

Introduction:

Cambridge, United Kingdom (UK) is the most unequal city in the UK (Centre for Cities 2026). This is important data to consider when discussing mental health communication, as there is some evidence to suggest that mental health treatment is less effective for those of lower socioeconomic status (Finegan et al 2024). Within the UK childhood trauma is a prevalent issue with an estimated 1 in 13 children experiencing trauma before the age of 18 (Lewis et al 2019). These adverse childhood experiences have a lasting impact on functioning into adulthood (Sahle et al 2021). The Cambridge Acorn Project recognises the need for trauma informed care for those experiencing financial hardship, need and integrates an understanding of social inequality into trauma treatment. Rather than solely employing psychological therapeutic interventions, CAP uses a “panoramic approach” to trauma recovery. The panoramic approach integrates support with education, cost of living, housing and other stressors into trauma recovery. The other key aspect of CAP’s support that was paramount in defining the goals for the project is agency. Recent research into trauma treatment emphasises the importance of personal narrative and agency as central to recovery (Wiesepepe et al 2025). At CAP, agency is emphasised through the involvement of families in creating a tailored package of support for their specific needs. Parents of lower socioeconomic status experience gaps in the amount of time they spend with children (Vinopal and Gershenson 2016) and therefore may have less time to devote to researching their child’s condition. This, combined with the complexity of CAP’s panoramic model means that families may struggle to understand the work that CAP does. This lack of understanding undermines the agency of children and families and leaves them underinformed of their child’s care. Implementing a communication strategy prioritising social media and explaining psychological advice in an accessible way was the primary way I attempted to promote agency within my role in the organisation. Social media has been acknowledged as a useful tool in mental-health communication, although academics have also highlighted the risk of generic content diluting the landscape (Saha et al 2019). The social media communication strategy was also designed to create a friendly, approachable brand which will aid in future fundraising and community visibility efforts.

The overall aims of this project were to communicate psychology in an accessible way, and to further CAP’s mission via fundraising and marketing. To realise these more abstract goals, I distilled my project into four specific SMART (specific, measurable, achievable, relevant and time-bound) goals as follows:

- A sustainable social media strategy, bearing in mind the capacity of CAP as a small charity to consistently create content.
- A content bank of posts, including specific post ideas, as well as templates for text-posts which can be used to quickly make posts during busy periods.

- A document with suggestions for CAP's financial strategy, including a list of potential corporate partners and suggestions on how to reach out to them.
- A journal of reflections on my personal approach to problem solving and understanding issues within organisations.

Project timeline and actions taken

The project was split into three phases ensuring that I spent sufficient time getting to know the organisation, researching relevant literature and spending time creating high-quality content and suggestions for financial and communication strategy.

During the first two weeks I spent time conducting informational interviews with staff, and visiting one of CAP's community hubs in Abbey Ward. During this process I was immersed in the way CAP therapists and practitioners work, and the way they talk about the children and families that they supported. Unlike in academic spaces, communication at CAP is jargon-free and focuses on the individual, rather than abstract psychological theory. I also reviewed key documents about CAP and their impact, and their existing communication guidelines. By the end of this phase I was confident that social media drawing on the CAP tone of voice as friendly, approachable and child-friendly was the best approach for CAP communications.

Towards the end of this phase I identified key areas for research in the coming weeks, including psychological theory and other, similar charities that could be used as case studies. Once I had established the *type* of content I wanted, I began to devise a strategy for social media. I created the problem tree seen in *figure 1* to identify the best way to move forward with the project.

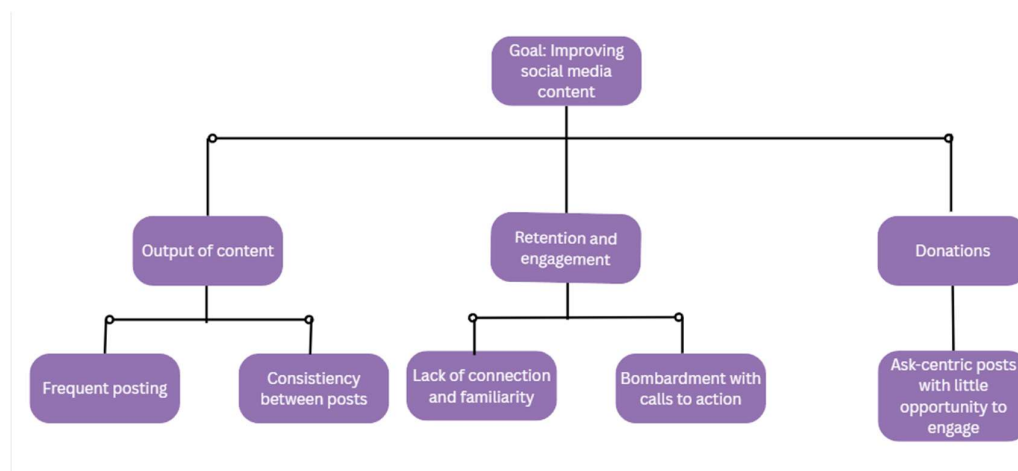


Figure 1

After consulting with my project supervisor, we identified that limited resources and time for creativity were a barrier to social media content creation. My first step in

creating a strategy was to make a calendar to organise our content plan. This calendar included key dates in mental health awareness and fundraising, as well as a schedule to release content on. This took place between weeks two and three primarily, although I tweaked the calendar until the end of the placement.

