her family and GP and has received a lot of psychological help, and has been through a number of therapies and medications. She has even been admitted to an institution when her depression led to severe eating disorders during her late teens.
Nothing seemed to help and for a year her depression has been continuous. She has since taken a break from University and moved back to the family home with her Mother, Father and teenage sister who looks up to her.

When Chloe moved back home, her parents decided to take proactive action and find alternative treatments for their daughter, they were prepared to travel to London to seek Harley Street clinic treatment, but would prefer to find treatment more locally as they have a teenage daughter to look after as well.
Chloe is highly tech savvy and very digitally aware. She is a very good researcher and scientifically minded, but when her depression takes hold she is very emotional and doesn't feel in control of her life.

Personality Traits

- Lack of self-confidence
- Lack of self-worth
- Fearful of the future
- Unable to form meaningful relationships

Personality



State of mind about treatment

- Not open to treatment and quite unaccepting of her condition
- Heavily influenced by parents who take control of the situation, but at the same time somewhat resentful that they do

Patient journey key moments

- Parent intervention
- Parents as researchers
- Move back home
- Relationship separation
- Friends moving away, some working and starting new lives

HABITS & BEHAVIOURS

Habits and Behaviours

- Chloe suffers from prolonged periods of feeling down about herself, which may come across as moodiness but are far more severe
- She has been known to self-harm as she feels it brings some relief at times when she feels particularly down
- Because she is not venturing out, she spends a large amount of time on social media, particularly Instagram. While it can lift her mood, it can also trigger feelings of low self-esteem.

Goals

- To pursue a career in Biochemistry Research
- To be able to enjoy simple social functions with friends at University, such as going to the pub and going to festivals
- To be able to support her education by working part-time while she studies and alleviate the pressure on her family to support her
- To be a role-model for her younger sister who is in her early teens

Motivations for treatment

- Chloe doesn't want her sister to go down the same path as her, and is very protective of her
- She sees her friends starting their lives and wants to be able to do the same and have a meaningful career
- She wants to be able to socialise and develop meaningful relationships with people

Influences

- Celebrity
- Parents
- Younger sister

Quote



"The scariest thing about suffering from a mental illness is the effect it has on every aspect of your life; it's not just what's inside your head. For me, suffering from depression became debilitating as I couldn't find happiness in the little things I used to enjoy doing. More often than not, depression would cause me to sit in my room and cry, usually for no reason at all. My parents and I were becoming desperate: would I ever overcome this?"

Digital Behaviour

- Heavily influenced by social media, highly active (almost addicted) to mobile phone
- Constant WhatsApp user
- Posts emotional updates on social media, often seeking attention or reassurance
- Game apps on phone

INTERESTS AND LIFESTYLE

Interests

- Entertainment/Celebrity news
- Social Media (Instagram and WhatsApp)

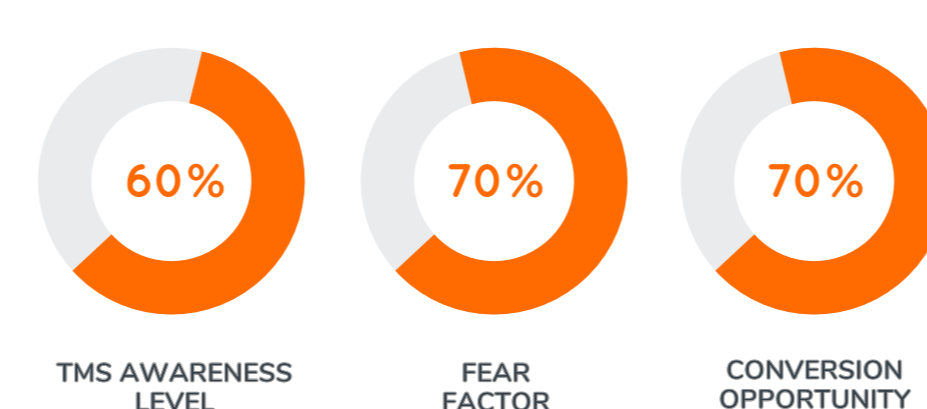
Loyalties / Brands



Previous or current Treatments

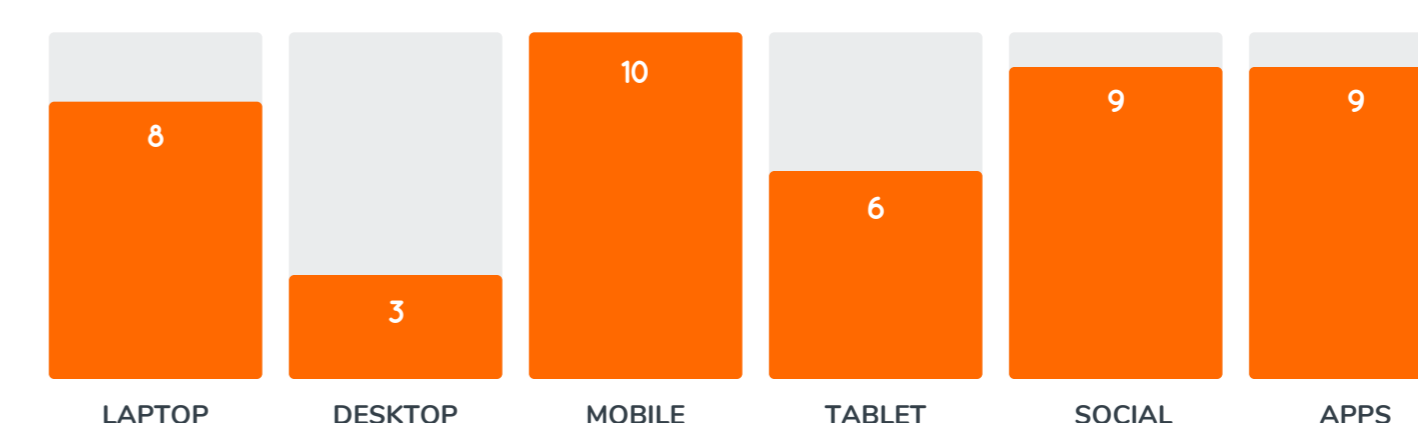
- Antidepressants
- Psychotherapy
- CBT

Treatment opportunity



Due to her online behaviour, she is aware of TMS treatment and has some fear over it, but her desire for change is stronger than her fear of getting worse

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- Somewhat resentful of her parents that they have to help her with the costs of treatment because she feels she should be able to do this herself
- She feels like her life is slipping away and she is losing sight of her opportunities

Concerns

- Chloe is worried her condition might affect her future opportunities and her degree
- She is worried her little sister has been exposed to some traumatic experiences caused by her anxiety and depression
- The cost of TMS treatment is expensive, her family has some savings, but with 2 children to school it is a lot of pressure on the family unit, which is already strained

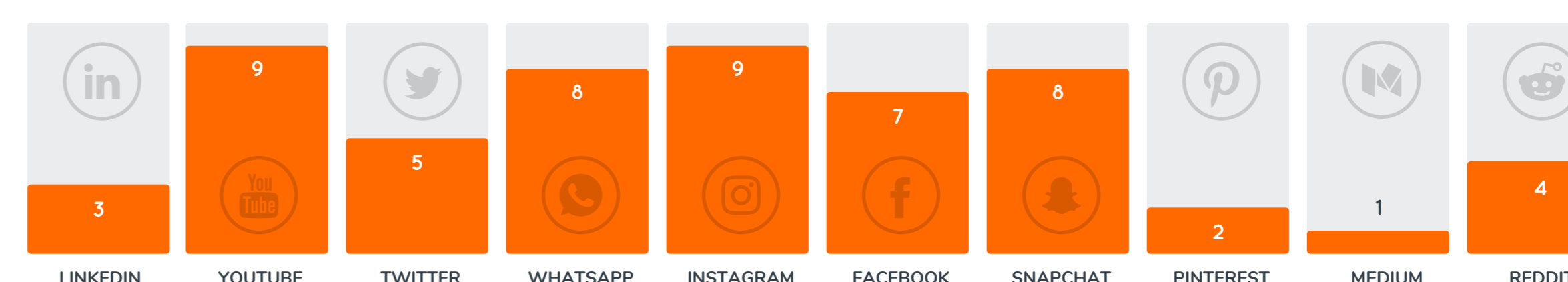
Needs

- Support from friends and family
- Reassurance
- Hope for the future
- Structure and routine
- A focus on positivity and to be able to build meaningful, trust-based relationships
- To feel self-worth and value

Communication Preferences

- Social media
- Chat apps
- Email

Social Media Usage



MARKETING

Reach

- Chloe remains committed to her education and will be exposed to communication from the Local University, which will also reach her via friends (influencers)
- She will also be in contact with education authorities and have access to centralised mental health resources for higher education students
- She travels on public transport, taking the bus to university.
- Chloe is a heavy user of social media and drawn in by patient stories, finding them via search or using popular hashtags
- She is also exposed to a wide range of social media memes and viral challenges

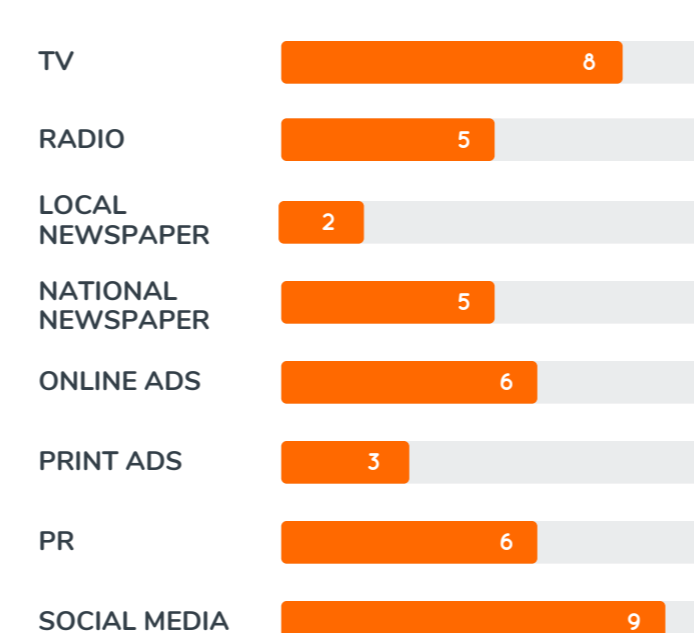
Messaging

- Acknowledgement and understanding of the difficulty of her situation
- Tone should be explanatory and open rather than definitive and instructional
- Encouragement to speak to friends and family about how she is feeling
- Transparent data and a clear argument (rather than a sales pitch) on the potential for TMS and how it fits with wider treatment options

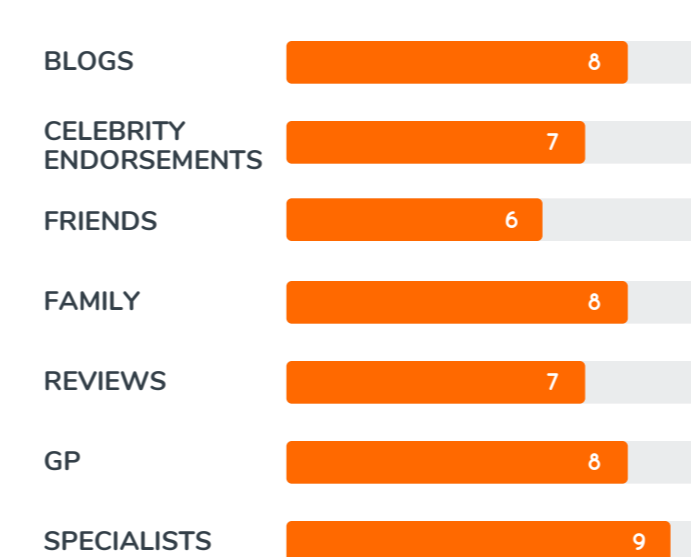
Content

- Explainer videos that demystify the technology and process
- Video patient stories featuring relatable people of a similar age
- Website content
- Social media posts

Influencing Channels



Blogs



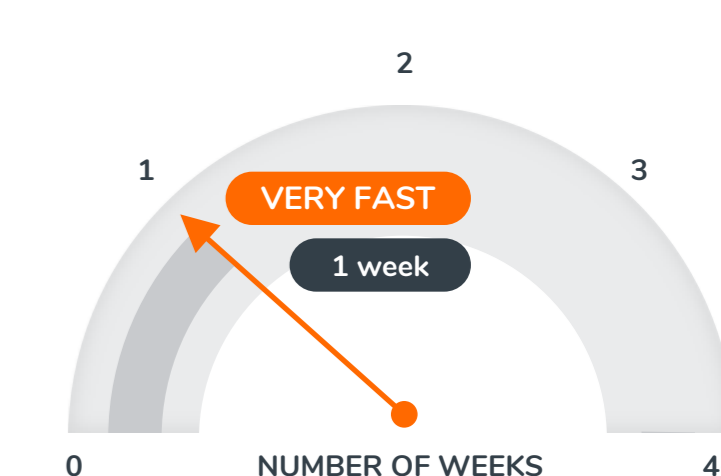
Hangouts

- Instagram
- Facebook
- YouTube
- Snapchat
- Self-help sites and forums for depression sufferers
- Online magazines
- Bus to university

Google Search Terms

- Is there a cure for depression
- Why am I depressed
- Will depression ever go away
- New treatments for depression sufferers
- Ways to cope with depression
- Celebs with depression
- Is depression hereditary

Awareness to Conversion Timeline





Rashid

Treatment Type:
Anxiety & Depression

Persona Type:
Exclusive Private International

CHARACTER

Demographic

Age: 38
Sex: Male
Marital Status: Married
Children: 1
Location: UAE
Employment: Full-time
Occupation: Businessman (Trade)
Income: £120k + performance bonus

Bio

Rashid is a high-functioning, successful international businessman. He works in the financial sector and travels a lot for business. Work frequently brings him to the UK, where he considers South Kensington something of a home from home. He is married with one child and is very much the breadwinner of the family. While he would be keen to play more of an active role at home, the demands of his job mean that it is very difficult for him to do so.

