



Messaging and Communications to People at Higher Risk for or Disproportionately Impacted by Suicide

Research By:



In Partnership With:



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With Research Support from C+R

The Suicide Prevention Resource Center at the University of Oklahoma Health Sciences Center is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 1H79SM083028. The *National Action Alliance for Suicide Prevention* (Action Alliance), housed at Education Development Center (EDC), is the public-private partnership working to advance the National Strategy for Suicide Prevention and make suicide prevention a national priority. The Substance Abuse and Mental Health Services Administration (SAMHSA), through the Suicide Prevention Resource Center (SPRC) grant, provides funding to operate and manage the Secretariat for the Action Alliance.

WARNING TO THE READER

This document discusses various experiences that you may find yourself identifying with while reading. Should you need emotional or mental health-related support, please contact 988 or a local trusted support.

INTRODUCTION

In July 2022, the U.S. transitioned the 10-digit National Suicide Prevention Lifeline to 988, an easy-to-remember three-digit number for 24/7 crisis care.

Since its launch (using data from July 2022 to July 2023), reports show 988 “has received almost 5 million contacts, of which nearly 1 million are from the Veterans Crisis Line—a part of 988—with the rest consisting of 2.6 million calls, over 740,000 chats, and more than 600,000 texts.”¹

Suicide is rarely caused by a single event or circumstance. Many individual, relationship, community, and societal conditions or factors contribute to suicide risk. Some groups experience more negative social conditions and factors related to suicide, such as racism and discrimination, economic hardship, poverty, limited affordable housing, lack of education opportunities, and barriers to physical and mental healthcare access.² In addition, some groups may have higher or recently increased rates of suicide, suicide attempt, or suicidal ideation than the general U.S. population. These groups may be considered higher risk or disproportionately impacted by suicide.

With the nationwide transition to 988, a need arose for 988-specific formative research among groups at higher risk for or disproportionately impacted by suicide to help support culturally sensitive, responsive, effective, and successful 988 communications: First, to make more people aware of 988 across the country, and then to instill trust and confidence in the service so people will contact 988 when struggling with mental health or in a moment of crisis.

In Summer 2022, the 988 Formative Research Project began, a collaborative effort led by the National Action Alliance for Suicide Prevention (Action Alliance), the Suicide Prevention Resource Center (SPRC), and the Ad Council Research Institute (ACRI), and supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). The project fills a critical research gap and supports more informed 988 messaging and implementation efforts.

The formative research detailed in this report included qualitative and quantitative methods to uncover the attitudes, beliefs, perceptions, barriers, and motivations related to 988 and identifying help-seeking behaviors among populations with a higher risk for or disproportionately impacted by suicide as a first step in better understanding how to reach and engage them. The research also uncovered important findings about trusted messengers from the study’s population groups.

The populations in this study are not an exhaustive list of groups that have higher risk for or are disproportionately impacted by suicide. Additional research efforts among other populations at high risk for suicide—such as marginalized groups like people experiencing homelessness, recently incarcerated people, and people living with serious mental illness—will be critical.

1. <https://www.kff.org/other/issue-brief/taking-a-look-at-988-suicide-crisis-lifeline-implementation-one-year-after-launch/>

2. <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html#:~:text=The%20excess%20burden%20of%20suicide%20in%20some%20populations%20are%20called%20health%20disparities.&text=Examples%20of%20groups%20experiencing%20suicide,of%20color%2C%20and%20tribal%20populations.>

PURPOSE

ACRI conducted qualitative and quantitative research to:

- **Uncover knowledge, attitudes, beliefs, and perceptions** about accessing crisis services among populations at higher risk for or disproportionately impacted by suicide.
- **Identify and explore barriers and motivators** to accessing crisis services among these populations.
- **Inform culturally sensitive, responsive, and effective messaging development** to help individuals access 988 in times of crisis.
- **Identify “trusted messengers”** that population groups turn to when facing difficult mental health challenges.

The 988 Formative Research is an important starting point for 988 messaging efforts, intended to produce insights that can be used by the field to make research-informed decisions about how to encourage use and/or access to 988. It also generated evidence-based message frames that can be tested, validated, and enhanced through additional message testing and research.

The findings in this report provide a deeper look into how populations at higher risk for or disproportionately impacted by suicide view and/or access mental health resources and crisis services, and how to best develop messaging to encourage use and/or access to 988.

METHODOLOGY

This study consisted of three research phases: an environmental scan, qualitative phases (conducted October 31 - November 18, 2022; June 12-20, 2023; and July 26 - August 4, 2023), and a quantitative phase conducted in May 2023.

Note: The following section provides an overview of this study’s research methodology. For in-depth details and further information, please see the accompanying research protocol documentation.

After a careful review of the most recent U.S. suicide data, project partners identified eight populations for inclusion in the formative research, including:

- American Indian/Alaska Native youth and young adults (ages 13-34)
- Asian American, Native Hawaiian, and Pacific Islander youth and young adults (ages 13-34)
- Black youth and young adults (ages 13-34)
- Hispanic youth and young adults (ages 13-34)
- Individuals who have attempted suicide or experienced serious thoughts of suicide during their lifetime (ages 13+)
- LGBTQIA+ youth and adults (ages 13-49)
- People with disabilities (ages 13+)
- Rural older men (ages 49+)

Throughout the report, any differences by race/ethnicity above or below a 5% differential from the total sample is reported. If there is no mention of such differences, any data points or findings did not meet that threshold. In addition, tables throughout the report will be color coded to indicate over- and under-indexing. The color yellow indicates an over-index of 120 or above the general population sample; blue indicates an under-index of 80 or below compared to the general population sample. This is not statistically significant; this is to show differences at higher or lower magnitudes.

ENVIRONMENTAL SCAN

The environmental scan reviewed key issues in mental health and their prevalence among specific communities, suicide- and suicide prevention-related statistics, insights specific to 988, past campaigns promoting national suicide prevention hotlines and similar services, and evidence-based best practices in health communications.

QUALITATIVE PHASE

The qualitative phase, focused on understanding the populations at higher risk for or disproportionately impacted by suicide and their past experiences with crisis resources (including 988), consisted of 81 60-minute webcam interviews. Participants of these populations represented a mix of gender, ages (within each cohort's age range), household income (min. 3/cohort under \$75k; min. 3/cohort over \$150k), urbanicity, and education.

Study Cohorts

- 11 American Indian/Alaska Native youth and young adults, ages 13-34
- 10 Asian American, Native Hawaiian, and Pacific Islander youth and young adults, ages 13-34
- 10 Black youth and young adults, ages 13-34
- 10 Hispanic youth and young adults, ages 13-34
- 10 Individuals who have experienced suicidal ideation at any point in their lifetime, ages 13+
- 10 LGBTQIA+ youth and young adults, ages 13-49
- 10 People with disabilities, ages 13+³
- 10 Rural older men, ages 49+

The research team screened participants in the study for people who had expressed mental health distress or crisis at some point in their lifetimes, and excluded any potential participants if they had recent experiences or were currently in crisis and directed them to 988 for support. In addition, we ensured we also had perspectives and input from suicide attempt survivors in this study.⁴

Qualitative fieldwork was completed October 31 - November 18, 2022, among six initial populations (Black youth and young adults, ages 13-34; Hispanic youth and young adults, ages 13-34; individuals (ages 13+) who have experienced suicidal ideation at any point in their lifetime; LGBTQIA+ youth and young adults, ages 13-49; American Indian/Alaska Native youth and young adults, ages 13-34; and rural older men, ages 49+; additional qualitative fieldwork was completed in Spring 2023 with Asian American, Native Hawaiian, and Pacific Islander youth and young adults, ages 13-34, and people with disabilities, ages 13+. The qualitative phase was designed to inform the later quantitative survey tool and subsequent message frame iterations.

3. In Spring 2023, the research team was approved to expand the initial sample of populations at higher risk for/disproportionately impacted by suicide to account for and include Asian American, Native Hawaiian, and Pacific Islanders and People with Disabilities.

4. Based on this qualitative phase recruit, 8 Suicide Attempt Survivors were identified randomly, and 2 were recruited by Ad Council Partners.

QUANTITATIVE PHASE

A 20-minute online survey (offered in English, Spanish, and Mandarin) was conducted in May 2023 among N=5,451 U.S. teens and adults ages 13-65 (age of the oldest participants) to validate findings in the qualitative phase and to deeply understand people at higher risk for or disproportionately impacted by suicide. The overall sample included the following breakdowns of key cohorts analyzed for this study.

Study Cohorts

- N=403 American Indian/Alaska Native youth and young adults (ages 13-34)
- N=400 Asian American, Native Hawaiian, and Pacific Islander youth and young adults (ages 13-34)
- N= 400 Black youth and young adults (ages 13-34)
- N= 402 Hispanic youth and young adults (ages 13-34)
- N=1,969 Individuals who have attempted suicide or experienced serious thoughts of suicide during their lifetime (ages 13+)
- N=465 LGBTQIA+ youth and adults (ages 13-49)
- N=1,390 People with disabilities (ages 13+)
- N=400 Rural older men (ages 49+)

General Population

Although the study focuses on populations at higher risk for or disproportionately impacted by suicide, this report includes data that reflects responses by the general population sample as a reference point of context for the reader to understand differences across cohorts, and contextual differences between cohorts and a nationally represented sample of the general public.

- N=5,451 Gen Pop Core (ages 13+)
- N=1,639 Gen Pop ages 13-34
- N=2,596 Gen Pop ages 49+

FINDINGS

This study examined and is organized around five key areas:

1. MENTAL HEALTH

2. SUICIDAL IDEATION

3. 988 USE

4. 988 MESSAGING

5. TRUSTED MESSENGERS AND RESOURCES

SECTION 1: **MENTAL HEALTH**

Understanding experiences of mental health, crisis, state of mental health, and willingness to seek help when needed.

PARTICIPANTS VIEW MENTAL HEALTH AS OVERALL MENTAL AND EMOTIONAL WELL-BEING, WHILE A MENTAL HEALTH CRISIS SIGNIFIES A BREAKDOWN OR INABILITY TO COPE.

To participants, “mental health” refers to a person’s mental, emotional, and psychological well-being: the state or stability of mind the person is in and one’s ability to cope (or not) with emotions, behaviors, and situations.

MENTAL HEALTH

"Mental health is being able to think clearly and understand the state and being of the physical body. **It's taking care of emotions and dealing with traumas.**"

– WHITE, LGBTQIA+, PERSON WITH DISABILITY, EXPERIENCED IDEATION, 26

"Mental health is all about **the state of the mind** of the person in question. Each person has their own mental health and varying degrees of distress or other ailments or happiness. It is an ever evolving but ever so important aspect of someone's overall health."

– HISPANIC, LGBTQIA+, 26

"Meaning that your body and mind is functioning properly so that you can **cope with situations** that are presented in your life."

– BLACK, 26

"How **good your mind and feelings are**. Taking care of you so your mind and body are healthy."

– AMERICAN INDIAN/ALASKA NATIVE, 15

"Mental health has to do with not only the mind, but **emotional, psychological, and social well being** in regards to relationships, stress factors, and mental state."

– WHITE, RURAL MAN, 60

MENTAL HEALTH CRISIS

"Mental health crisis is when someone is going through a **breakdown mentally** and **not knowing how to process their emotions** depending on the situation they are going through."

– BLACK, 22

"Mental health crisis occurs when any individual's **state of mind cannot cope** with their situation, behavior, and feelings."

– ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER, LGBTQIA+, 27

"A crisis would be when I am feeling very down and **thinking of hurting myself** or something like that."

– WHITE, LGBTQIA+, 16

"A crisis is when someone **doesn't feel their best emotionally** and can't control bad thoughts."

– BLACK, 16

"I think it looks different for everyone. Suicidal thoughts, thoughts of harming others, things like that. But it also can be a panic attack, anxiety attack, or just a depressive episode. **Anything out of the ordinary for how you normally feel.**"

– WHITE, EXPERIENCED IDEATION, 31

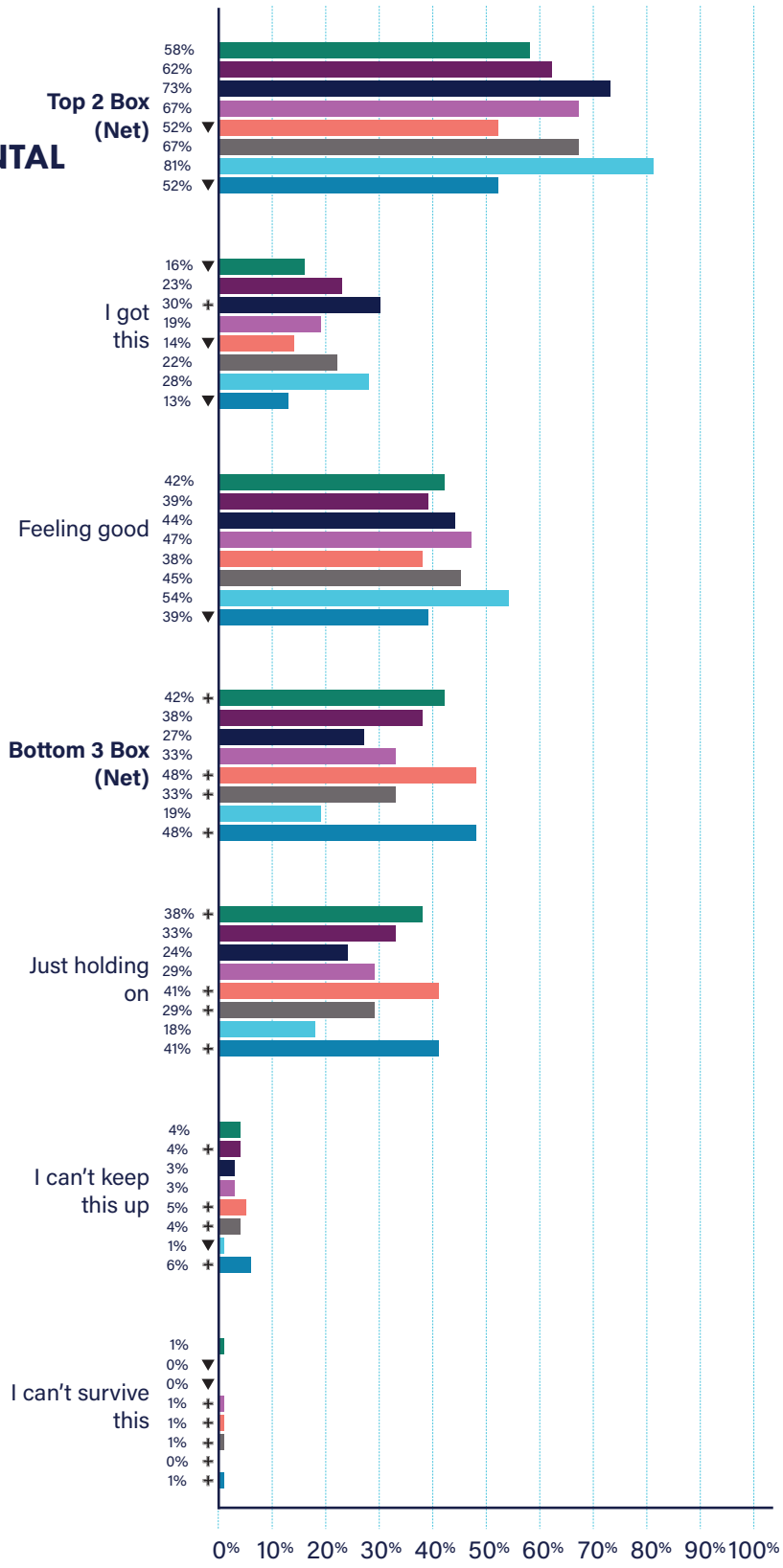
PARTICIPANTS AGES 13-34, LGBTQIA+ PARTICIPANTS, THOSE WHO REPORT EXPERIENCING SUICIDAL IDEATION AND PARTICIPANTS WITH DISABILITIES ARE MORE LIKELY TO REPORT STRUGGLING WITH MENTAL HEALTH, AS COMPARED TO OTHER COHORTS.

A third of participants ages 13-34 (32%)—and even more 13-34-year-old American Indian/Alaska Native participants (38%) and Asian American, Native Hawaiian, and Pacific Islanders (42%)—indicated a negative current mental state, including “just holding on” and “I can’t keep this up,” compared to a quarter (26%) of the overall population surveyed.

Among our other cohorts, a third (33%) of participants with disabilities also indicated a negative current mental state, along with nearly half of LGBTQIA+ participants and participants who have experienced suicidal ideation (48% each). Conversely, older (ages 49+) rural men in the survey indicated a better current mental state than general population participants (just 17% and 19%, respectively, indicated a negative mental state).

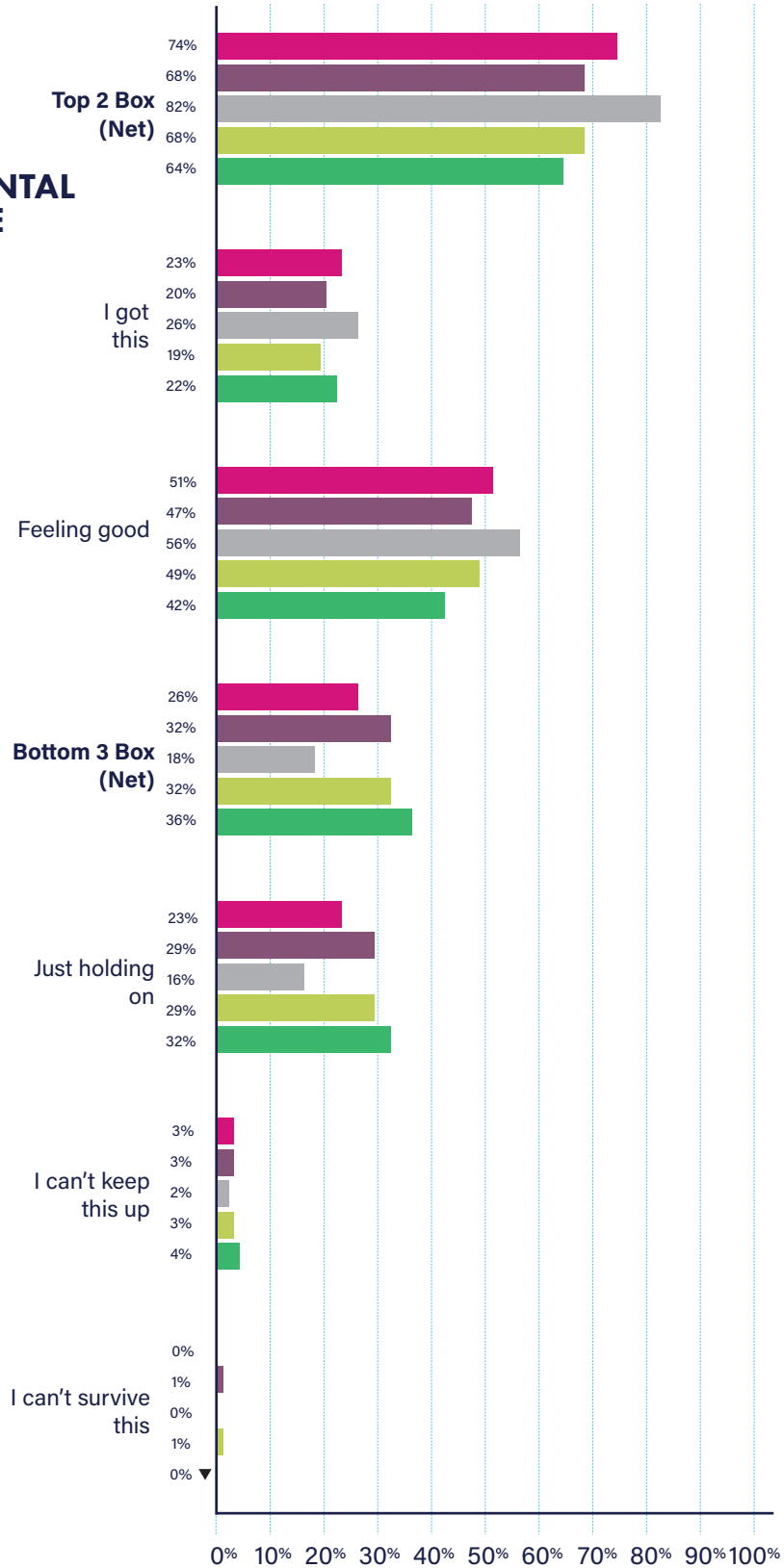
CURRENT MENTAL HEALTH STATE (COHORTS)

- **AANHPI¹**
Ages 13-34
 - **AI/AN²**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD³**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q3. Which of the following best describes how you currently feel about your overall mental health?
 1. Asian American, Native Hawaiian, and Pacific Islander
 2. American Indian, Alaska Native
 3. People with Disabilities

CURRENT MENTAL HEALTH STATE (GEN. POP.)



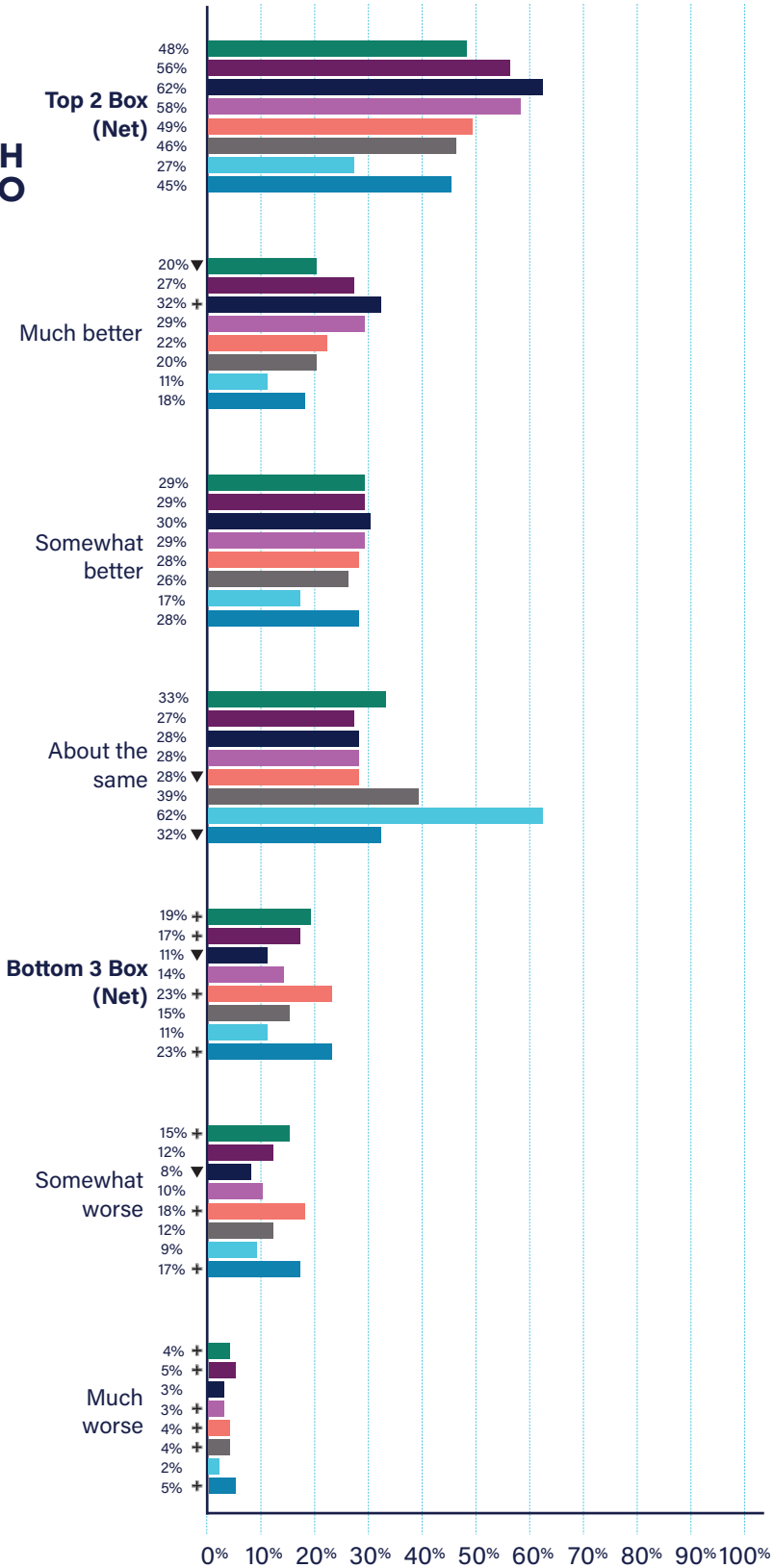
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 Q3. Which of the following best describes how you currently feel about your overall mental health?

**THESE GROUPS OF PARTICIPANTS
ARE ALSO MORE LIKELY TO SAY
THEIR MENTAL HEALTH HAS
WORSENERD OVER THE PAST YEAR,
LIKELY DUE TO PERSONAL AND
ECONOMIC SETBACKS OR THE
LOSS OF TRUSTED RESOURCES.**

Participants ages 13-34 overall (14%) said their mental health is somewhat or much worse compared to a year ago, though it was slightly higher among 13-34-year-old American Indian/Alaska Native participants (17%) and Asian American, Native Hawaiian, and Pacific Islanders (19%). For LGBTQIA+ participants and participants who have experienced suicidal ideation, this increased to nearly a quarter (23% each).

MENTAL HEALTH VS. A YEAR AGO (COHORTS)

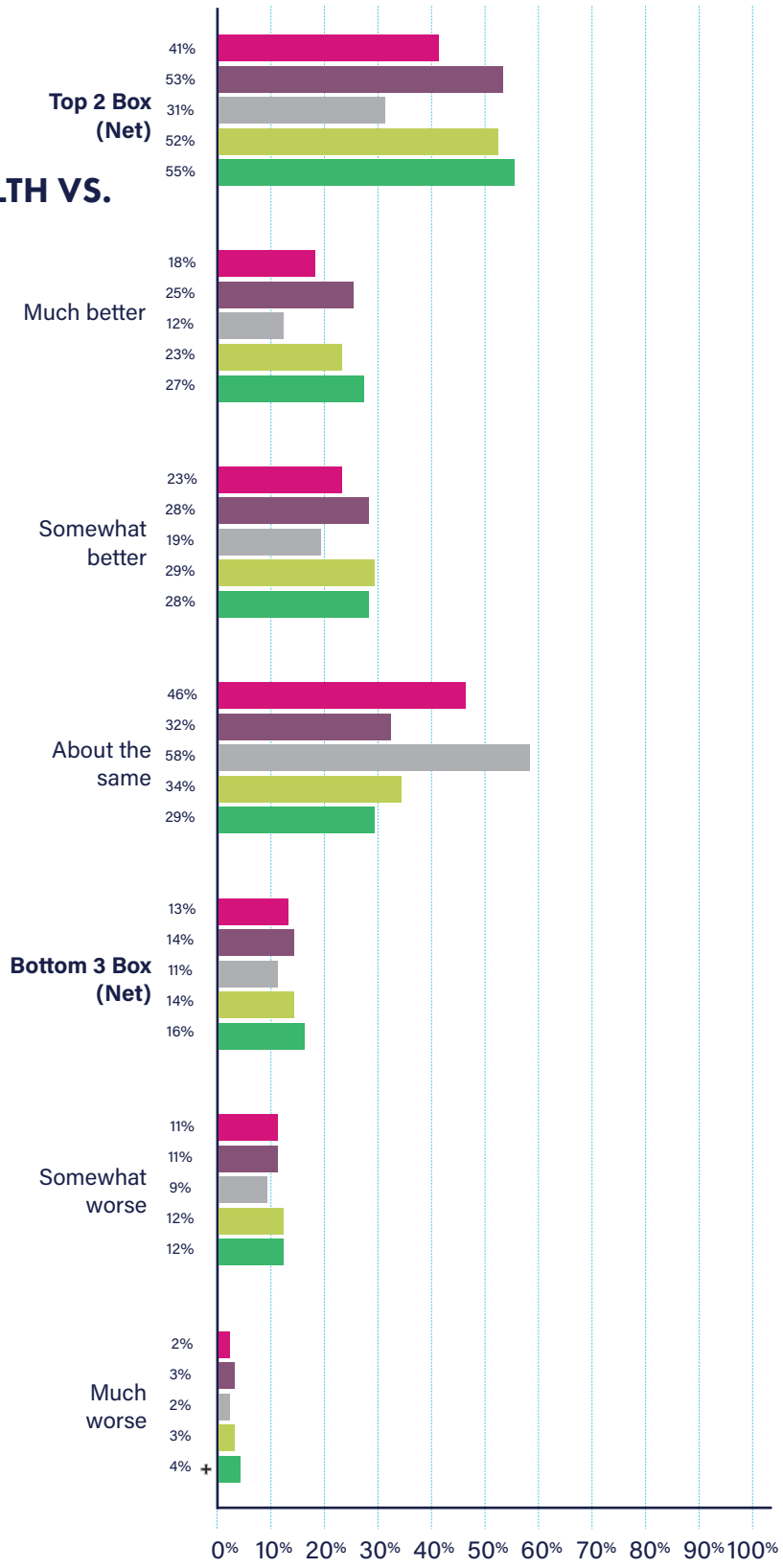
- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



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 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q4. Compared with a year ago, would you say your mental health is...? | Yellow = over-index vs. Gen Pop (120 or above); Blue = under-index vs. Gen Pop (80 or below)

MENTAL HEALTH VS. A YEAR AGO (GEN. POP.)

- Gen Pop Ages 13+
- 13-34 Year Olds
- 49+ Year Olds
- White Non-Hispanic Ages 13-34
- Non-White Ages 13-34
- + over-index vs. Gen Pop (120 or above)
- ▼ under-index vs. Gen Pop (80 or below)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
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 Q4. Compared with a year ago, would you say your mental health is...? | Yellow = over-index vs. Gen Pop (120 or above); Blue = under-index vs. Gen Pop (80 or below)

REASONS FOR MENTAL HEALTH CHANGE | IN THEIR OWN WORDS

The following reflects open-ended responses to the question around participants' current state of mental health and how it compares to their mental health a year ago.



BETTER *Managing mental health, life getting better*

"Some situations in my life **changed for the better**. I got my pain condition under control. I learned **new techniques** to help me with these feelings."

