

SUICIDE PREVENTION SITUATIONAL OVERVIEW



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ADEASE

EDUCATION DEVELOPMENT CENTER, INC.

YOUR SOCIAL MARKETER, INC.

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LITERATURE REVIEW

Social Marketing, Messaging and Suicide Prevention

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I. Scope of this review

This literature review was conducted in the fall of 2011 by the Education Development Center (EDC). Research articles published in the 11- year period between 2001 and 2011 in English were included in this review. The keywords used encompassed suicide prevention media, social marketing, and awareness campaigns. Although the project funded by CalMHSA is intended to be a social marketing campaign, many suicide prevention campaigns are public awareness campaigns, or the literature is unclear as to the kind of campaign.¹ This review is a supplement to a review conducted in 2010 for the San Diego County stigma reduction and suicide prevention campaigns (Your Social Marketer, 2010). In addition, existing websites were reviewed for campaigns that are currently in use regardless of whether the campaign has been evaluated. Recommendations in this report are based on the findings in published articles, presentations by experts, and on two existing best practice documents: "Recommendations for Reporting on Suicide" (Multiple authors, 2011) and "Safe and Effective Messaging for Suicide Prevention" (SPRC, 2006). These guidelines should be incorporated into the planning process of campaign development but should not be used in place of a planning process.

II. Developing successful campaigns

A successful suicide prevention campaign is developed when it achieves all of the following (Langford, 2010):

- 1) Implements a formative research and a systematic planning process
- 2) Embeds the communication campaign into an overall suicide prevention strategy
- 3) Defines clearly specified audiences, goals and a call to action
- 4) Is informed by audience research
- 5) Is pre-tested
- 6) Is evaluated

¹Social marketing is a program-planning process that uses commercial marketing concepts and techniques to promote voluntary behavior change. It helps facilitate the acceptance, rejection, modification, abandonment, or maintenance of particular behaviors by groups of individuals (i.e., the target audience) (Grier & Bryant, 2005). Social marketing campaigns are developed based on public health theories of behavior change, which assume that awareness, attitudes, beliefs, and intentions need to change before behaviors can shift (Pearson, 2011). The term "social marketing" is often misused in the public health field. Hill (2001) found that health promoters saw social marketing as a promotional or communication activity that did not use the commercial marketing techniques that are the cornerstone of true social marketing. These types of campaigns should be considered as "information awareness campaigns" or "public awareness campaigns." They can be effective in raising awareness and knowledge around a specific topic. Attitude and behavior change, however, are much more difficult to achieve with this method (Your Social Marketer, 2010).

Theories of behavior change that are used in the social marketing planning process also support these guidelines. However, most suicide prevention campaigns—whether social marketing or awareness—have not been sufficiently evaluated to determine whether they reached the intended audiences or resulted in the desired behavior change. Many campaigns have been insufficiently funded and have relied on pro bono, rather than paid placement, with inadequate campaign saturation as a result (Daigle et al., 2006). Those that have been evaluated usually use increased calls to a hotline as their measure of effectiveness (Jenner et al., 2010; Oliver et al., 2008).

In addition, Dumesnil & Verger (2009) conducted an analysis of depression and suicide prevention messaging campaigns in Europe and found that these messaging efforts were more successful when they were focused and sustained, and employed several types of media. Pearson (2011) followed up on Dumesnil & Verger's studies by examining U.S. campaigns and agreed with the following:

- 1) Short-term, broad campaigns are not likely to have a significant impact on any particular group and unintended consequences such as normalization might pose more risk than benefit from the effort.
- 2) Understanding a target audience's baseline knowledge level, cultural values, and the issue that is most important for the community makes the development of the messages and its implementation more likely to succeed.
- 3) Sustained and multi-pronged efforts that complement public campaigns are more likely to be successful.
- 4) Various approaches for pilot testing, such as focus groups, may yield richer results.
- 5) Implement evaluations to determine the safest and most effective messages and any future media investments.