Because he does not lead a particularly active lifestyle, Rashid struggles with his weight. He also has diabetes and has suffered from symptoms of anxiety and depression for many years.

Pressure has always been a part of his work but he has felt this more acutely in recent months as he has missed a number of aggressive targets. The resulting additional stress has triggered deep anxiety, which in turn is making him prone to poor judgement and likely to make mistakes. With large monthly outgoings, he simply cannot afford to lose his job.

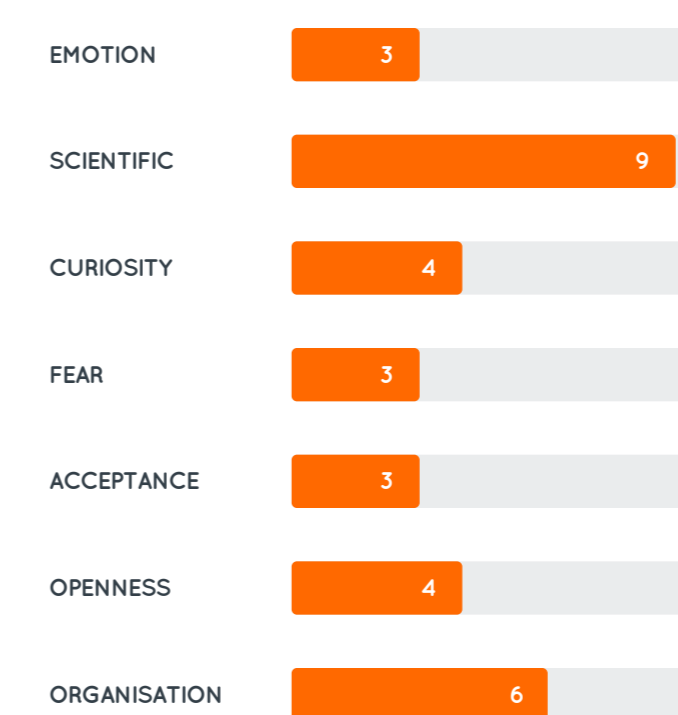
He is finding it increasingly difficult to leave his troubles at work, becoming increasingly emotionally detached from his family. One minute he is dominated by feelings of lethargy and hopelessness, the next he is agitated, irritable and bordering on aggressive.

Rashid is aware of the depths of his emotional turmoil but he has had a very traditional upbringing and is programmed to try to deal with his own problems rather than seek help, which would effectively be an admission of failure.

Personality Traits

- Strong willed
- Confident on the outside
- Struggles to form meaningful relationships
- He is very analytical and focussed on data and numbers as that is the world he is familiar with and it is more objective and less emotional
- Professional and private

Personality



State of mind about treatment

- Considers treatment like a private health medical appointment and not a psychological condition
- Rashid is in control from the outside, but struggles with the stress and pressure of his work on the inside
- He is very conscious about discretion and privacy

Patient journey key moments

- More aware of mental health from his travels
- Personal recognition of his condition
- Is aware of the reputation of Harley Street and this prompted his decision to look for treatment that would fit in with his work life

HABITS & BEHAVIOURS

Habits and Behaviours

- Rashid presents a very professional veneer to colleagues
- More recently he is finding it difficult to summon the energy to face the pressures of his daily working life
- He is very low on energy and enthusiasm, and colleagues are noticing that he is 'dropping the ball'
- Even in his personal life, Rashid has always been encouraged to disguise his feelings but his untreated depression means he is prone to very low moods, irritable behaviour and occasional angry outbursts at home after bad days at work

Goals

- To reduce the impact of Anxiety and Depression on his performance at work
- To return to his love of travel and business

Motivations for treatment

- Rashid wants to find a way of 'fixing' his depression, relieving him of the weight he feels on his shoulders
- He wants to regain the professional form that has seen him do well in his career
- He knows a better work-life will also help with his mood at home, where both his melancholy and angry outbursts are placing serious strain on his family life

Influences

- Trusts UK private medical care and the reputation of the Harley Street clinics
- South Kensington location is very reputable and fits in with work locations

Quote



"It's getting difficult to live with these feelings. I'm not sure how to cope but if I don't do something then things are going to reach breaking point at work and I'm going to cause more damage at home. There has to be a way."

Digital Behaviour

- Spends large amount of time online
- Comfortable with social media
- Business-related podcasts and audiobooks
- Admires tech entrepreneurs like Elon Musk, Jack Ma and Jeff Bezos and follows their stories in digital media

INTERESTS AND LIFESTYLE

Interests

- Rashid has little time for sports or recreational activities as his job is very demanding and he is travelling a lot
- Rashid appreciates luxury brands and spends a large amount on designer clothing and accessories for both himself and his family
- He is a technophile, spending a lot of time online and investing in up-to-date devices
- He is interested in Premier League football and particularly Manchester City, owned by Sheikh Mansour

Loyalties / Brands



Previous or current Treatments

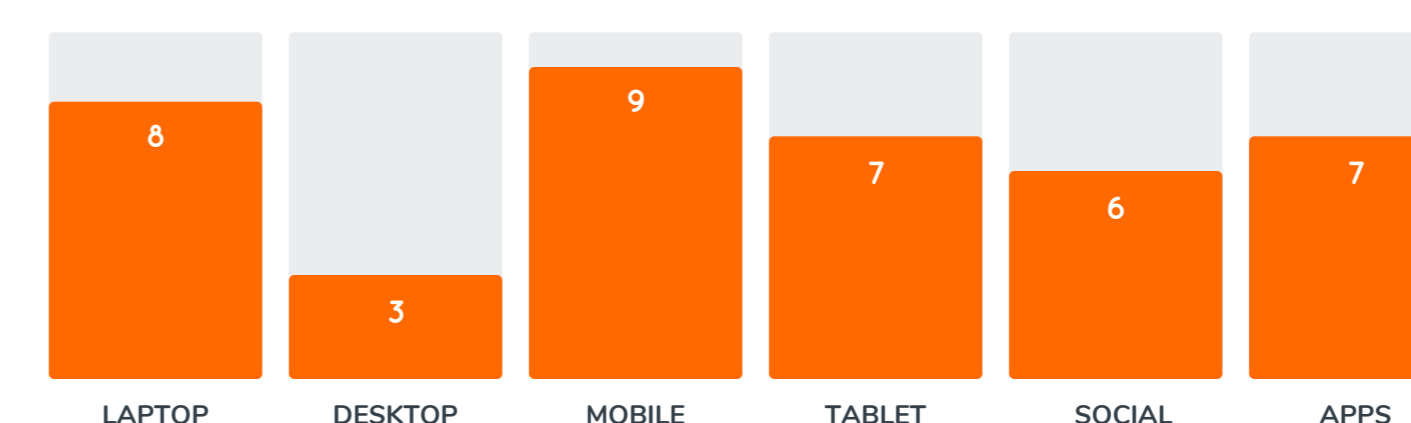
- Rashid has not sought help or advice for his anxiety and depression to date as he feels it would be a weakness - a sign that he is unable to cope
- He is on medication for his diabetes

Treatment opportunity



He is not very aware of TMS treatment but would be engaged by the technology and ease of treatment, cost would not be a consideration so his conversion opportunity could be high

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- Rashid needs any health treatments to fit in around his busy professional schedule. He cannot wait for treatment to become available and he cannot afford to be away from work for long periods of time

Concerns

- Rashid's main concern is that his health may affect his work and his business relationships
- He doesn't mind paying for a treatment but needs to know he is getting the best possible service and advice
- He values his privacy and does not want anyone to know about his condition

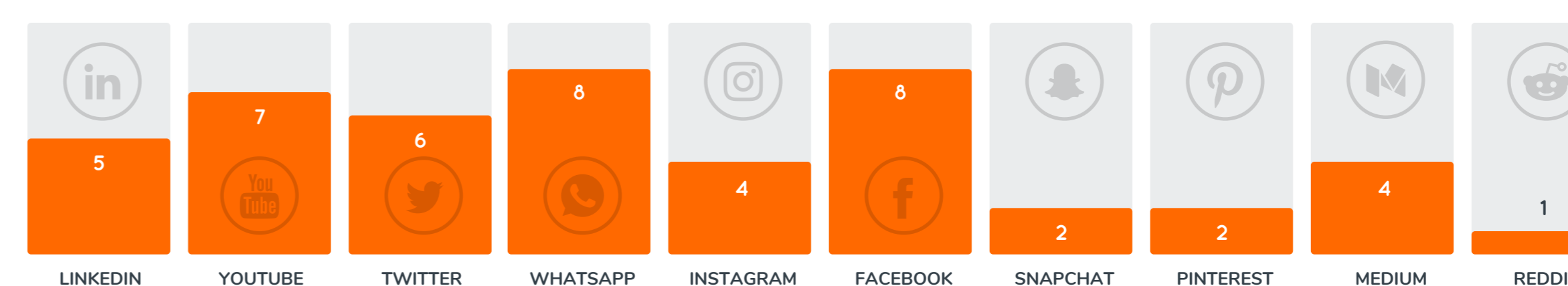
Needs

- Information on likelihood of success and timeframe for when he might feel the effects of the treatment
- Reassurance that it will not impair his ability to continue working
- Confirmation of the fact the treatment has been approved by official regulatory bodies
- Validation from senior medical professionals

Communication Preferences

- Email
- Mobile phone

Social Media Usage



MARKETING

Reach

- As a frequent international traveller, Rashid can be reached via the various communication channels surrounding air travel, including in-flight magazines and VIP lounges
- He also reads international business magazines (print and online) and holds the content in high regard
- Rashid also listens to podcasts while travelling
- He watches football on TV and sometimes visits stadiums for live games.
- He conducts deep research into tech purchases, visiting many websites and seeing a variety of digital ads

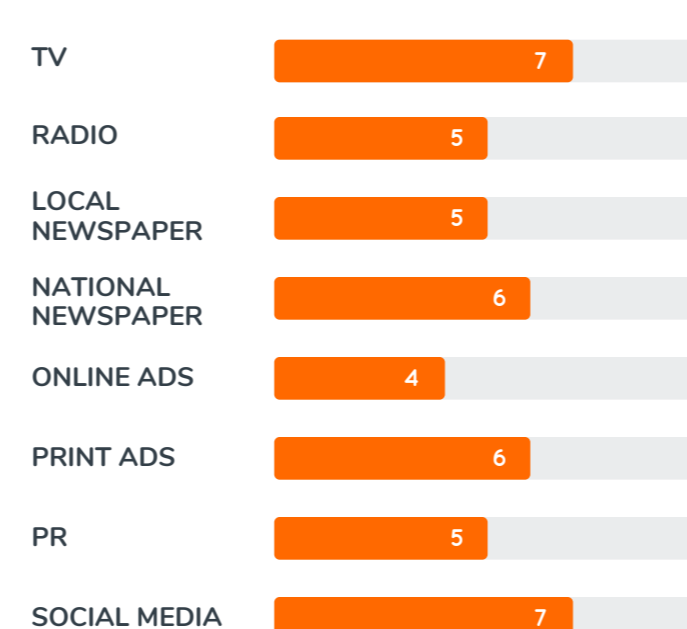
Messaging

- An opportunity to be proactive and try to rid yourself of the burden of anxiety and depression symptoms
- Air of exclusivity; innovative treatment using modern neuro-stimulation techniques.
- Non-invasive therapy and short treatment sessions, enabling patients to continue with their day as normal
- Pioneered in the US, approved in countries with enviable reputation in healthcare e.g. UK, and becoming acknowledged as effective across the world
- Resolving his own issues for the benefit of his family
- Guaranteed confidentiality

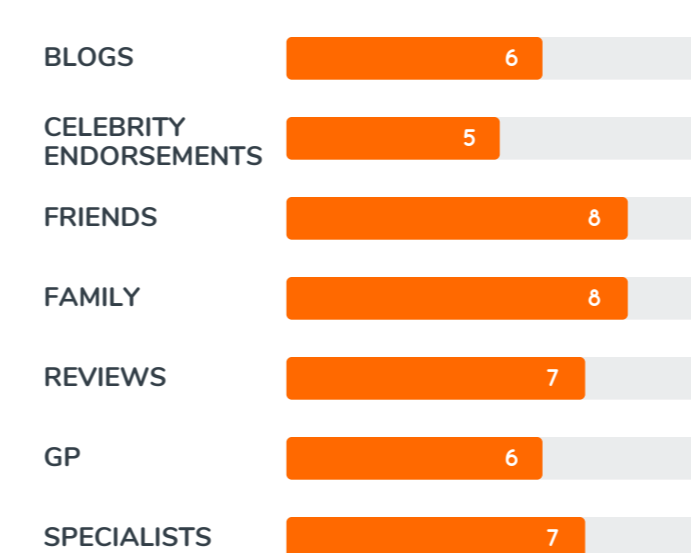
Content

- Persuasive, credible website content
- Video to explain the technology
- Video interview with, or written content authored by, senior medical professional
- Infographic or technical information about the 'science of the brain'

Influencing Channels



BLOGS



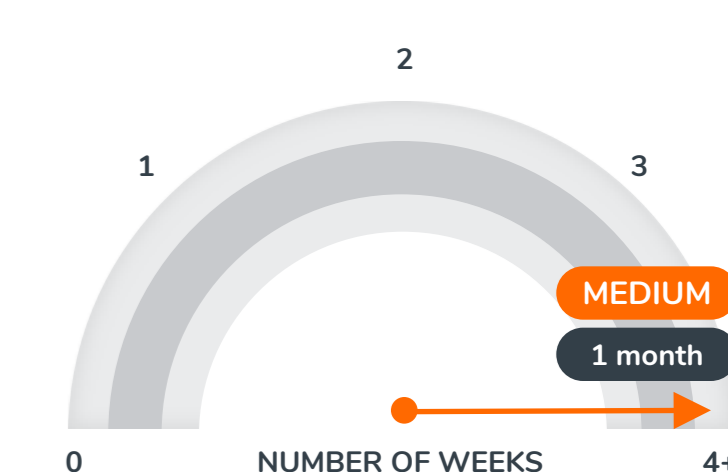
Hangouts

- Airports (including transport to and from via taxi or Uber)
- Facebook
- YouTube
- International business and news websites

Google Search Terms

- Mental health treatment in the UK
- Private mental health clinics London
- Do I have depression
- How do you treat depression
- Private depression treatment
- Private depression clinic
- Harley street clinics for depression

Awareness to Conversion Timeline





Josh

Treatment Type:
OCD

Persona Type:
Thinking of the future

CHARACTER

Demographic

Age: 22
Sex: Male
Marital Status: Single
Children: 0
Location: London
Employment: Full-time
Occupation: Junior Chef
Income: £29k

Bio

Josh is 22 and has suffered from symmetry OCD or obsessive compulsive disorder for nearly 10 years.
Josh is a junior chef starting out in his career. He has been given a lucky break in a work placement and is keen to impress and learn, but he worries his OCD will stifle his career plans. He is compelled to "equalise" everything he does or he gets a feeling of dread in his mind and to counteract that feeling has to continually obey his compulsions.
Josh first noticed the symptoms of OCD when he was 12 years old and was playing in goal at a school football match. He had to touch the markings on the pitch with both feet and touch the ball with both hands, but it was only as he got older he started to realise that not everybody did this.