– WHITE, LGBTQIA+, 49

"I've learned to **accept things for what they are** and how they're shown. Move on and don't look back is my motto."

– BLACK, LGBTQIA+, 21

"I am now **on medication** for the first time, and it has helped **balance out my anxiety and mood swings**."

– AMERICAN INDIAN/ALASKA NATIVE, 32

"I am positively applying myself, and **I am also seeking therapy and medicine** to help me."

– HISPANIC, PERSON WITH DISABILITY,
EXPERIENCED IDEATION, 34

"Because I have gone to counseling and learned and still am **learning how to cope** with my issues."

– AMERICAN INDIAN/ALASKA NATIVE, LGBTQIA+, 19

REASONS FOR MENTAL HEALTH CHANGE | IN THEIR OWN WORDS

The following reflects open-ended responses to the question around participants' current state of mental health and how it compares to their mental health a year ago.

WORSE *Challenging life events, increased stress*

"I have **more responsibilities, deaths, I feel lonely**, and not making enough money."

– **BLACK, 27**

"My **mother is sick**, so I have to care for her 24/7. **I lost my niece** due to gun violence, and **I can't work.**"

– **ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER, 32**

"I was discriminated against by others, and it **made me feel inferior** and didn't want to talk to outsiders."

– **AMERICAN INDIAN/ALASKA NATIVE, 13**

"My mental health is worse because I feel like my life is going backwards. I am worse off than I was a year ago, **professionally, financially, and personally**. Not only am I not making progress, I feel like **I am going in reverse.**"

– **HISPANIC, LGBTQIA+, 44**

"I am struggling to change the way I function. I want to be a better human being, but I feel like I'm being pulled and controlled in another direction. **I can't seem to be alone with myself or else I start thinking of my failures** and the people I have pushed away over my stupidity and weakness to change for the better."

– **AMERICAN INDIAN/ALASKA NATIVE, PERSON WITH DISABILITY, EXPERIENCED IDEATION, 26**

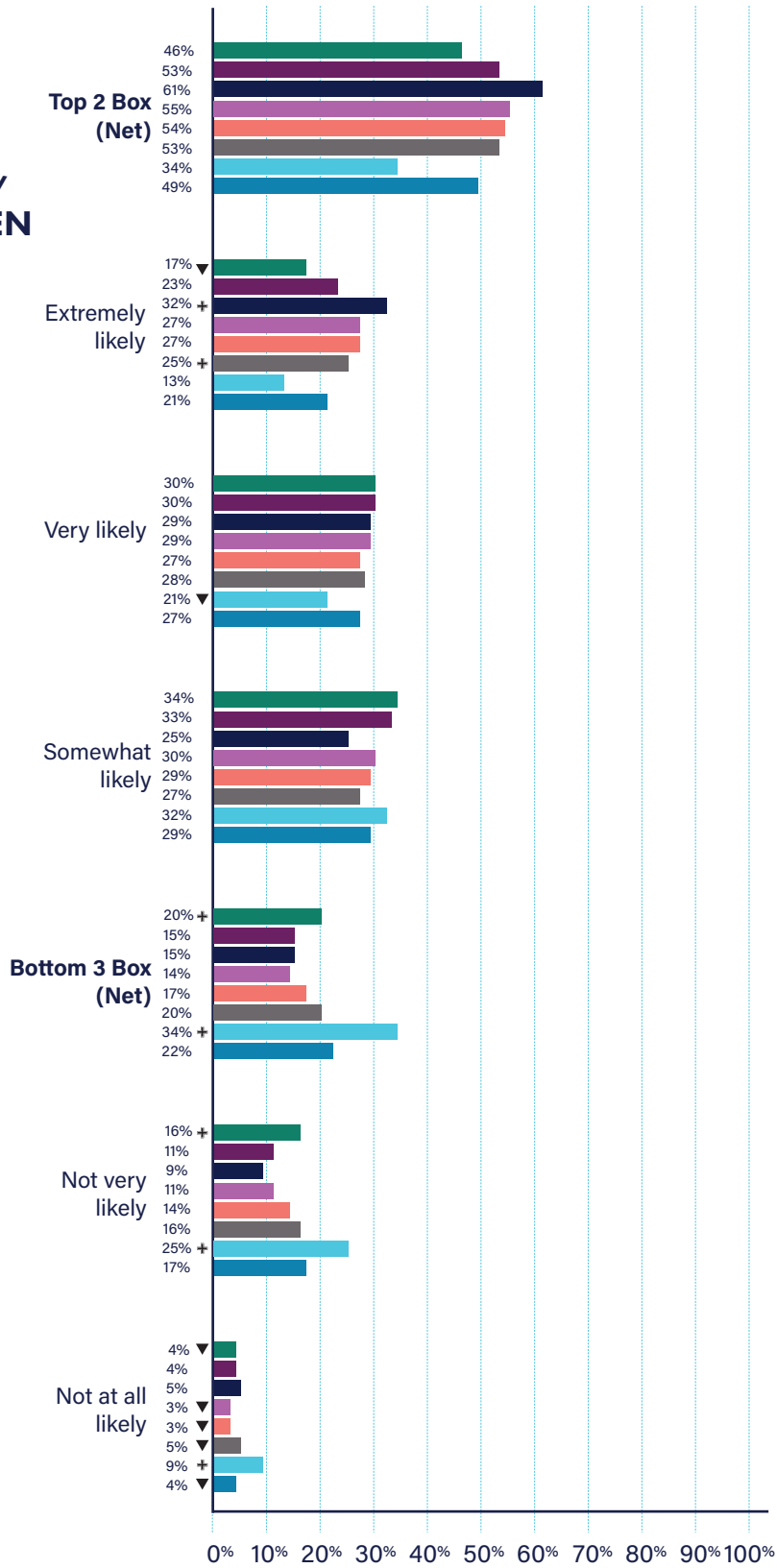
**OLDER PARTICIPANTS—
ESPECIALLY RURAL
MEN—ARE LESS LIKELY
TO SEEK OUT HELP
OR SUPPORT WHEN
STRUGGLING WITH
THEIR MENTAL HEALTH.**

Three-quarters of general population participants said they'd be extremely/very (48%) or somewhat likely (30%) to seek out help or support of any type when they may be struggling with their mental health or they feel life is difficult. Participants ages 13-34 were actually more likely than general population participants to say they'd seek support (55% extremely/very, 29% somewhat likely), especially Black participants ages 13-34 (61% extremely/very, 25% somewhat likely). Among racial/ethnicity groups, 13-34-year-old Asian American, Native Hawaiian, and Pacific Islanders were more in line with general population participants, though were still more likely to say they'd seek out support when they're struggling (46% extremely/very, 34% somewhat likely).

Among other cohort groups, LGBTQIA+ participants were more likely than general population participants to say they'd seek out help when needed (54% extremely/very, 29% somewhat likely), as were participants with disabilities (53% extremely/very, 27% somewhat likely). Rural older men in the study were least likely of all cohorts to say they'd seek help or support, with only 34% saying they're extremely/very likely (and 32% somewhat likely).

WILLINGNESS TO SEEK HELP/SUPPORT WHEN STRUGGLING (COHORTS)

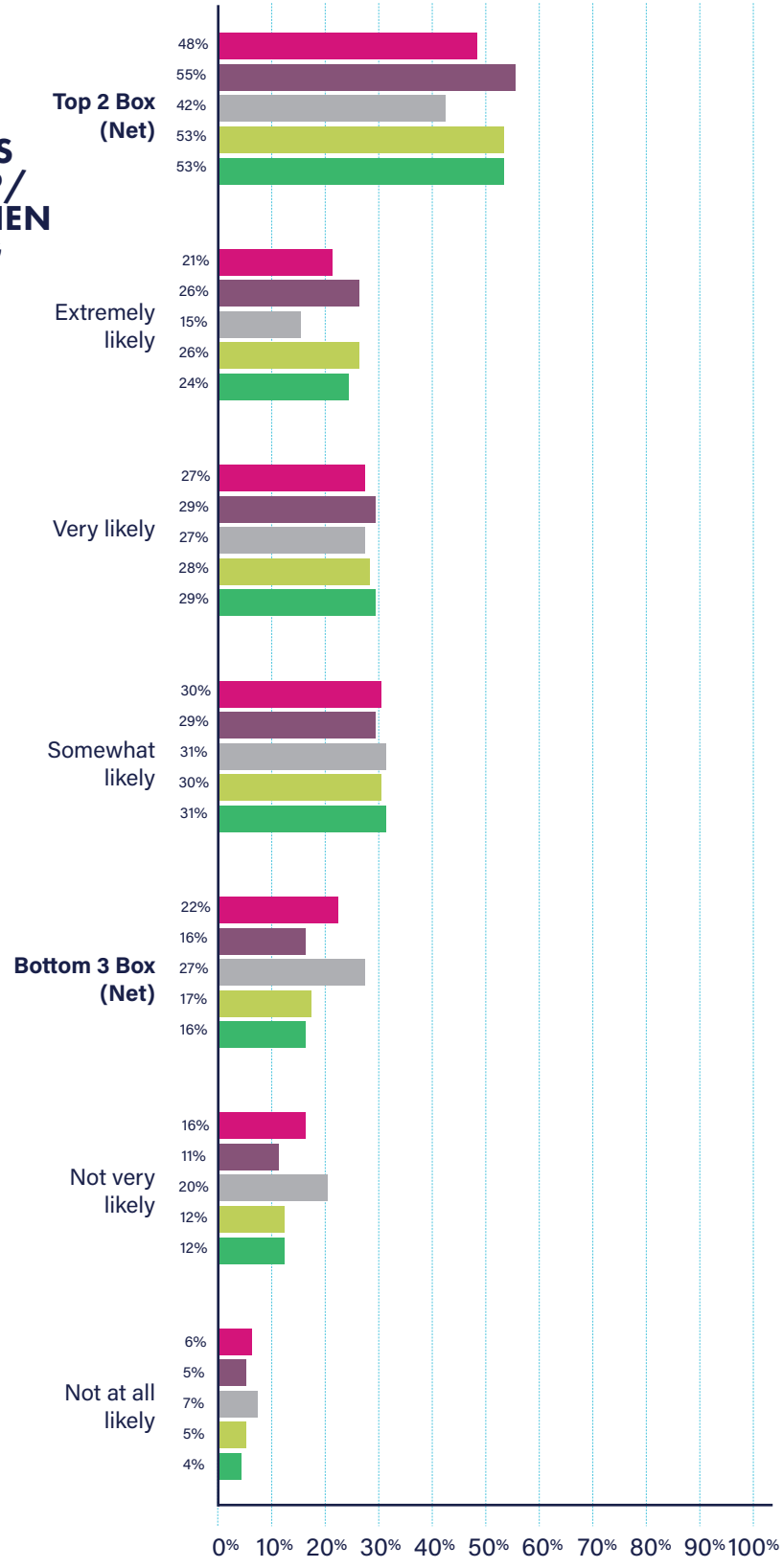
- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
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 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q6. How likely are you to seek out help or support of any type when you may be struggling with your mental health or when life is difficult?

WILLINGNESS TO SEEK HELP/SUPPORT WHEN STRUGGLING (GEN. POP.)

- **Gen Pop**
Ages 13+
- **13-34**
Year Olds
- **49+**
Year Olds
- **White**
Non-Hispanic
Ages 13-34
- **Non-White**
Ages 13-34
- + over-index vs. Gen Pop (120 or above)
- ▼ under-index vs. Gen Pop (80 or below)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
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 Q6. How likely are you to seek out help or support of any type when you may be struggling with your mental health or when life is difficult?

SECTION 2: SUICIDAL IDEATION

Understanding mental health issues, suicidal ideation, recency and frequency of ideation, and warning signs.

OVER A THIRD OF ALL PARTICIPANTS IN THE STUDY REPORT EXPERIENCING SUICIDAL IDEATION IN THEIR LIFETIME. IDEATION IS EVEN MORE PREVALENT AMONG THOSE WHO REPORTED STRUGGLING WITH THEIR MENTAL HEALTH.

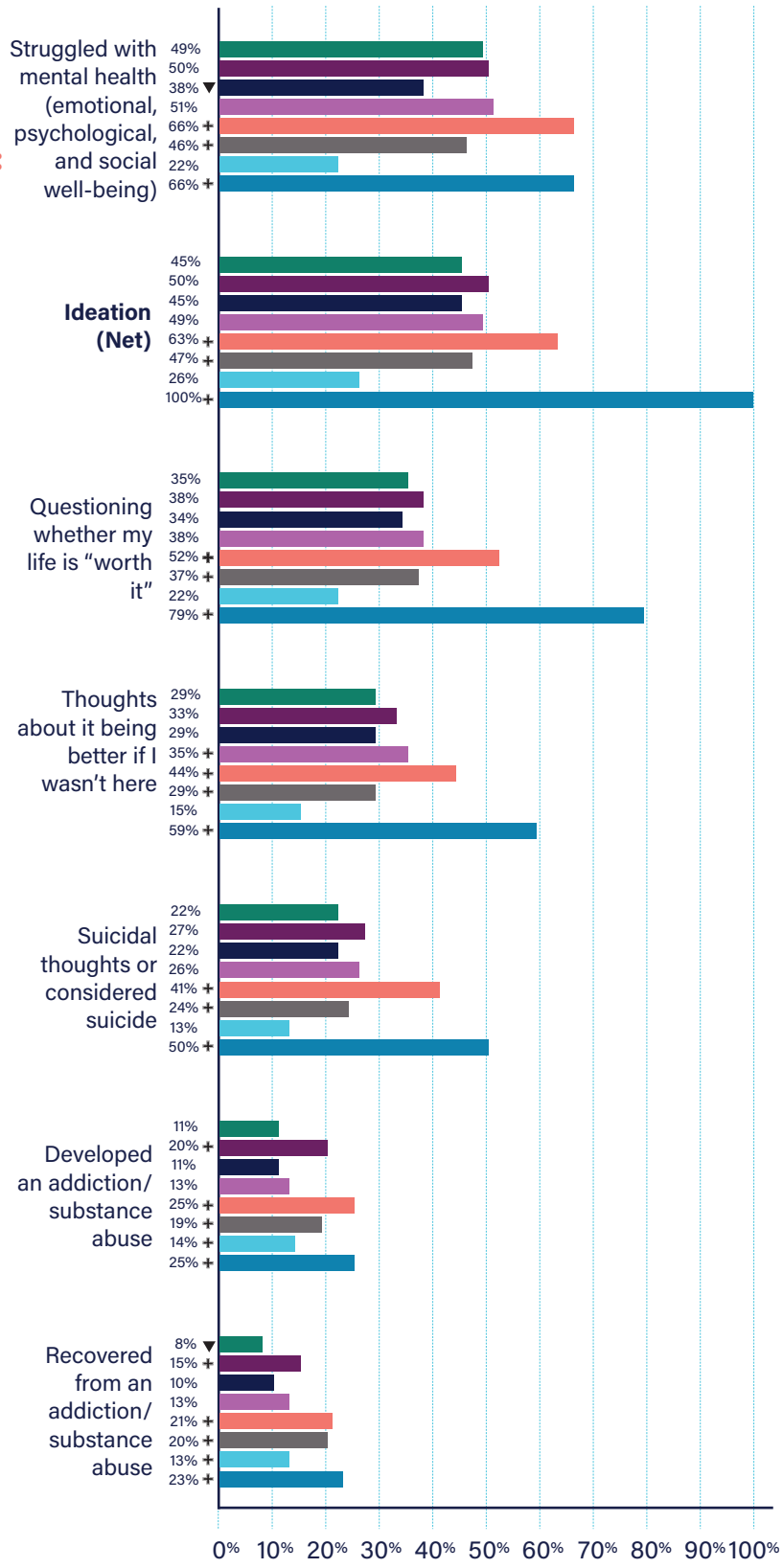
The prevalence of lifetime suicidal ideation was over one-third (38%) among general population participants. Those who are most likely to report experiencing suicidal ideation were similar to the participants who said they are struggling or have struggled with their mental health: participants ages 13-34 (in general, and especially Hispanic and American Indian/Alaska Native participants ages 13-34), LGBTQIA+ participants, and participants with disabilities.

Suicidal ideation, also generally referred to as suicidal thoughts or ideas, include a broad range of contemplations, wishes, and preoccupations with death and suicide. Individuals in this study were classified as having experienced suicidal ideation if they indicated they had any of the following:

- Questioning whether their life is "worth it"
- Suicidal thoughts or considered suicide
- Thoughts about it being better if they weren't here

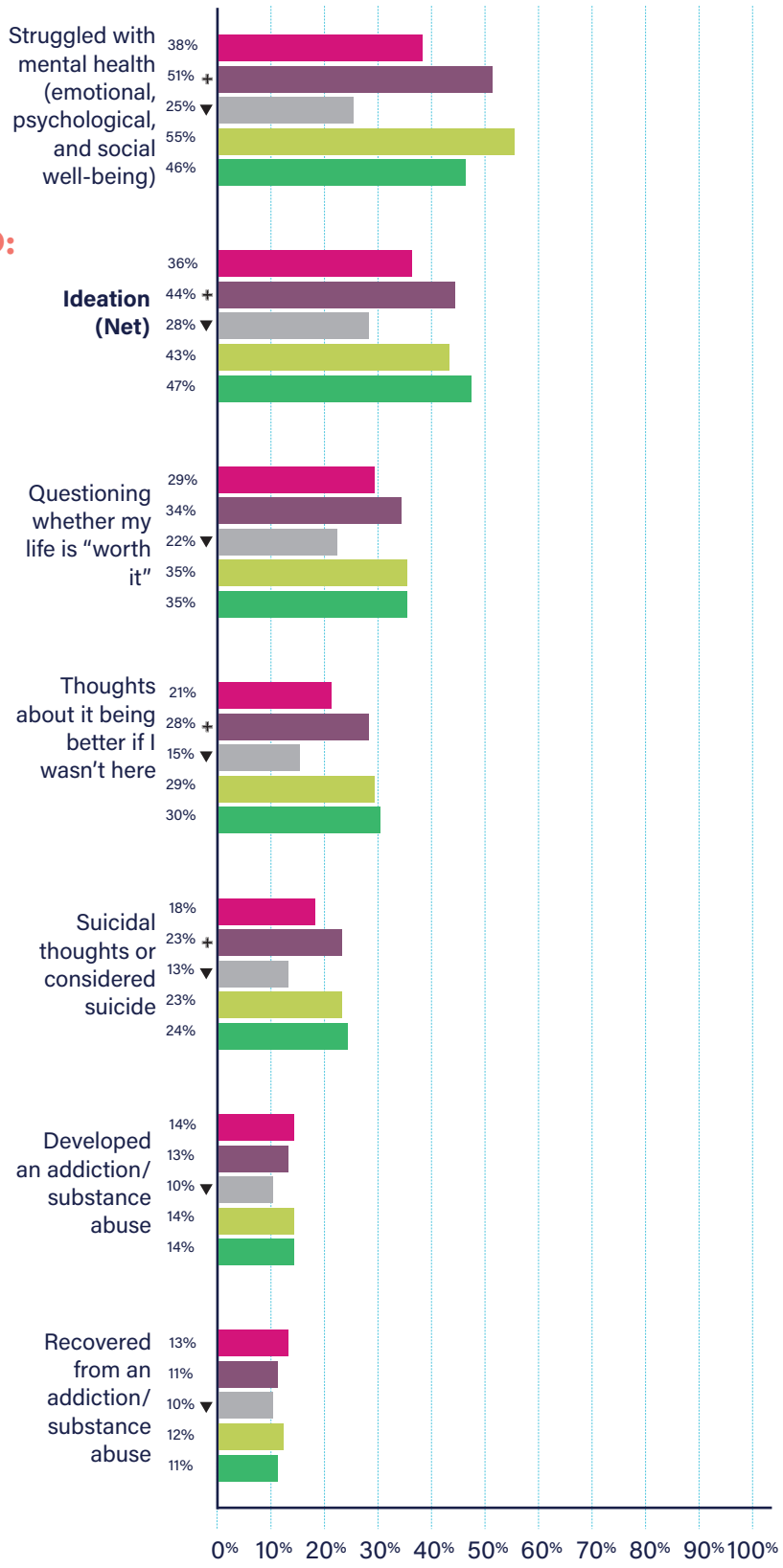
EVER EXPERIENCED: LIFETIME (COHORTS)

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
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 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q. S11 Which, if any, of the following have you ever experienced in your lifetime?

EVER EXPERIENCED: LIFETIME (GEN. POP.)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q. S11 Which, if any, of the following have you ever experienced in your lifetime?

THE MAJORITY OF THOSE WHO SAY THEY'D THOUGHT ABOUT SUICIDE HAVE DONE SO MORE THAN ONCE, AND ABOUT HALF REPORTED EXPERIENCING IDEATION IN THE PAST YEAR.

Among participants who reported experiencing suicidal ideation, about half have had such thoughts in the past year. The exception is the older cohort: 39% of all participants ages 49+ reported having thoughts of suicide in the past year, while 35% reported experiencing such thoughts over four years ago. Rural men ages 49+ in the study were even less likely to report experiencing thoughts of suicide in the past year (34%). Another third (32%) of rural older men said their last suicidal thought was over 10 years ago.

When it comes to frequency, the majority of those in the study who reported thoughts of suicide (84%) said they've had such thoughts more than once in their lifetime.

REGENCY OF SUICIDAL IDEATION: AMONG PEOPLE WHO EXPERIENCED SUICIDAL IDEATION (COHORTS)

AANHPI
Ages 13-34

AI/AN
Ages 13-34

Black
Ages 13-34

Hispanic
Ages 13-34

LGBTQIA+
Ages 13-49

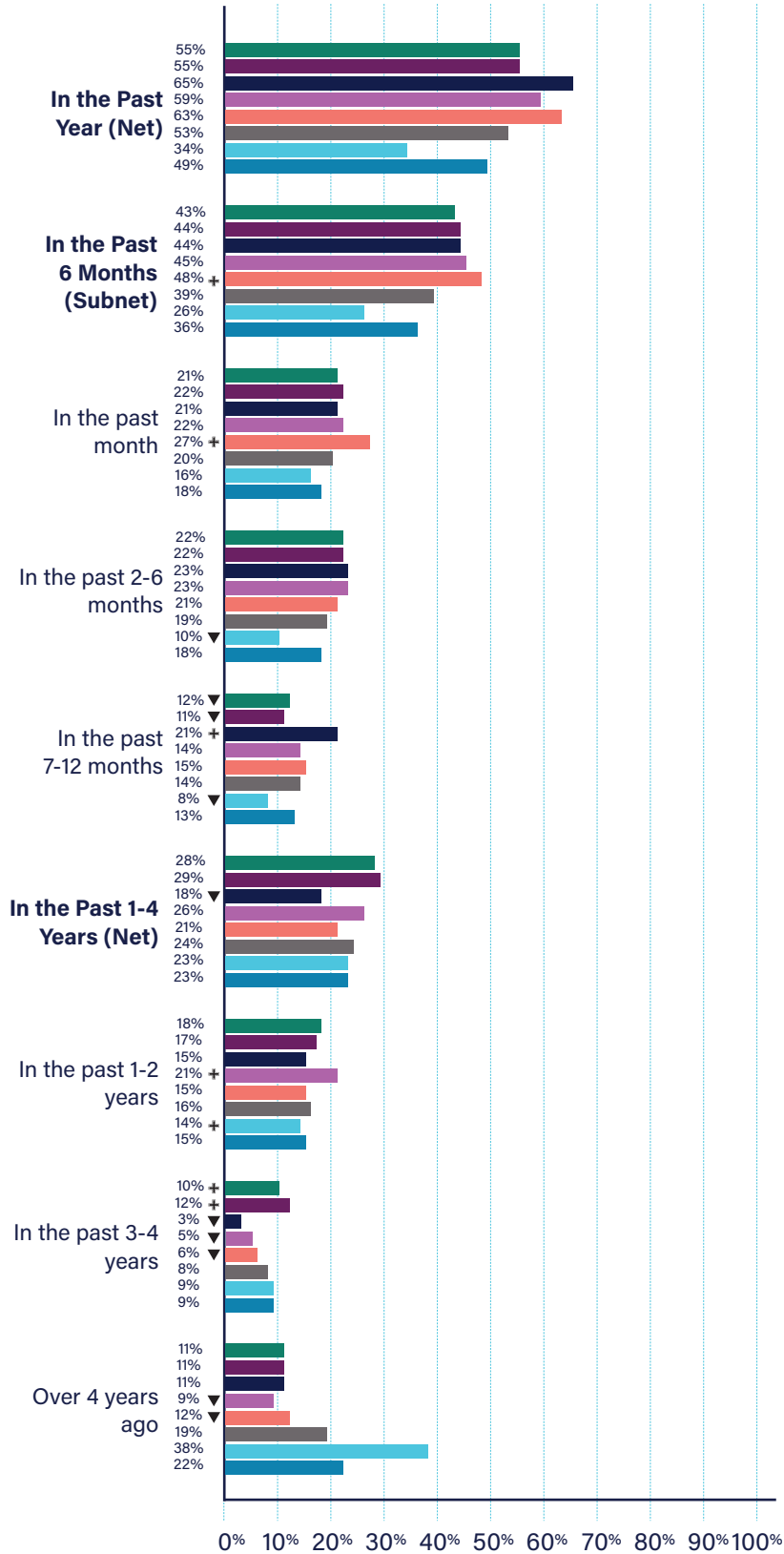
PwD
Ages 13+

Rural Men
Ages 49+

Suicidal Ideation
Ages 13+

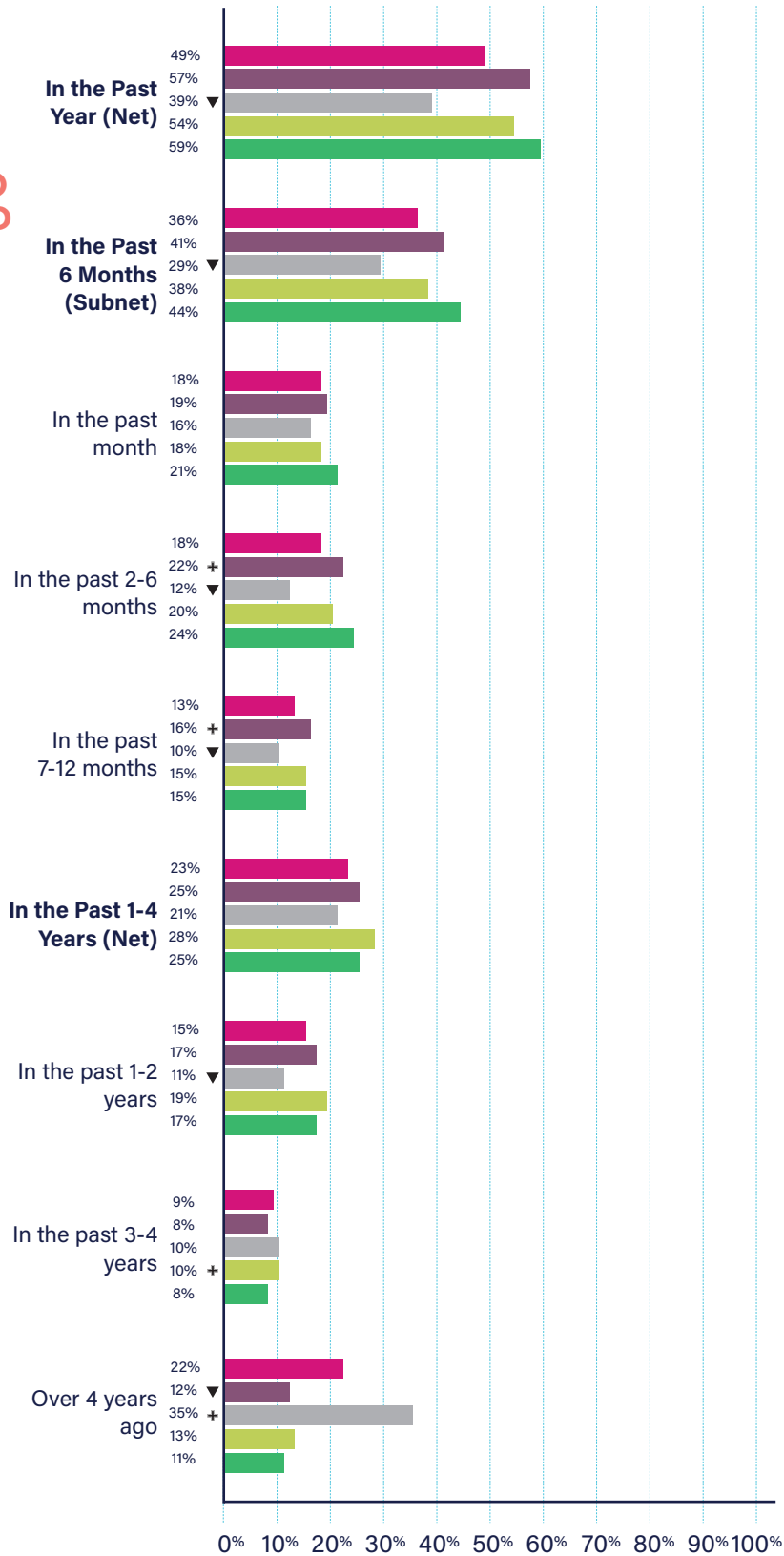
+ over-index vs. Gen Pop (120 or above)

▼ under-index vs. Gen Pop (80 or below)



Base: People Who Experienced Suicidal Ideation - Total Gen Pop Respondents (n=1,969), Gen Pop 13-34 (n=717), Gen Pop 49+ (n=719)
 Base: White 13-34 (n=474), Total Non-White 13-34 (n=634), Black 13-34 (n=179), Hispanic 13-34 (n=195), AI/IN 13-34 (n=201), AANHPI 13-34 (n=179)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQIA+ 13-49 (n=292), Rural Men 49+ (n=104), People with Disabilities (n=654)
 Q.12a/b Thinking back throughout your entire life, when was the last time you [RESPONSE]?