The second phase was the research phase, both in terms of academic literature on responsibly communicating mental health and the social media landscape in mental health and child-friendly content. I began by researching responsible and effective communication in mental health.

Communication frequently returned to themes of reliability, trust and connection. Trust is central to affective psychotherapy (Chouliara et al 2023). Therefore, maintaining a professional, trustworthy brand on social media was necessary to reflect the professional qualities of the therapists and other professionals working at CAP.

Care was also taken to assure that any content put out by CAP would be helpful, and not contribute to existing distress or stigma suffered by audiences. A principle relevant to this aim is the pappageno effect. Named after a character in Mozart's *The magic flute*, the the pappageno effect is a suicide prevention principle, referring to the idea that presenting options for the routes life can take in recovery is more effective in motivating people to recover than trying to deter them by focusing on the action (Domaradzki 2021). Although not strictly related to trauma, I found this to be a useful guiding principle moving forward whilst planning the content of my social media posts for CAP. Posts therefore emphasised joy and wonder as key aspects of childhood, rather than focusing on the tragedy of childhood trauma itself.

Two key case studies for social media I found were centre 33, a Cambridgeshire-based charity that helps adolescents and young people experiencing mental health difficulties, and Ceebeebies parenting, the social media presence of the childrens branch of the British Broadcasting Channel (BBC), that aims to educate parents and acknowledge difficulties they might have. These influences helped me to devise a tone of voice that responsibly communicated mental health, and retained the childlike, approachable tone of CAP respectively. After analysing a total of 12 posts between these and similar accounts, I identified the following as themes relevant to CAP's social media presence:

- Concise text
- Bright Colours
- Characters and Case studies
- Quotations and testimonials

In the research phase I also researched the place of CAP in the community, identifying existing partners which were primarily concentrated in legal, financial and community partners, with an emphasis on Cambridge branches of larger businesses. I then

researched companies for possible future partnerships, emphasising local Cambridge businesses, and life science and creative sectors.

The third phase of the project was focused on creating content and finalising strategy. This will be detailed further in the “outcomes” section, but a social media content bank was created covering the first three months of the 2026/27 academic year. Furthermore, to ensure the sustainability of this project, templates for future posts were created using Canva, so that content can easily be generated in busier periods.

Outcomes

The social media strategy was created using Microsoft Excel and covered twelve months from August 2026.

The strategy balanced the light-hearted, hopeful tone of voice of CAP with the responsibility of the charity to communicate mental health in a sensitive way. The primary way I did this was by increasing the number of informational or content posts, thus diluting the number of “ask-based” posts and establishing the CAP as having a clear brand and purpose, alongside providing a repository of information for those interested in the CAP. The key content categories I devised were: light-hearted, impact, educational, awareness days and fundraising posts. I prioritised light-hearted posts with one scheduled weekly, and rotation between the other post-types. Examples of the calendar are shown in figures 2 and 3.