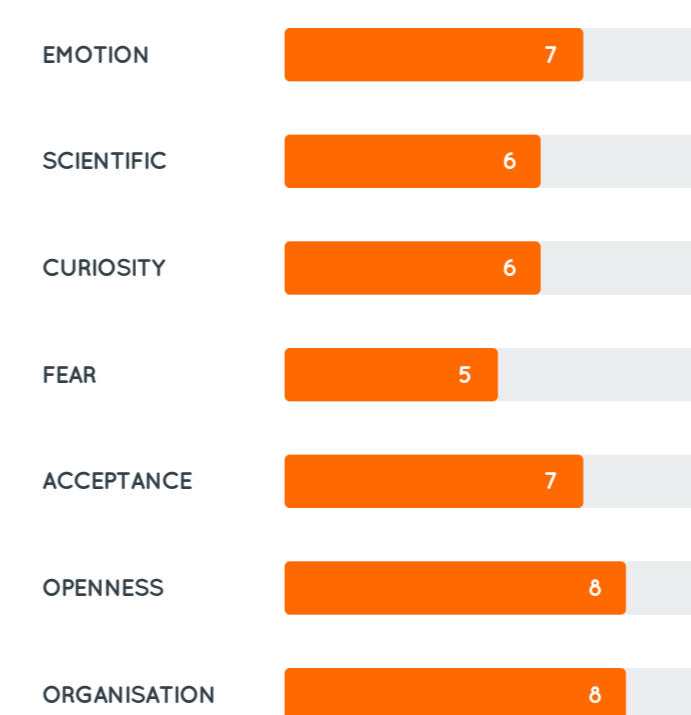
He has been through common treatments for OCD including Sertraline and also CBT as therapy, but he feels medication and treatment has had little impact on him.
He has a supportive and understanding family unit (parents), but feels compelled to try and make his own way, he does not want to be a burden on them as they have already spent many years helping him cope.
He feels OCD is mental health's lesser known cousin and is frustrated by some celebrities saying they have OCD when they are describing their behaviours because he knows the difference.

"So every time a celebrity uses the term, 'I'm a bit OCD', it really just trivialises what is a most serious, devastating illness that completely consumes lives."

Personality Traits

- Friendly
- Nervous personality
- Josh is open to talking about mental health and OCD, but prefers not to expose his personal struggles
- Large group of friends who are very accepting of Josh and his condition
- He is keen to change the perception of OCD so it is more talked about
- He is likely to become an advocate of something he believes in
- Josh experiences huge ups and downs, and often feels he is useless, lacking energy and on worst occasions feels he wants to die and no one will miss him

Personality



State of mind about treatment

- Josh is open to new treatments, he is experienced living with OCD but knows he needs to conquer it in order to have a fulfilling life
- He is curious about new treatments, but cost is a big factor as his wage is not high and he is reluctant to ask his parents for money to help
- His youth means he has grown up in an environment where mental health is talked about and not as stigmatised as it is in older generations
- Josh is aware of OCD statistics and well informed about his condition, but less so about TMS treatment in general
- He is quite an open and emotional person and talking about OCD gets mixed results, some people tell him to 'man up' or think OCD is about being 'tidy', he is patient though and keen to educate those around him

Patient journey key moments

- Accidentally discovering TMS treatment while reading a US celebrity blog article, after some research he realised there was a Smart TMS local clinic
- Getting a job in the food and beverage sector
- Moving away from home

HABITS & BEHAVIOURS

Habits and Behaviours

- Josh manages his OCD by working it into his daily life and using his career as a means to focus his condition into something positive
- He works unusual hours (usually late into the evenings) in his role and this also impacts his sleeping patterns which are already erratic from his anxiety
- He is quite social but prefers familiar places

Goals

- To become a professional chef with a successful career, free from OCD
- On a more holistic level, Josh wants to raise the awareness of OCD and mental health as he feels it is still very misunderstood and stigmatised

Motivations for treatment

- To cure his condition rather than try and manage it before it becomes overwhelming and uncontrollable
- To focus on his career and be able to develop a close relationship with someone (something he has been unable to do previously despite having a wide group of friends)
- To help others by raising awareness of OCD and effective treatments for it

Influences

- Young celebrities in music and the arts such as Zayn Malik, Selena Gomez and Lady Gaga who have all openly expressed their challenges with mental health
- Friends
- Parents (although he is keen not to burden them, he wants to stand on his own two feet and make them proud)

Quote



"It frustrates me that there is still this small-minded view that people with a mental illness can't be successful or lead a normal life. Yes – I have a great job, I live in one of the coolest cities in the world, have amazing friends and family – but guess what, sometimes I am unbearably unhappy. There are times I feel like my existence is useless."

Digital Behaviour

- Social Media savvy
- Digitally savvy
- Very busy and his working patterns are unpredictable
- Mobile first
- Music is a big part of his life and he writes and listens to music regularly
- Outside of work he has his mobile all the time, he uses it to not only communicate via WhatsApp and Messenger, but also to record his movements so he can manage his compulsions
- He prefers text based conversations because they create a barrier between himself and the person he is talking to, he feels more comfortable that he won't be judged on his behaviours

INTERESTS AND LIFESTYLE

Interests

- Food
- Music
- Technology
- Film
- Socialising

Loyalties / Brands



Previous or current Treatments

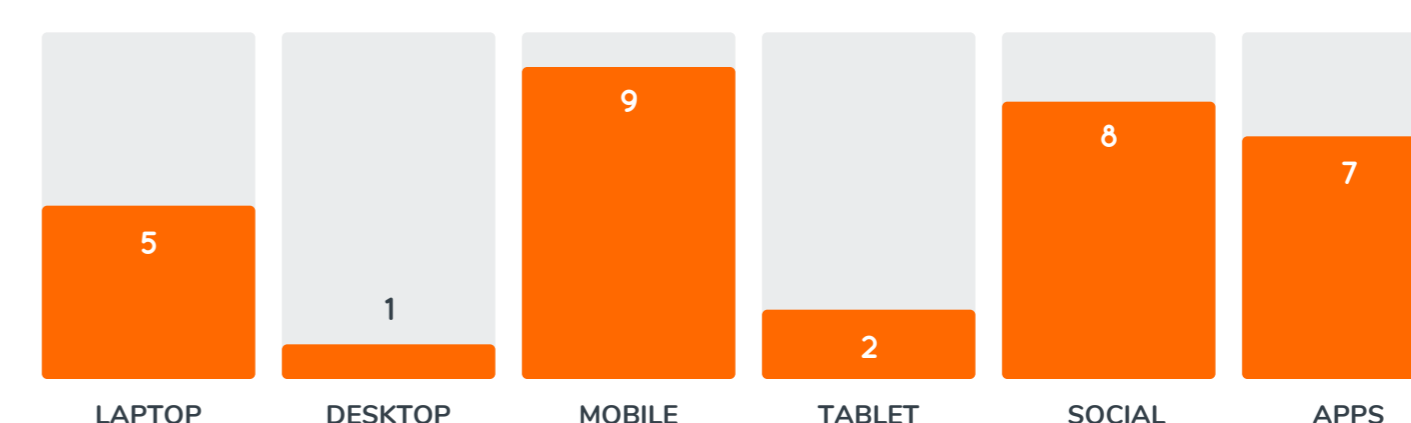
- Sertraline
- Prozac
- Citalopram
- Psychotherapy
- CBT
- Exercise and Mindfulness techniques

Treatment opportunity



Josh has some fear over TMS treatment, but he is strong in his conviction for changing his life and therefore he has a relatively high chance of converting, especially if the treatment is known or endorsed by professionals or celebrities

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- People don't realise how badly he suffers from OCD, for Josh it is a constant, daily struggle that he has to manage, but people around him don't see the worst times
- Josh is from a generation for whom mental health can be a conversation, but he feels OCD is not always included in that conversation and is not perceived on the same level as depression because it is often trivialised

Concerns

- Josh cannot afford any treatment to have an impact on his career
- Josh worries his boss won't consider him for a promotion, he fears OCD will keep him from performing.
- Coworkers may think he is "less fit" for the job than they are
- He is worried that his OCD will develop into an uncontrollable psychosis that will impact the rest of his life

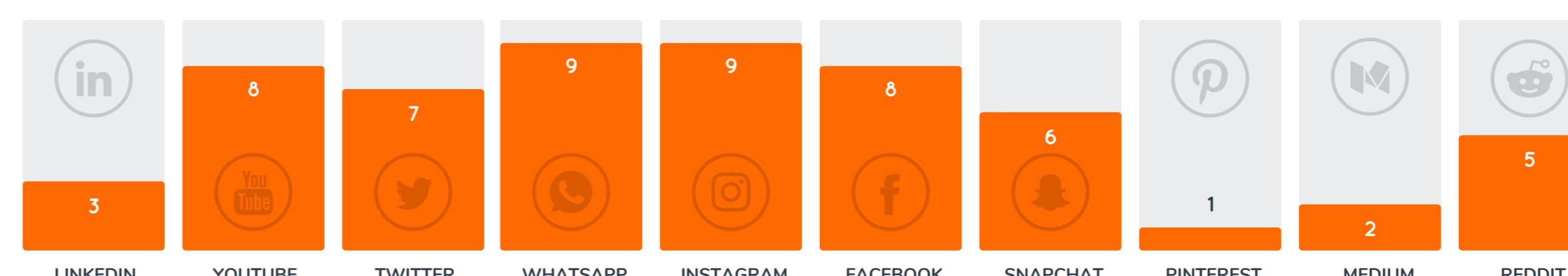
Needs

- Constant reassurance
- Patience from his support network
- Information on success rates, this is a big investment for him
- Trust and honesty from treatment providers
- Clear process and guidance about treatment
- Information on side effects and impact on work
- To find a cure rather than managing OCD on an ongoing basis

Communication Preferences

- Phone
- Messenger/WhatsApp
- Online Chat
- Skype

Social Media Usage



MARKETING

Reach

- Raising awareness of TMS early (for example parents with teenagers) would help raise the profile of TMS treatment but may not lead to fast conversions. Raising awareness in colleges and universities as well as traditional advertising routes in University towns and surrounding areas
- Online blogs connected with patient stories
- Mental health organisations and charities as well as psychotherapists and counsellors
- Local employers looking to support workers' mental health with digital information or handouts/flyers
- He tends to be quite trustworthy of content he reads on the internet

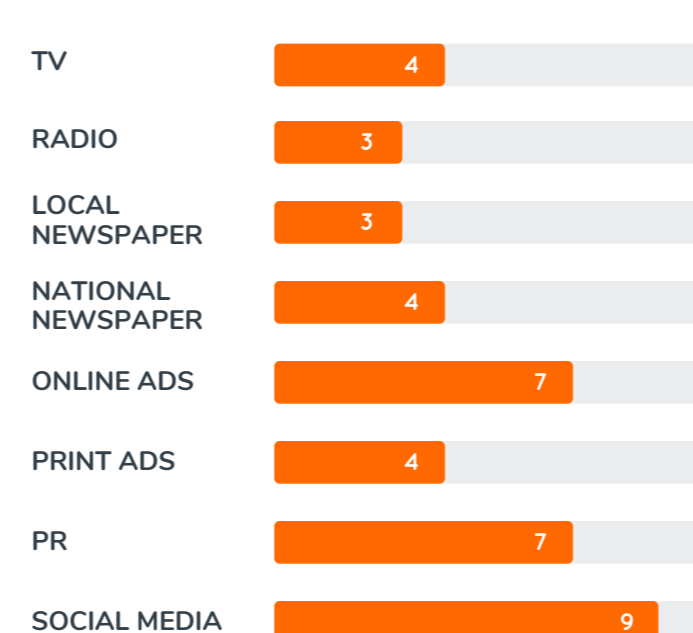
Messaging

- Josh is fighting two battles: one is his OCD and the other is raising awareness of mental health and OCD. Values-driven messaging that supports a vision to raise awareness and access to TMS treatment would resonate with him
- He would appreciate messaging that 'understands' him, and recognises the impact of OCD on people's lives
- He would relate to messaging about independence, aspiration and living a 'normal' life
- He is interested in a cure, not another treatment for managing his condition
- Josh is highly digitally savvy and will engage with appropriate viral challenges and memes such as The Ice Bucket Challenge, The Mannequin Challenge, The Bottle Cap Challenge etc

Content

- Patient stories
- Stories about independence and building a successful career after suffering from OCD
- Josh would be open to alternative advertising concepts raising awareness of mental health in general, such social memes and challenges
- Smart and challenging advertising in public spaces would attract his attention
- Video and interactive, engaging content will resonate more with Josh. Bitesize content is preferable
- He is likely to engage in shareable content if it promotes awareness of mental health conditions

Influencing Channels



BLOGS



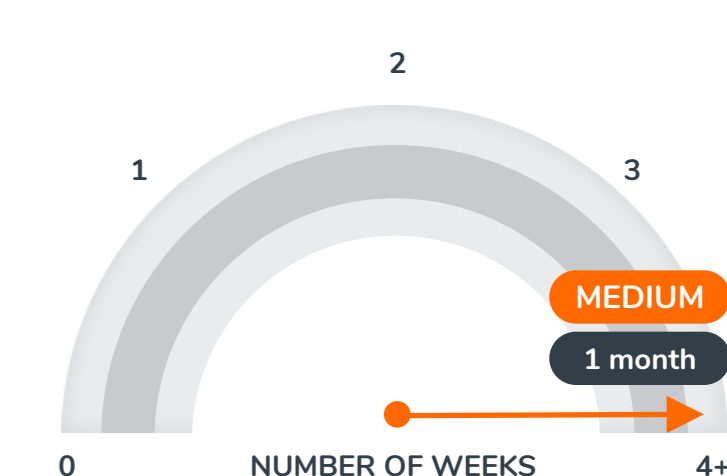
Hangouts

- Despite OCD, Josh is still quite social and has a supportive circle of friends, he is likely going to be in places common with young people for example bars, clubs, festivals, restaurants
- He will be open to local experiential experiences and engaging popup physical experiences
- Digitally, he will frequently be on social media and active on hashtag conversations

Google Search Terms

- Cure for OCD
- Living with OCD
- Treatments for OCD
- Alternative treatments for OCD
- Help with OCD
- Coping with OCD at work

Awareness to Conversion Timeline





Jessica

Treatment Type:
OCD

Persona Type:
Pressure of Perfect

CHARACTER

Demographic

- Age: 31
- Sex: Female
- Marital Status: Partner
- Children: 1
- Location: Solihull
- Employment: Part-time
- Occupation: Teacher
- Income: £22k

Bio

Jessica has lived with anxiety since her late teenage years and was diagnosed with OCD in her mid twenties.