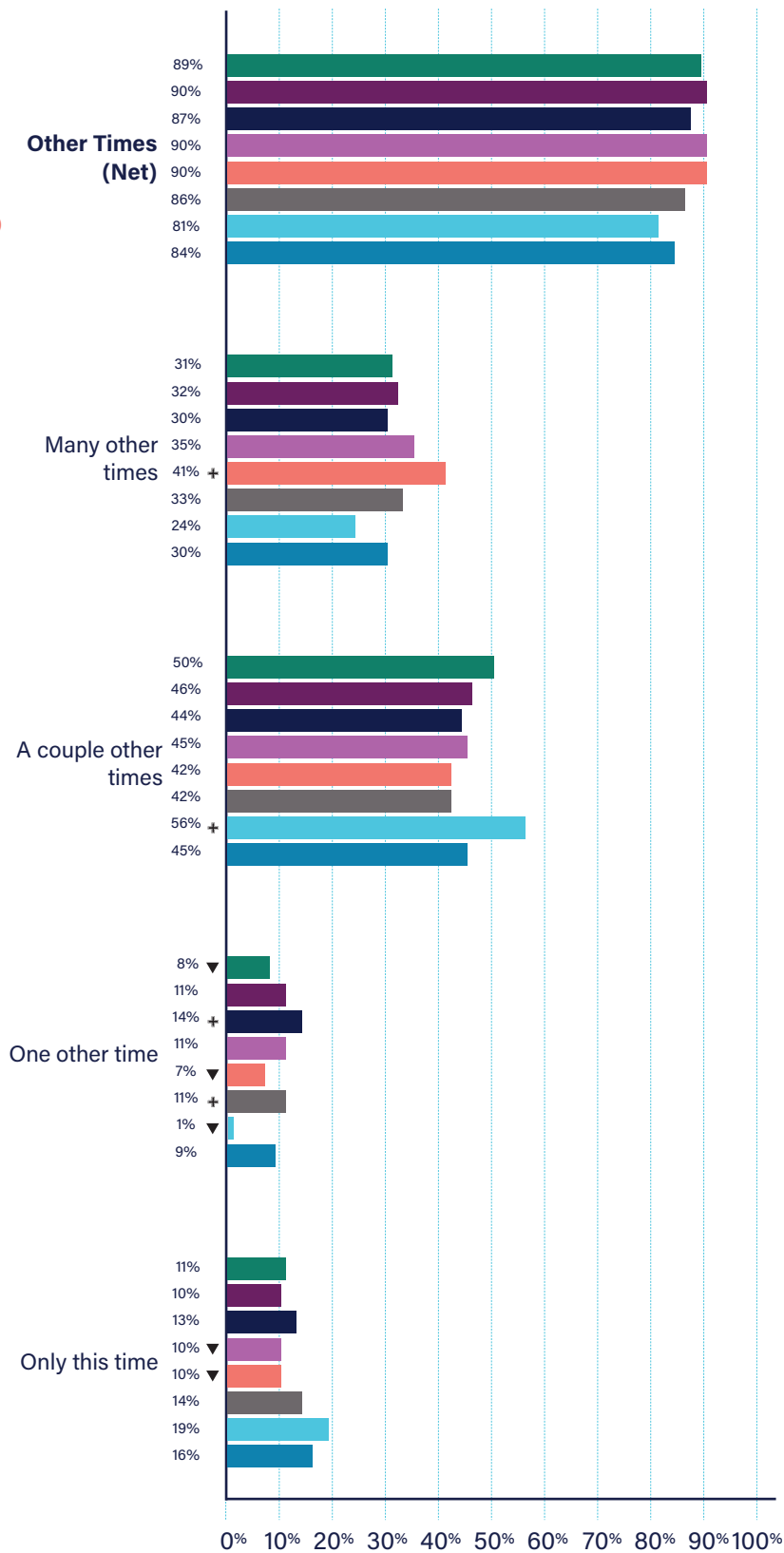
REGENCY OF SUICIDAL IDEATION: AMONG PEOPLE WHO EXPERIENCED SUICIDAL IDEATION (GEN. POP.)



Base: People Who Experienced Suicidal Ideation - Total Gen Pop Respondents (n=1,969), Gen Pop 13-34 (n=717), Gen Pop 49+ (n=719)
 Base: White 13-34 (n=474), Total Non-White 13-34 (n=634), Black 13-34 (n=179), Hispanic 13-34 (n=195), AI/IN 13-34 (n=201), AANHPI 13-34 (n=179)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=292), Rural Men 49+ (n=104), People with Disabilities (n=654)
 Q12a/b Thinking back throughout your entire life, when was the last time you [RESPONSE]?

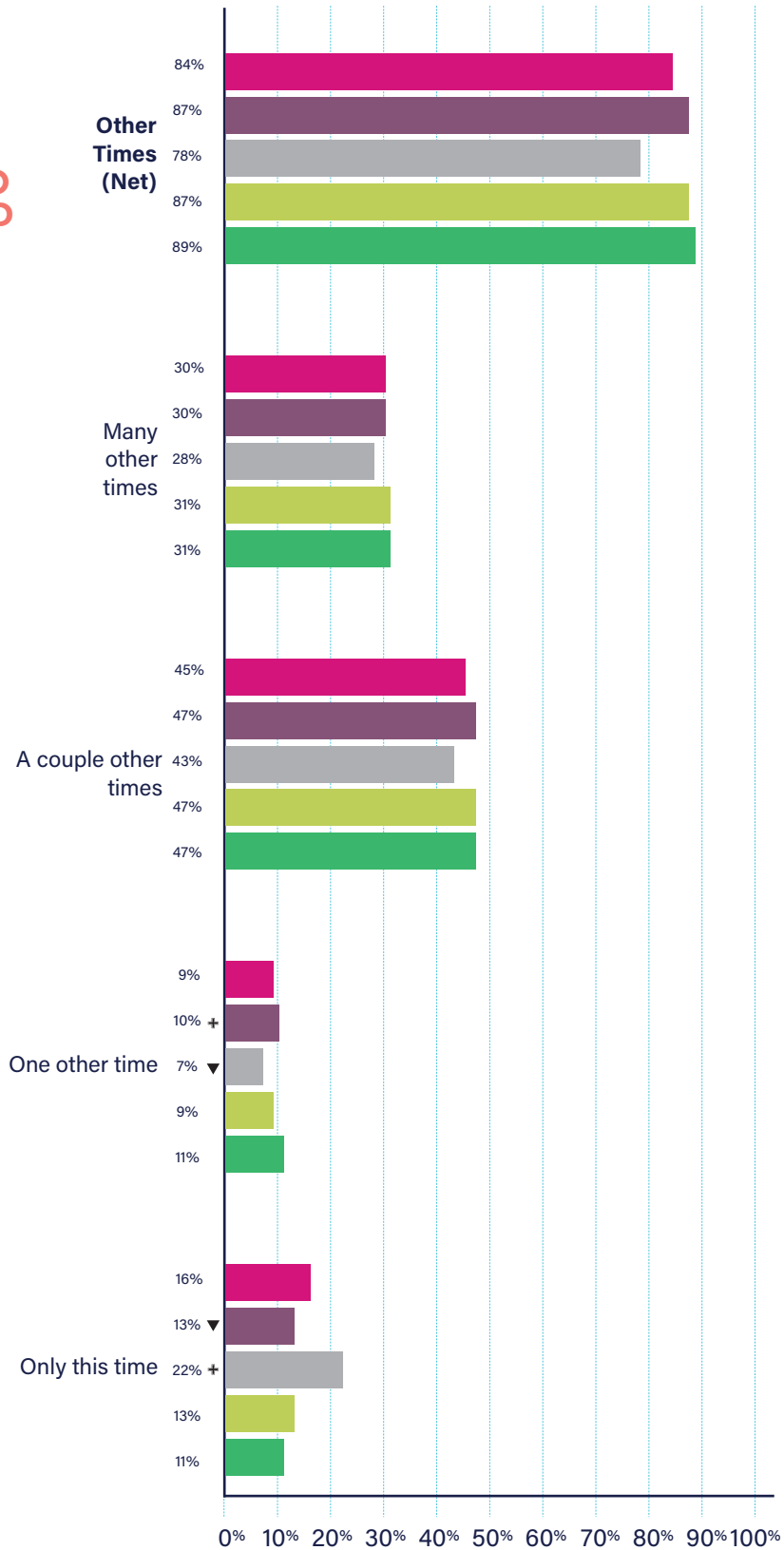
SUICIDAL IDEATION FREQUENCY: AMONG PEOPLE WHO EXPERIENCED SUICIDAL IDEATION (COHORTS)

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



Base: People Who Experienced Suicidal Ideation - Total Gen Pop Respondents (n=1,969), Gen Pop 13-34 (n=717), Gen Pop 49+ (n=719)
 Base: White 13-34 (n=474), Total Non-White 13-34 (n=634), Black 13-34 (n=179), Hispanic 13-34 (n=195), AI/IN 13-34 (n=201), AANHPI 13-34 (n=179)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=292), Rural Men 49+ (n=104), People with Disabilities (n=654)
 Q. 13 Was this the only time in your life you [RESPONSE], or were there other times?

SUICIDAL IDEATION FREQUENCY: AMONG PEOPLE WHO EXPERIENCED SUICIDAL IDEATION (GEN. POP.)

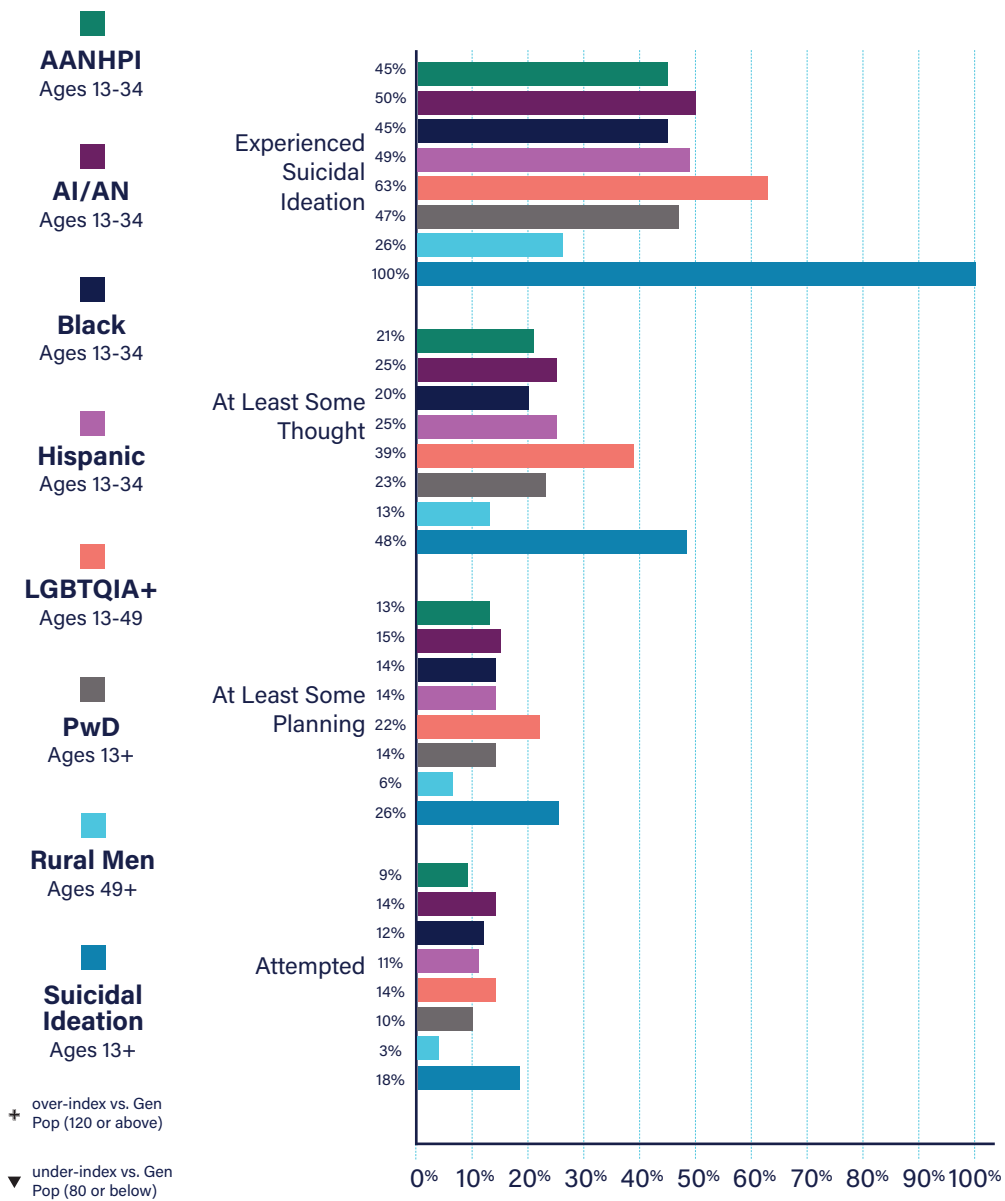


Base: People Who Experienced Suicidal Ideation - Total Gen Pop Respondents (n=1,969), Gen Pop 13-34 (n=717), Gen Pop 49+ (n=719)
 Base: White 13-34 (n=474), Total Non-White 13-34 (n=634), Black 13-34 (n=179), Hispanic 13-34 (n=195), AI/IN 13-34 (n=201), AANHPI 13-34 (n=179)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=292), Rural Men 49+ (n=104), People with Disabilities (n=654)
 Q. 13 Was this the only time in your life you [RESPONSE], or were there other times?

LGBTQIA+ PARTICIPANTS REPORT HAVING EXPERIENCED MORE SUICIDAL THOUGHTS THAN OTHER COHORTS IN THE STUDY; BLACK AND AMERICAN INDIAN/ALASKAN NATIVE PARTICIPANTS AGES 13-34 AND LGBTQIA+ PARTICIPANTS REPORTED MORE SUICIDE ATTEMPTS.

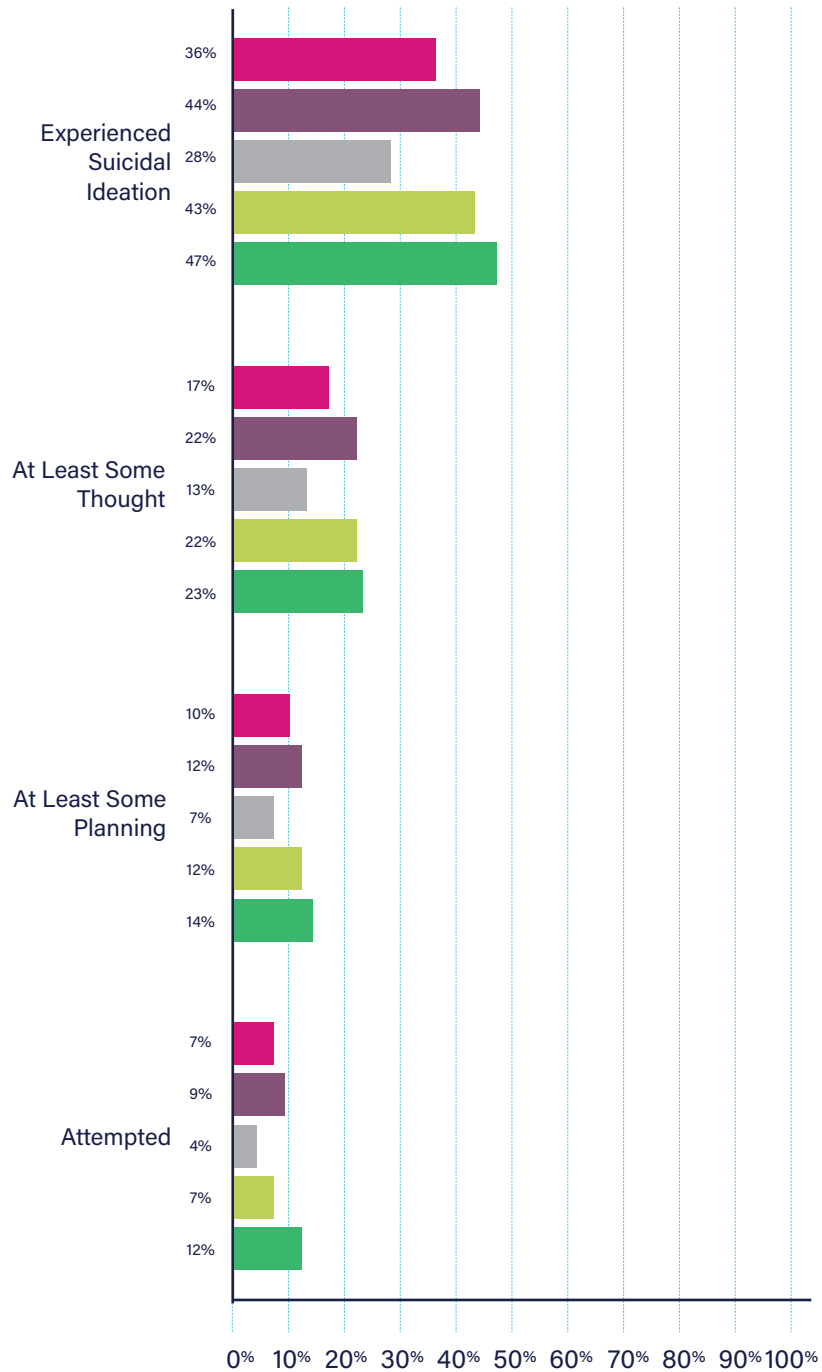
SUICIDAL IDEATION STAGES

(COHORTS) Note: Suicidal ideation stages were self-assessed in the survey.



Base: Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465)

SUICIDAL IDEATION STAGES (GEN. POP.)



Base: Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465)

SUICIDAL IDEATION, PLANNING, AND ATTEMPTS | IN THEIR OWN WORDS

The following reflects open-ended responses from participants' reported experiences with suicidal ideation, planning, or attempts.

"My most recent was in, I think it was 2019, so where I actually thought of, like, doing it. I think when you have a mental illness, a lot of times it's kind of always in the back of your head, it isn't as prominent. And like right now, I'm very happy but knowing that there is a chemical imbalance, there are times where I'm, like, **oh, I could just do this, I could just kill myself**. The last time was in 2019 and I was even with my husband, and that's why I said it takes so long to get to a better point ... I saw he was so happy, I was so happy, everything was so happy and I still was like, **oh, it'd be so much better off without me**. He'd be so much happier, and I could just do it right now and he'd be so happy, you know."

- LGBTQIA+ FEMALE, 25

"My darkest point [was] when I was in my early 20s, like **passively suicidal** almost. I definitely got to such a dark point in my life where I thought if I don't wake up tomorrow, whatever, or, you know, driving in my car, if this bus misses that red light, then okay. I really didn't understand [what] I was going through ... I thought, well, I'm not writing a note; I'm not going to go jump off a bridge or anything, so I'm not suicidal."

- AMERICAN INDIAN/ALASKA NATIVE, 27

"You know, I'm still hopeful for the future and hopeful that things will improve, but ... the past year and a half have just been brutal. I think my mental health on my own would probably be okay, but it's **the fact that I'm dealing with three other people who are all dealing with severe challenges** ... My oldest son up until he was about 14 or 15 was kind of my rock. He kind of went off a cliff and nearly committed suicide ... **My emotional support within my household is very limited and then living in a rural [place]** ... We've only been here for about five years and **I just don't feel like we have the friends that I had before.**"

– WHITE, RURAL MAN, 51

"My mental health was pretty poor ... until I graduated high school. I do think in hindsight **I was very depressed** ... I don't think I've ever, like, been that close to actually doing it because I feel like it's just such a hard thing to bring yourself to do ... **more so just, like, wish I didn't exist anymore, I guess.**"

– HISPANIC, ASIAN, 22

"Yes, of course [I've had thoughts of suicide]. I would be lying if I said no, because I say it would be so much easier if I wasn't here. **I never go as far as getting a plan or setting a day. It's just general thoughts in my head. It will be so much easier if I wasn't here, especially because of the depression that I'm in.** The thoughts are there because of going through a very stressful situation, or I'm in pain, physical pain, or I'm depressed, I can't sleep [from] anxiety. **I think in my case, it's normal to think like that.** I'm not sure how other people see it, but in my case, I see it as normal!"

– HISPANIC, LGBTQIA+, PERSON WITH DISABILITY, 43

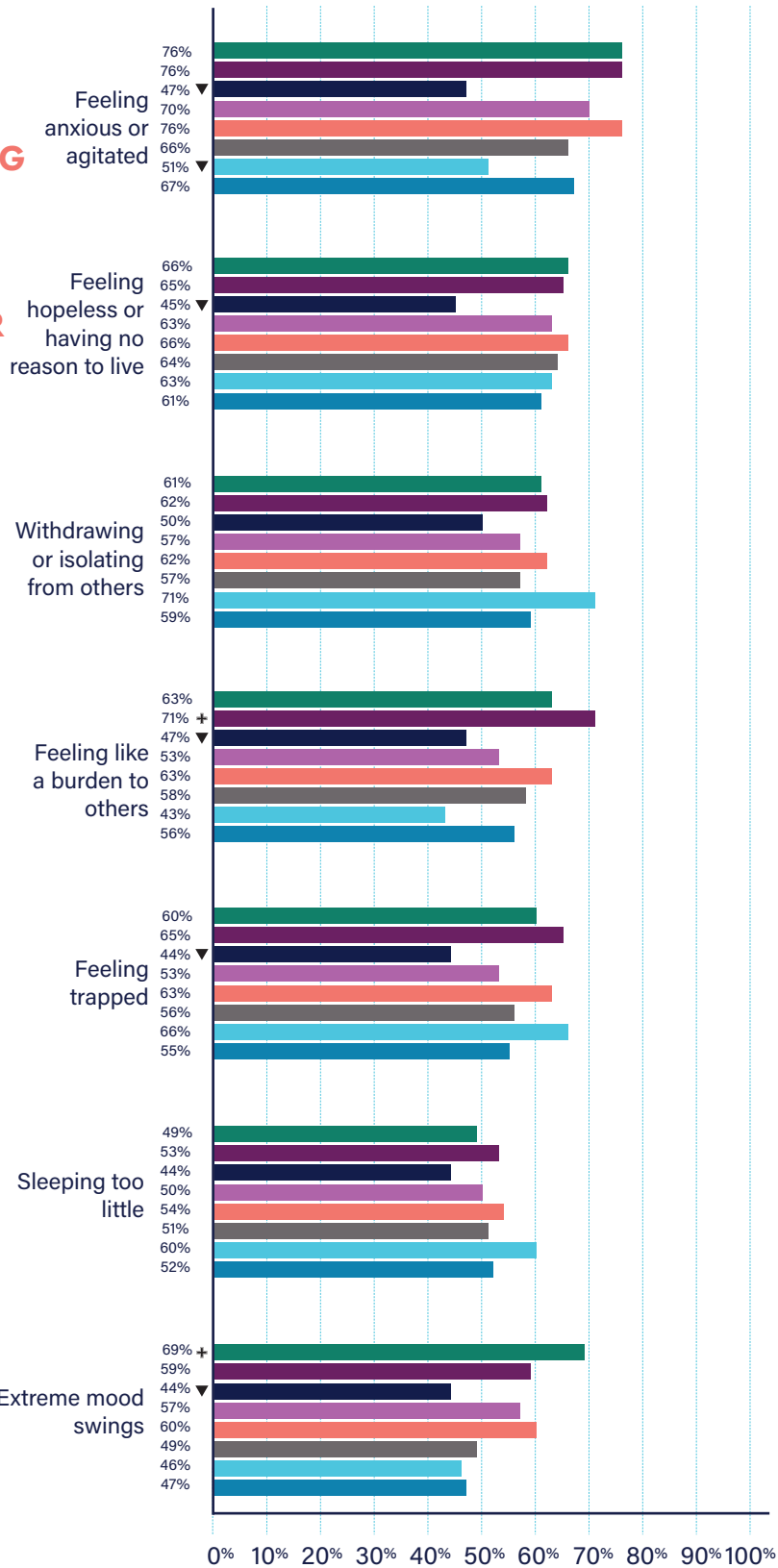
HEED THE WARNING

Below reflects the common themes we heard in the qualitative and a battery of responses from the quantitative research. Participants who reported having thoughts about suicide also all reported experiencing similar warning signs (which the research team triangulated from findings and results from qualitative and quantitative phases):

- **FEELING ANXIOUS OR AGITATED**
- **FEELING HOPELESS**
- **WITHDRAWING/ISOLATING FROM OTHERS**
- **FEELING TRAPPED**
- **FEELING LIKE A BURDEN**
- **SLEEPING TOO LITTLE**

SUICIDAL IDEATION WARNING SIGNS: AMONG PEOPLE WHO EXPERIENCED SUICIDAL IDEATION IN THE PAST YEAR (COHORTS)

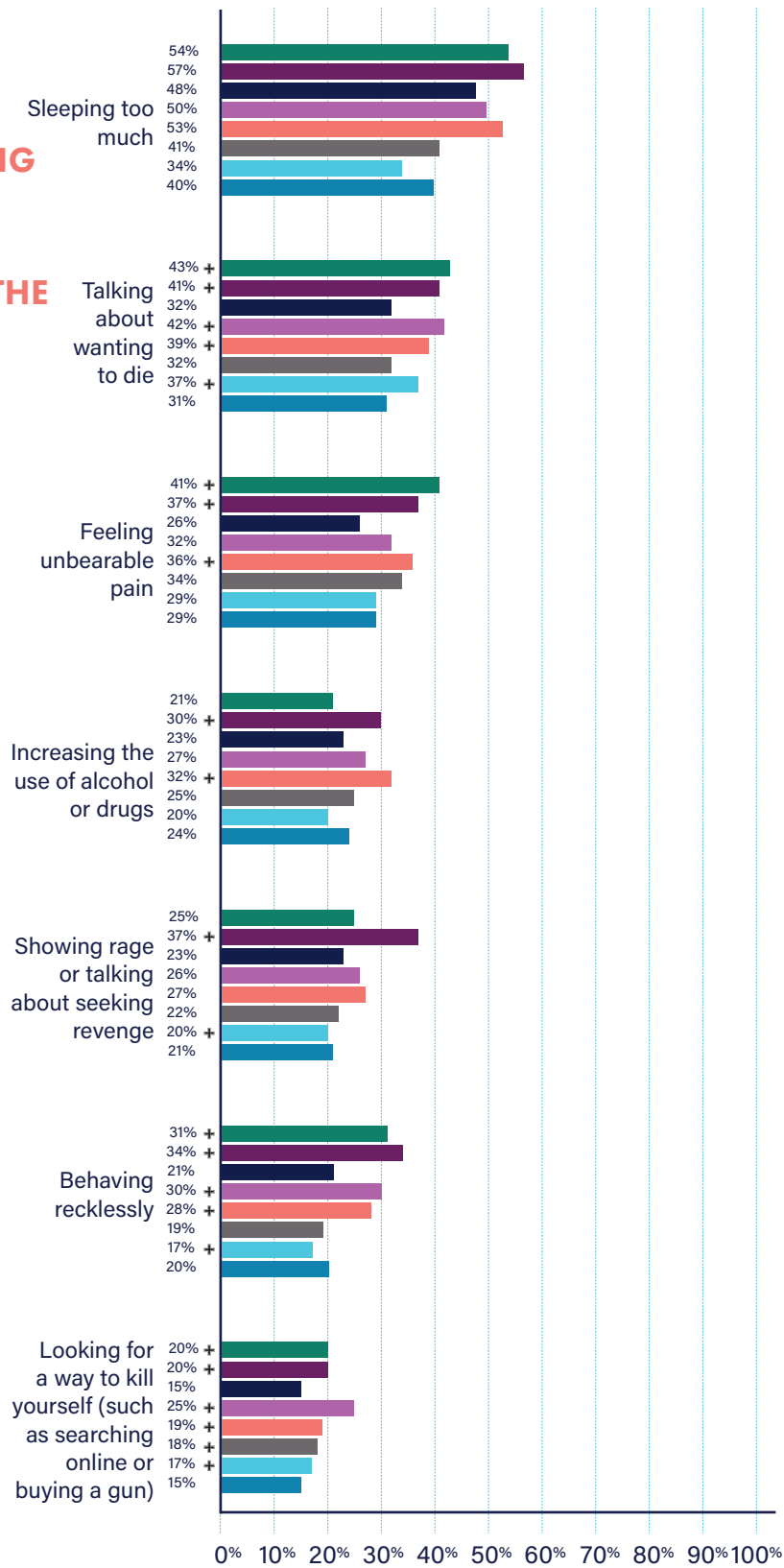
- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



Base: People Who Experienced Suicidal Ideation in Past Year - Total Gen Pop Respondents (n=971), Gen Pop 13-34 (n=407), Gen Pop 49+ (n=278)
 Base: White 13-34 (n=253), Total Non-White 13-34 (n=375), Black 13-34 (n=117), Hispanic 13-34 (n=115), AI/IN 13-34 (n=111), AANHPI 13-34 (n=99)
 Base: Suicidal ideation 13+ (n=971), LGBTQIA+ 13-49 (n=185), Rural Men 49+ (n=35*), People with Disabilities (n=345)
 Q. 14 Which, if any, of the following have you experienced in the past year?
 *Caution small sample size (n<50)