III. Unique considerations and recommendations for developing suicide prevention messaging campaigns

SAFETY

Messaging on suicide is different from messaging on other public health issues, such as smoking or seat belt use. Irresponsible reporting in suicide prevention social marketing or awareness campaigns can have negative effects on vulnerable populations that could lead to more suicide within the community; this is called the "media contagion" effect. The media contagion effect is based on the behavioral contagion theory, which states that an individual who has a pre-existing motivation to perform a particular behavior (such as to kill oneself) is offset by an avoidance gradient. When suicides are not reported on correctly in the media, it may serve to reduce the avoidance gradient and therefore decrease the internal constraints to performing the behavior (Gould, 2001). In short, irresponsible reporting on suicide in the media or other public venues could serve as an impetus for a vulnerable person to kill oneself by lowering the psychological barriers to doing so.

Exposure to suicide through media as well as the influence of others who have died by suicide can create risk factors for suicide (California Department of Mental Health, 2008). Therefore, suicide prevention social marketing and awareness campaigns should also be cognizant of vulnerable audiences, and how their messages may impact them. It is likely that audience members have experienced a suicide in their life; it is estimated that each suicide intimately affects six other people (Shneidman, 1973). Recent evidence (Berman, 2011) suggests that the number of affected survivors varies depending on the person who died by suicide, which estimates as many as 80 individuals can be affected by a single suicide.

Since research has demonstrated that vulnerable individuals can become more likely to attempt suicide when exposed to certain kinds of messages (described in the next section), safety is of utmost importance when developing and implementing a suicide prevention campaign. Effective suicide prevention messaging campaigns are developed with input from community members and survivors through focus groups and questionnaires. Campaign developers use community members and survivors in the development process because of their intimate connection to suicide and their insight into this sensitive topic. While this input is invaluable, developers must recognize that talking about suicide (even in the context of prevention) can be emotionally difficult. For individuals struggling with their own mental health issues, these discussions may trigger reactions.

- **Campaign developers should have resources and counseling services available to assist audience members involved in focus groups and testing who may be experiencing suicidal thoughts or other mental health issues.**
- **Campaign designers should bear in mind how their messages might affect vulnerable audience members, not just the broad audience.**

STIGMA

In addition to contagion, **irresponsible messaging can also lead to the reinforcement of stereotypes, myths, and stigma.** Suicide is highly associated with mental illness, and while stigma toward less severe mental illnesses such as depression and anxiety has lessened over time, fear and stigma against those with more severe mental illnesses such as schizophrenia and psychosis have increased (Your Social Marketer, 2010). Other forms of stigma can include not disclosing that a relative's death was a suicide, and believing that all people with mental illness are incompetent. Exacerbating stigma within these populations can further alienate people from seeking help and receiving support. Isolation and alienation can decrease a vulnerable person's willingness to risk seeking help for their suicidal thoughts and feelings.

Following the consensus recommendations for all forms of messaging that addresses suicide—newspaper articles, radio and TV advertisements, public forums, etc.—will help ensure that media contagion and reinforcement of stigma and stereotypes are limited, while **remaining sensitive to the feelings of the audience and portraying suicide in a respectful manner.**

PLACEMENT

Using data to determine ideal venues for campaign messages is a basic tenet of social marketing. Some campaigns have focused on local "hot spots" with high rates of suicide attempts and/or completions, such as bridges. Although restricting access is ideal in such areas, sometimes that is impossible. Placing help numbers at such locations has had mixed results. King and Frost (2005) found that a simple sign with the number and a brief tagline of support, along with the local press agreeing not to publicize suicides at the location, decreased suicides in particular parks. The National Suicide Prevention Lifeline says that it may be advisable for signs near bridges "to avoid explicitly mentioning suicide." Lifeline supports the dissemination of public education materials and signage, but only as a supplement to, and not a substitute for, bridge barriers. Other research found that only placing signs at bridges resulted in no calls and no change in suicides (Draper, 2008).

RECOMMENDATIONS

Campaign messaging should adhere to the Safe and Effective Messaging for Suicide Prevention:

www.reportingonsuicide.org

All of the following language and framing recommendations are based on "Recommendations for Reporting on Suicide" (Multiple authors, 2011) and SPRC, 2006 as well as other sources, which are named in text.