She has been able to manage the condition through medication and CBT but it is an ever-present in her life.

She is not comfortable disclosing the fact she has OCD and would prefer people not to know - certainly her colleagues as she feels it could lead to her being isolated or treated differently at work.

Jessica has a two-year-old son, Noah, and lives with her partner Paul in a three-bedroom semi-detached house in a new-build development. Paul runs a recruitment consultancy and is well-paid but works long hours.

She had a difficult pregnancy and a traumatic birth experience, requiring an emergency caesarean section because Noah was in a breech position.

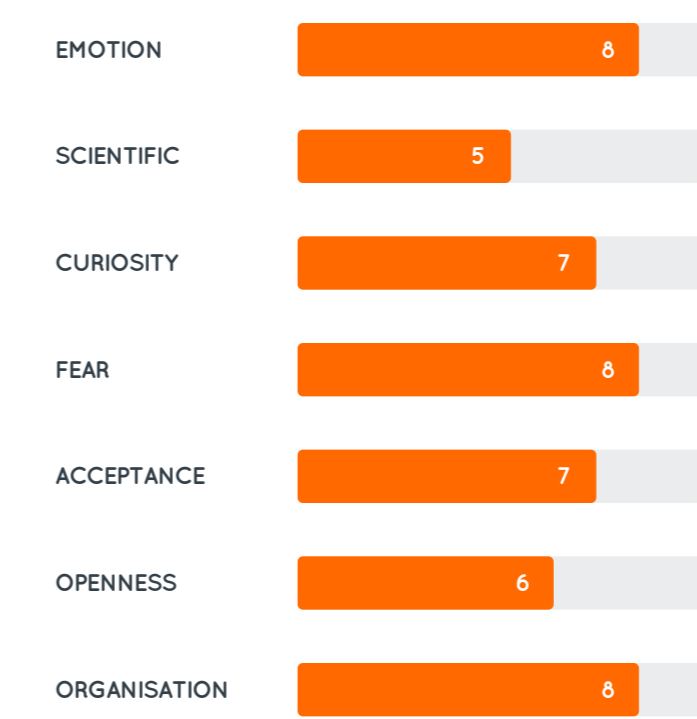
Eager to be a 'perfect' mum, Jessica noticed a rise in OCD symptoms since Noah's birth. Fears over his health and safety manifested themselves in repeated washing of hands, use of wipes and sterilisation of equipment. She also found it increasingly hard to enjoy time with Noah as she was anxious she was not doing things 'right' and letting her family down as a result. She has constant thoughts that something terrible will happen to Noah if she does not complete her compulsions.

Returning to work part-time after six months maternity leave led to an intensification of these feelings, and they have gradually grown to have a debilitating effect on Jessica and a negative impact on her family life.

Personality Traits

- Trustworthy
- Dependable
- Thorough
- Compassionate
- Well-read
- Earnest

Personality



State of mind about treatment

- Concerned about the detail of the experience - what it will feel like and whether it will hurt
- Uncomfortable about travelling on her own into a new location in the city centre
- Interested to know about the environment she can expect and also about the people who will be delivering the treatment - the depth of their knowledge and experience

Patient journey key moments

- Aware that severity of OCD is beginning to impact on relationships with husband and son, and unable to conceal it within social situations
- Found an online article that referenced the use of TMS as a novel way to treat OCD
- Carried out her own detailed research online
- Discussed with her partner and close friends
- Contacted Smart TMS after searching for local clinics and spoke to patient advisors in the first instance
- Accompanied by her partner, she took the opportunity to be shown round the clinic and to have some time with the practitioner to answer questions and put her mind at ease
- Committed to the treatment following the visit

HABITS & BEHAVIOURS

Habits and Behaviours

- Gripped by sudden fears about Noah's welfare, primarily that he might catch something and become ill or die
- Repetitive washing of hands
- Avoids touching surfaces when out and increasingly avoiding certain situations where germs may be prevalent e.g. baby groups
- Would rather not take Noah out in the car.

Goals

- Wants to dampen down the extent of her OCD symptoms.
- Recover some energy, as her current behaviour is physically and mentally draining.
- Find more happy moments when she is able to relax and enjoy time with Noah.
- Ease some of the strain on her partner, who is supportive of her condition but struggling to manage a busy work and home life

Motivations for treatment

- Improve her home life
- Be able to go out and not constantly bound by her compulsions
- Return to work
- Establish a happy, healthy relationship with her son
- Find a cure or return to a situation where her OCD is more manageable and less noticeable

Influences

- Partner
- Family - parents and sibling
- Close friends
- Online parent forums
- Self-help books on OCD and parenting

Quote



"I know that my OCD is getting worse but there's nothing I can do to stop the awful fears that pop into my head about Noah. The compulsions are my way of dealing with it but I know they're also getting out of hand. I know it's upsetting for Paul and, to be honest, I'm embarrassed that I'm like this. I need to do something."

Digital Behaviour

- Instagram
- Facebook
- WhatsApp
- MailOnline
- Headspace app
- NHS My Possible Self app
- OCDForums.org
- healthunlocked.com/ocduk/
- Maternalocd.org

INTERESTS AND LIFESTYLE

Interests

- Reading
- Creative activities, including writing and crafting
- Films and feature-length TV drama
- Recently inspired to get into baking

Loyalties / Brands



Previous or current Treatments

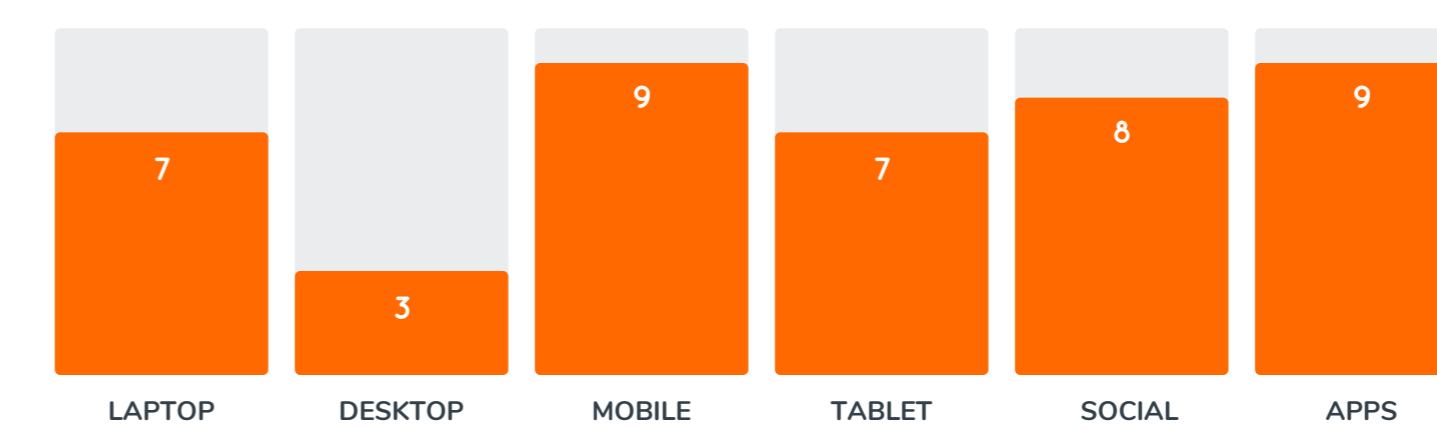
- Ongoing contact with GP
- Exposure and response (ERP) CBT as advised by therapist
- Eye Movement Desensitisation and Reprocessing (EMDR) to address birth trauma
- NHS My Possible Self app
- Has tried SSRI medication when made to wait for a talking therapy but found she became more agitated and it also affected her sleep

Treatment opportunity



She has researched TMS after hearing about it via a third party and so has some knowledge about it, she will be nervous about impact on the family but with the right support she is a good candidate for conversion

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- Always experienced a level of social anxiety and awkwardness but this has gradually increased over the years
- Her own situation means she is unable to provide her son with access to experiences and environments that would be enjoyable or beneficial

Concerns

- Cost of treatment is a major concern as Jessica is now on a part-time wage and they have a fairly sizeable mortgage since their move to the new house
- Has reservations that TMS is more of an 'official' treatment for depression and so might not be as effective for OCD

Needs

- Reassurance over the precise nature of the treatment (comfort level, environment, safety)
- Reassurance over potential success
- Examples of how TMS has successfully worked for patients similar to her before

Communication Preferences

- Prefers to receive digital messages
- But feels more reassured when talking to a real person

Social Media Usage



MARKETING

Reach

- Statistically, OCD is more prevalent in women, but Smart TMS age analysis suggest the skew is slightly towards men. This suggests there is a quite a large audience of women that are not discovering TMS treatment, or not engaging with the opportunity for TMS treatment
- With several famous OCD sufferers, there may be an opportunity to involve a celebrity with TMS treatment (free of charge), filming the experience and using it as a short web/ YouTube documentary showcasing Smart TMS treatment
- Jessica is part of parent groups on Facebook and accesses parenting forums, where more people are opening up about mental health

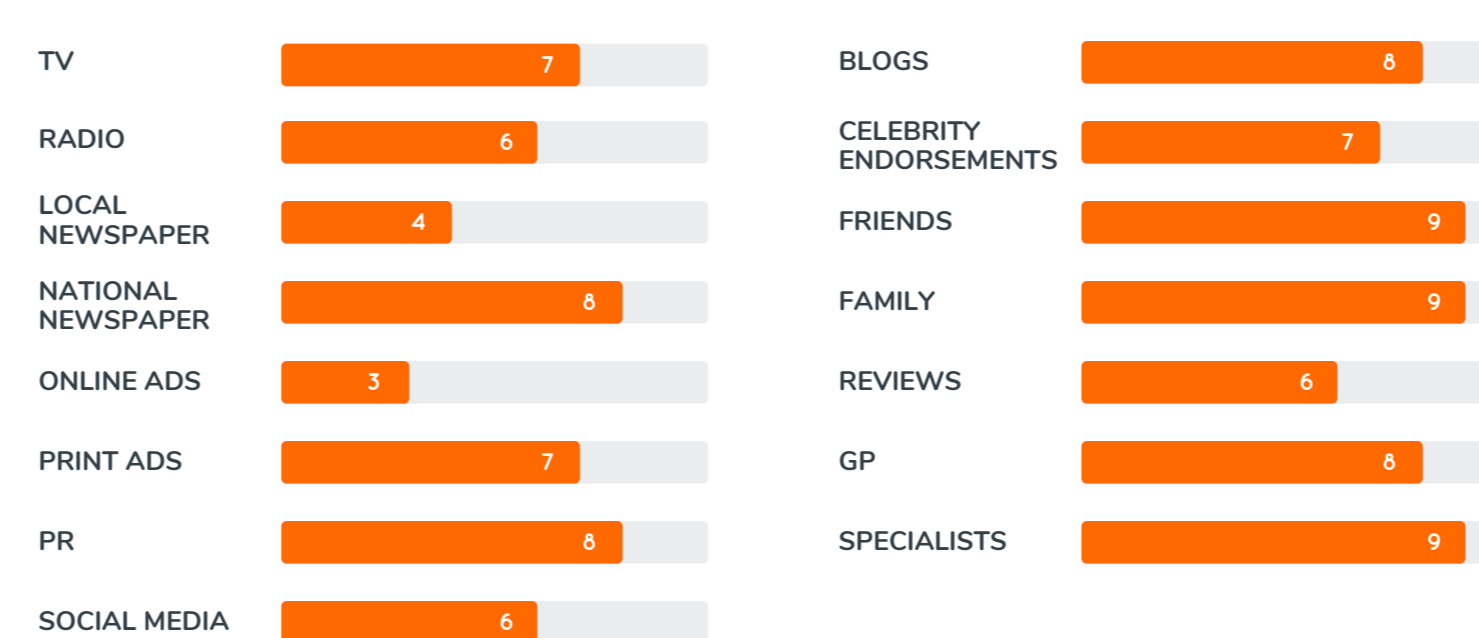
Messaging

- Safe, fully approved treatment
- Proven to be effective for OCD patients
- Potential to achieve significant and lasting change, putting you on the road to stability and recovery
- Emotional content with scientifically proven results as a backup, messaging focussed on family units, the future, aspiration and building support networks
- It won't cause unwanted change i.e. affect cherished memories

Content

- Blogs/journals providing a personal insight from patients who have experienced TMS and are seeing benefits
- Video patient stories underpinned with science but appealing to emotions

Influencing Channels



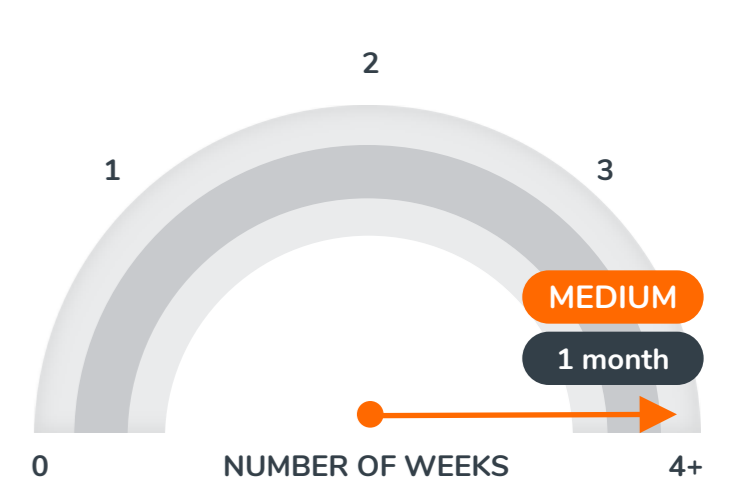
Hangouts

- Instagram
- MailOnline
- Self-help forums
- Parenting forums
- Magazines (print and digital)

Google Search Terms

- Treating OCD without medication
- Perinatal OCD treatment
- Alternative treatments for OCD
- How to stop intrusive thoughts
- Treatments for severe OCD
- Best treatments for severe OCD
- Alternative treatments for severe OCD
- Parents with OCD
- Dealing with OCD as a parent

Awareness to Conversion Timeline





Anthony

Treatment Type:
Addiction

Persona Type:
Future Thinker

CHARACTER

Demographic

Age: 25
Sex: Male
Marital Status: Single
Children: 0
Location: Fulham, London
Employment: Full-time
Occupation: Hospitality
Income: £35k

Bio

Anthony comes from a mixed ethnicity background and has struggled with his place in society since he was a child.