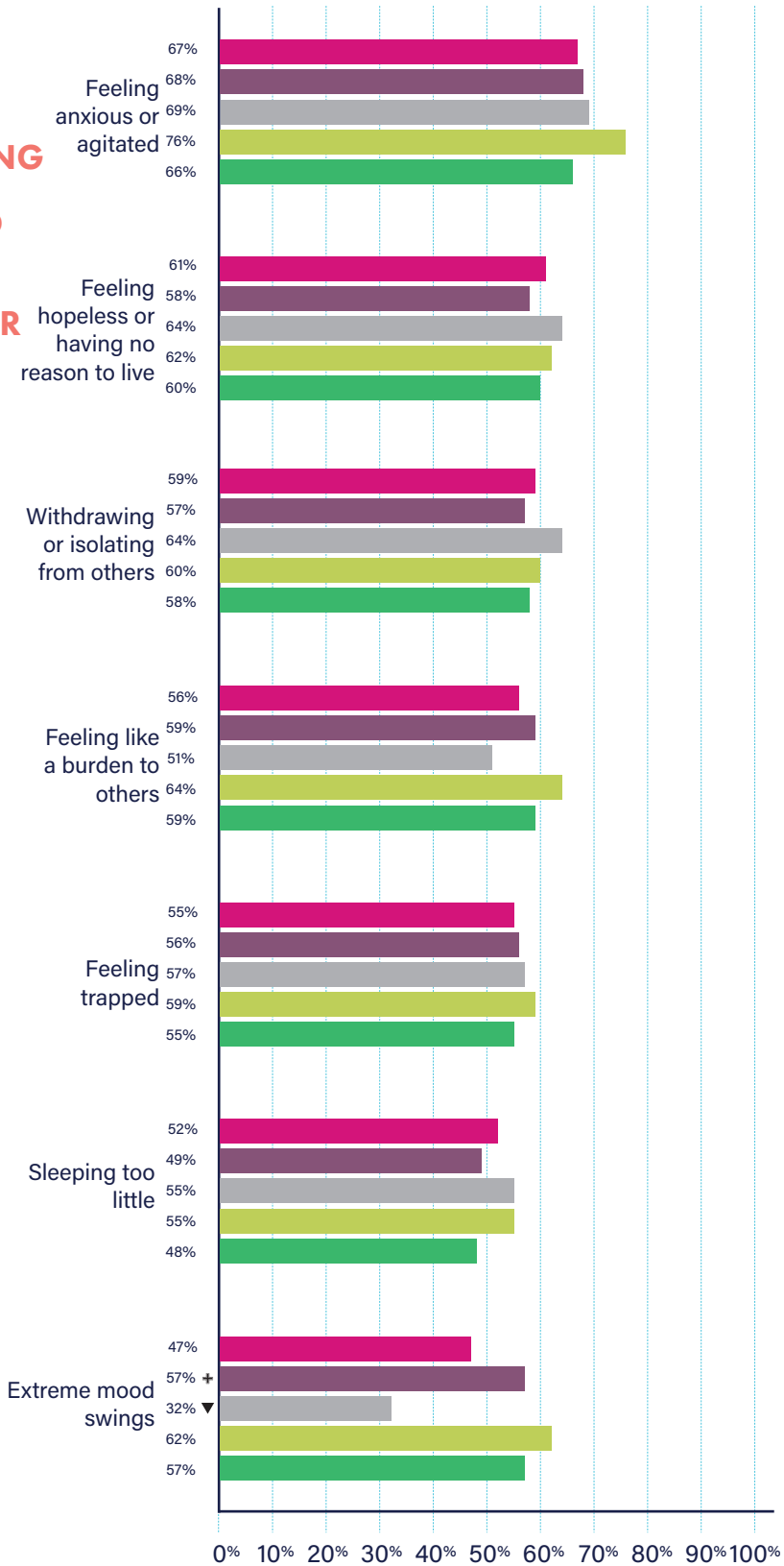
SUICIDAL IDEATION WARNING SIGNS: AMONG PEOPLE WHO EXPERIENCED SUICIDAL IDEATION IN THE PAST YEAR (COHORTS)

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
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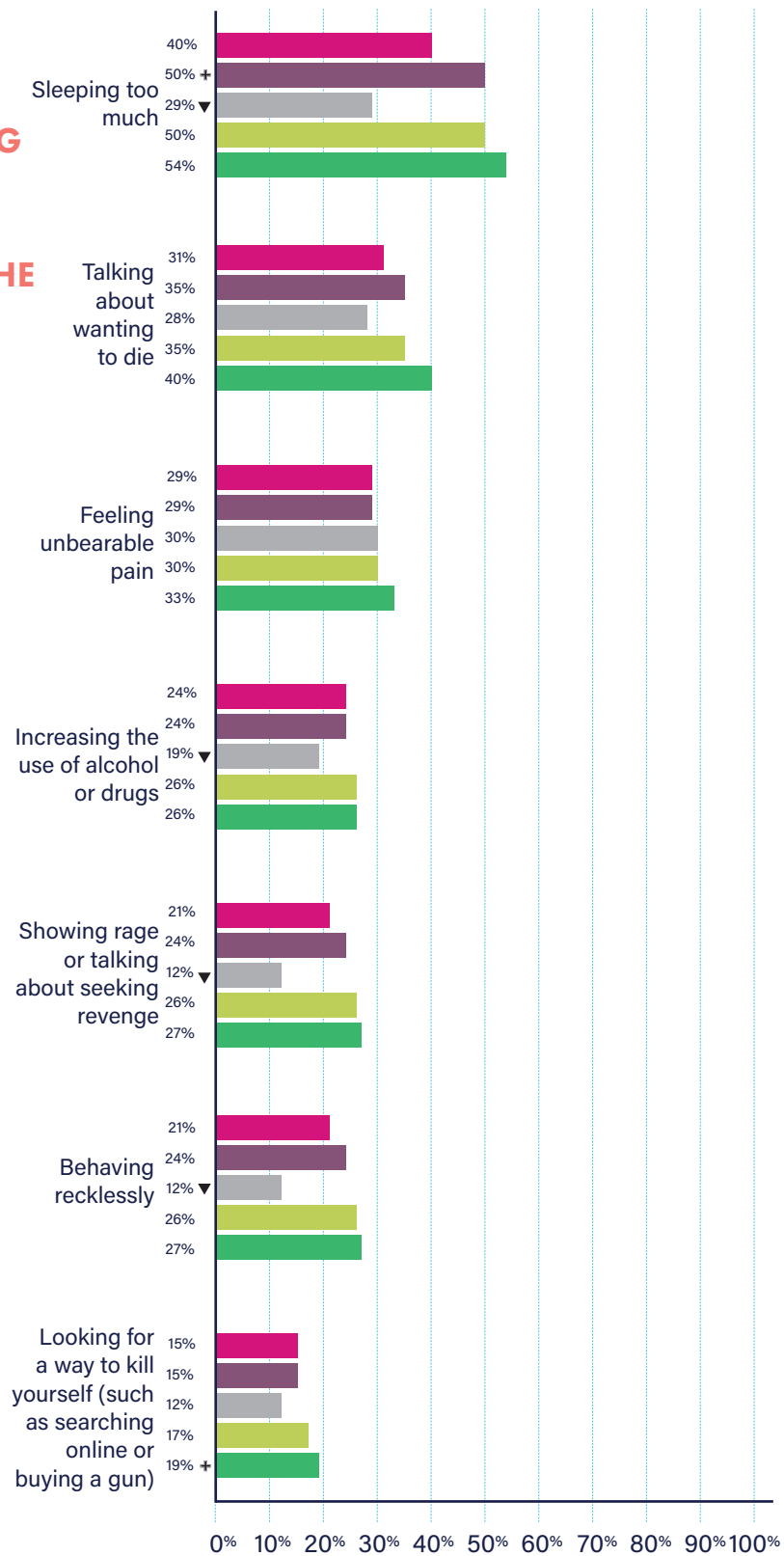
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 Base: White 13-34 (n=253), Total Non-White 13-34 (n=375), Black 13-34 (n=117), Hispanic 13-34 (n=115), AI/IN 13-34 (n=111), AANHPI 13-34 (n=99)
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 Q. 14 Which, if any, of the following have you experienced in the past year?
 *Caution small sample size (n<50)

SUICIDAL IDEATION WARNING SIGNS: AMONG PEOPLE WHO EXPERIENCED SUICIDAL IDEATION IN THE PAST YEAR (GEN. POP.)



Base: People Who Experienced Suicidal Ideation in Past Year - Total Gen Pop Respondents (n=971), Gen Pop 13-34 (n=407), Gen Pop 49+ (n=278)
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SUICIDAL IDEATION WARNING SIGNS: AMONG PEOPLE WHO EXPERIENCED SUICIDAL IDEATION IN THE PAST YEAR (GEN. POP.)



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 Base: Suicidal ideation 13+ (n=971), LGBTQ+ 13-49 (n=185), Rural Men 49+ (n=35*), People with Disabilities (n=345)
 Q. 14 Which, if any, of the following have you experienced in the past year?
 *Caution small sample size (n<50)

SECTION 3: 988 USE

Identifying who's aware of and who would (or would not) consider using 988.

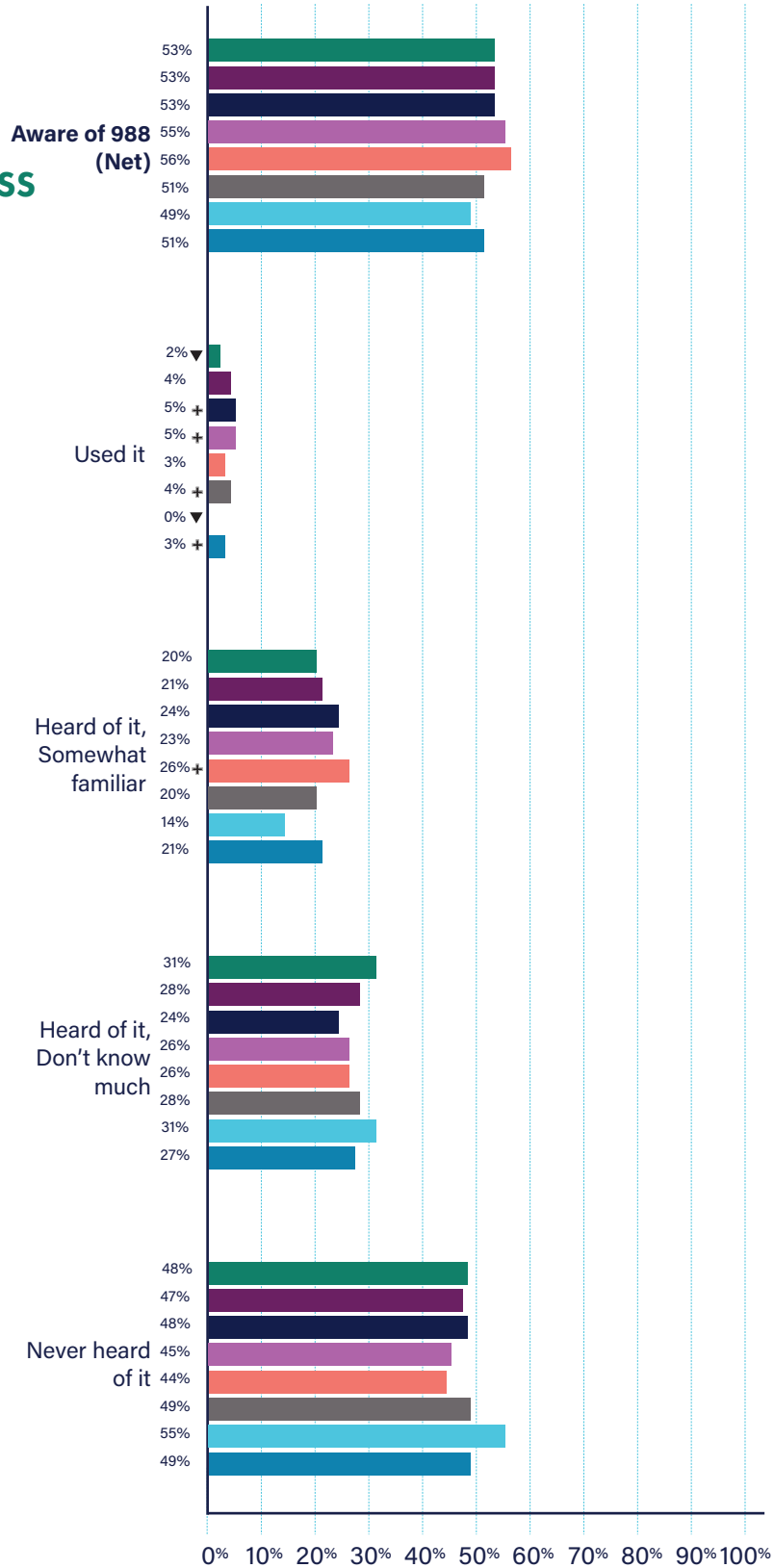
During the qualitative phase, the research team asked aided and unaided questions to gauge awareness of mental health and suicide prevention resources in general. Participants were then asked specifically about their awareness of 988. This qualitative awareness check was also built into the quantitative survey to provide a baseline understanding of aided and unaided awareness by those who have higher risk for or are disproportionately impacted by suicide.

ABOUT A HALF OF THE SAMPLE HAVE HEARD OF 988, BUT MOST DON'T KNOW MUCH ABOUT IT.

In a prompt about 988 in the quantitative survey, about half of the sample had heard of it—though they primarily said they were somewhat familiar with it or that they don't know much about it. At the time of this survey, 5% or fewer of cohorts said they've used it.

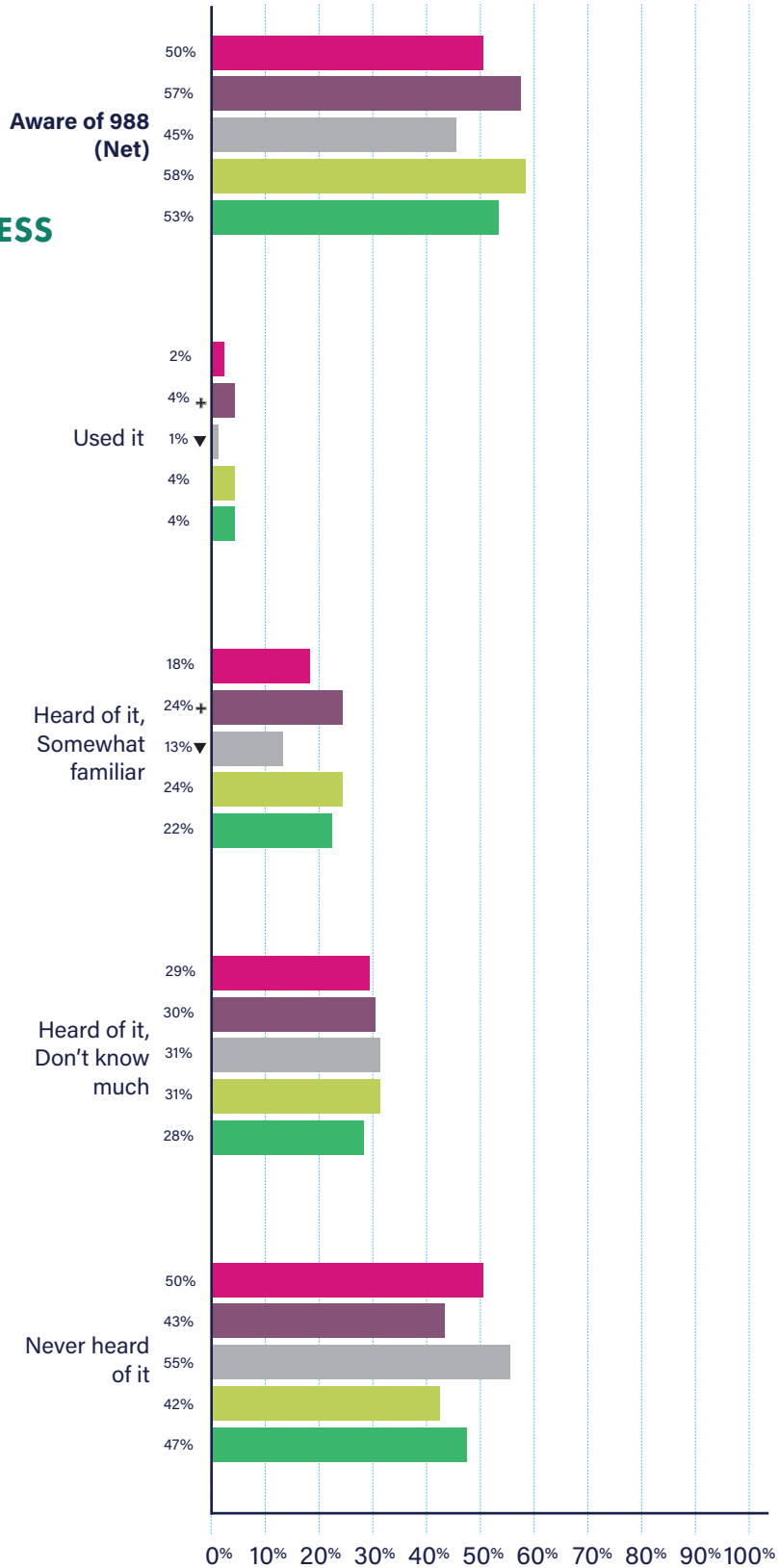
988 AWARENESS (COHORTS)

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q16. Before today, have you heard of the new 988 Suicide & Crisis Lifeline?

988 AWARENESS (GEN. POP.)



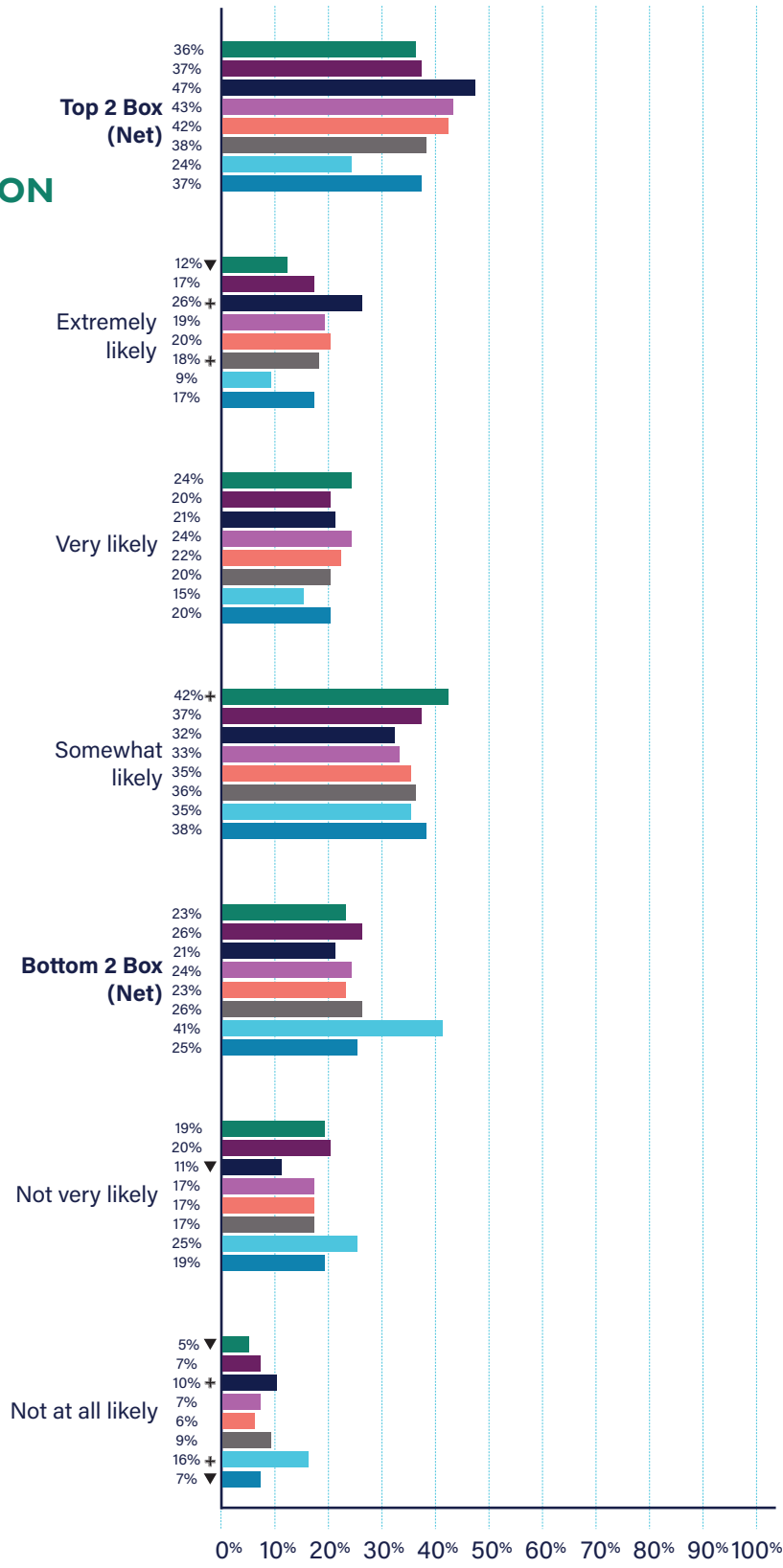
Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q16. Before today, have you heard of the new 988 Suicide & Crisis Lifeline?

WHEN STRUGGLING WITH MENTAL HEALTH, PARTICIPANTS ARE SPLIT ON IF THEY'D CONSIDER USING 988 TO GET HELP OR SUPPORT. PARTICIPANTS AGES 13-34 (ESPECIALLY THOSE WHO ARE BLACK) AND LGBTQIA+ PARTICIPANTS ARE MORE LIKELY TO SAY THEY'D USE 988; RURAL OLDER MEN ARE LEAST LIKELY TO SAY THEY'D USE IT.

In general, participants were fairly split (extremely/very likely, somewhat likely, not very/not at all likely) on whether they'd consider reaching out to 988 when struggling with their mental health—including those who have experienced ideation. Participants ages 13-34 were more likely than general population participants to say they'd be extremely/very likely to consider using 988 (41% vs. 33% gen pop), with Black and Hispanic participants ages 13-34 being even more likely (47% and 43% extremely/very, respectively). LGBTQIA+ participants were also more likely than the general population (42% vs. 33% gen pop) to say they'd be extremely/very likely to use 988 when struggling. Conversely, rural older men participants were least likely to say they'd use 988 when struggling (41% not very/not at all likely vs. 29% gen pop).

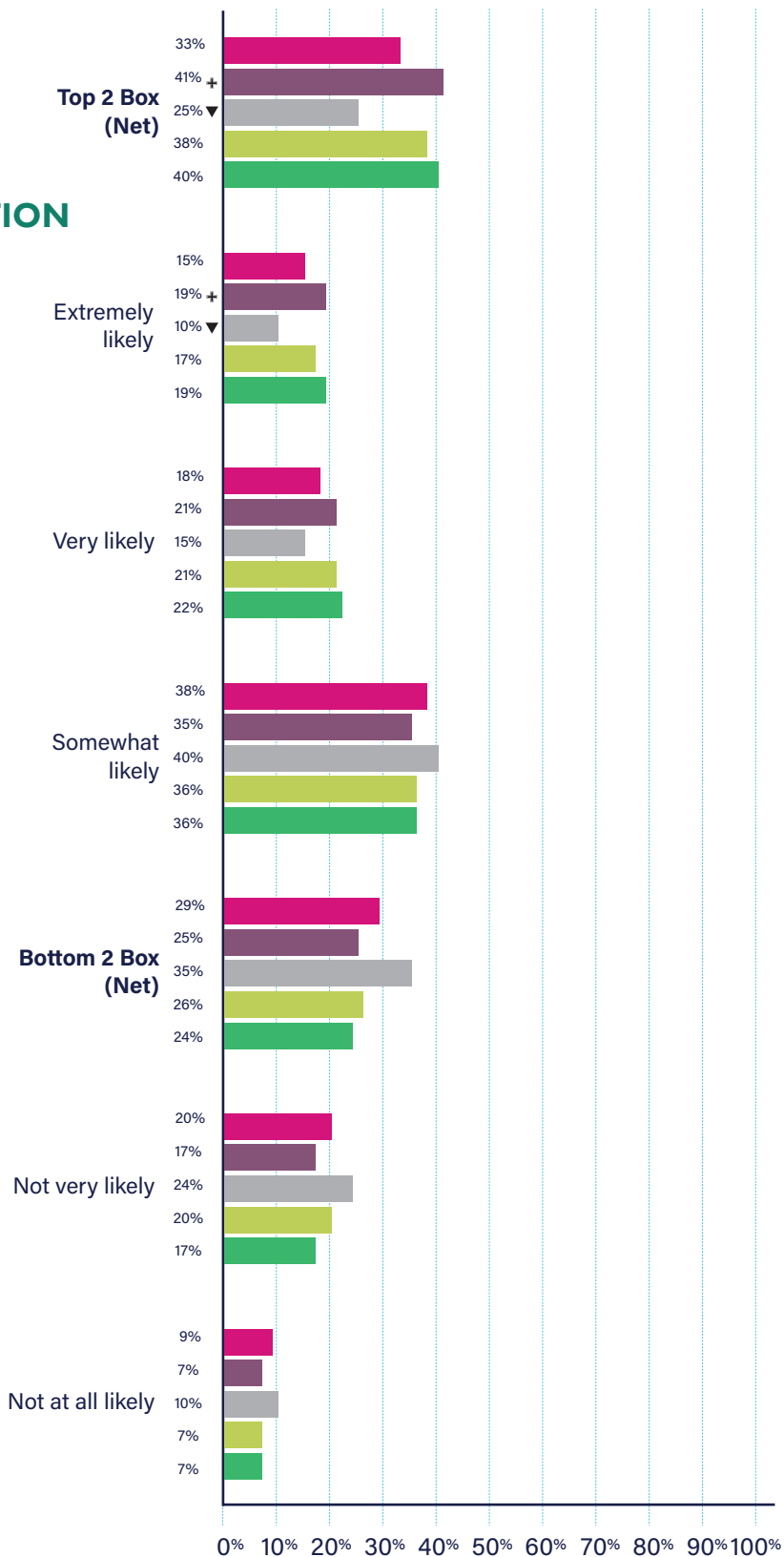
988 CONSIDERATION (COHORTS)

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PWD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
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Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
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 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q17. If you were struggling with your mental health at any point, how likely would you be to use the 988 hotline to get help or support?

988 CONSIDERATION (GEN. POP.)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
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 Q17. If you were struggling with your mental health at any point, how likely would you be to use the 988 hotline to get help or support?

**24/7 AVAILABILITY
HAS THE STRONGEST
APPEAL TO THOSE
WHO WOULD
CONSIDER USING
988.**

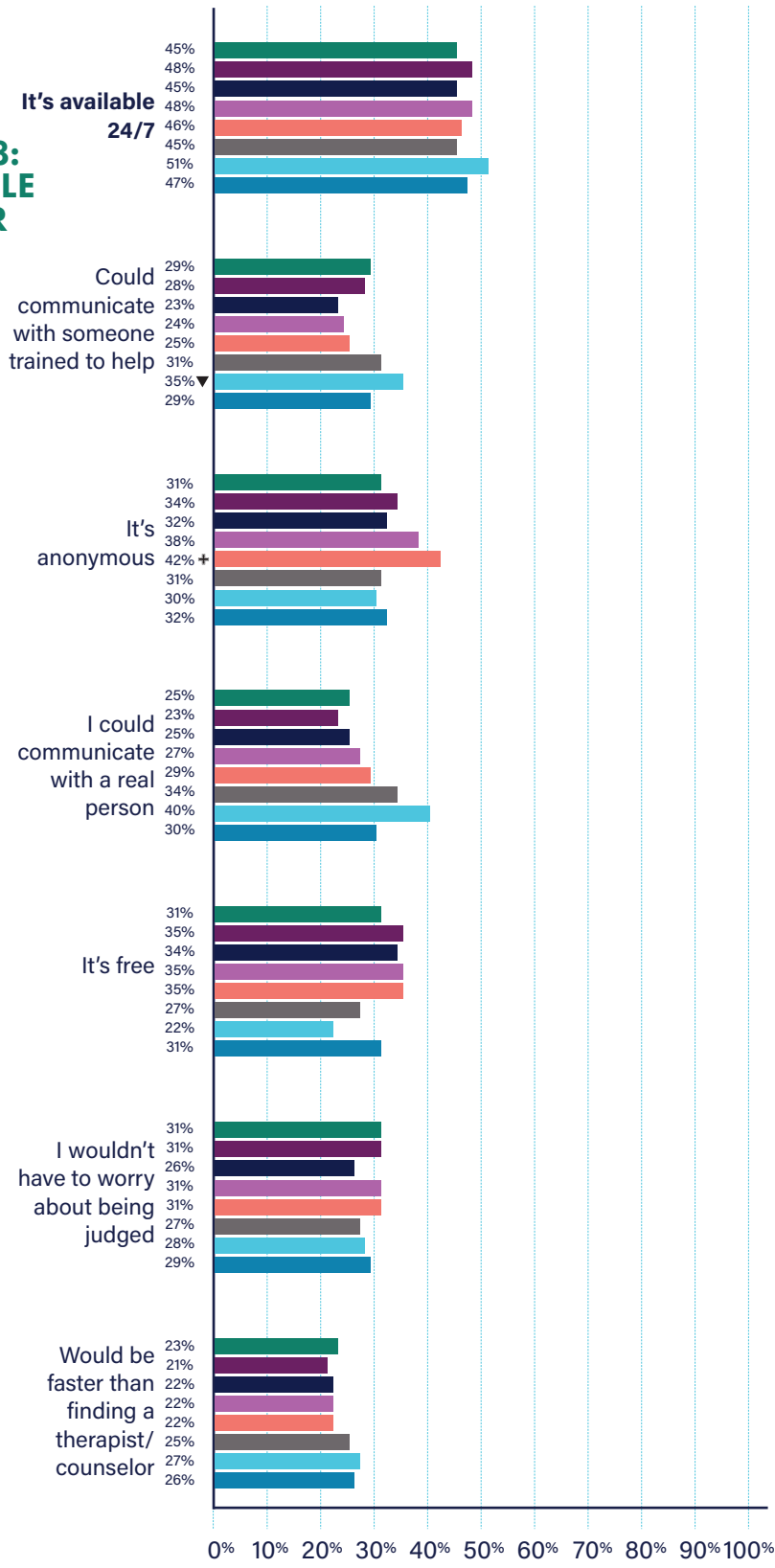
Across cohorts, participants who said they'd be extremely/very likely to consider using 988 ranked 24/7 availability as a top reason for their consideration (48%). Other top reasons included:

- Could communicate with someone trained to help (33%)
- It's anonymous (32%)
- Could communicate with a real person (31%)
- It's free (30%)

Among cohorts, however, top reasons (after 24/7 availability) varied greatly. For example, "it's free" and "it's anonymous" ranked highly for LGBTQIA+ participants, participants ages 13-34, and participants who have experienced suicidal ideation. "I could communicate with someone trained to help" was ranked second-highest for participants ages 49+ (though slightly less for rural men ages 49+). And "I could communicate with a real person" was ranked second-highest for participants with disabilities.