LANGUAGE recommendations

- **Avoid words such as "committed" suicide, "failed" or "successful" suicide attempt.** "Committed" is usually associated with sins or crimes, and suicide is better understood in a behavioral health context than a criminal context. In addition, "failed" and "successful" suicide implies favorable or inadequate outcomes. Use the phrase "died by suicide" in place of "committed suicide."
- Do not focus on details of how a person died by suicide. This includes excluding suicide notes and other specific details such as location and method of a person's death.

- **Limit use of words such as “suicide” and “stigma.”** Suicide prevention experts found that using these words served more to underscore the existence and severity of stigma than to counter it. Focus on creating messages about solutions to stigma and suicide rather than discussing stigma and suicide itself. In some communities the word “suicide” is so stigmatized that the audience will turn away from messages that contain the term (Langford, personal communication). For example, the Veterans Suicide Prevention Hotline has recently been renamed the Veterans Crisis Line in order to reach more veterans and families, who may not consider themselves to be at risk for suicide.
www.texvet.org/sites/default/files/blog-attachments/burnett/va_suicide_campaign.pdf

VISUALS recommendations

- **Avoid use of black and red** in print, broadcast or web design, as these colors are suggestive of death and can elicit strong negative reactions among survivors.
- **Avoid using photographs of specific suicide locations**, such as the Golden Gate Bridge (Multiple authors, 2011; SPRC, 2006).

MESSAGE FRAMING recommendations:

- **Frame suicide as a preventable act.** The National Strategy for Suicide Prevention and the California Strategic Plan on Suicide Prevention emphasize the importance of framing suicide in this manner.
- **Link mental illness with suicide when acceptable to the audience. Emphasize that recovery is possible.** Over 90% of those who die by suicide suffered from a diagnosable mental illness or substance use disorder at the time of their death. The impact of these risk factors can be reduced if the individual is provided effective treatments and are supported in this process by their community. However, there are exceptions to this recommendation. The percentage is much lower (closer to 60%) among adolescents, who are more impulsive. Additionally, some audience members may not identify with mental illness (for themselves or a loved one) and will turn away from the message if the link is over-emphasized.
- **Do not glorify or romanticize suicide** by describing someone who died in this manner as heroic, like “Romeo and Juliet,” noble, or so forth.
- **Do not normalize suicide or make it appear common.** Although suicide is more widespread than homicide in many states, it is a relatively rare cause of death within the majority of local communities. Framing it as commonplace may lead to the feeling that it is inevitable or acceptable. Even when suicide is considered a leading cause of death, readers may not realize that this “leading cause” is still a very infrequent event (Pearson, 2011).
- **Do not frame suicide as an inexplicable act or explained as a result of stress only.** Factors leading up to a suicide are multi-faceted and should not be contributed to any single event or feeling.
- **Frame mental illness and suicide in a non-stigmatizing light.** Focus on the facts (Your Social Marketer, 2010). **Do not list “myths and facts” about suicide or mental illness** as a method to reduce stigma around these topics: Research has found that when presented together or sequentially, myths tend to be remembered more than facts, running the risk of spreading misinformation. Simple factual statements increase accurate knowledge retention and positive behavioral intentions over the use of so-called “myth-busting” techniques. Although myths versus facts can be a helpful training exercise, this approach is not appropriate for campaign materials. Use simple factual statements such as “Suicide can be prevented,” or “Always take a threat of suicide seriously and get help” while avoiding reinforcing myths (Stout et al., 2008; Schwarz, et al., 2007; Schurz, 2010).
- In public forums, such as websites, personal opinions can be perceived as overly insensitive to the general public and counter the messages of hope and help conveyed in the campaign. In these cases, **websites should be moderated; negative comments should be flagged for review and removed when necessary.** A positive approach to encouraging appropriate online commenting behavior is to encourage readers to create a user profile with a verifiable email address, to hold them accountable for their comments (Multiple authors, 2011).