He tried drugs at 12 through peer pressure and his need to fit in, but didn't become a regular user for several years, however, by 15, he was drinking and smoking regularly and by 18 it was excessive and causing embarrassment to himself and others on a regular basis, but many of his friends encouraged his behaviour for their own amusement and didn't realise he had an addiction problem.

Cocaine has always been readily available in Anthony's circle of friends, and even more so during his time at University where he used it on every big night out, combining it with large amount of alcohol consumption and 'casual' marijuana use which was prevalent.

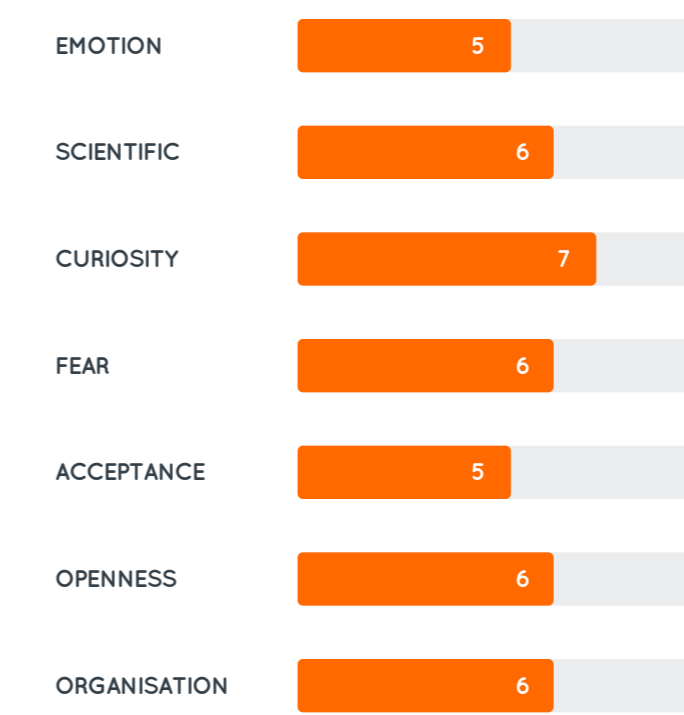
After University, Anthony got his first full-time job in central London which was stressful, long hours but highly social. His drug intake escalated and it became the focal point of every night out for him.

Although high functioning, friends and colleagues found his behaviour was becoming more and more erratic and his working hours had become tardy and unpredictable.

Personality Traits

- An addictive personality, he can quite easily get pulled into a hobby or event and become obsessed by it
- Enjoys sports betting to heighten the experience of football
- Very social but his addiction is strongly connected to why he is social

Personality



State of mind about treatment

- In some ways he feels drugs have helped him through his past, he has a love/hate relationship with his addiction because he feels it makes him more outgoing and people like who he becomes.
- He realises it has tipped into something darker, placing a strain on his friendships and finances, and putting his career at risk. He now knows he needs professional help to break free.

Patient journey key moments

- He had been off work for a week with the flu when his dealer called and asked if he was OK. It was that moment that Anthony realised he had a cocaine addiction because he would normally call several times a week
- Moving away from home and going to University

HABITS & BEHAVIOURS

Habits and Behaviours

- He regularly thinks about stopping taking drugs and reducing his alcohol intake, but is constantly drawn back into the same situations
- He has tried to stop in the past but will end up relapsing quite quickly and is unable to stop the pattern repeating itself

Goals

- To reduce dependency on drugs and alcohol
- To stabilise his life and regain more control
- To progress his career while he is still young

Motivations for treatment

- To make a change to his life permanently
- To think about a future without addiction

Influences

- Peer pressure from friends
- Inspiration from grime artists like Stormzy who had a similar upbringing but changed their direction
- He is influenced by social media, reviews, blogs and opinions

Quote



"Throughout this time I still felt on top. Despite my drug use, I had the start of a good career, my friends and family admired me. I was respected by the people I worked with. I felt like I had a place in society. I never considered myself a drug addict and I was certainly no criminal"

Digital Behaviour

- Mobile first
- Apps
- Social Media
- Very tech savvy
- Music on mobile
- Payments by mobile
- YouTube in conjunction with Google/Safari for search
- iPhone ecosystem

- He is very digitally conscious, and most of his activities are carried out on a phone on the move. He is conscious of online privacy and data sharing, but he is willing to trust an unfamiliar digital brand in order to receive a product or service he wants

INTERESTS AND LIFESTYLE

Interests

- Technology
- Socialising
- Football
- Gaming
- Gambling
- Music

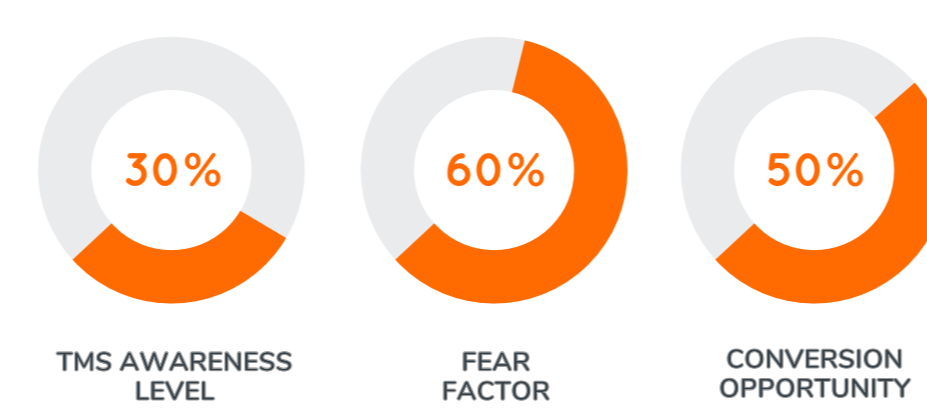
Loyalties / Brands



Previous or current Treatments

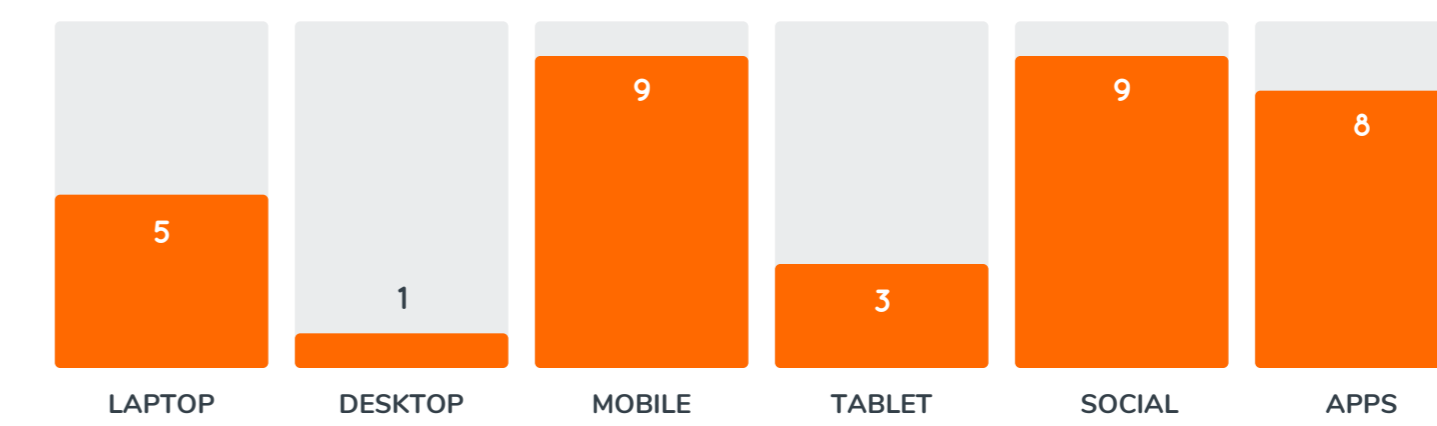
- Anthony has spent some time in rehab and on a 12 week course in his late teens and early twenties, having a break from his environment helped him reassess his life, but he is constantly pulled back into his old environment
- He has explored other options such as UK Addiction Treatment (UKAT) but the expense was too significant

Treatment opportunity



Anthony has been in denial for a long time but his realisation that he needs to change his life means he is open to options and open to treatment

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- Access to help has not been easy as a young person
- Hard to escape the environment Anthony lives in
- Most friends and family still live and work in the same area so he finds it hard to move away and is regularly pulled back into his 'old life'
- Not sure what online content is true and what is fake, he tends to trust the things he reads
- He feels he is likely to binge or relapse with whatever treatment he engages with

Concerns

- Never being able to move on
- Costs of treatment
- Fear of treatment not working
- Inability to ride out the intense cravings

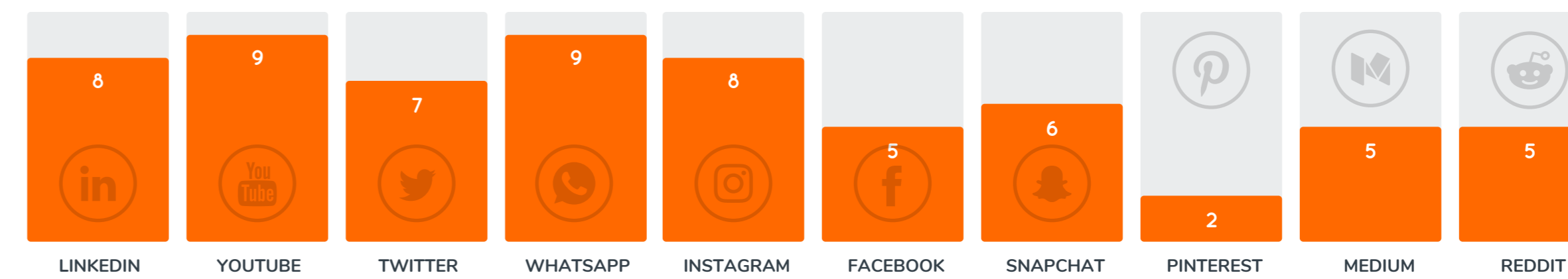
Needs

- Support after treatment to help maintain focus on his goals and keep him away from his past behaviours
- A sense of identity and place
- A focus on the future

Communication Preferences

- Phone
- Text
- Email
- Online Chat
- Skype

Social Media Usage



MARKETING

Reach

- The GP will be a first port of call but young people with addiction problems need alternative help as the main sources are failing them and they are actively seeking alternatives
- Family and friends in real life or via social media
- Religious organisations or leaders, and community or youth groups
- Clubs and bars
- Gender-specific venues may be important for some groups
- Digital ads (mobile and app particularly) and paid sponsorship on digital media
- Gyms and sports venues
- Football stadiums
- Gambling-related resources, including regulators
- Self-help organisations and charities, such as MIND and Frank, may be stopping points within the patient journey, so raising awareness and educating those organisations will indirectly help open TMS conversations with patients.