WHY WOULD CONSIDER 988: AMONG PEOPLE EXTREMELY OR VERY LIKELY TO CONSIDER USING 988 (COHORTS)

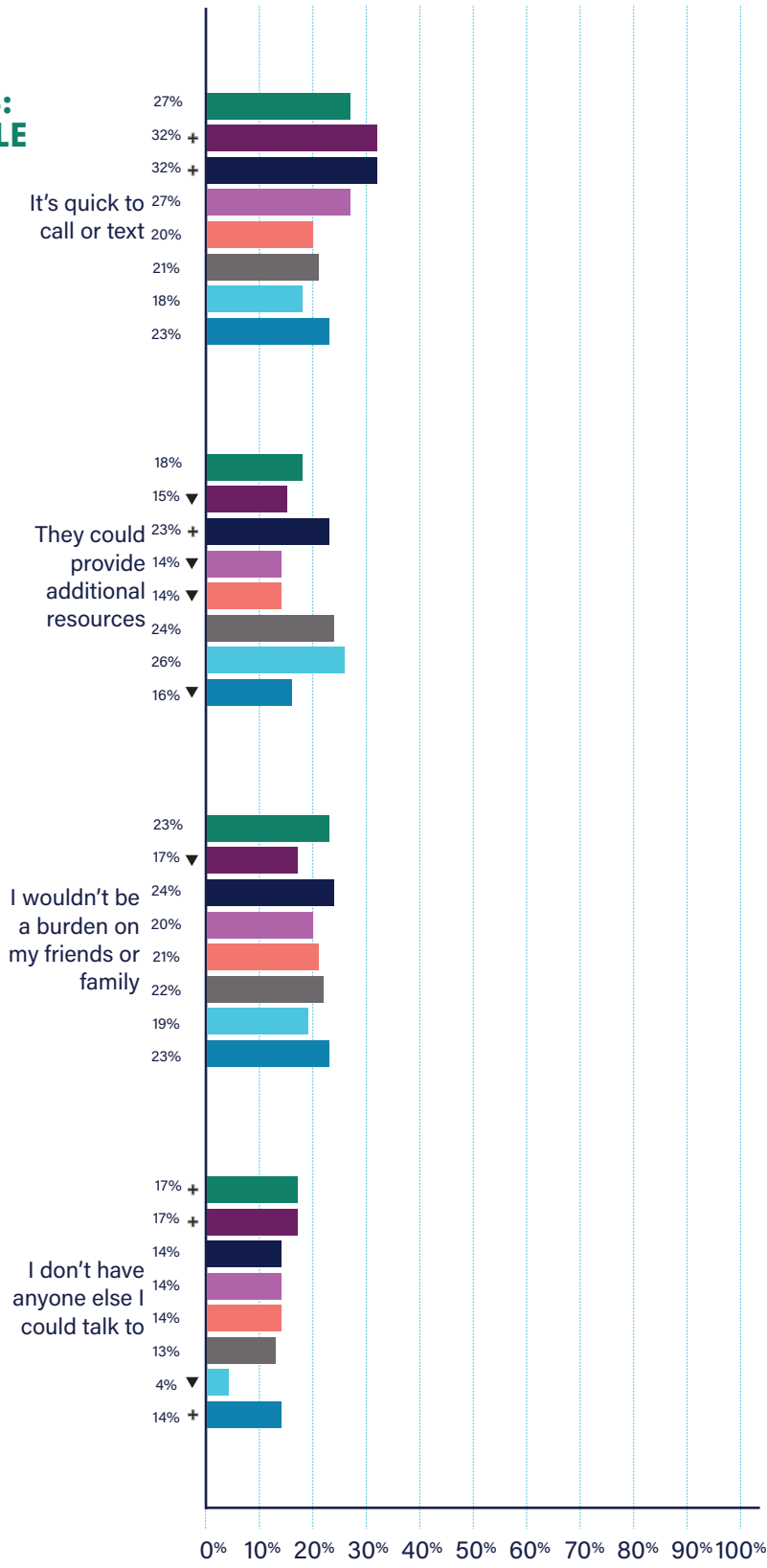
- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



Base: Extremely or Very Likely to Consider Using 988 - Total Gen Pop Respondents (n=1,792), Gen Pop 13-34 (n=669), Gen Pop 49+ (n=645)
 Base: White 13-34 (n=414), Total Non-White 13-34 (n=548), Black 13-34 (n=188), Hispanic 13-34 (n=172), AI/IN 13-34 (n=149), AANHPI 13-34 (n=142)
 Base: Suicidal ideation 13+ (n=728), LGBTQ+ 13-49 (n=194), Rural Men 49+ (n=96), People with Disabilities (n=535)
 Q18a. Why would you consider using the 988 hotline? Please rank your top 3 reasons, where "1" is the most motivating reason, "2" is the second most motivating reason, and "3" is the third most motivating reason.

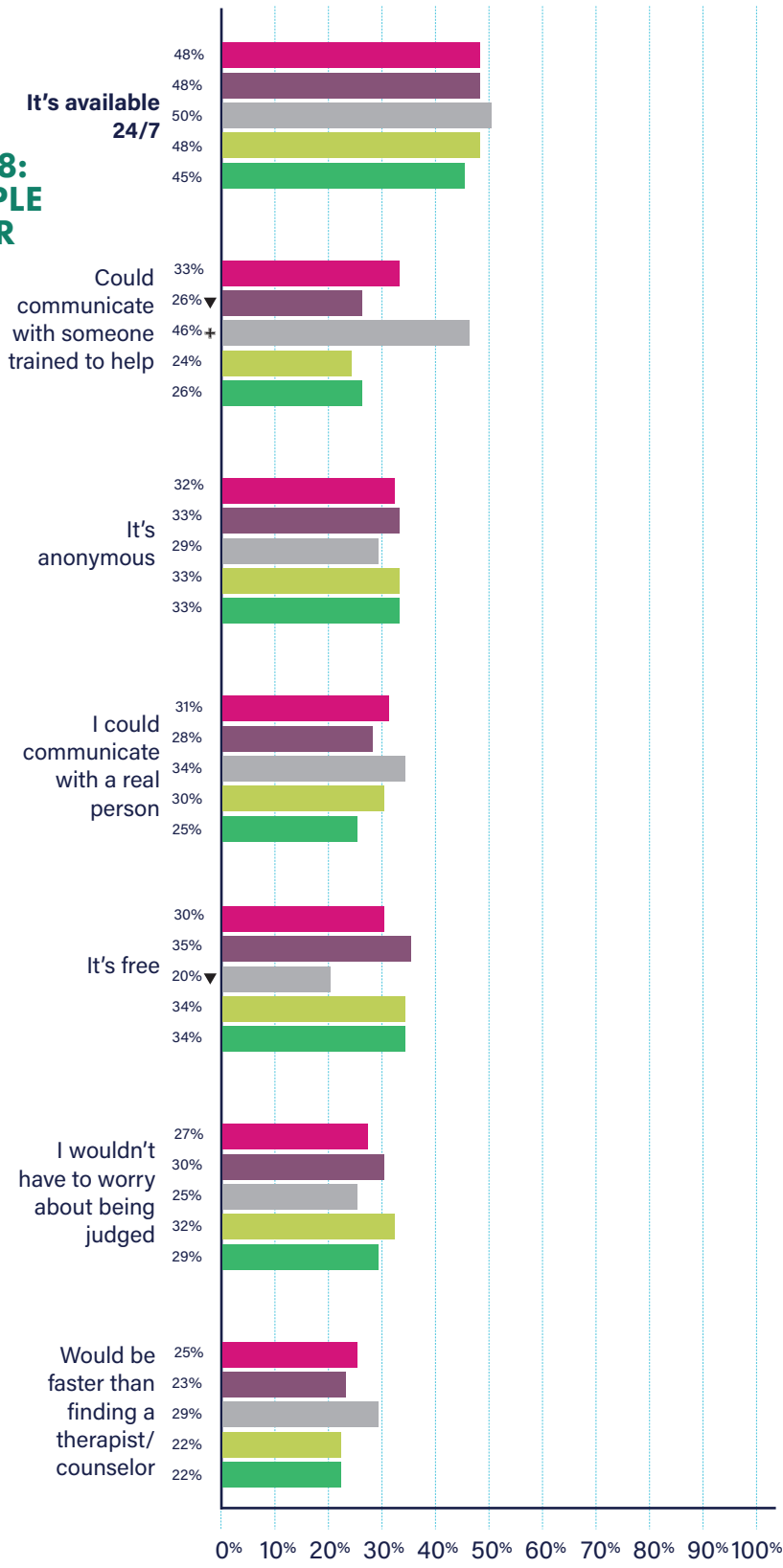
WHY WOULD CONSIDER 988: AMONG PEOPLE EXTREMELY OR VERY LIKELY TO CONSIDER USING 988 (COHORTS)

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



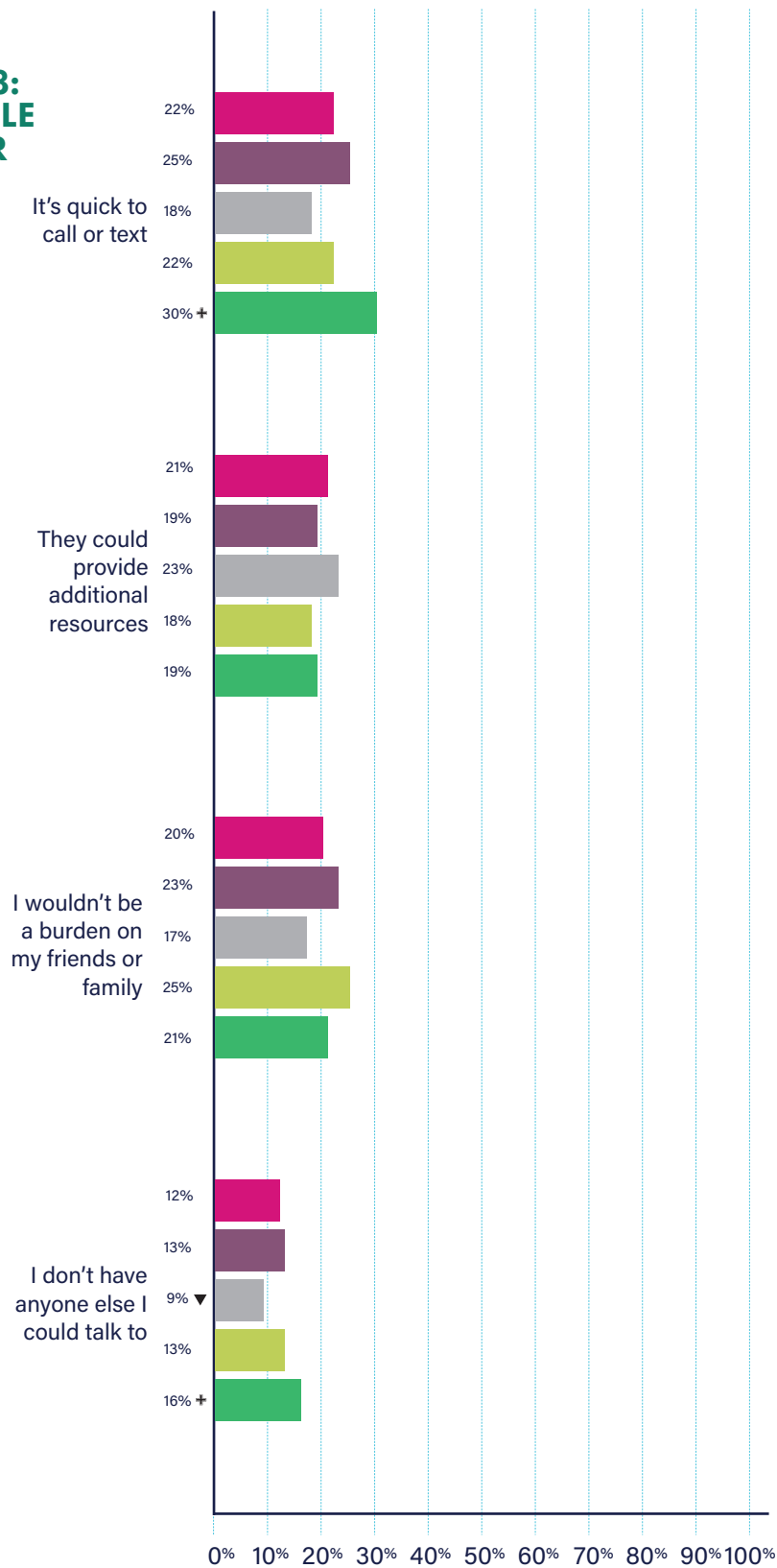
Base: Extremely or Very Likely to Consider Using 988 - Total Gen Pop Respondents (n=1,792), Gen Pop 13-34 (n=669), Gen Pop 49+ (n=645)
 Base: White 13-34 (n=414), Total Non-White 13-34 (n=548), Black 13-34 (n=188), Hispanic 13-34 (n=172), AI/IN 13-34 (n=149), AANHPI 13-34 (n=142)
 Base: Suicidal ideation 13+ (n=728), LGBTQIA+ 13-49 (n=194), Rural Men 49+ (n=96), People with Disabilities (n=535)
 Q18a. Why would you consider using the 988 hotline? Please rank your top 3 reasons, where "1" is the most motivating reason, "2" is the second most motivating reason, and "3" is the third most motivating reason.

WHY WOULD CONSIDER 988: AMONG PEOPLE EXTREMELY OR VERY LIKELY TO CONSIDER USING 988 (GEN. POP.)



Base: Extremely or Very Likely to Consider Using 988 - Total Gen Pop Respondents (n=1,792), Gen Pop 13-34 (n=669), Gen Pop 49+ (n=645)
 Base: White 13-34 (n=414), Total Non-White 13-34 (n=548), Black 13-34 (n=188), Hispanic 13-34 (n=172), AI/IN 13-34 (n=149), AANHPI 13-34 (n=142)
 Base: Suicidal ideation 13+ (n=728), LGBTQ+ 13-49 (n=194), Rural Men 49+ (n=96), People with Disabilities (n=535)
 Q18a. Why would you consider using the 988 hotline? Please rank your top 3 reasons, where "1" is the most motivating reason, "2" is the second most motivating reason, and "3" is the third most motivating reason.

WHY WOULD CONSIDER 988: AMONG PEOPLE EXTREMELY OR VERY LIKELY TO CONSIDER USING 988 (GEN. POP.)



Base: Extremely or Very Likely to Consider Using 988 - Total Gen Pop Respondents (n=1,792), Gen Pop 13-34 (n=669), Gen Pop 49+ (n=645)
 Base: White 13-34 (n=414), Total Non-White 13-34 (n=548), Black 13-34 (n=188), Hispanic 13-34 (n=172), AI/IN 13-34 (n=149), AANHPI 13-34 (n=142)
 Base: Suicidal ideation 13+ (n=728), LGBTQ+ 13-49 (n=194), Rural Men 49+ (n=96), People with Disabilities (n=535)
 Q18a. Why would you consider using the 988 hotline? Please rank your top 3 reasons, where "1" is the most motivating reason, "2" is the second most motivating reason, and "3" is the third most motivating reason.

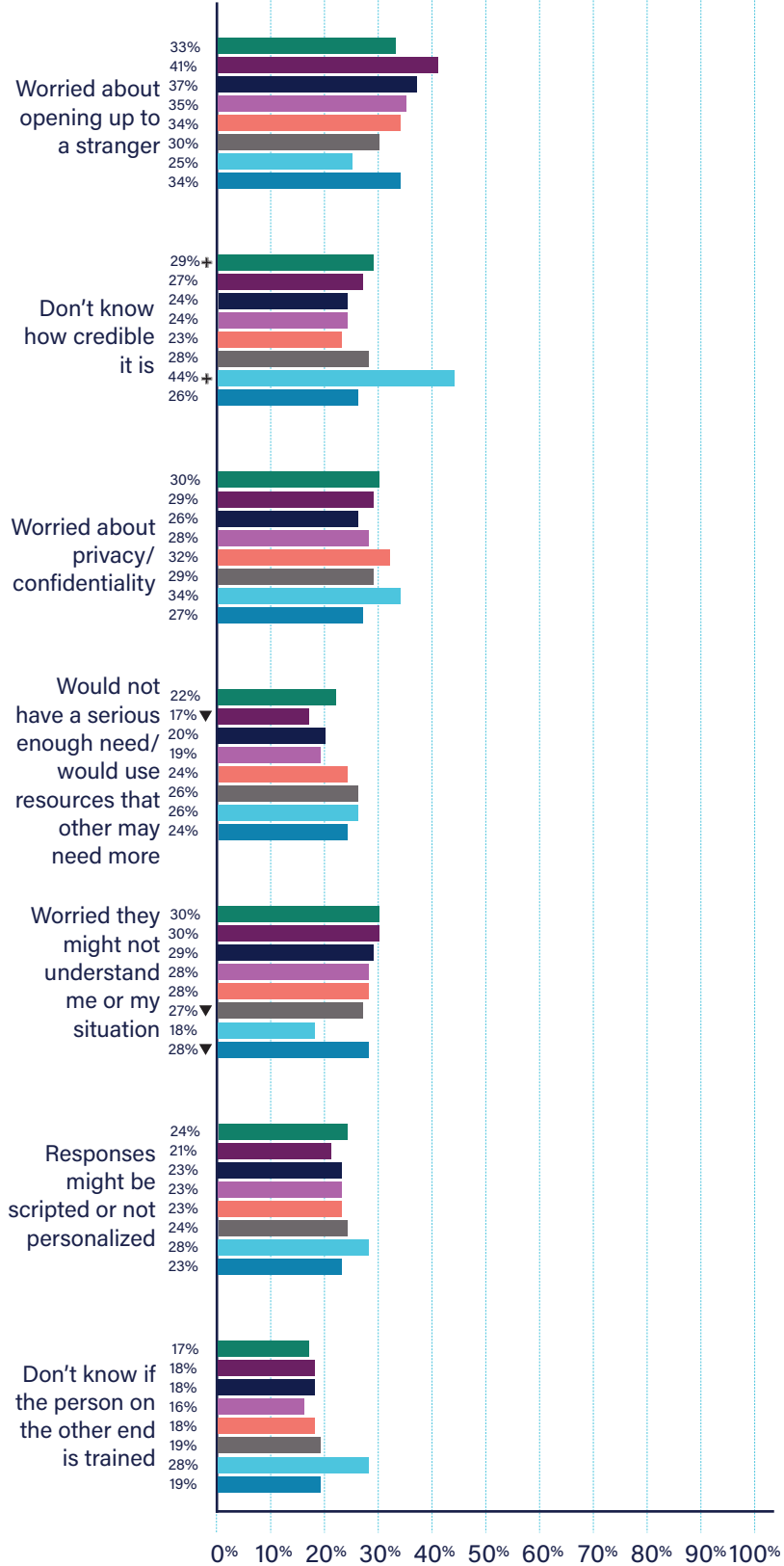
**THOSE WHO WILL NOT CONSIDER
USING 988 WON'T DO SO
BECAUSE THEY ARE WORRIED
ABOUT OPENING UP TO A
STRANGER, CREDIBILITY, AND
PRIVACY.**

The top reason those who would not consider using 988 (those who said they were somewhat, not very, or not at all likely to use 988 when struggling with mental health) was that they were worried about opening up to a stranger (33%), they didn't know how credible it was (31%), and they're worried about privacy/confidentiality (30%). Participants ages 13-34 were even more worried about opening up to a stranger (40%), while older Americans in the study were more skeptical about credibility (34% all older cohort, 44% rural men) and confidentiality (32% all older, 34% rural men).

Those who have experienced suicidal ideation were especially concerned about someone being called as a result of their contacting 988—like their parents (among teens), law enforcement, or a hospital.

WHY WOULD NOT CONSIDER 988: AMONG PEOPLE SOMEWHAT, NOT VERY, OR NOT AT ALL LIKELY TO CONSIDER USING 988 (COHORTS)

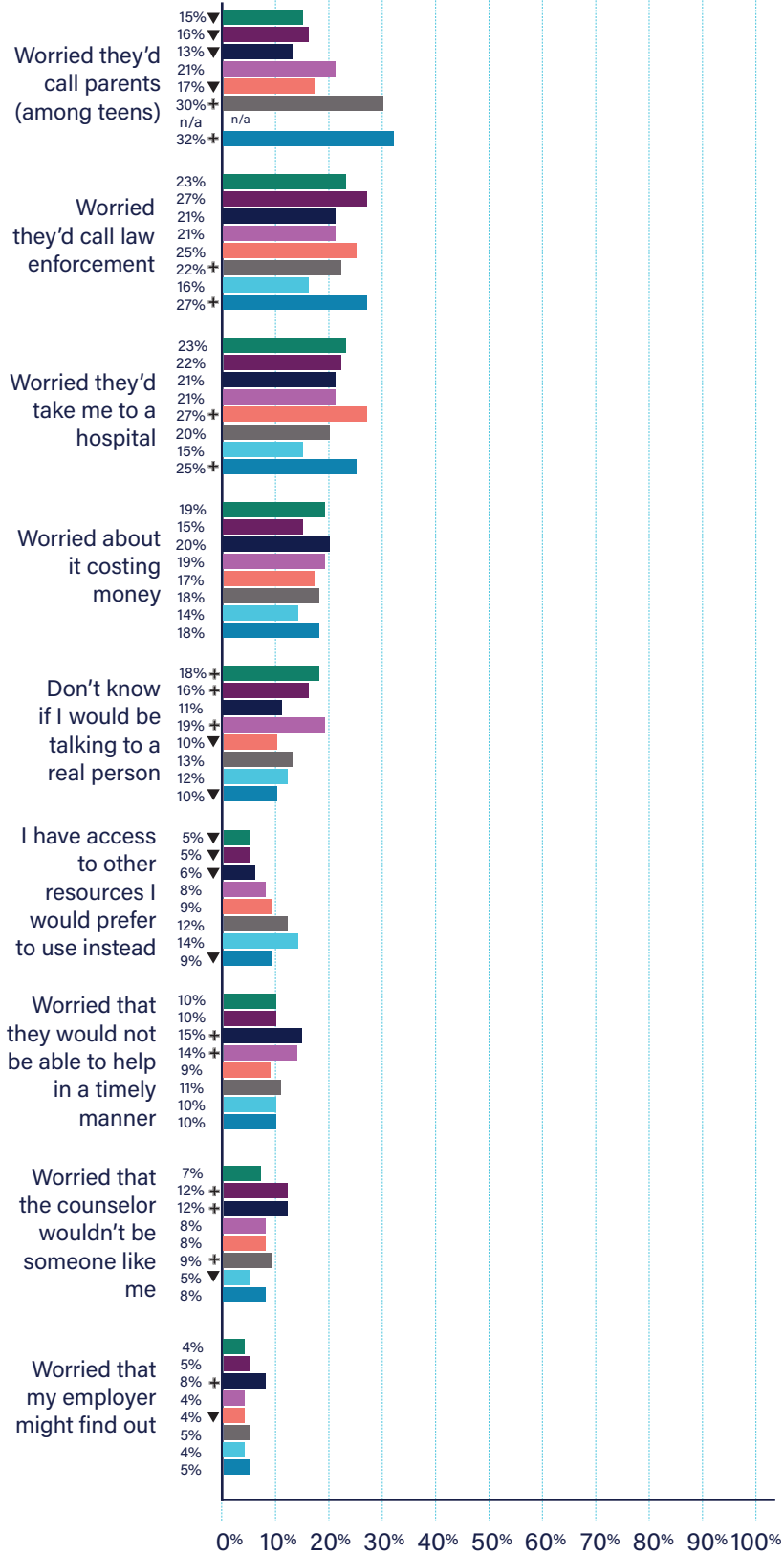
- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
- ▼ under-index vs. Gen Pop (80 or below)



Base: Somewhat or Not Very or Not at All Likely to Consider Using 988 - Total Gen Pop Respondents (n=3,659), Gen Pop 13-34 (n=970), Gen Pop 49+ (n=1,951)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,241), LGBTQ+ 13-49 (n=271), Rural Men 49+ (n=304), People with Disabilities (n=855)
 Q18b. Why wouldn't you consider using the 988 hotline? Please rank your top 3 concerns, where "1" is your greatest concern, "2" is your second greatest concern, and "3" is your third greatest concern.

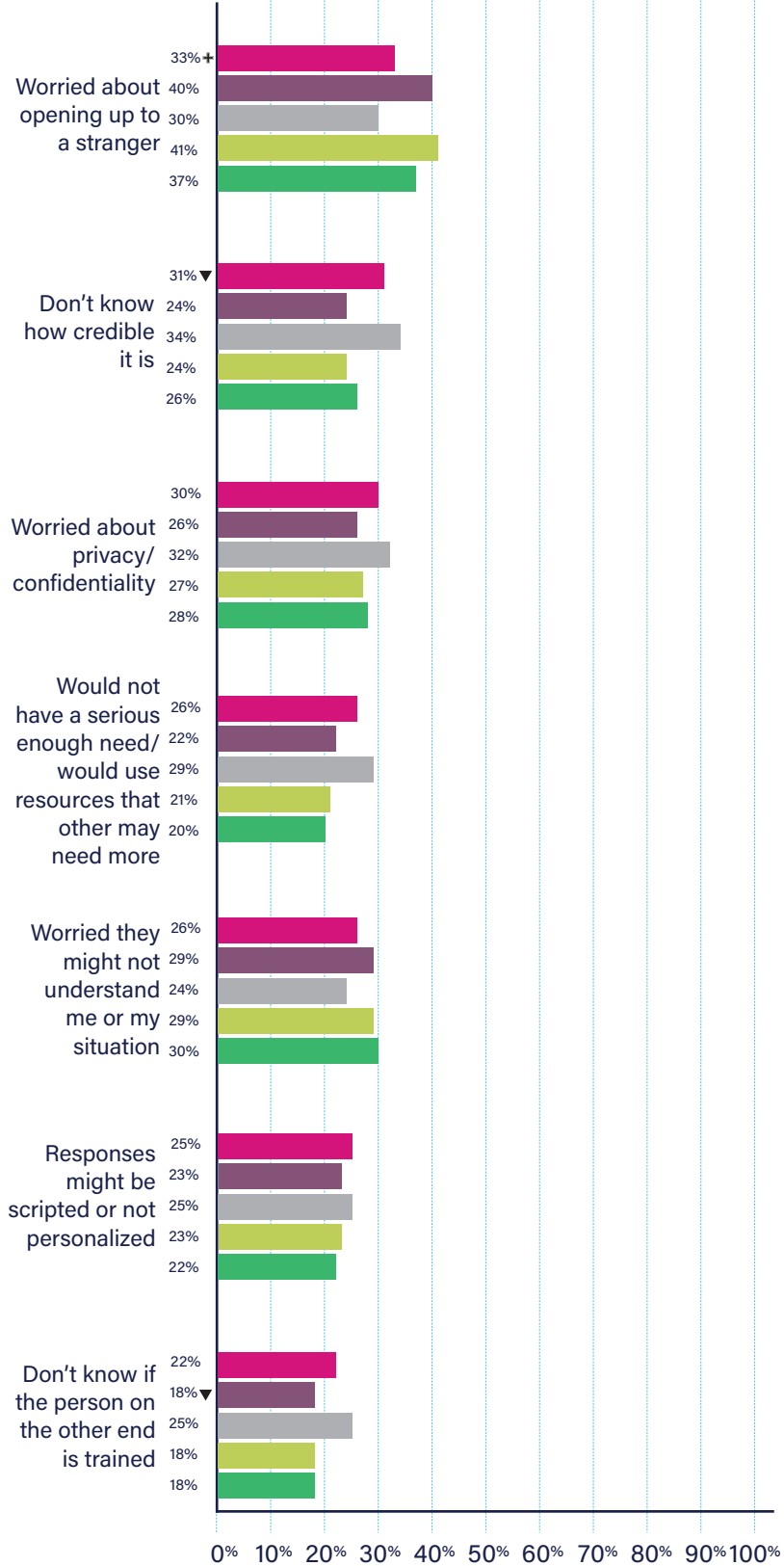
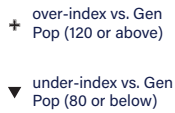
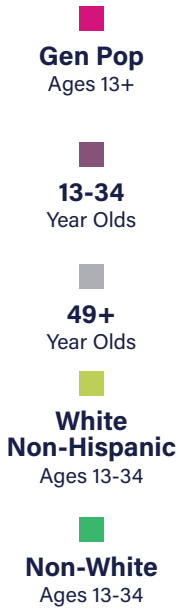
WHY WOULD NOT CONSIDER 988: AMONG PEOPLE SOMEWHAT, NOT VERY, OR NOT AT ALL LIKELY TO CONSIDER USING 988 (COHORTS)

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



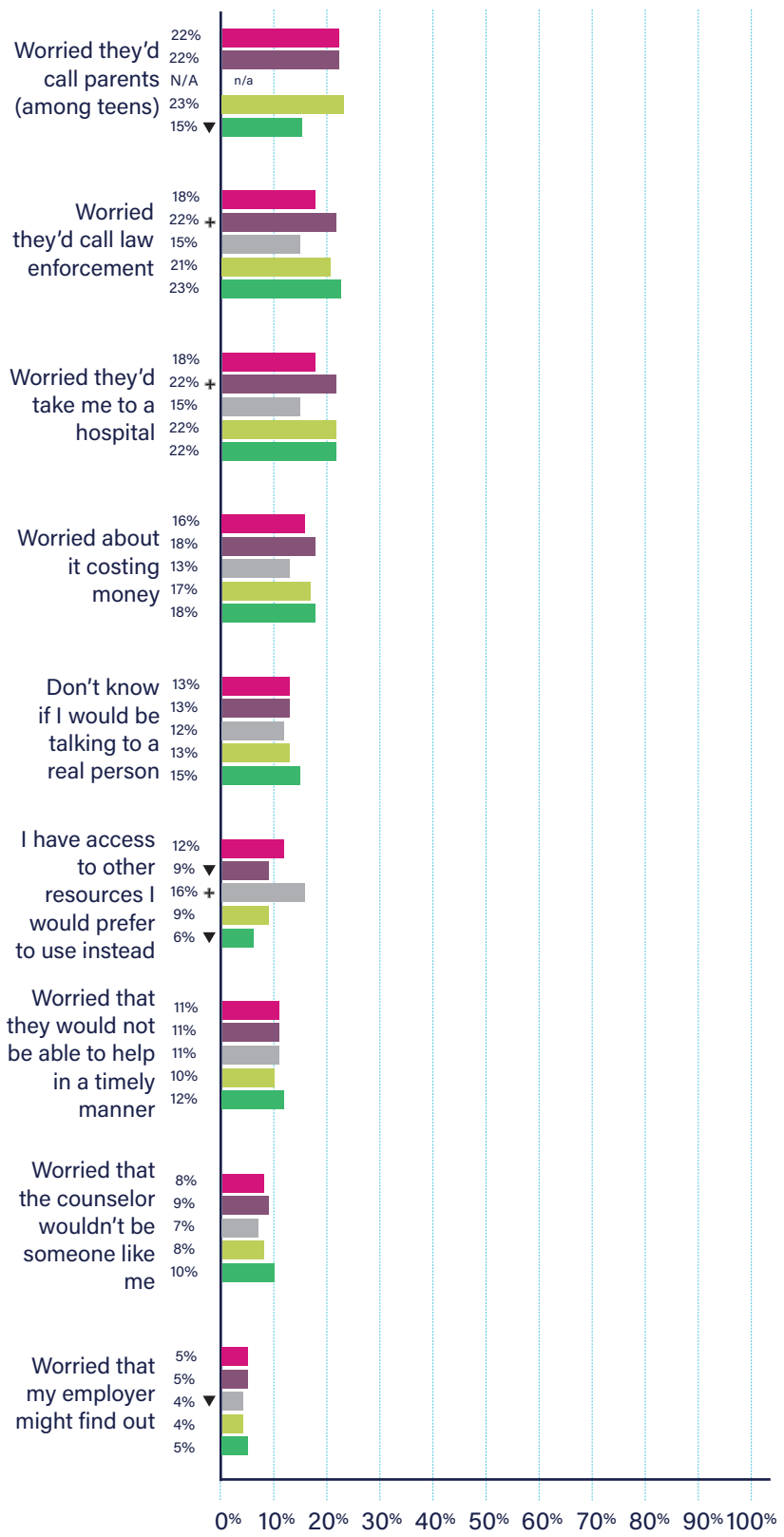
Base: Somewhat or Not Very or Not at All Likely to Consider Using 988 - Total Gen Pop Respondents (n=3,659), Gen Pop 13-34 (n=970), Gen Pop 49+ (n=1,951)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,241), LGBTQ+ 13-49 (n=271), Rural Men 49+ (n=304), People with Disabilities (n=855)
 Q18b. Why wouldn't you consider using the 988 hotline? Please rank your top 3 concerns, where "1" is your greatest concern, "2" is your second greatest concern, and "3" is your third greatest concern.