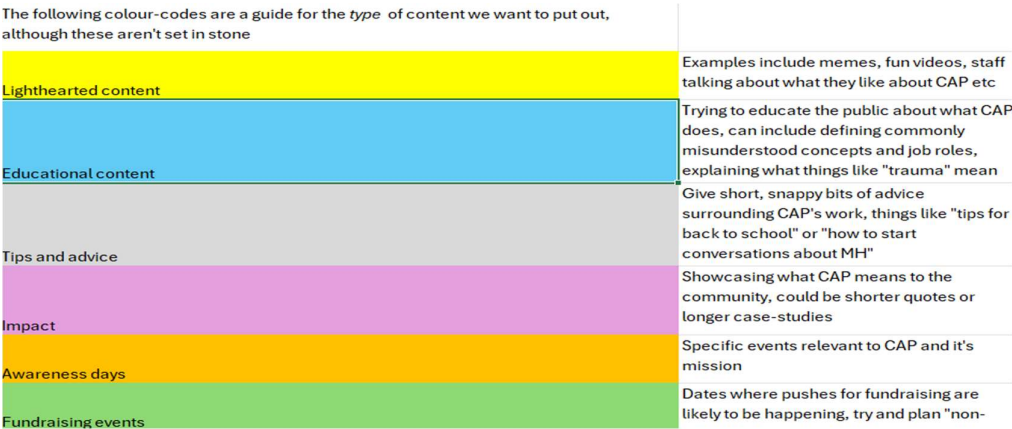


Figure 2

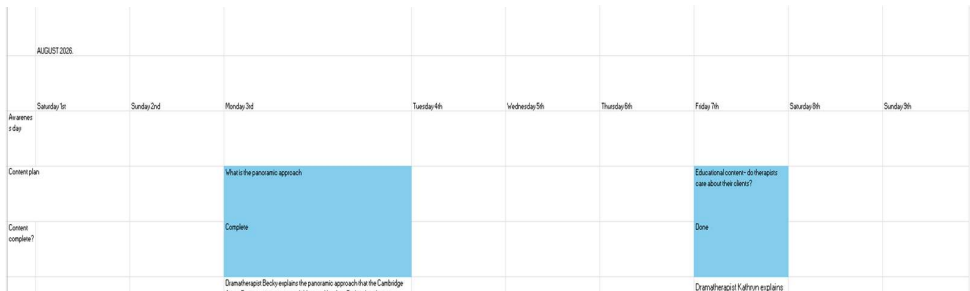


Figure 3

The content bank took this bi-weekly model and scheduled the first three months of posts. Although

“Therapy is just talking”

The CAP team:



Figure 4

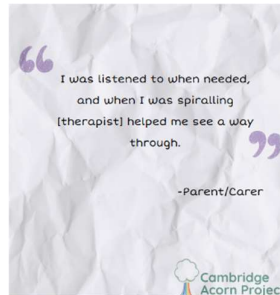


Figure 5



Figure 6

I will not detail every single post prepared, i will give an overview of the type of post created for each category. Light hearted (*figure 4*) posts had the goal of introducing the team and fostering familiarity, focusing on the team and debunking the idea that therapists are “scary” or “judgemental”. Impact and educational (*figure 5*) based posts both tried to translate psychological literature on trauma recovery and the outcomes of CAP’s work to be accessible and easily digestible. Awareness days (*figure 6*) focused on explaining and relating awareness day themes to trauma recovery and providing information and immediate sources of support to those who may be particularly affected on awareness days. Finally, fundraising posts give people a way to interact with CAP’s mission and benefit the organisation directly so that they can continue to carry out their work.

The second, smaller strand of the project identifying areas of growth for CAP’s fundraising strategy was also successful. Suggestions were primarily made for local, Cambridge-based corporations in the life sciences, or with small businesses within Histon and Impington, the village in which CAP has its offices. This fundraising work will allow CAP to continue its work in the Cambridgeshire community.

A handover document was created detailing the process of developing this social media strategy. This document is to be used alongside the Excel sheet for social media. This will allow a seamless transition for any new social media volunteers.

Impact and further reflections

When I began at CAP, most posts were fundraising asks, and so to find information about the charity, families would be required to navigate to their website, which is filled with dense information. What I provided was more accessible to families, and/or would-be donors meaning that they could get a feel for CAP without extraneous effort.

Social media has long been the dominant form of communication between people of millennials, generation-z and generation-alpha and my work in communications worked hard to reflect this. I researched the type of content that succeeds, namely carousels

and short-form video, and integrated this into my communication strategy. Science communication is beginning to move into social media, with social media skills becoming invaluable for up-and-coming scientists in all fields (Van Eperen and Marincola).

Social media has become a useful form of communication within mental health fields (Saha et al 2019), but researchers have emphasised that social media risks becoming homogeneous and surface-level, rather than meaningfully informative. Therefore, my strategy, focusing on a smaller, specialised charity is particularly useful in the social media and mental health space, due to the effort made to understand and accurately communicate the specific work of the charity.

In further mental health communication work with small charities, I would encourage scholars to take up a similar familiarisation phase to the one I took. I found that shadowing and interviewing workers was the best way to truly understand the character of the charity. Formalising these familiarisation stages during planning of the project would have made improved my timeline a lot given a much clearer target endpoint for each SMART goal.

Although each SMART goal was met within the time of the project, the timeline initially intended did not come to fruition. The initial plan was to split my time equally between social media and fundraising. However, once I became embedded within CAP it became obvious that social media communication required more attention than fundraising. It therefore may have been useful to formally revise goals at the end of each week.

One other key stage not mentioned above as it fell outside of the project timeline was a pre-project preparation period, in which I familiarised myself with the existing literature on trauma recovery, before researching specific work relevant to CAP. Such familiarisation was helpful in easing the transition, as the concepts being communicated were often complex. I would recommend such a preparation phase to any scholars undertaking a similar project.

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