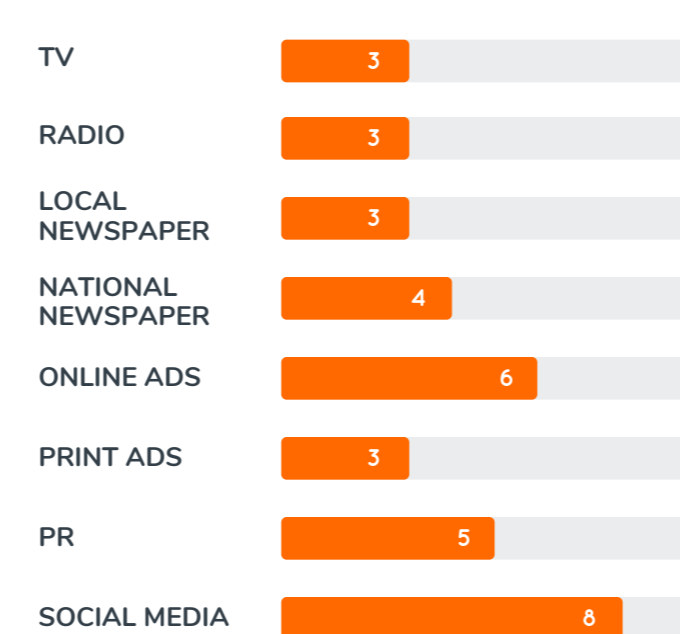
Messaging

- He prefers short, to the point information
- Video or interactive content is more likely to engage him than a long printed article
- He is equally emotive and scientific in his thinking and given his age, he will likely engage in content that talks about the future, aspirations and possibilities
- He is looking to get back control and find freedom from addiction, so will likely respond to messages around taking control and messages that are concise and directional
- He is influenced by others, so patient success stories that are similar to his own will resonate strongly with him
- He may be influenced by what he reads and sees online (for example he may be confused between ECT and TMS if they are mentioned in the same context)

Content

- Videos and YouTube content
- Patient stories in video format or short blog style content
- Infographics with data displayed
- Website content with video
- Access to live chats, skype or messenger services like Slack or WhatsApp
- Documentary content (visual film and audio)
- Education material for organisation such as Frank and MIND to help spread the message of Smart TMS and TMS treatment in general as an option for Addiction sufferers
- Clear factsheets about what TMS is, and what it is not

Influencing Channels



BLOGS



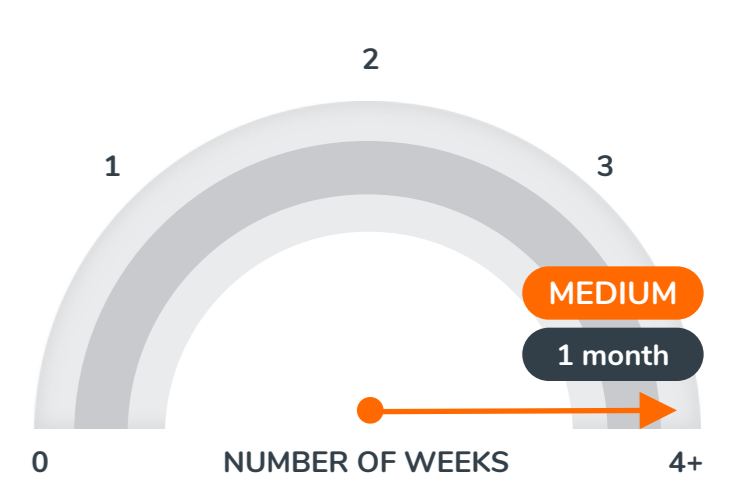
Hangouts

- Football
- Bars and Clubs
- Popup and experiential events (secret cinema, Oktoberfest, Field Day Festival etc)
- Music festivals (local and national)

Google Search Terms

- Cure for drug addiction
- How to stop taking drugs
- How to cure an addiction
- Drug clinics in London
- Alternatives cures for drug addiction
- How to get clean from drugs
- Do I have a drug addiction

Awareness to Conversion Timeline





Martin

Treatment Type:
Addiction

Persona Type:
Life Long High Performer

CHARACTER

Demographic

Age: 46
Sex: Male
Marital Status: Single
Children: 0
Location: London
Employment: Full-time (current time off)
Occupation: Media
Income: £80k

Bio

Martin had a caring upbringing with a loving family, but suffered from dyslexia and was bullied at school, he developed a quick temper and longed for acceptance.

At 14 he started sniffing glue and aerosols, from then on he used alcohol or substances regularly. At 15 he started smoking weed and took some into school, he became very popular and over the next few years his habit grew but he thought it was just for his enjoyment.

Over the next few years he grew more social and moved onto acid, ecstasy and speed as well as heavy drinking on nights out, however he was able to get a job in media where he spent the next 10 years working hard, partying, drinking and taking drugs.

At 30, Martin found out his mother had cancer and he was devastated and angry, and this helped fuel his drug and alcohol abuse using it as an excuse for his behaviour. His mother passed away shortly afterwards and it was during this period that he discovered cocaine.

Martin had a good job though and was able to perform well despite his addictions, he earned more money but it was all going to fuel his addiction. He began to feel restless and discontent and was surrounded by ever-increasing feelings of dread, fear and anxiety.

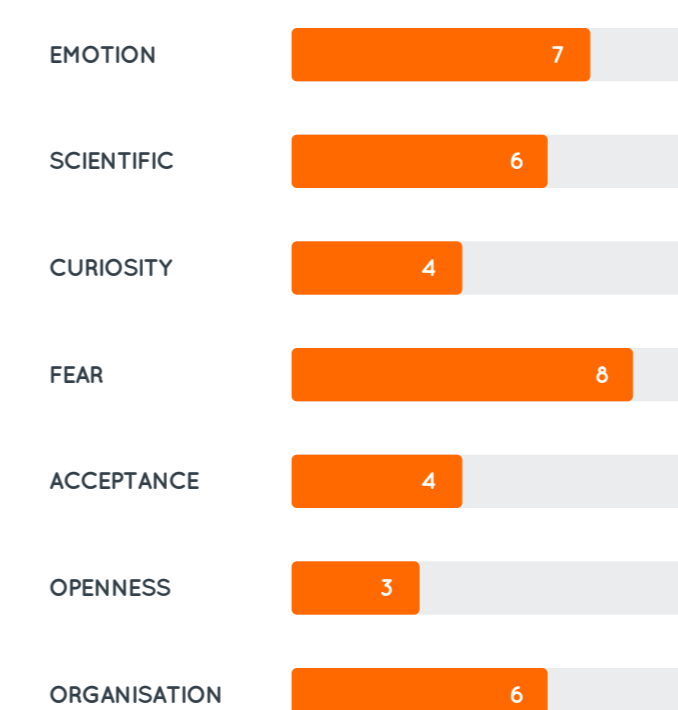
Over the next 15 years he found himself moving into debt and his performance at work was significantly impacted and he started to take long periods of time off sick. He struggled to form any meaningful relationships and felt powerless over his addiction.

He eventually called his sister and asked for help.

Personality Traits

- Addictive personality
- Short temper
- Prone to anger
- Resentment
- Driven to tell lies as a by-product of his addiction but it triggers subsequent feelings of guilt and shame

Personality



State of mind about treatment

- Is resentful because he thought he had it under control
- Knows he needs to make changes but knows he can't do it on his own
- Martin has always avoided GPs and medical treatments as much as possible so is not very aware of potential options and treatments, but he wants an 'instant' fix and not ongoing rehabilitation
- Fearful of withdrawal symptoms and how he will react when no longer self-regulating his mood through drugs and alcohol.

Patient journey key moments

- Death of his mother
- Diagnosed with dyslexia
- Constant encouragement by friends
- Intervention of sister

HABITS & BEHAVIOURS

Habits and Behaviours

- Big swings in emotional state, from drug or drink fuelled highs to ensuing deep lows
- During low periods, he is failing to look after himself, going days without washing and not eating properly
- No longer socialising or seeing friends, and generally avoiding situations where there will be groups of people

Goals

- To calm down and find his place
- To lose or suppress the powerful urges that are driving the cycle of highs and lows
- To have the 'tools' to manage himself in situations where drink and drugs are present
- To get his career back on track and make amends for previous poor performance and behaviour

Motivations for treatment

- Decline in work performance
- Guilt for his parents
- Proactivity from his sister

Influences

- Sister
- Father (but he is not in a position to help physically due to his age)

Quote



"I felt as though death was upon me and I welcomed it. But I had a moment of clarity: I saw a chink of light in my darkness and knew I needed to reach out and honestly admit that I was powerless over this and that I needed help. I called my sister and just said 'help me'."

Digital Behaviour

- Twitter
- LinkedIn
- Heavy email user for work
- Online grocery shopping
- Amazon Prime member
- Deliveroo/Just Eat

INTERESTS AND LIFESTYLE

Interests

- Music, particularly house music from his younger days when he would often go clubbing with friends. He has become a vinyl collector
- Eating out. Client entertaining means he gets to regularly dine at some of London's most well-regarded restaurants

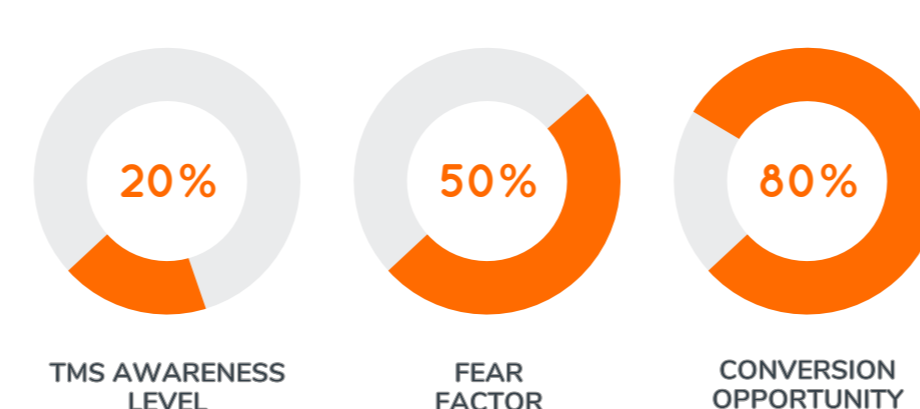
Loyalties / Brands



Previous or current Treatments

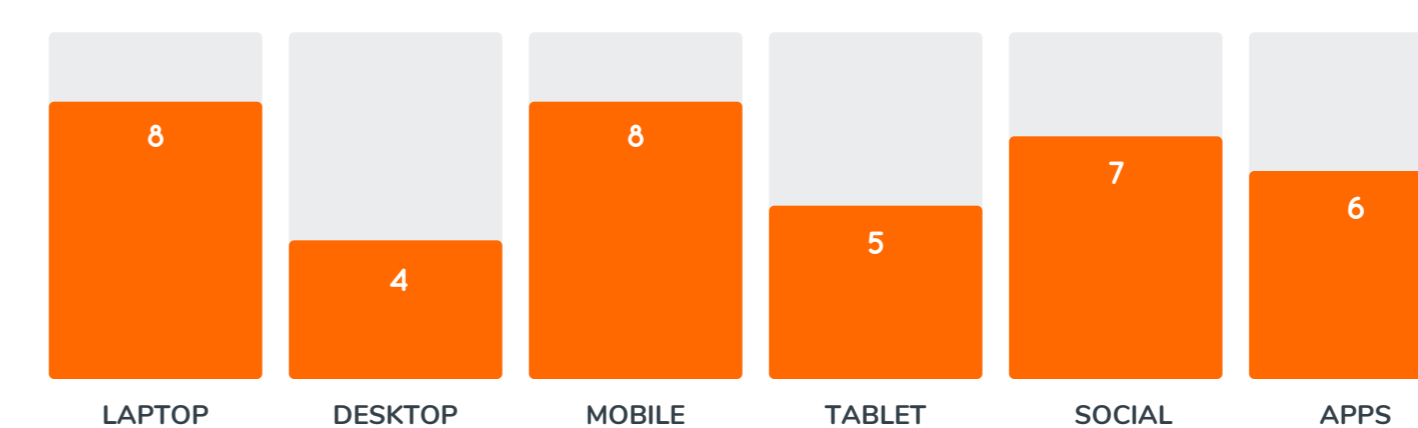
- None - he was unaware he had an addiction problem and only sought grief counselling

Treatment opportunity



He has very limited knowledge of any treatments available and has a medium level fear factor, but this also means he is open to scientific and meaningful treatments

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- Keen not to be labelled an 'addict' and avoid being checked into a rehab clinic
- Already in a delicate situation with work and unlikely to be able to secure a significant period of time off for treatment
- Work places him in environments where drinking is encouraged and drug-taking is prevalent
- While in a well-paid job, he has debts and no savings
- Prone to going 'off grid' and lying
- Single and therefore not able to rely on a significant other to provide regular support or structure. His sister can only do so much

Concerns

- Feels he is losing the best years of his life as substance abuse is having an ageing effect. Time is running out to do something and repair relationships with family and friends
- Knows that going cold turkey will make him angry, irritable and fatigued. Keen to avoid it
- While aware of the damage he is doing to himself and others, he is worried that living a life without drink and drugs will be too challenging
- Has tried to give up drink and drugs in the past. Any success has been short-lived. Needs a different kind of help to really succeed this time

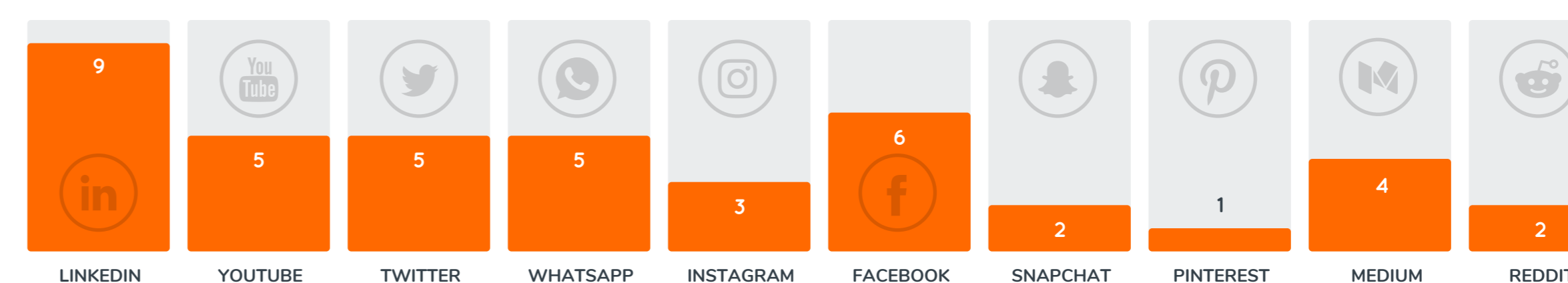
Needs

- Continuous therapeutic support
- Small goals
- Motivational support
- Evidence of progress
- Scientific evidence

Communication Preferences

- Website, including live chat in order to explore questions while remaining anonymous
- Mobile (text-based communication)
- Regards print as a more 'official' medium
- Finds it very difficult to speak about his situation

Social Media Usage



MARKETING

Reach

- Online information related to drug rehabilitation, either self-help or through clinics
- Corporate environments in the media sector
- Airports and train stations
- Newspapers and trusted print sources, including interviews with 'heroes' who have dealt with similar issues
- Online blogs and patient stories
- Sports celebrities with addictions or mental health problems