WHY WOULD NOT CONSIDER 988: AMONG PEOPLE SOMEWHAT, NOT VERY, OR NOT AT ALL LIKELY TO CONSIDER USING 988 (GEN. POP.)



Base: Somewhat or Not Very or Not at All Likely to Consider Using 988 - Total Gen Pop Respondents (n=3,659), Gen Pop 13-34 (n=970), Gen Pop 49+ (n=1,951)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,241), LGBTQ+ 13-49 (n=271), Rural Men 49+ (n=304), People with Disabilities (n=855)
 Q18b. Why wouldn't you consider using the 988 hotline? Please rank your top 3 concerns, where "1" is your greatest concern, "2" is your second greatest concern, and "3" is your third greatest concern.

WHY WOULD NOT CONSIDER 988: AMONG PEOPLE SOMEWHAT, NOT VERY, OR NOT AT ALL LIKELY TO CONSIDER USING 988 (GEN. POP.)



Base: Somewhat or Not Very or Not at All Likely to Consider Using 988 - Total Gen Pop Respondents (n=3,659), Gen Pop 13-34 (n=970), Gen Pop 49+ (n=1,951)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,241), LGBTQ+ 13-49 (n=271), Rural Men 49+ (n=304), People with Disabilities (n=855)
 Q18b. Why wouldn't you consider using the 988 hotline? Please rank your top 3 concerns, where "1" is your greatest concern, "2" is your second greatest concern, and "3" is your third greatest concern.

SECTION 4: MESSAGING

Examining the message frames that would most compel participants to seek out information on and/or use 988.

MESSAGE FRAMES TESTED IN THE QUALITATIVE & QUANTITATIVE

Throughout this study, the research team drafted, tested, revised, and optimized message frames through multiple rounds based on participant feedback. The testing of message frames was specifically intended to determine the key narratives and phrasing that most resonate with and motivate people at higher risk for or disproportionately impacted by suicide to seek out information and/or consider using 988 when struggling with mental health or in crisis.

In the qualitative phase, the research team tested a foundational message frame (i.e., messaging/narrative concepts used to test various language and phrasing) with participants, followed by three additional themes with two variations each. These frames were used to determine which frame (or combination of frames) participants found most relevant and motivating to seek information on and/or use 988. In-depth feedback on the initial message frames during the qualitative phase informed strategic revisions: a quantitative survey then tested the new, optimized foundational frame and three new conditional frames.

MESSAGE FRAMES TESTED | QUALITATIVE

The qualitative phase tested a foundational frame and three additional frames (two which had two variations each) to gauge participant reactions and impressions. The foundational frame was shown to first inform participants on what 988 is, while the following frames showed participants various ways 988 might be talked about.

FOUNDATIONAL FRAME

If you're thinking about suicide or you're in crisis, call or text 988 for private, confidential help 24 hours a day. You'll speak one on one to a trained crisis counselor who listens and talks through your unique situation without judgment.

Talking it out with someone can be an important first step. Call or text 988, or chat at 988lifeline.org/chat for support.

OVERALL IMPRESSION:

The foundational frame was widely accepted, and participants felt it covered the basics of 988—but said it was missing a personal touch.

FRAME THEME 1: PERSONAL AND PRIVATE

VARIATION 1

If you're thinking about suicide or you're in crisis, reach out to 988 for confidential, one-on-one help. Talking it out is a great first step—and only you and a trained crisis counselor will be on the call. Text or call 988, or chat at 988lifeline.org/chat any time, day or night.

OVERALL IMPRESSION:

Participants found this version of the “Personal and Private” frame concise. Some said the “great first step” language made them feel less alone, while others felt it cued up more work on their behalf (e.g., the first step in a long journey they'd have to undergo).

VARIATION 2

If you're thinking about suicide or don't know where to turn, 988 gives you someone you can confide in. Call 988 for personalized and confidential help from a caring and trained crisis counselor who will listen, not judge, and help.

You are not alone. Trustworthy and thoughtful people who can help are just three digits away. Call or text 988, or chat at 988lifeline.org/chat.

OVERALL IMPRESSION:

This “Personal and Private” variation was universally liked, and participants indicated that the personal tone and “alone” language worked. However, the way 988 was positioned could come across as too commercial.

FRAME THEME 2: TRUST, CONFIDENCE, AND CAPABILITY

VARIATION 1

If you're thinking about suicide or don't know where to turn in crisis, you'll find support at 988. A trained crisis counselor will be calm and comforting, never judgmental. They'll listen and share resources they know can help.

988 puts you first and protects your privacy. Reach a trained crisis counselor by calling or texting 988, or chat with us at 988lifeline.org/chat.

OVERALL IMPRESSION:

Participants felt this variation had some strong components—but indicated it could feel overly soft or too verbose.

VARIATION 2

When you're thinking about suicide or in crisis, 988 is a safe, confidential space for support. A trained crisis counselor will protect your privacy, listen with an open heart and mind, and share ideas and resources that can help.

There is hope. Together, we'll get you through this. Call or text 988, or chat at 988lifeline.org/chat.

OVERALL IMPRESSION:

For this variation, participants appreciated the use of the word "hope," but "heart and mind" was polarizing.

FRAME THEME 3: 988 IS NOT 911

If you're thinking about suicide or in crisis, call 988 instead of 911. With 988, you'll have a private conversation with a trained crisis counselor who will take all the time you need.

988 is not law enforcement. We're here to listen and figure out with you what the next step should be.

When you're in crisis and need to talk, call or text 988, or chat at 988lifeline.org/chat.

OVERALL IMPRESSION:

The "988 Is Not 911" theme in general made some participants nervous and hesitant to use the service. The frame was polarizing and confusing for some.

Across these frames, participants indicated both positive and negative feedback. Overall, most messages had some positive elements; no message completely missed the mark among participants. Other feedback included:

988 was an easy number to remember. Participants had positive reactions to **options for call, text, or chat**. (Older participants indicated they're likely to prefer calling vs. text/chat options.)

For written executions, participants wanted **concise messaging**—they felt people in distress situations would not spend time on lengthy messages.

Reliability and access were important; all messages should include communication that 988 is accessible 24/7.

The promise of **confidentiality** was appreciated and valued; however, it wasn't always believable, especially for those who had familiarity with the support industry and/or have had a negative experience with a support service or law enforcement (survivors, former call center workers, therapists, etc.).

References to **resources** can be polarizing. Many wanted to see resources as a part of 988 support, and these could go beyond suicide—specifically basic needs such as food and/or shelter. This was especially true for the Black, Hispanic, and suicide survivor cohorts. Others, including older rural men, had an adverse reaction to resources, feeling this term could be evasive and implying that one may not receive empathetic help.

In addition, the term “crisis” often created confusion and was polarizing, both as a general emotional state (“crisis”) and in the context of “trained crisis counselor.”

CRISIS

The word “crisis” was found to be confusing and/or diminished urgency.

- When the word “crisis” was used, participants found it confusing to know when it’s appropriate to call for support. The word narrowed the qualification of worthy situations that would warrant using 988 to only the most urgent.
- Crisis wording overshadowed the suicide language. Switching the order of this wording felt more accessible and inclusive of support earlier in the crisis or beyond the most urgent situation.

TRAINED CRISIS COUNSELOR

A “trained crisis counselor” description without additional “human” or caring words (trustworthy, for example) could connote that the conversation may be scripted.

- “Trained crisis counselor” was polarizing. For some, it was reassuring in terms of competency. For others, the word “crisis” was less clear and could potentially call the counselor’s competency into question.
- “Crisis” could imply that training was at a lower level and specifically just for crisis situations—which were, again, often assumed to be narrower and critically urgent.

tone AND LANGUAGE

Finally, the qualitative phase examined how participants felt about the tone of the tested message frames. Overall, participants felt the frames had a professional tone, but some felt more spontaneous and that less scripted wording would be more compelling. Messages that included a **personal component and tone** were consistently well-received, generated more engagement, and promoted more of a sense of hope and trust. **Hopeful language** was also important and motivating, like “you are not alone,” “there is hope,” “together, we will get through this.” (Though some phrasing went too far or sounded “cheesy,” like “open heart.”)

MESSAGE FRAMES TESTED | QUANTITATIVE

Based on participant feedback from the qualitative phase, the quantitative phase presented an optimized and expanded foundational frame and three new conditional frames, the latter of which were added to the end of the foundational frame and further delved into areas qualitative participants had concerns with.

In the quantitative survey, participants were first shown the foundational frame and asked to highlight the words or phrases they liked and disliked. Then, participants were asked to rank how much they determined it to be helping in understanding 988, relevant, and motivating to take action (such as seek out information, tell others about it, or contact the hotline). They were then shown the three conditional frames and asked to rank them on the same factors, as well as how much (or how little) they helped improve the foundational frame when included.

FOUNDATIONAL FRAME

Life became so ... overwhelming. I was stressed, anxious. I felt like I didn't have anyone to talk to who would really understand what I was going through, and I found myself questioning if my life was really worth it.

In that moment, reaching out to 988 became my lifeline. Right away, I spoke to a counselor who could relate—she had worked with people just like me, and she understood my problems and where I was coming from. From the first few minutes we spoke, I felt like I could really trust and confide in her.

It finally felt like someone cared to just listen, and to provide help if I wanted it—which was exactly what I needed at a time when life felt like too much to handle on my own. I never felt judged, and our conversation helped me remember I wasn't alone.

If you're feeling overwhelmed by life or emotions, you don't know where to turn when in crisis, or you're questioning if your life is worth it, call/text/chat with a counselor at 988. You'll get one-on-one support from a skilled, compassionate counselor, 24/7. Your conversation is confidential, you'll feel heard and cared about, and you'll get connected with local mental health support.

Call/text/chat with a 988 counselor. They are ready to listen.

OVERALL IMPRESSION:

Most found the foundational frame extremely/very helpful in explaining 988—except older rural men, who were more likely to find it “somewhat helpful.”

FOUNDATIONAL FRAME – HIGHLIGHTER EXERCISE (ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER 13-34)

Life became so ... overwhelming. | I was stressed, | anxious. | I felt like I didn't have anyone to talk to | who would really understand what I was going through, | and I found myself questioning if my life was really worth it. |

In that moment, reaching out to 988 | became my lifeline. | Right away, I spoke to a counselor | who could relate | - she had worked with people just like me, | and she understood my problems | and where I was coming from. | From the first few minutes we spoke, | I felt like I could really trust | and confide in her. |

It finally felt like someone cared | to just listen, | and to provide help | if I wanted it | - which was exactly what I needed | at a time when life felt like too much to handle on my own. | I never felt judged, | and our conversation helped me remember I wasn't alone. |

If you're feeling overwhelmed | by life | or emotions, | you don't know where to turn | when in crisis, | or you're questioning if your life is worth it, | call/ | text/ | chat | with a counselor at 988. | You'll get one-on-one support | from a skilled, | compassionate | counselor, | 24/7. | Your conversation is confidential, | you'll feel heard | and cared about, | and you'll get connected with local mental health support. |

Call/ | text/ | chat | with a 988 counselor. | They are ready to listen. |

Respondents were asked to evaluate the frame based on what like/motivates them to learn more and what they dislike about the frame

LIKES: Above average across all segments for this group

POLARIZING: Above average for LIKES & DISLIKES across all segments for this group

DISLIKES: Above average across all segments for this group

7% like nothing

40% dislike nothing

FOUNDATIONAL FRAME – HIGHLIGHTER EXERCISE (AMERICAN INDIAN/ALASKA NATIVE 13-34)

Life became so ... overwhelming. | I was stressed, | anxious. | I felt like I didn't have anyone to talk to | who would really understand what I was going through, | and I found myself questioning if my life was really worth it. |

In that moment, reaching out to 988 | became my lifeline. | Right away, I spoke to a counselor | who could relate | - she had worked with people just like me, | and she understood my problems | and where I was coming from. | From the first few minutes we spoke, | I felt like I could really trust | and confide in her. |

It finally felt like someone cared | to just listen, | and to provide help | if I wanted it | - which was exactly what I needed | at a time when life felt like too much to handle on my own. | I never felt judged, | and our conversation helped me remember I wasn't alone. |

If you're feeling overwhelmed | by life | or emotions, | you don't know where to turn | when in crisis, | or you're questioning if your life is worth it, | call/ | text/ | chat | with a counselor at 988. | You'll get one-on-one support | from a skilled, | compassionate | counselor, | 24/7. | Your conversation is confidential, | you'll feel heard | and cared about, | and you'll get connected with local mental health support. |

Call/ | text/ | chat | with a 988 counselor. | They are ready to listen. |

Respondents were asked to evaluate the frame based on what like/motivates them to learn more and what they dislike about the frame

LIKES: Above average across all segments for this group

POLARIZING: Above average for LIKES & DISLIKES across all segments for this group

DISLIKES: Above average across all segments for this group

6% like nothing

40% dislike nothing

FOUNDATIONAL FRAME – HIGHLIGHTER EXERCISE (BLACK 13-34)

Life became so ... overwhelming. | I was stressed, | anxious. | I felt like I didn't have anyone to talk to | who would really understand what I was going through, | and I found myself questioning if my life was really worth it. |

In that moment, reaching out to 988 | became my lifeline. | Right away, I spoke to a counselor | who could relate | - she had worked with people just like me, | and she understood my problems | and where I was coming from. | From the first few minutes we spoke, | I felt like I could really trust | and confide in her. |

It finally felt like someone cared | to just listen, | and to provide help | if I wanted it | - which was exactly what I needed | at a time when life felt like too much to handle on my own. | I never felt judged, | and our conversation helped me remember I wasn't alone. |

If you're feeling overwhelmed | by life | or emotions, | you don't know where to turn | when in crisis, | or you're questioning if your life is worth it, | call/ | text/ | chat | with a counselor at 988. | You'll get one-on-one support | from a skilled, | compassionate | counselor, | 24/7. | Your conversation is confidential, | you'll feel heard | and cared about, | and you'll get connected with local mental health support. |

Call/ | text/ | chat | with a 988 counselor. | They are ready to listen. |

Respondents were asked to evaluate the frame based on what like/motivates them to learn more and what they dislike about the frame

LIKES: Above average across all segments for this group

POLARIZING: Above average for LIKES & DISLIKES across all segments for this group

DISLIKES: Above average across all segments for this group

11% like nothing

32% dislike nothing

FOUNDATIONAL FRAME – HIGHLIGHTER EXERCISE (HISPANIC 13-34)

Life became so ... overwhelming. | I was stressed, | anxious. | I felt like I didn't have anyone to talk to | who would really understand what I was going through, | and I found myself questioning if my life was really worth it. |

In that moment, reaching out to 988 | became my lifeline. | Right away, I spoke to a counselor | who could relate | - she had worked with people just like me, | and she understood my problems | and where I was coming from. | From the first few minutes we spoke, | I felt like I could really trust | and confide in her. |

It finally felt like someone cared | to just listen, | and to provide help | if I wanted it | - which was exactly what I needed | at a time when life felt like too much to handle on my own. | I never felt judged, | and our conversation helped me remember I wasn't alone. |

If you're feeling overwhelmed | by life | or emotions, | you don't know where to turn | when in crisis, | or you're questioning if your life is worth it, | call/ | text/ | chat | with a counselor at 988. | You'll get one-on-one support | from a skilled, | compassionate | counselor, | 24/7. | Your conversation is confidential, | you'll feel heard | and cared about, | and you'll get connected with local mental health support. |

Call/ | text/ | chat | with a 988 counselor. | They are ready to listen. |

Respondents were asked to evaluate the frame based on what like/motivates them to learn more and what they dislike about the frame

LIKES: Above average across all segments for this group

POLARIZING: Above average for LIKES & DISLIKES across all segments for this group

DISLIKES: Above average across all segments for this group

8% like nothing

36% dislike nothing

FOUNDATIONAL FRAME – HIGHLIGHTER EXERCISE (LGBTQIA+ 13-49)

Life became so ... overwhelming, | I was stressed, | anxious. | I felt like I didn't have anyone to talk to | who would really understand what I was going through, | and I found myself questioning if my life was really worth it. |

In that moment, reaching out to 988 | became my lifeline. | Right away, I spoke to a counselor | who could relate | - she had worked with people just like me, | and she understood my problems | and where I was coming from. | From the first few minutes we spoke, | I felt like I could really trust | and confide in her. |

It finally felt like someone cared | to just listen, | and to provide help | if I wanted it | - which was exactly what I needed | at a time when life felt like too much to handle on my own. | I never felt judged, | and our conversation helped me remember I wasn't alone. |

If you're feeling overwhelmed | by life | or emotions, | you don't know where to turn | when in crisis, | or you're questioning if your life is worth it, | call/ | text/ | chat | with a counselor at 988. | You'll get one-on-one support | from a skilled, | compassionate | counselor, | 24/7. | Your conversation is confidential, | you'll feel heard | and cared about, | and you'll get connected with local mental health support. |

Call/ | text/ | chat | with a 988 counselor. | They are ready to listen. |

Respondents were asked to evaluate the frame based on what like/motivates them to learn more and what they dislike about the frame

LIKES: Above average across all segments for this group

POLARIZING: Above average for LIKES & DISLIKES across all segments for this group

DISLIKES: Above average across all segments for this group

5% like nothing

42% dislike nothing

FOUNDATIONAL FRAME – HIGHLIGHTER EXERCISE (PEOPLE WITH DISABILITIES)

Life became so ... overwhelming. | I was stressed, | anxious. | I felt like I didn't have anyone to talk to | who would really understand what I was going through, | and I found myself questioning if my life was really worth it. |

In that moment, reaching out to 988 | became my lifeline. | Right away, I spoke to a counselor | who could relate | - she had worked with people just like me, | and she understood my problems | and where I was coming from. | From the first few minutes we spoke, | I felt like I could really trust | and confide in her. |

It finally felt like someone cared | to just listen, | and to provide help | if I wanted it | - which was exactly what I needed | at a time when life felt like too much to handle on my own. | I never felt judged, | and our conversation helped me remember I wasn't alone. |

If you're feeling overwhelmed | by life | or emotions, | you don't know where to turn | when in crisis, | or you're questioning if your life is worth it, | call/ | text/ | chat | with a counselor at 988. | You'll get one-on-one support | from a skilled, | compassionate | counselor, | 24/7. | Your conversation is confidential, | you'll feel heard | and cared about, | and you'll get connected with local mental health support. |

Call/ | text/ | chat | with a 988 counselor. | They are ready to listen. |

Respondents were asked to evaluate the frame based on what like/motivates them to learn more and what they dislike about the frame

LIKES: Above average across all segments for this group

POLARIZING: Above average for LIKES & DISLIKES across all segments for this group

DISLIKES: Above average across all segments for this group

9% like nothing

37% dislike nothing

FOUNDATIONAL FRAME – HIGHLIGHTER EXERCISE (RURAL MEN 49+)

Life became so ... overwhelming. | I was stressed, | anxious. | I felt like I didn't have anyone to talk to | who would really understand what I was going through, | and I found myself questioning if my life was really worth it. |

In that moment, reaching out to 988 | became my lifeline. | Right away, I spoke to a counselor | who could relate | - she had worked with people just like me, | and she understood my problems | and where I was coming from. | From the first few minutes we spoke, | I felt like I could really trust | and confide in her. |

It finally felt like someone cared | to just listen, | and to provide help | if I wanted it | - which was exactly what I needed | at a time when life felt like too much to handle on my own. | I never felt judged, | and our conversation helped me remember I wasn't alone. |

If you're feeling overwhelmed | by life | or emotions, | you don't know where to turn | when in crisis, | or you're questioning if your life is worth it, | call/ | text/ | chat | with a counselor at 988. | You'll get one-on-one support | from a skilled, | compassionate | counselor, | 24/7. | Your conversation is confidential, | you'll feel heard | and cared about, | and you'll get connected with local mental health support. |

Call/ | text/ | chat | with a 988 counselor. | They are ready to listen. |

Respondents were asked to evaluate the frame based on what like/motivates them to learn more and what they dislike about the frame

LIKES: Above average across all segments for this group

POLARIZING: Above average for LIKES & DISLIKES across all segments for this group

DISLIKES: Above average across all segments for this group

13% like nothing

42% dislike nothing

FOUNDATIONAL FRAME – HIGHLIGHTER EXERCISE (SUICIDAL IDEATION 13+)

Life became so ... overwhelming. | I was stressed, | anxious. | I felt like I didn't have anyone to talk to | who would really understand what I was going through, | and I found myself questioning if my life was really worth it. |

In that moment, reaching out to 988 | became my lifeline. | Right away, I spoke to a counselor | who could relate | - she had worked with people just like me, | and she understood my problems | and where I was coming from. | From the first few minutes we spoke, | I felt like I could really trust | and confide in her. |

It finally felt like someone cared | to just listen, | and to provide help | if I wanted it | - which was exactly what I needed | at a time when life felt like too much to handle on my own. | I never felt judged, | and our conversation helped me remember I wasn't alone. |

If you're feeling overwhelmed | by life | or emotions, | you don't know where to turn | when in crisis, | or you're questioning if your life is worth it, | call/ | text/ | chat | with a counselor at 988. | You'll get one-on-one support | from a skilled, | compassionate | counselor, | 24/7. | Your conversation is confidential, | you'll feel heard | and cared about, | and you'll get connected with local mental health support. |

Call/ | text/ | chat | with a 988 counselor. | They are ready to listen. |

Respondents were asked to evaluate the frame based on what like/motivates them to learn more and what they dislike about the frame

LIKES: Above average across all segments for this group

POLARIZING: Above average for LIKES & DISLIKES across all segments for this group

DISLIKES: Above average across all segments for this group

5% like nothing

43% dislike nothing

CONDITIONAL FRAMES

Three overarching areas of concern arose from participants in the qualitative phase regarding 988 and its potential use: its relationship with law enforcement, one's access or ability to use 988 for free, and the professionalism and training of the person on the other end of the line.

For the quantitative phase, the research team addressed these three themes through the use of conditional frames, which were designed to provide additional information and proactively address biases among participants.

LAW ENFORCEMENT

988 connects you with counselors who have one goal: Helping you. These skilled, compassionate counselors are focused on you and your best interests, providing a listening ear, an open heart, and real mental health support when you need it most. And it's completely confidential: Just you and your counselor, working together to overcome whatever life has been throwing at you.

988 is separate from law enforcement, and they understand the importance of privacy. It's a private, one-on-one opportunity to talk to a skilled professional.



HEALTH EQUITY/ACCESS

988 is for everyone, regardless of who you are, where you live, or what you're going through. Through 988, you have access to free, quality, one-on-one support, 24/7 - no matter what your situation is, or if you have health insurance, or if you have access to medical professionals near you. Skilled counselors are here for you now.

You are not alone, and you deserve to feel heard and cared about - any time, from anywhere, day or night.



SKILLED & COMPETENT CARE

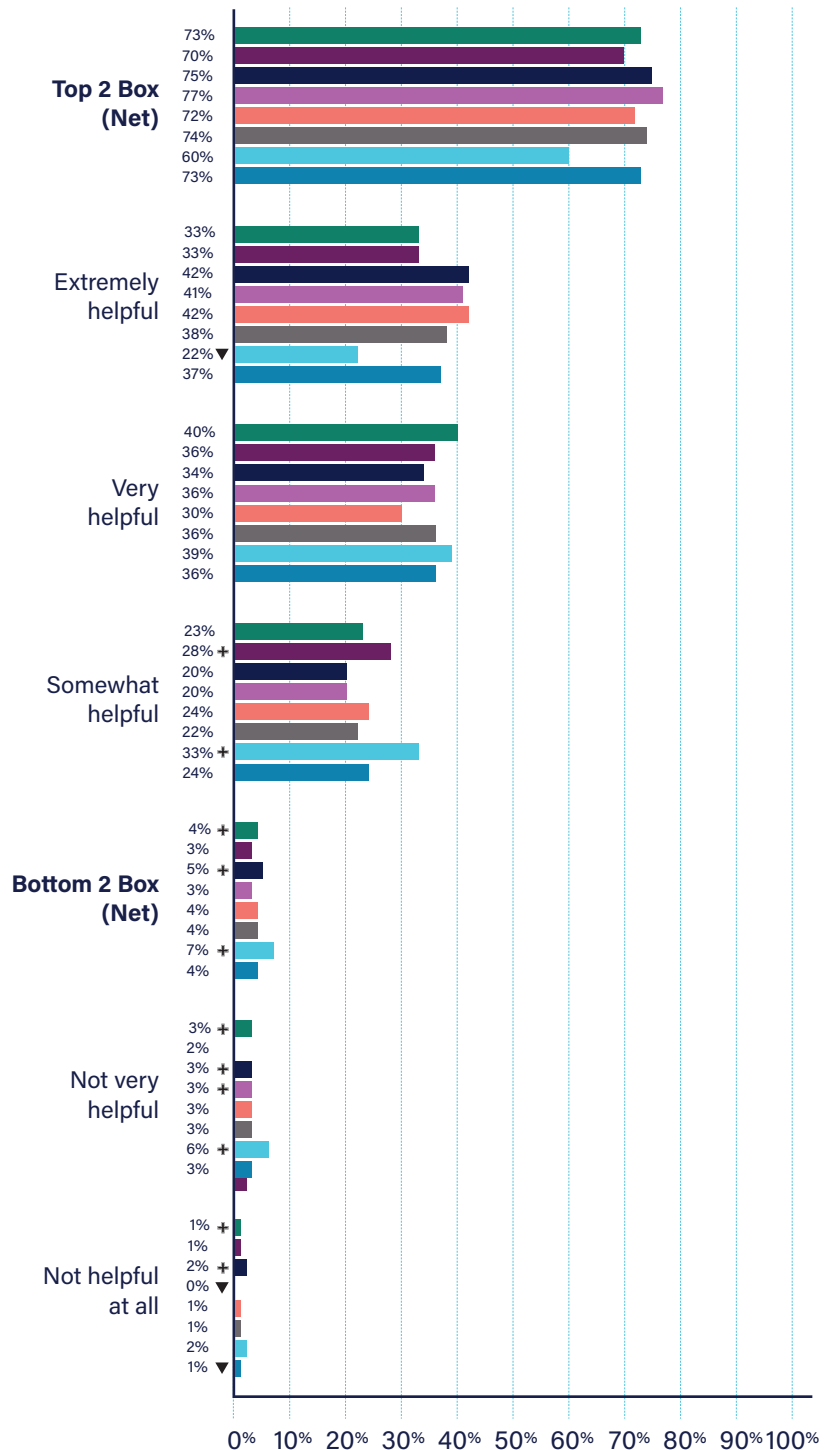
988 counselors are skilled, compassionate people who have been specifically trained to deal with situations just like yours - which makes them especially capable of providing tailored and competent mental health support. With 988, you can truly feel like you're talking to someone who understands what you're going through and can be a confidant when you need it most.

MESSAGING KEY FINDINGS

MOST FOUND THE FOUNDATIONAL FRAME EXTREMELY/VERY HELPFUL IN EXPLAINING 988, THOUGH LESS SO FOR OLDER RURAL MEN.