CALLS TO ACTION recommendations

- Research by Chambers et al. (2005) suggests that the effectiveness of suicide prevention awareness media campaigns can be limited if there are no available supports to turn to after the message is received. It is possible that providing information without resources can be harmful. **Include the National Suicide Prevention Lifeline number [1-800-273-TALK-(8255)] or a local crisis center or hotline as a primary resource.** For youth-targeted messages, research shows that peer-to-peer online chat systems may be effective (Gould et al., 2002), although very few are yet in operation or have been evaluated.
- **Include warning signs of suicide.** Aldrich & Cerel (2009) have found that a key element to suicide prevention is intervention by close others. Some barriers to supporting a friend or family member include not recognizing the problem, not knowing how to approach the person and lack of knowledge of where to seek help (Your Social Marketer, 2010). An increased understanding of how to persuade close individuals to intervene when an individual becomes suicidal is a vital step in suicide prevention. Van Orden et al. (2006) found that reading a list of warning signs was effective in increasing the public's knowledge about and the ability to respond to suicidal crises. Van Orden et al. also found that reading warning signs of suicide did not lead to more stigmatization.

YOUTH recommendations

- **Choose your message channel carefully and pilot test.** Two small studies in Minnesota examined the impact of public service announcements about suicide and its potential benefits and unintended effects on adolescents; Klimes-Dougan & Lee, 2010. The authors found that when ads stated that people should “see their doctor” for help with suicidality, high-risk youth were less likely to express help-seeking intent. Be cautious about use of billboards to reach teens. The billboards were found to be ineffective and could create negative impressions in adolescents. The researchers surmised that billboards may in fact dissuade young people from seeking help because the brevity of a billboard message could be perceived as undermining individual experiences of pain and despair. In the same studies, TV ads showed more effectiveness in increasing awareness about suicide and depression.
- **Provide adult resources for youth.** In another study, evaluators of a three-month school-based intervention in Cincinnati found that the resulting decreased youth suicidal ideation and behavior may have been associated with the program's emphasis on building a sense of school connectedness (King et al., 2011). For example, at three month follow-up, students were more likely to know an adult in school with whom they felt comfortable discussing their problems. This supports the National Longitudinal Study Adolescent Health findings that adolescents' perceived school connectedness was a leading protective factor against student suicidal behavior (Resnick et al., 1997).

LATINOS recommendations

- **Provide additional community resources other than hotlines and health/mental health providers.** Some immigrant populations may be less inclined to turn to formal systems for help, preferring faith providers and other community resources over those affiliated with government agencies or health care (Cabassa et al., 2006). In addition, immigrants and Hispanics were less likely to call suicide hotlines and more likely to call 911 as their first response if someone they knew was suicidal (Larkin et al., 2011). A survey of Californians found more barriers to disclosing depression to primary care providers among Hispanics, females, and those without a family history of depression (Bell et al., 2011). On the other hand, a review of seven studies found that Latinos were less likely than Caucasians with similar mental health problems to visit mental health specialists and instead used general medical providers as their main source of health care (Cabassa et al., 2006).

IV. Summary of recommendations

- Campaign developers should have resources and counseling services available to assist audience members involved in focus groups and testing who may be experiencing suicidal thoughts or other mental health issues.
- Campaign designers should bear in mind how their messages might affect vulnerable audience members, not just the broad audience.
- Campaign messaging should adhere to the SPRC's Safe and Effective Messaging for Suicide Prevention.
- Avoid words such as "committed" suicide and "failed" or "successful" suicide attempt.
- Limit use of words like "suicide" and "stigma."
- Avoid use of black and red.
- Avoid using photographs of specific suicide locations.
- Frame suicide as a preventable act.
- Link mental illness with suicide when acceptable to the audience. Emphasize that recovery is possible.
- Do not glorify or romanticize suicide.
- Do not normalize suicide or make it appear common.
- Do not frame suicide as an inexplicable act or explained as a result of stress only.
- Frame mental illness and suicide in a non-stigmatizing light.
- Do not list "myths and facts" about suicide or mental illness.
- Websites should be moderated; negative comments should be flagged for review and removal when necessary.
- Include the National Suicide Prevention Lifeline number or a local hotline as a primary resource.
- Include warning signs of suicide.
- Choose your message channel to reach youth carefully and pilot test.
- Provide adult resources for youth audiences.
- Provide additional community resources other than hotlines and health/mental health providers for Latino audiences.

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