Messaging

- Alcohol and drug addiction is a condition that requires treatment
- The brain needs to be 'rewired' to manage the urges linked to substance abuse
- By managing these urges, addicts can then regain control over their own life
- He needs to feel that drug addiction can affect successful people and he needs to feel understood and not alone or embarrassed

Content

- Website content
- Explainer videos
- Relatable patient success stories
- Newspaper advertorials and editorials
- Infographics and science based data
- Sports celebrity endorsements and PR content

Influencing Channels



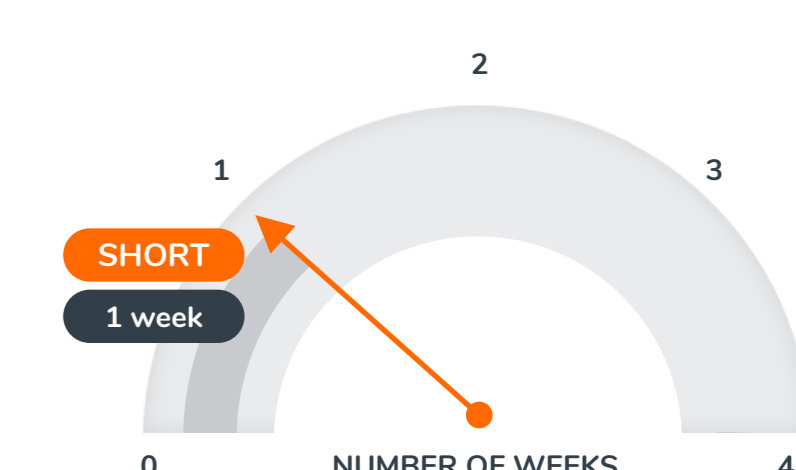
Hangouts

- Bars/restaurants near work
- Local pubs and bars
- Golf clubs and gyms
- Tube and public transport ads

Google Search Terms

- Addiction treatments
- Addiction treatment London
- Treatment for drink and drug addiction
- Treatment for drug and alcohol abuse
- Addiction centres near me
- Addiction centres London
- Private addiction clinics

Awareness to Conversion Timeline





Sue

Treatment Type:
N/A Influencer

Persona Type:
Trusted Authority

CHARACTER

Demographic

Age: 52
Sex: Female
Marital Status: Married
Children: 2
Location: Leeds
Employment: Full-time
Occupation: Psychotherapist (Private)
Income: £40k

Bio

Sue is a psychotherapist, she helps clients explore and express their thought processes, feelings and behaviour.

She works with a range of clients covering the following core subjects:

- emotional issues, such as anger or grief
- mental ill health, for example anxiety and depression
- behavioural issues
- eating disorders
- addiction

Sue helps clients to develop strategies for coping with issues and for making positive changes to the way they think and behave.

She strives to build meaningful relationships with her patients and realises psychotherapy is often a supporting function to other treatments a patient may be undergoing. She recognises there is not a 'one for all' fit to treating mental health and is willing to discuss, refer or recommend patients to treatments that she feels may help them.

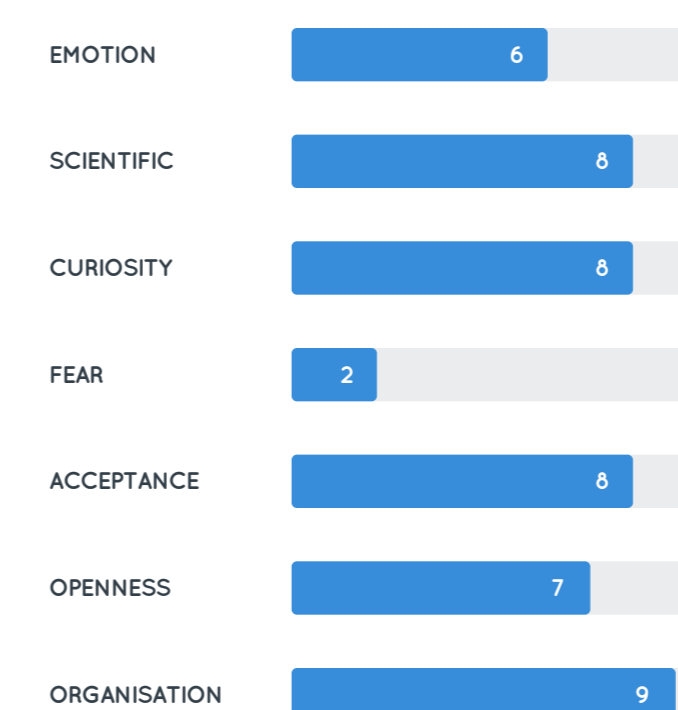
She is very proactive in her approach to knowledge and is regularly updating her methods and processes based on the latest theory, research and information available.

Sue becomes a trusted authority for many patients as she nurtures a strong trusted relationship with them so they can share their thoughts with her. As part of this relationship, Sue is often the most influential figure in the patients life because she holds both an authoritative and personal relationship with the patient.

Personality Traits

- Empathetic
- Emotionally controlled
- Research and evidence minded
- Curious
- Inquisitive
- Proactive
- A good listener
- Considerate
- Worldly and well travelled
- Very organised
- Reflective and thoughtful
- Articulate and softly spoken
- Discrete
- Protective
- Diligent

Personality



State of mind about treatment

- Sue wants to see improvements and changes in her patients, so she is open to all proven methods of treatment that she can potentially introduce to her patients
- She will often treat patients for a long period of time and will get to know them, she knows she has a strong influence on her patients and she uses this influence cautiously and with control
- She is willing to talk to patients about new treatments

Patient journey key moments

- Sue discovers TMS after reading some US research papers and from various events and conferences she attends
- She will refer or recommend TMS treatment to a patient if she feels it is the right fit for what they need at that time and place, therefore she may take time to research TMS before recommending it

HABITS & BEHAVIOURS

Habits and Behaviours

- Sue has a strict working regime and is well organised with her time
- She likes to research subjects to a deep level before she will recommend anything
- She is very protective of her patients and demands data-based facts, process and success rates
- Sue has a number of hobbies and interests but due to the stress and emotional impact of her work, she has interests that are calm and peaceful

Goals

- To help patients manage their conditions and help them live as normal lives as possible
- To grow her practice and increase referrals

Motivations for treatment

- Sue is motivated by her desire to help patients live a 'normal' life free from the debilitating conditions
- To build her reputation as a trusted innovative and well known psychotherapist
- To expand her practice locally

Influences

- Professional peers and leaders such as Albert Bandura, Geoffrey Beattie and Brenda Milner
- Word of Mouth and respected peer reviews will be influential in her decision to research or refer patients for TMS treatment

Quote



"A diagnosis should be written in pencil, from my perspective, a diagnosis should be a very particular moment in a patient's life. It should be, when done well, a very important positive moment. A good diagnosis leads to feeling understood, to no longer having a sense of confusion and uncertainty about the future."

Digital Behaviour

- Although perfectly tech savvy, Sue limits her digital use
- She will view content but rarely engages in anything that is not directly related to her friends or family

INTERESTS AND LIFESTYLE

Interests

- Reading
- Travel
- Cycling
- Walking
- Yoga
- Family life
- Classical Music
- Theatre

Loyalties / Brands



Previous or current Treatments

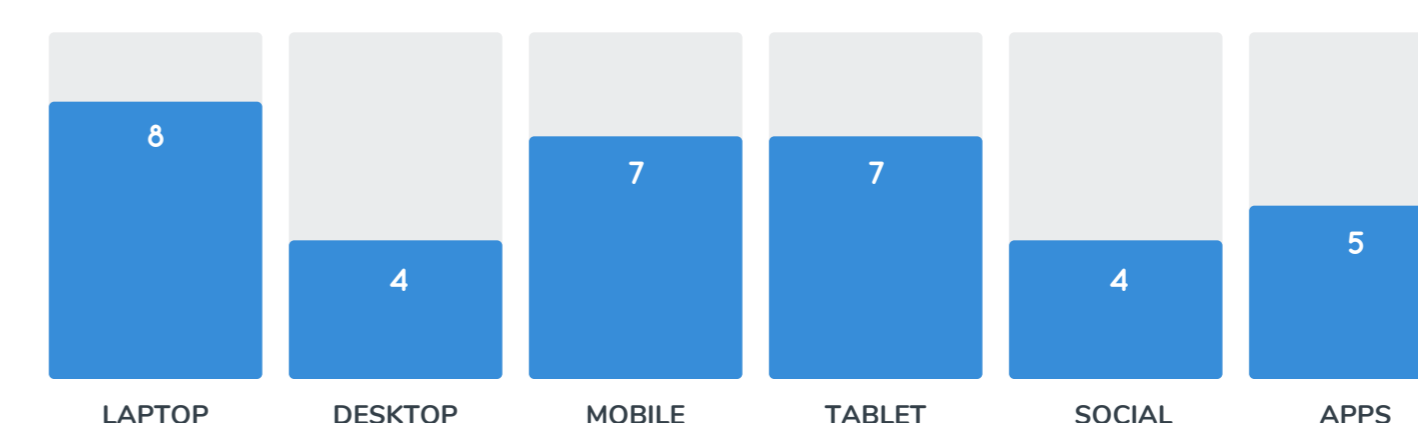
- Trained in:
- emotional issues, such as anger or grief
 - mental ill health, for example anxiety and depression
 - behavioural issues
 - eating disorders
 - addiction

Treatment opportunity



Sue is very willing to offer her clients alternative treatments if they are proven and she confidently feels it will positively impact their lives

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- Access to information that is not overwhelming but still detailed enough, TMS will be one alternative treatment in many on her radar
- Difficult to validate data and research
- Reluctant to discuss options with patients unless she has proof and evidence it is right for her client

Concerns

- She is mainly concerned with the validity of treatment and success rates
- She is concerned about her patient's welfare
- She is concerned about her professional upstanding

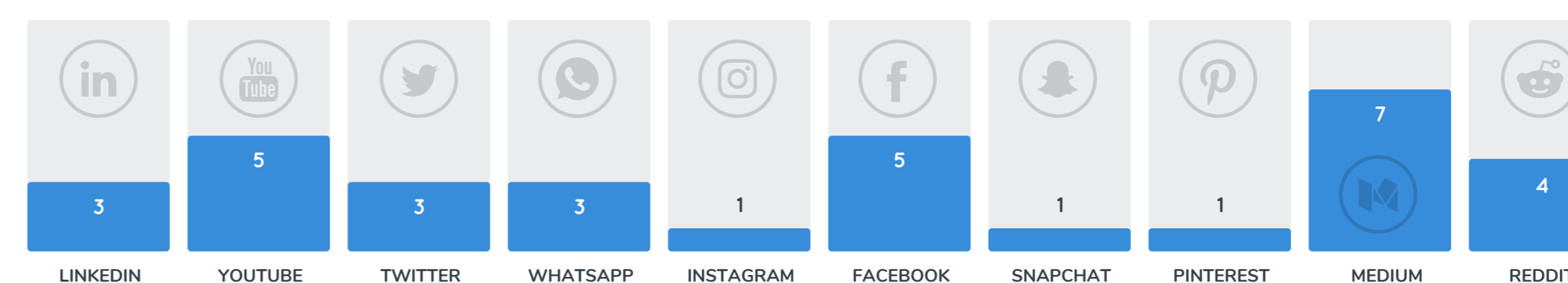
Needs

- Access to new innovations, treatments, research and theories
- Factual, data-driven information
- Patient stories that reflect the type of patients she works with

Communication Preferences

- Print
- Email

Social Media Usage



MARKETING

Reach

- Sue will regularly keep up to date with medical magazines and professional blogs such as New Psychotherapist magazine and Therapy Today
- She is influenced by known figures in psychotherapy and is interested in their reviews and experiences with new treatment techniques
- She will attend various psychotherapy events and conferences such as UKCP (UK Council of Psychotherapy) events, she is also a member of several psychotherapy memberships such as the British Psychoanalytical Council
- She is an avid reader and regularly reads the daily local and national newspapers and Sunday papers (with supplements)

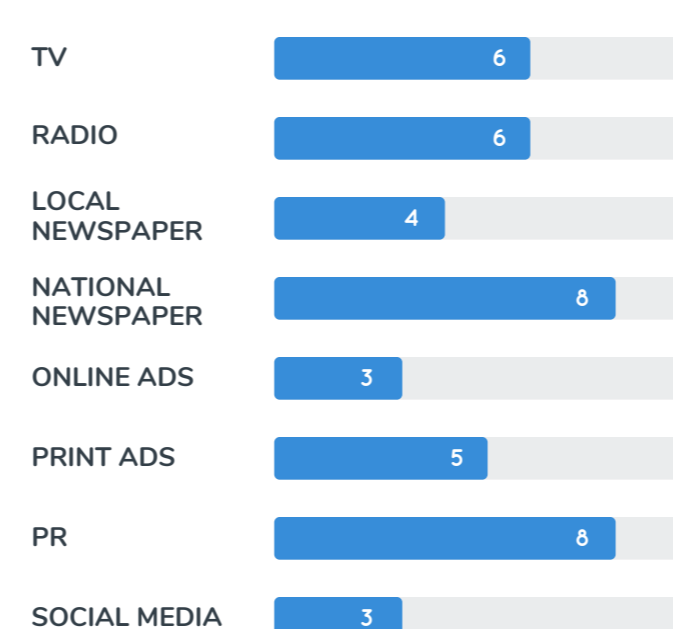
Messaging

- Safety
- Side Effects
- Success Stories, and who specifically TMS treatment can help
- Process of treatment
- Validity and credentials
- Experience of the practitioners
- Locality and reach of the clinics
- Created in the UK, US reach, UK innovation
- ECT comparison
- Detailed but translatable for patients

Content

- Adverts in trusted medical magazines
- Blog/Medical influencer stories/interviews
- Testimonials / recommendations by other trusted professionals
- Medical PR
- Direct Mail
- Newspaper articles / reports

Influencing Channels



Hangouts

- BLOGS (6)
- CELEBRITY ENDORSEMENTS (7)
- FRIENDS (3)
- FAMILY (3)
- REVIEWS (6)
- GP (6)
- SPECIALISTS (9)

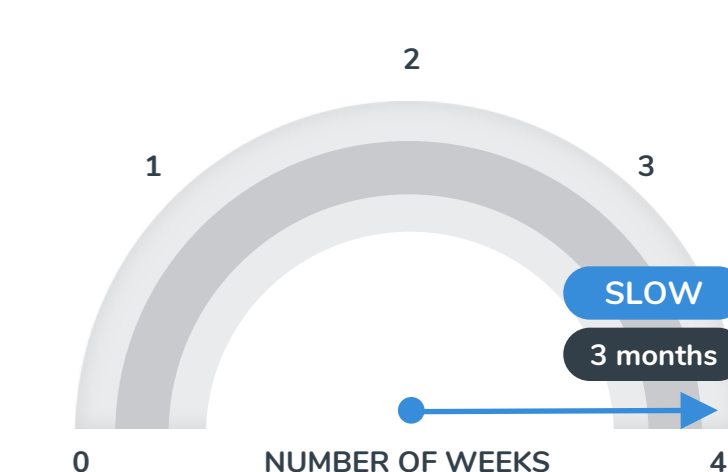
Google Search Terms

- Conferences and events (national)
- Psychotherapy magazine and digital subscriptions
- Theatre, museums and galleries

Google Search Terms

- TMS for depression
- TMS for anxiety
- TMS for OCD
- TMS for Addiction
- TMS in the UK
- History of TMS
- TMS success rates
- TMS and the brain
- How does TMS work
- Who uses TMS

Awareness to Conversion Timeline





Debs

Treatment Type:
N/A Influencer

Persona Type:
Concerned Facilitator

CHARACTER

Demographic

Age: 51
Sex: Female
Marital Status: Married
Children: 2
Location: Bristol
Employment: Part-time
Occupation: Medical Secretary
Income: £25k

Bio

Debs is Jenny's close friend and part of her inner circle of friendships. Debs has lived a very similar life to Jenny but their paths have gone in different directions.