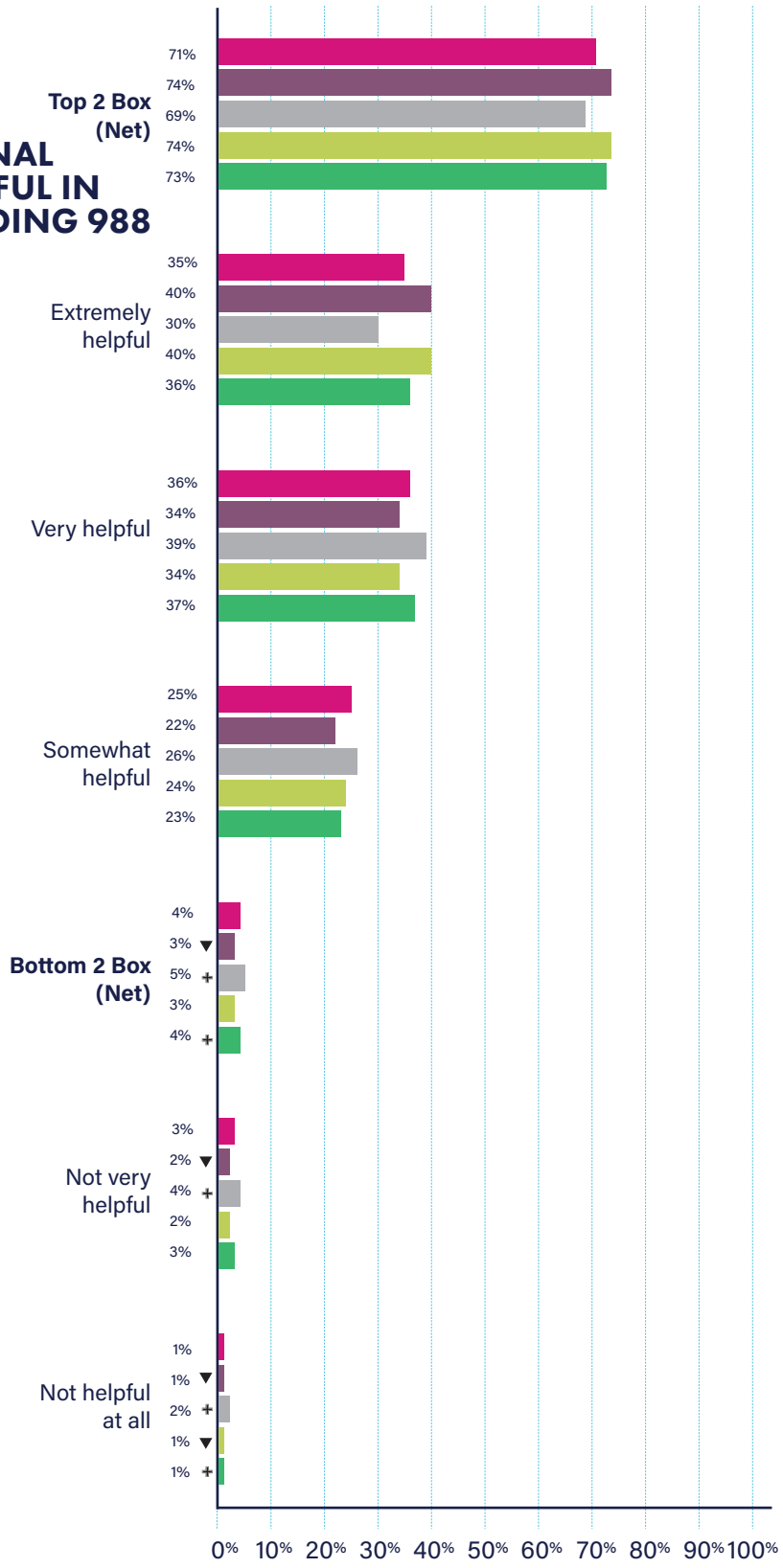
The majority of participants across cohorts (71% for gen pop) found the foundational frame extremely/very helpful to their understanding of 988. Older participants (69%), especially older rural men (60%), were slightly less than the overall average to find it helpful.

FOUNDATIONAL FRAME: HELPFUL IN UNDERSTANDING 988 (COHORTS)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q19. Was this story helpful in understanding what 988 is?

FOUNDATIONAL FRAME: HELPFUL IN UNDERSTANDING 988 (GEN. POP.)



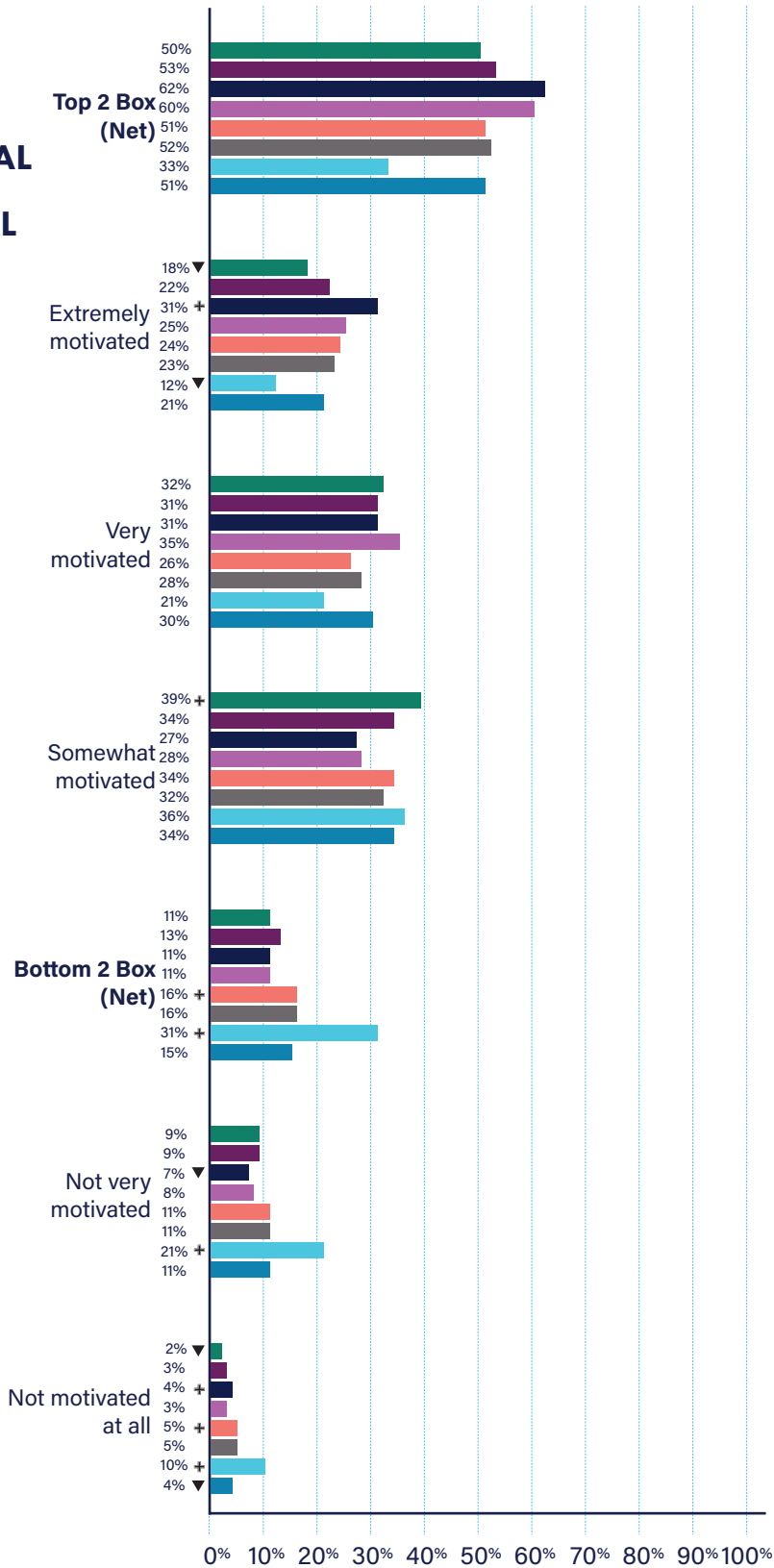
Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q19. Was this story helpful in understanding what 988 is?

PARTICIPANTS AGES 13-34, LGBTQIA+ PARTICIPANTS, THOSE WHO HAVE EXPERIENCED SUICIDAL IDEATION, AND PARTICIPANTS WITH DISABILITIES WERE MORE LIKELY TO FIND THE FRAME WAS RELEVANT AND WOULD MOTIVATE THEM TO USE 988 WHEN STRUGGLING.

After reading the frame, over half of participants ages 13-34 (57%), participants with disabilities (52%), LGBTQIA+ participants (51%) and participants who have experienced suicidal ideation (51%) said they'd be extremely/very motivated to use 988 if they found life to be difficult or overwhelming, or if they were struggling with their mental health. Older participants were less motivated (40%), especially older rural men (33%).

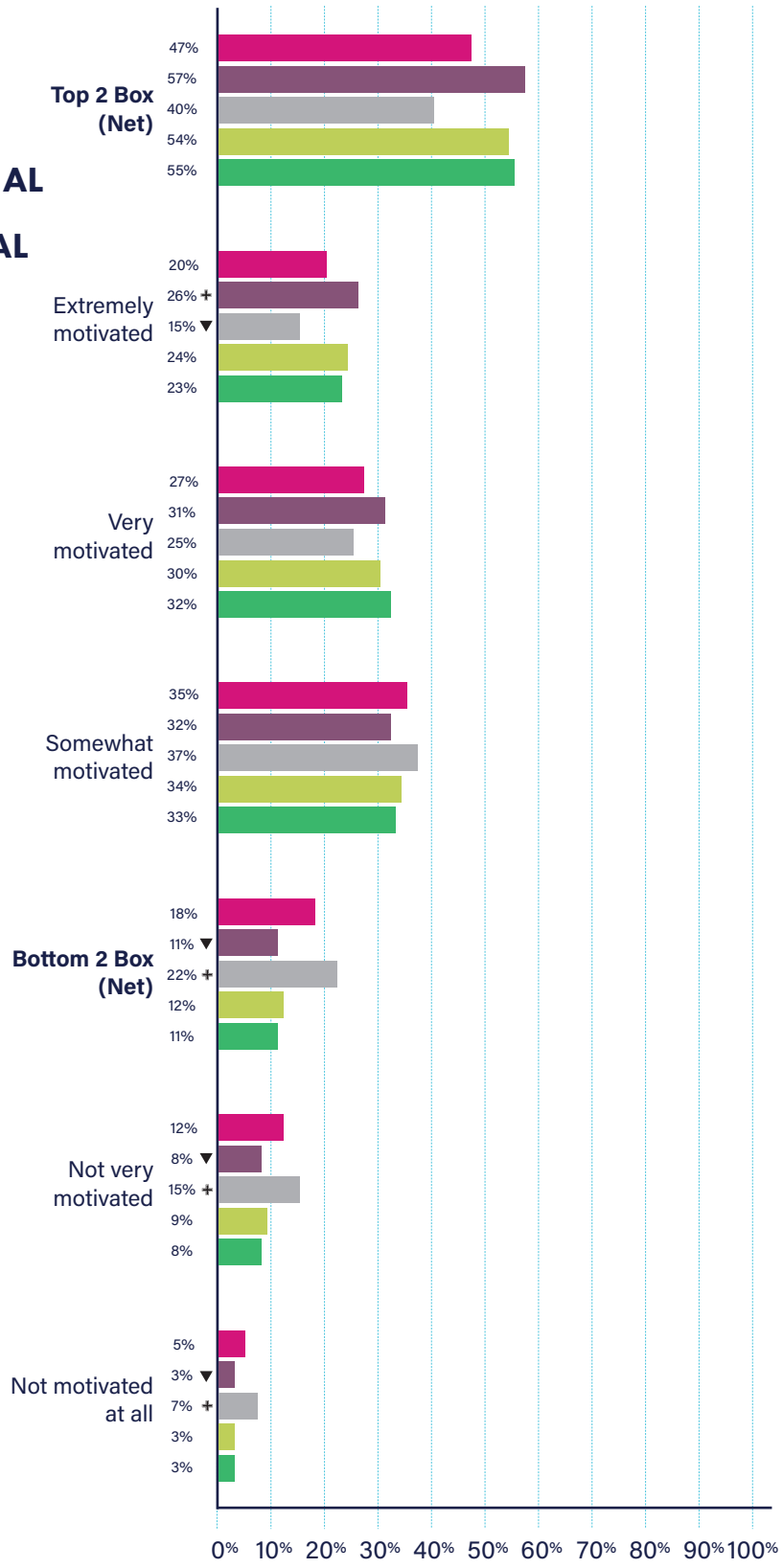
FOUNDATIONAL FRAME: MOTIVATIONAL (COHORTS)

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q20. After reading this story, how motivated are you to use the 988 hotline if you were finding life to be difficult or overwhelming, or struggling with your mental health?

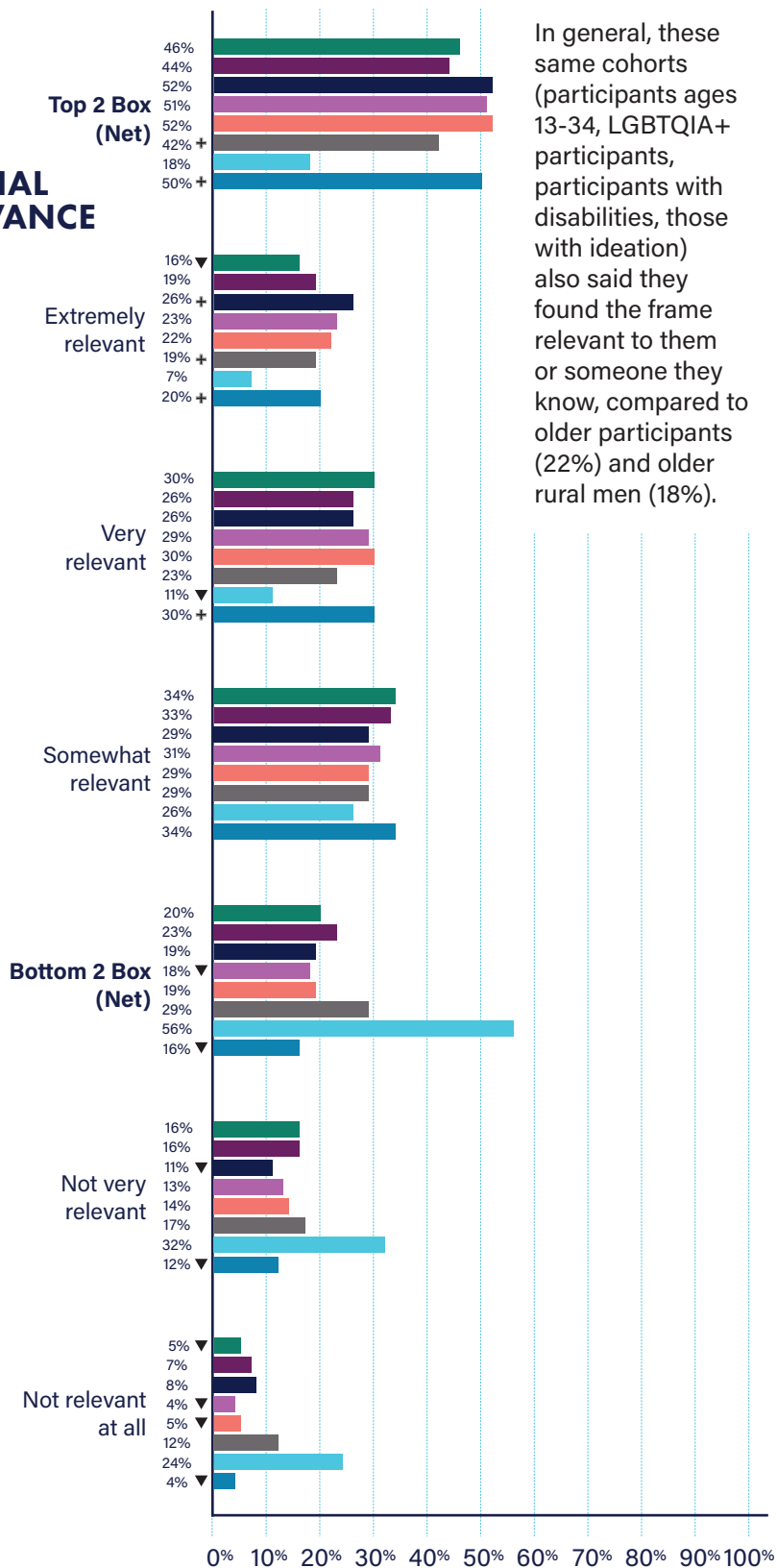
FOUNDATIONAL FRAME: MOTIVATIONAL (GEN. POP.)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q20. After reading this story, how motivated are you to use the 988 hotline if you were finding life to be difficult or overwhelming, or struggling with your mental health?

FOUNDATIONAL FRAME: RELEVANCE (COHORTS)

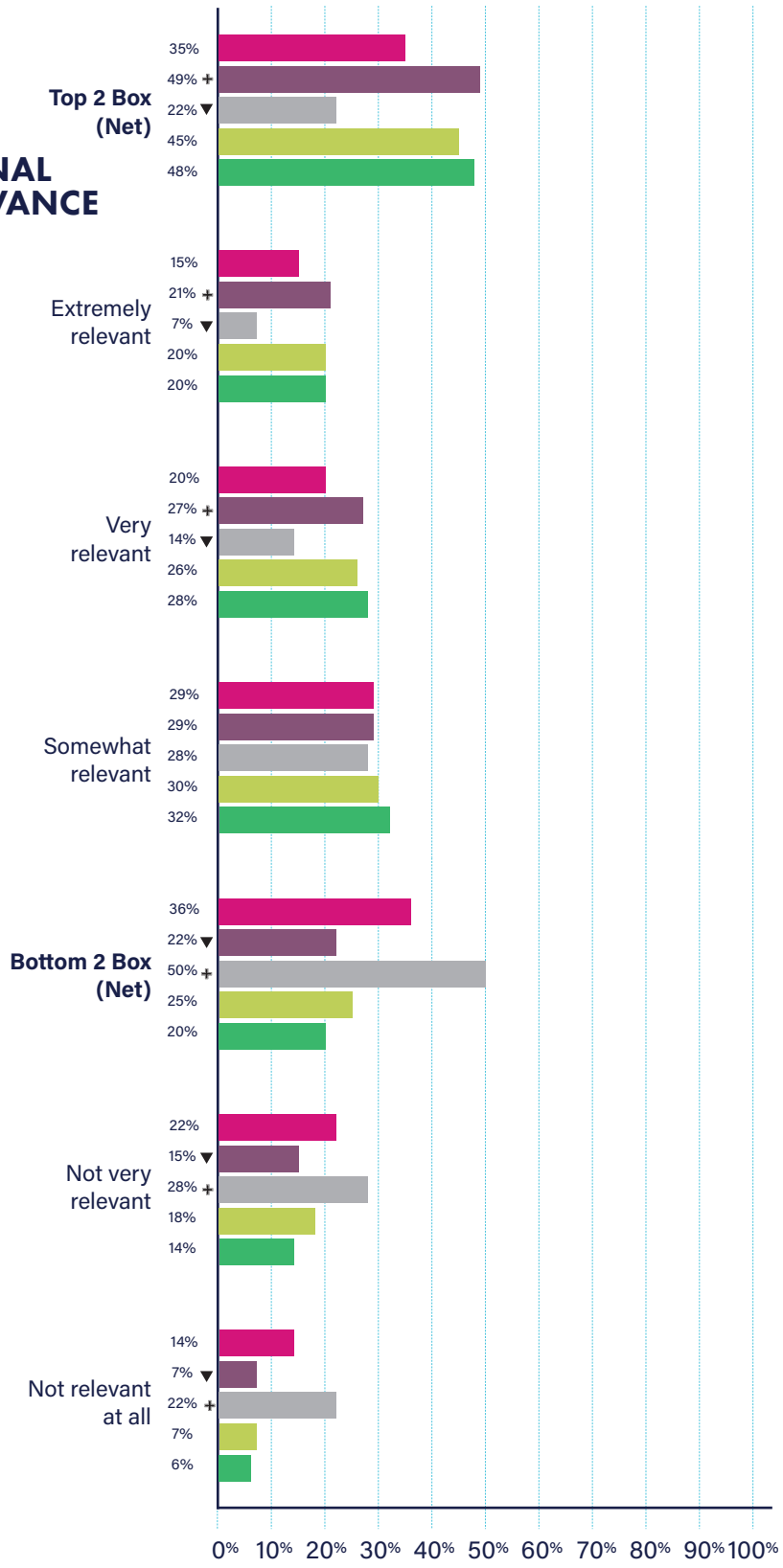
- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



In general, these same cohorts (participants ages 13-34, LGBTQIA+ participants, participants with disabilities, those with ideation) also said they found the frame relevant to them or someone they know, compared to older participants (22%) and older rural men (18%).

Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q21. How relevant is this story to you personally? That is, is this story for someone like you?

FOUNDATIONAL FRAME: RELEVANCE (GEN. POP.)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q21. How relevant is this story to you personally? That is, is this story for someone like you?

AFTER READING THE FOUNDATIONAL FRAME, PARTICIPANTS SAID THEY'RE MOST LIKELY TO TELL A FRIEND OR LOVED ONE ABOUT 988.

The top action all participants indicated they would take after reading the foundational frame is to tell a friend or loved one about 988, followed by contacting 988 if they were struggling with mental health and contacting 988 on behalf of a friend or family member if they were worried about their loved one's mental health. No noticeable differences by cohort were reported.

FOUNDATIONAL FRAME: CALL TO ACTION (COHORTS)

AANHPI
Ages 13-34

AI/AN
Ages 13-34

Black
Ages 13-34

Hispanic
Ages 13-34

LGBTQIA+
Ages 13-49

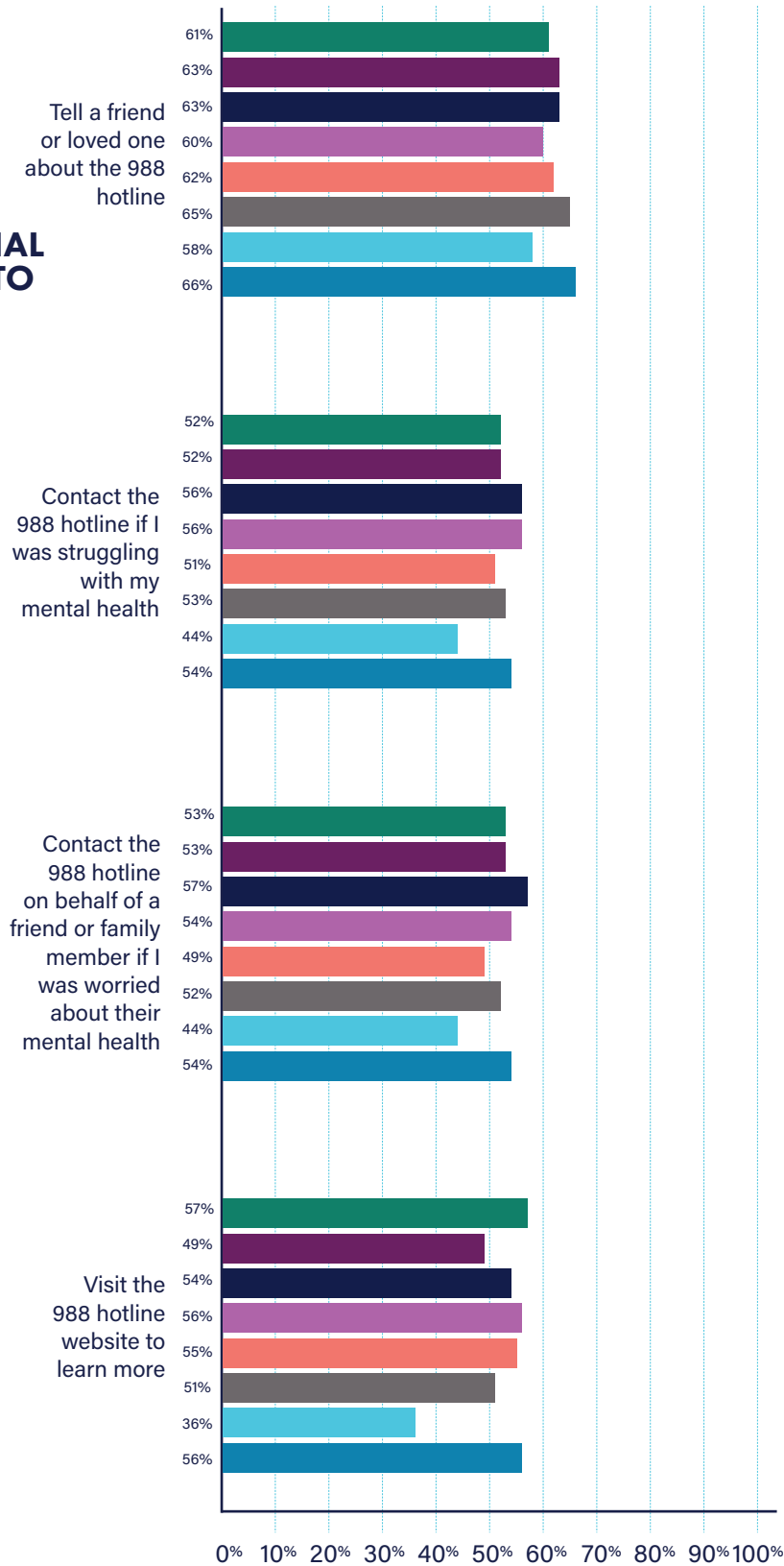
PwD
Ages 13+

Rural Men
Ages 49+

Suicidal Ideation
Ages 13+

+ over-index vs. Gen Pop (120 or above)

▼ under-index vs. Gen Pop (80 or below)



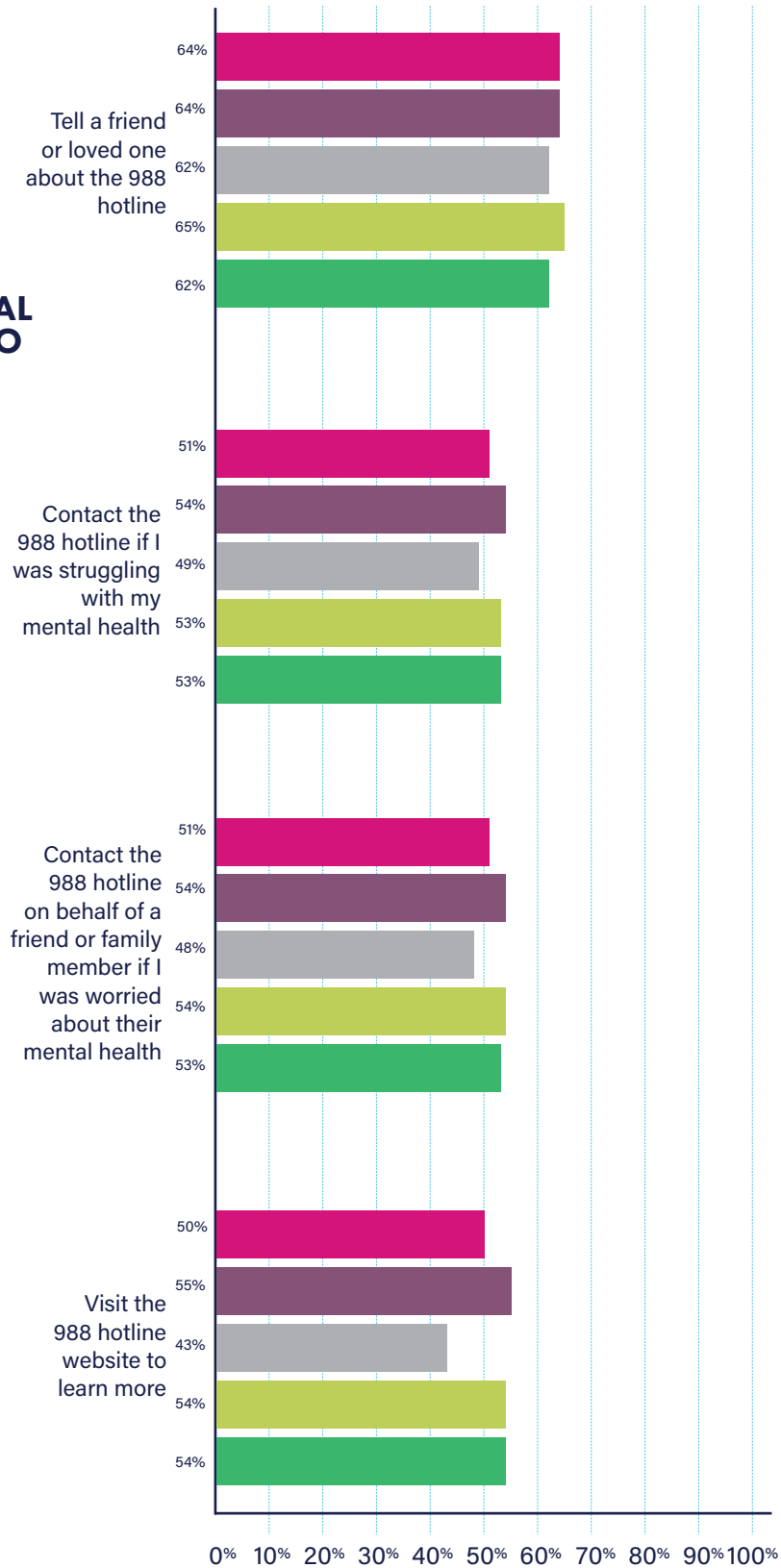
Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)

Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)

Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)

Q24. Based on this story, how likely would you be to do each of the following? | 5-pt. scale (Definitely would, Probably would, Might or might not, Probably would not, Definitely would not)

FOUNDATIONAL FRAME: CALL TO ACTION (GEN. POP.)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q24. Based on this story, how likely would you be to do each of the following? | 5-pt. scale (Definitely would, Probably would, Might or might not, Probably would not, Definitely would not)

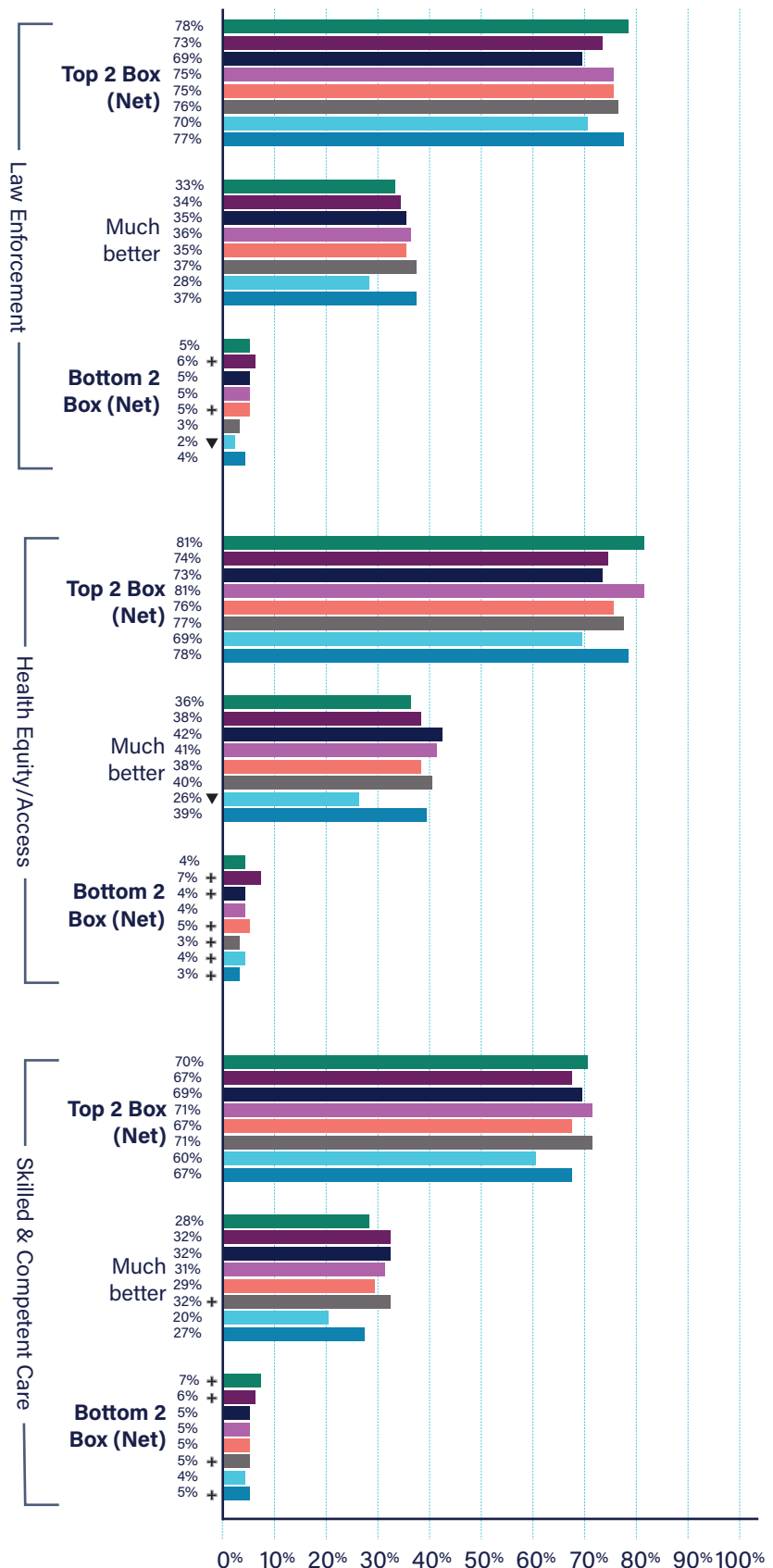
**ALL THE CONDITIONAL FRAMES
IMPROVE THE OVERALL MESSAGE,
WITH “HEALTH EQUITY/ACCESS”
SLIGHTLY MORE RELEVANT THAN
THE OTHERS.**

Participants overall said the conditional frames improved the message when added to the end of the foundational frame, though “Health Equity/Access” and “Law Enforcement” edged out “Skilled & Competent Care” slightly for the general population. Black participants ages 13-34 were less likely than overall 13-34-year-old participants to say the “Law Enforcement” frame improved the overall message (69% Black participants ages 13-34, 74% participants ages 13-34, 73% gen pop), while 13-34 White (80%), Hispanic (81%), and Asian American, Native Hawaiian, and Pacific Islander participants (81%) said “Health Equity/Access” improved the message even more than the general population (75%) or overall participants ages 13-34 (78%).