Debs is married with two grown up children of similar ages to Jenny's children. Jenny and Debs' friendship goes back to their school days, they have a lot of love and trust between each other. Debs was very supportive during Jenny's divorce and they became even closer and this was the point where Debs started seeing significant symptoms of Depression within Jenny and her behaviour.

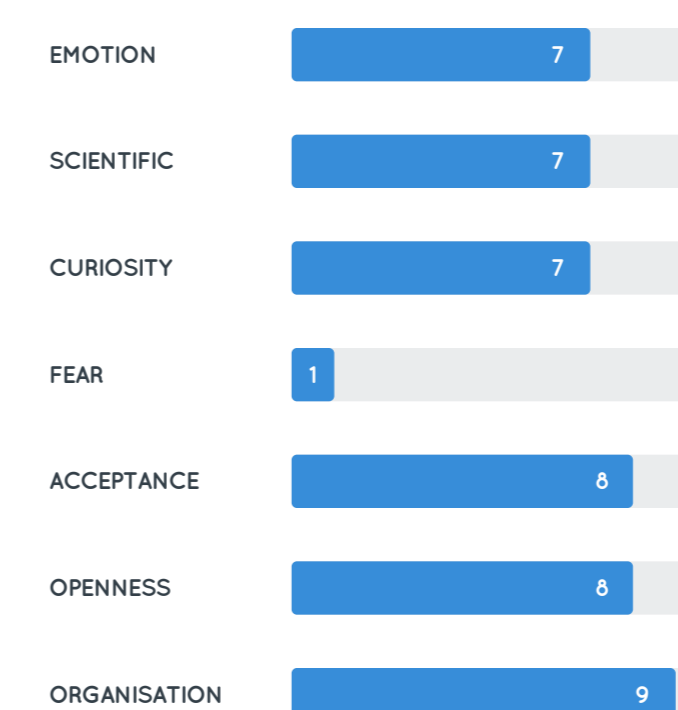
Despite being in regular contact with Jenny, Debs has seen a significant change in Jenny's behaviour recently and is concerned about her mental wellbeing, Jenny is regularly talking about a lack of hope and not having any positive goals for the future.

Debs takes this as a sign that Jenny needs some intervention and decides to take it upon herself to find alternative treatments for depression.

Personality Traits

- Proactive
- Supportive
- Highly organised
- Encouraging
- Assertive
- Straight talking
- She is willing to challenge authority but respects reasoned and evaluated arguments

Personality



State of mind about treatment

- Positive, proactive and wants to make a difference
- Acts as a facilitator and researcher
- Works for the best interest of her friend
- Debs is considerate and is open to ideas but needs them to be validated through a trusted means (eg data, specialist, customer reviews etc)

Patient journey key moments

- Supported Jenny through her original divorce
- Offered continued support throughout Jenny's journey
- Jenny's first open discussion about how she is struggling with depression was with Debs
- Debs shared Jenny's conversations with her close group of friends for their added support

HABITS & BEHAVIOURS

Habits and Behaviours

- She is pro-consumer rights and takes a moral stance on how organisations treat customers, she also likes to verify the validity of company claims through online customer reviews and researching customer experiences
- Although she has an open mind, she prefers to stick with brands she knows and recognises

Goals

- To help Jenny get back some normality in her life and to help enable her to be sociable with her group of close friends
- To find a treatment that is local, safe and effective

Motivations for treatment

- Her strong friendship with Jenny, and her role as her confidant and 'rock'
- Her role as facilitator and protector of Jenny's wellbeing

Influences

- Her shared group of friends
- Her husband
- Medical specialists such as psychotherapists
- Her GP
- Online reviews particularly the brands she knows (Trust Pilot and Trip Advisor for example)
- She can be persuaded through mainstream celebrity endorsements (she feels they wouldn't talk about something they didn't believe in)

Quote



"We used to have a social life where we would go on short break holidays together, but now its a struggle to even get Jenny out of the house. I'm not medically trained, but I'm the only person she can rely on, which creates a huge sense of responsibility for me. We have a network of friends, but the problem is, unless you bring your depression to the attention of the GP, no one will do anything to help"

Digital Behaviour

- Debs is digitally savvy, she has a mobile phone and uses it primarily for web searching, utility apps and social media
- She is conscious of data collection, so will only sign up or input email, credit card information or phone numbers on trusted websites or apps
- She is primarily a mobile user, but uses a laptop at home for more considered browsing and shopping online
- She watches a mix of streamed content (eg Netflix) and on demand services, but regularly watches terrestrial TV

- She is likely to validate recommendations through online reviews and ratings
- She prefers to only use websites and apps she has used before and will only change this behaviour through recommendation or trusted reviews
- She is aware how search results are listed and how online sponsored results work

INTERESTS AND LIFESTYLE

Interests

- Socialising
- Home and lifestyle
- Reading
- Movies
- Travel

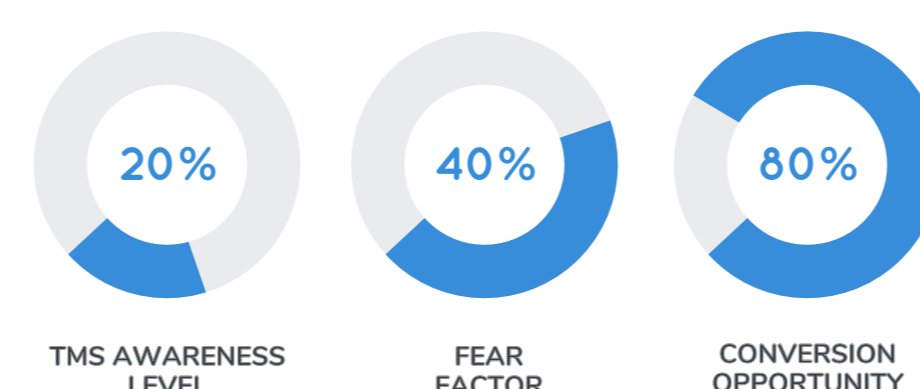
Loyalties / Brands



Previous or current Treatments

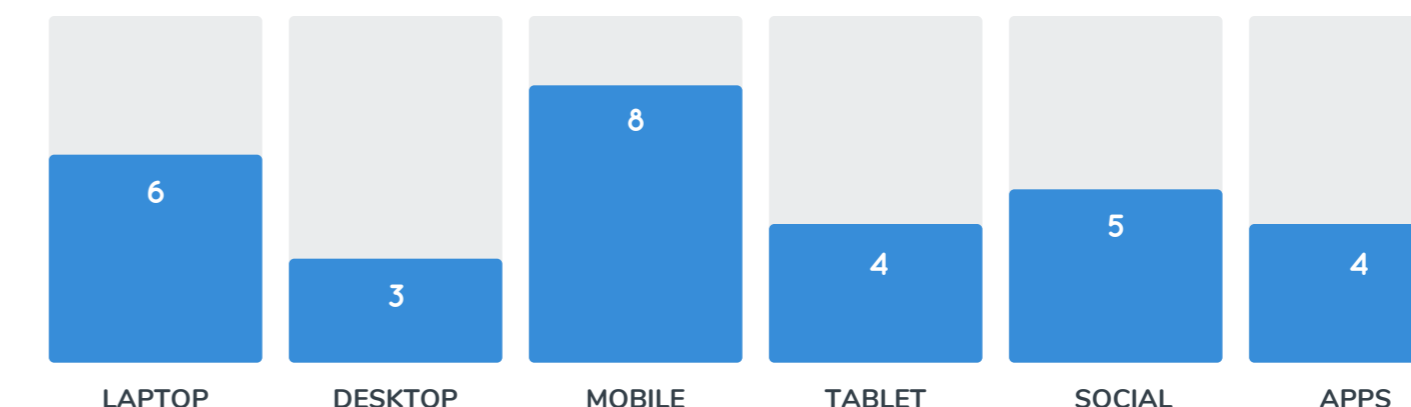
- N/A - Debs is aware of the traditional paths of treatment for depression (eg CBT, antidepressants, psychotherapy etc) but she has not experienced any of these herself

Treatment opportunity



Debs is keen to make a difference to her friend's life and if she is able to gather the facts she will be able to present these to Jenny and convert her to a Smart TMS patient

Device/Digital Usage



CHALLENGES AND NEEDS

Challenges / Frustrations

- Finding information of treatments outside the traditional paths of medication, talking therapies and counselling
- Lack of awareness and detail about TMS
- Unsure what 'good looks like' finds it hard to compare treatments

Concerns

- Cost and payment plans
- Credibility and accreditation
- Safety and side effects
- Convincing Jenny of the benefits and making it a safe and easy process for her
- Concerns about success rates and whether any treatment will work

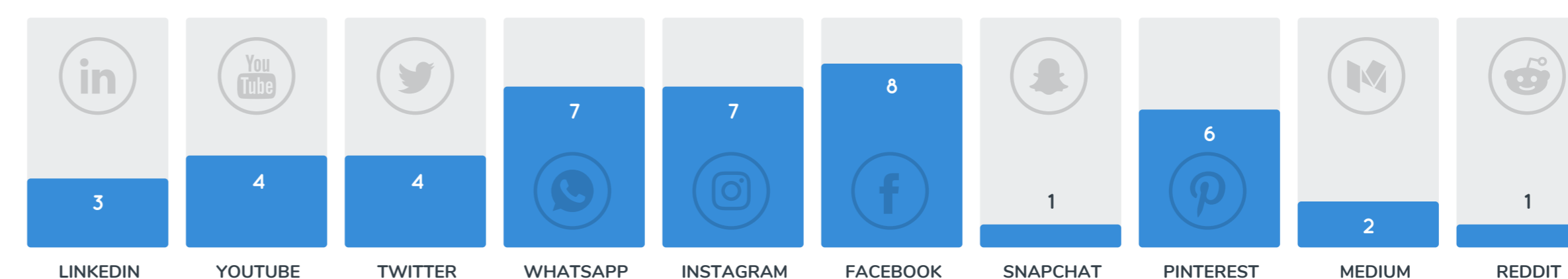
Needs

- Information about supporting someone with Anxiety and Depression
- Clear costs and practical information such as treatment process, length of treatment, locations etc
- Reassurance, education and direction

Communication Preferences

- Phone
- Email for confirmation and information that can be printed and shared

Social Media Usage



MARKETING

Reach

- Debs is quite a social person and will often arrange to meet with friends locally in coffee shops for cake and a catch up or restaurants for lunch with a glass of wine
- She is a local person and knows the area well, she is community spirited and likes to shop locally when she can, but otherwise she will use the supermarket when the family shop needs to be done
- She is an avid reader and keeps up to date with national and local news and will engage with PR stories or trusted celebrity endorsements
- She is digitally savvy and can be found online at trusted and well known brand sites for online shopping and media consumption

Messaging

- Education: recognising the signs of anxiety and depression in friends and family
- Support: focus on the ease of the journey for the patient including the familiarisation sessions and call with a practitioner if needed
- Patient stories that show positive results and improvements in social activity and family interactions

Content

- Debs has two roles: researcher and facilitator
- As researcher she needs to gather data on treatments (printed or emailed PDF collateral), relevant and specific patient stories that will relate to Jenny, practical information such as costs, process, payment plans, safety and side effects
- As facilitator, Debs is required to be proactive, using the materials she has gathered to build a case for treatment. She also needs to facilitate calls and book appointments, she will also need to know the practical aspects such as parking, on-site facilities etc as may offer a supporting role throughout treatment
- Debs will also need to know how she can be involved in the process as a support role and what she can do to help during the treatment process
- Debs will need to share content with Jenny, and therefore content should be in a printable format with clear content and calls to action

Influencing Channels



Hangouts

- Local events, she is a supporter of the community having raised her family locally and lived a majority of her life in the same area
- She will be using trusted popular digital platforms (Amazon, Netflix, WhatsApp etc)
- Local shops, restaurants, schools, coffee shops

Google Search Terms

- Therapy and counselling for depression
- What is depression
- Treatments for depression
- Private treatments for depression
- How to cure depression
- How to help a friend with depression
- Cures for depression
- Depression clinics in Bristol
- Help for depression in Bristol

Awareness to Conversion Timeline