Older rural men were less likely than general population participants to say any of the conditional frames improved the overall message.

CONDITIONAL FRAMES: IMPROVEMENT SUMMARY (COHORTS)

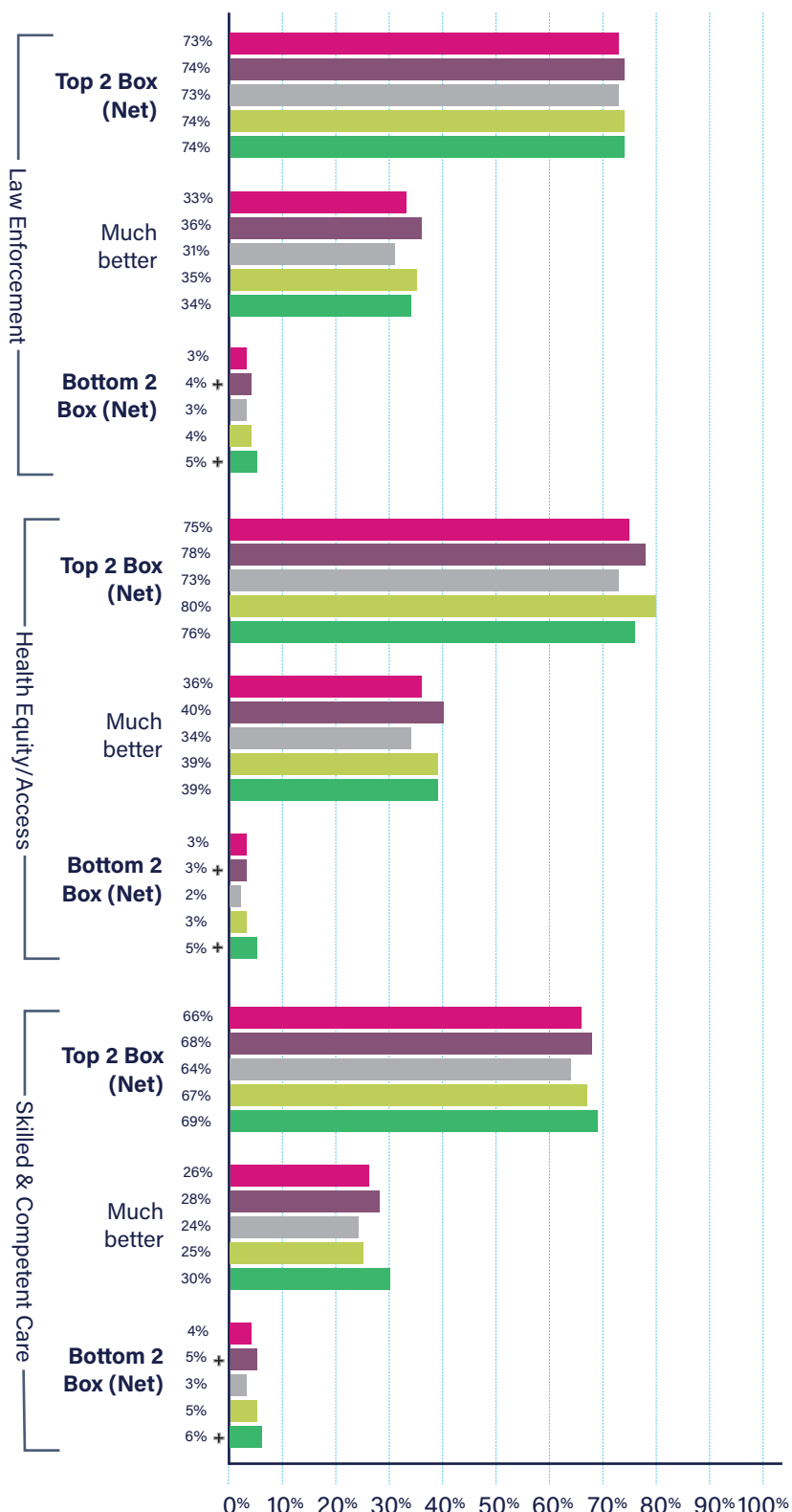
- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQIA+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q26. If the last paragraph above (in blue) is added to the story, does it make the overall message...? | Q27. And if the last paragraph above (in blue) is added to the story, does it make the overall message...?

CONDITIONAL FRAMES: IMPROVEMENT SUMMARY (GEN. POP.)

- Gen Pop Ages 13+
- 13-34 Year Olds
- 49+ Year Olds
- White Non-Hispanic Ages 13-34
- Non-White Ages 13-34
- + over-index vs. Gen Pop (120 or above)
- ▼ under-index vs. Gen Pop (80 or below)

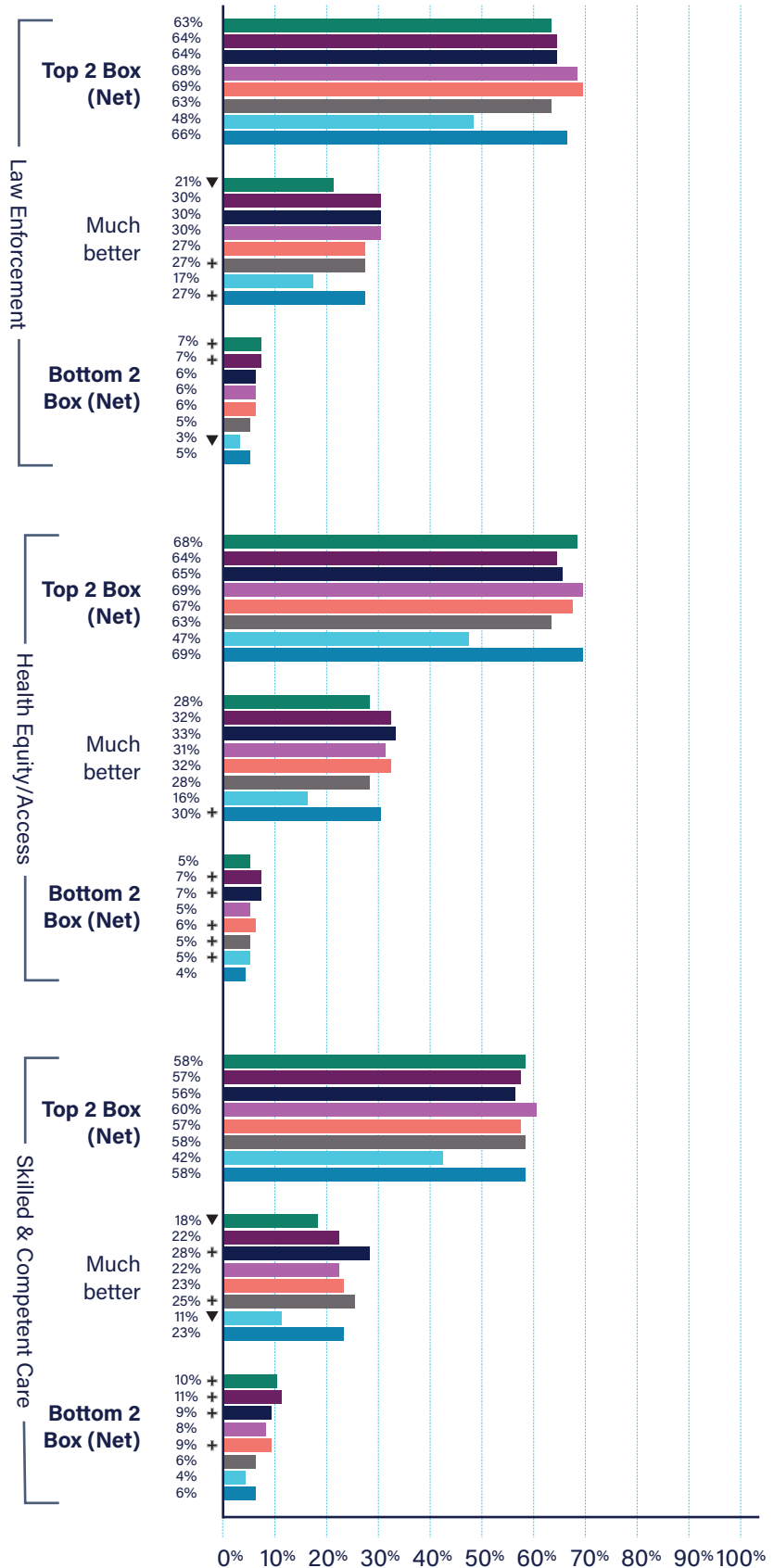


Overall, just over half of general population participants found the conditional frames relevant, though closer to two-thirds (59%) found "Health Equity/Access" relevant. Participants ages 13-34 and those with suicidal ideation were more likely to see the "Law Enforcement" and "Health Equity/Access" frames as relevant; older participants (especially older rural men) were less likely overall to find any frames relevant.

Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q26. If the last paragraph above (in blue) is added to the story, does it make the overall message...? | Q27. And if the last paragraph above (in blue) is added to the story, does it make the overall message...?

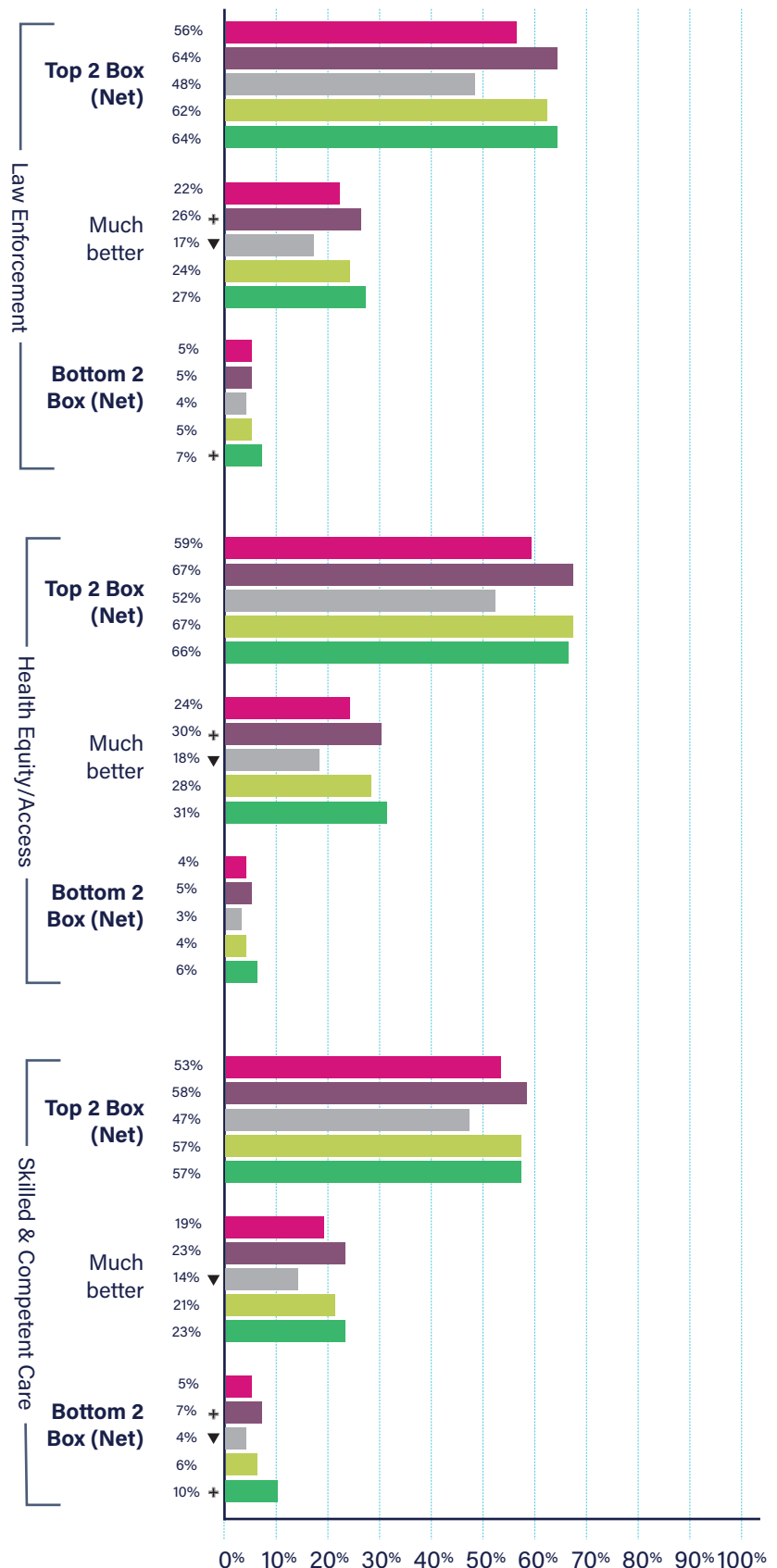
CONDITIONAL FRAMES: RELEVANCE SUMMARY (COHORTS)

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q26. If the last paragraph above (in blue) is added to the story, does it make the overall message...? | Q27. And if the last paragraph above (in blue) is added to the story, does it make the overall message...?

CONDITIONAL FRAMES: RELEVANCE SUMMARY (GEN. POP.)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q26. If the last paragraph above (in blue) is added to the story, does it make the overall message...? | Q27. And if the last paragraph above (in blue) is added to the story, does it make the overall message...?

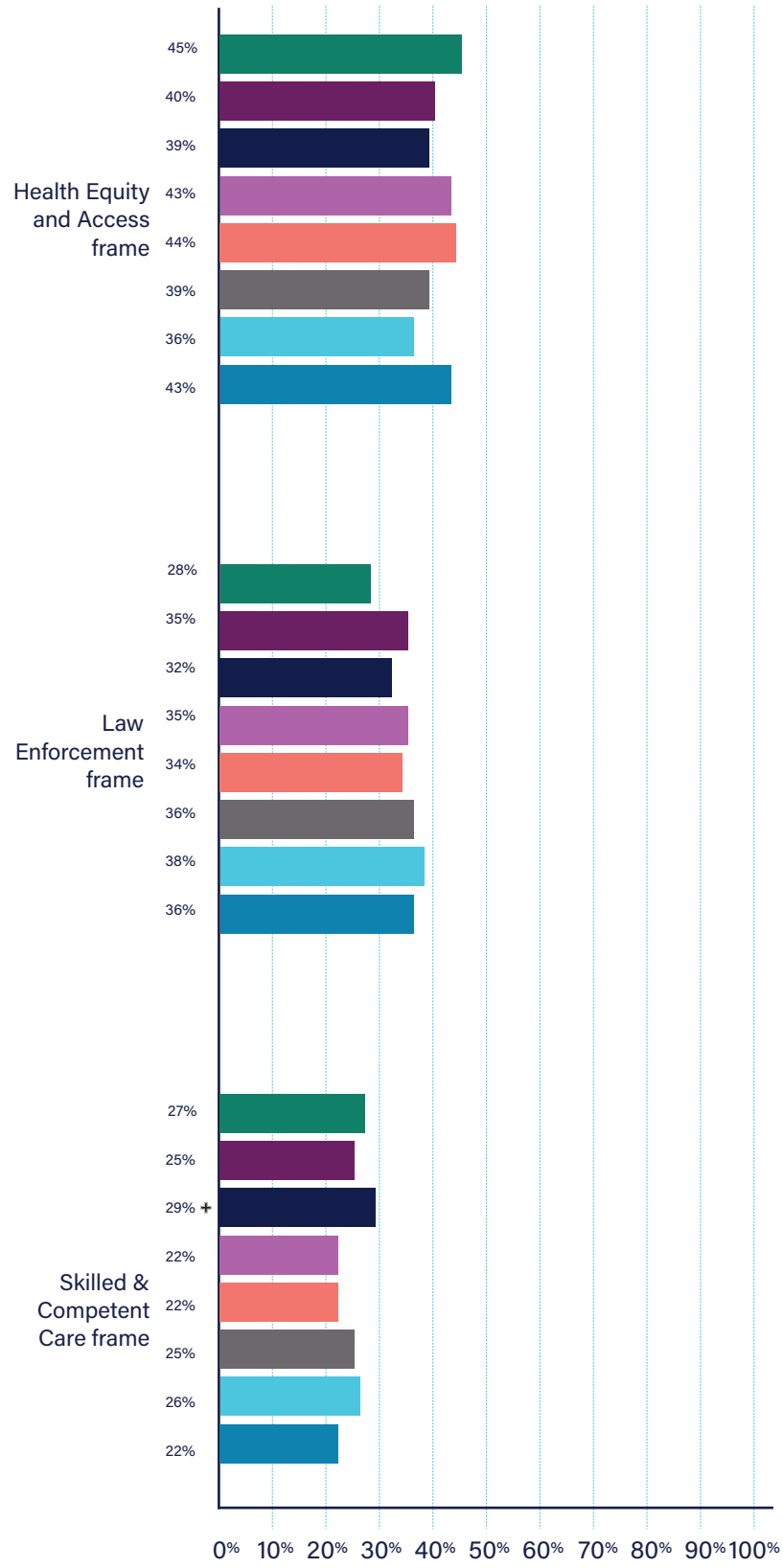
**THE FRAME MOST
MOTIVATING FOR
PARTICIPANTS
TO CONSIDER
CONTACTING
988 IS “HEALTH
EQUITY/ACCESS,”
FOLLOWED BY “LAW
ENFORCEMENT.”**

Regardless of cohort, participants overall chose “Health Equity/Access” as the frame most motivating to drive consideration of contacting 988—though it was chosen by fewer than half (41%)—a decision driven by the frame’s inclusive tone and financial-related message.

A third (35%) of participants said “Law Enforcement” is the most motivating, with participants liking the fact that 988 is separate from law enforcement.

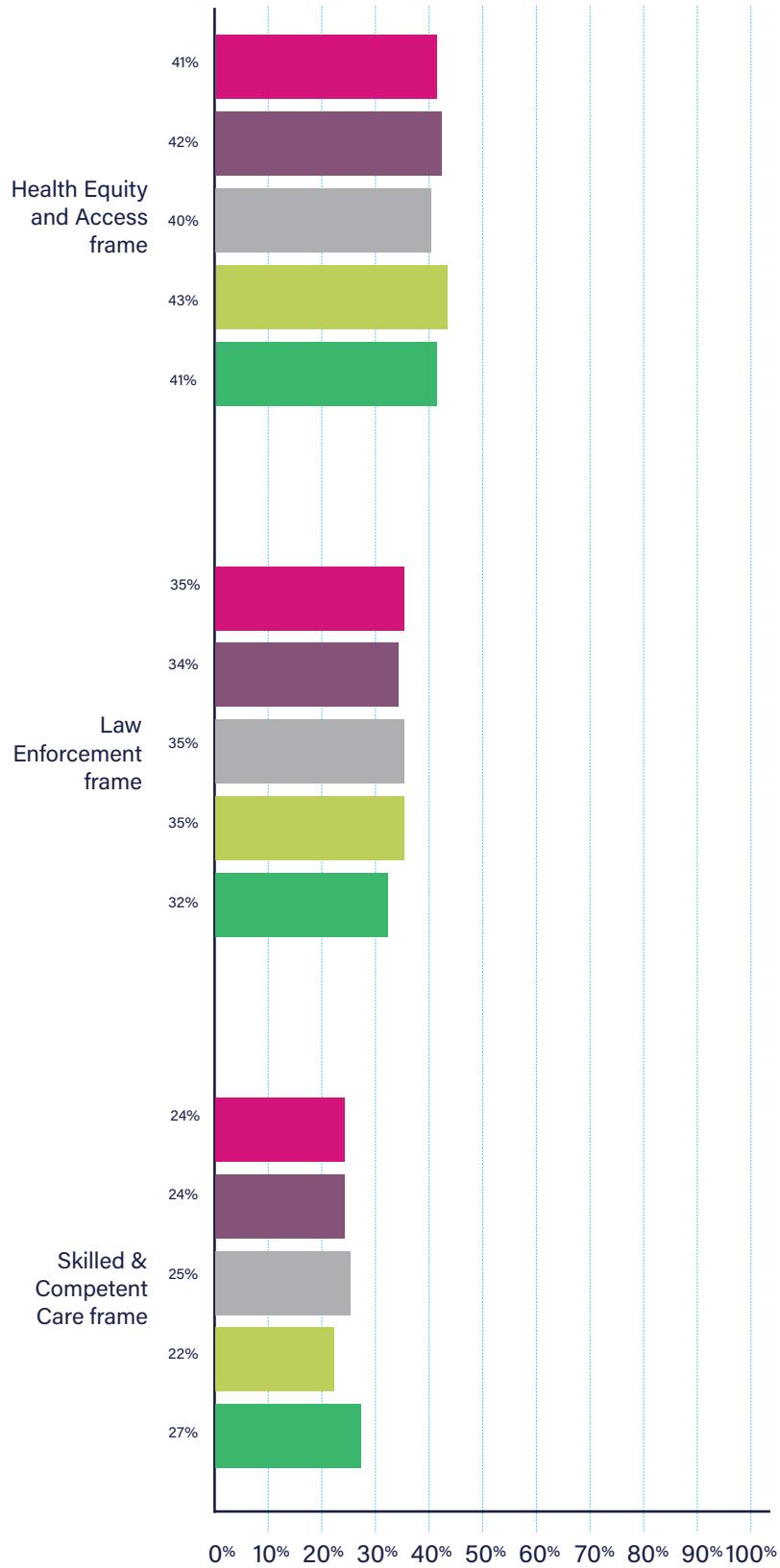
CONDITIONAL FRAMES: PREFERENCE (COHORTS)

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q28. Of all the additions you saw, which one is most motivating for you to consider using the 988 hotline if you were struggling with your mental health or when life is difficult?

CONDITIONAL FRAMES: PREFERENCE (GEN. POP.)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q28. Of all the additions you saw, which one is most motivating for you to consider using the 988 hotline if you were struggling with your mental health or when life is difficult?

HEALTH EQUITY/ACCESS

"Anyone can struggle with mental health issues, but a huge number of us are low income. Knowing that money and insurance won't be a factor can offer reassurance."

– **HISPANIC, LGBTQIA+, 33**

"I like the statement that the service is for everyone, no matter who you are. It really conveys that you will be able to connect with the counselors no matter your background."

– **BLACK, 28**

"I chose this option because it stated, '988 is for everyone.' I feel this doesn't judge if you are poor, your race, your current situation. Doesn't feel like I have to think if I'm worth calling this line without being judged."

– **WHITE, LGBTQIA+, 46**

LAW ENFORCEMENT

"I wouldn't want law enforcement involved if possible. I'd be stressed out enough and would need someone to listen."

– **WHITE, LGBTQIA+, 16**

"I like that it mentions it's confidential. I also thought the fact that it is separate from law enforcement is good to mention."

– **AMERICAN INDIAN/ALASKA NATIVE, 23**

"I think the additional description of what 988 provides is good, but I think knowing that law enforcement is not involved is very important. Someone who needs to talk can't be worried about being visited by the police as a result of their call!"

– **WHITE, 51**

SKILLED & COMPETENT CARE

"When people need help, they want to feel like they are being heard. This addition lets the person know it's ok to call no matter what is going on."

– **BLACK, 16**

"It's more compassionate and understandable. It provides empathy. It makes it more accessible."

– **ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER, 28**

"The fact it says they are skilled and trained makes a world of difference. I know many people who are well intended and compassionate, but who lack the skills and training to help effectively."

– **WHITE, 54**

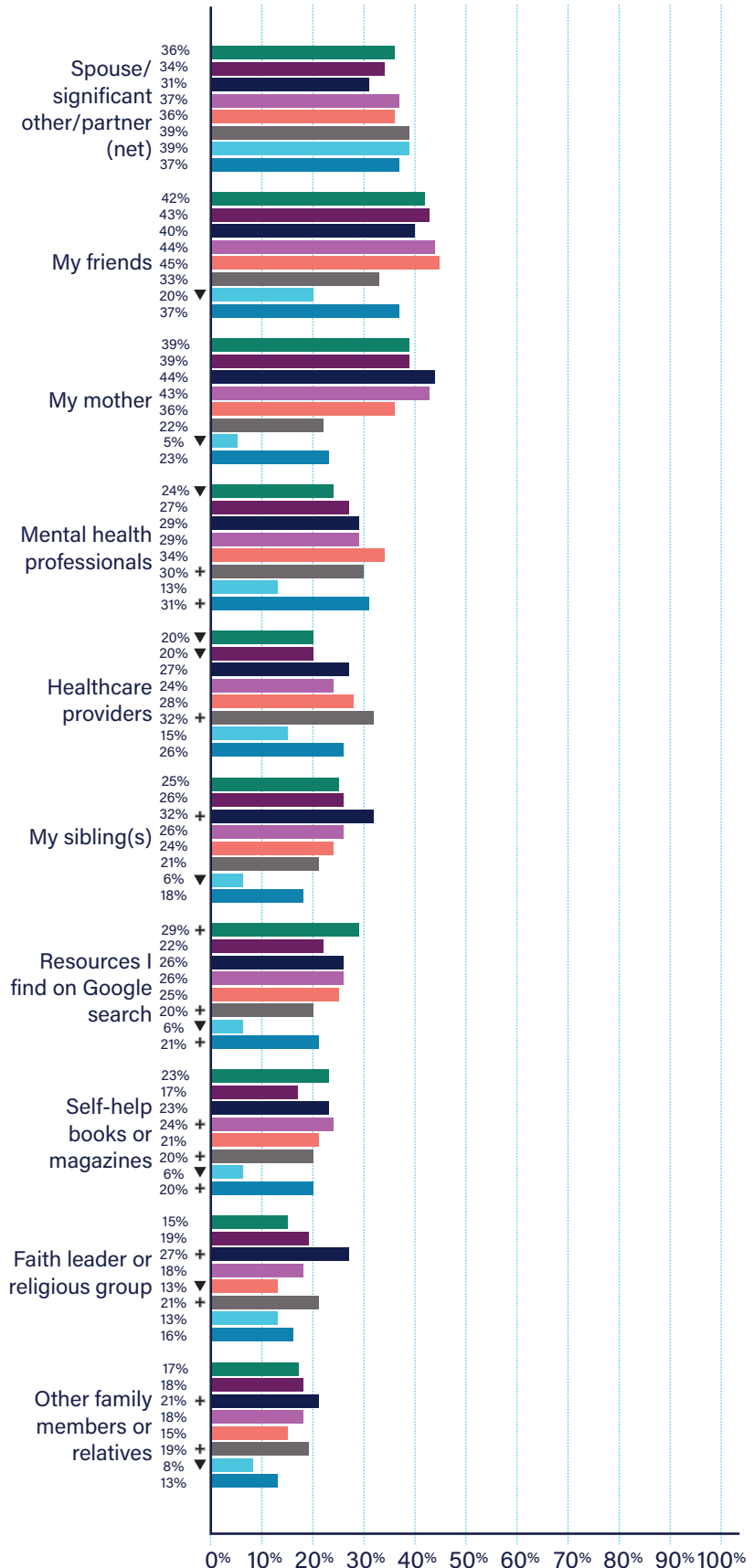
SECTION 5: TRUSTED MESSENGERS + RESOURCES

Identifying the trusted messengers and resources participants turn to for support and information when struggling with mental health.

WHEN STRUGGLING WITH MENTAL HEALTH, PARTICIPANTS ARE MOST LIKELY TO TRUST AND GET SUPPORT FROM FAMILY AND FRIENDS.

Top resources for participants who are struggling tended to be family—a spouse/partner, mother, siblings—and friends, though slight variations can be seen among cohorts. For many, mental health professionals/organizations were also often used.

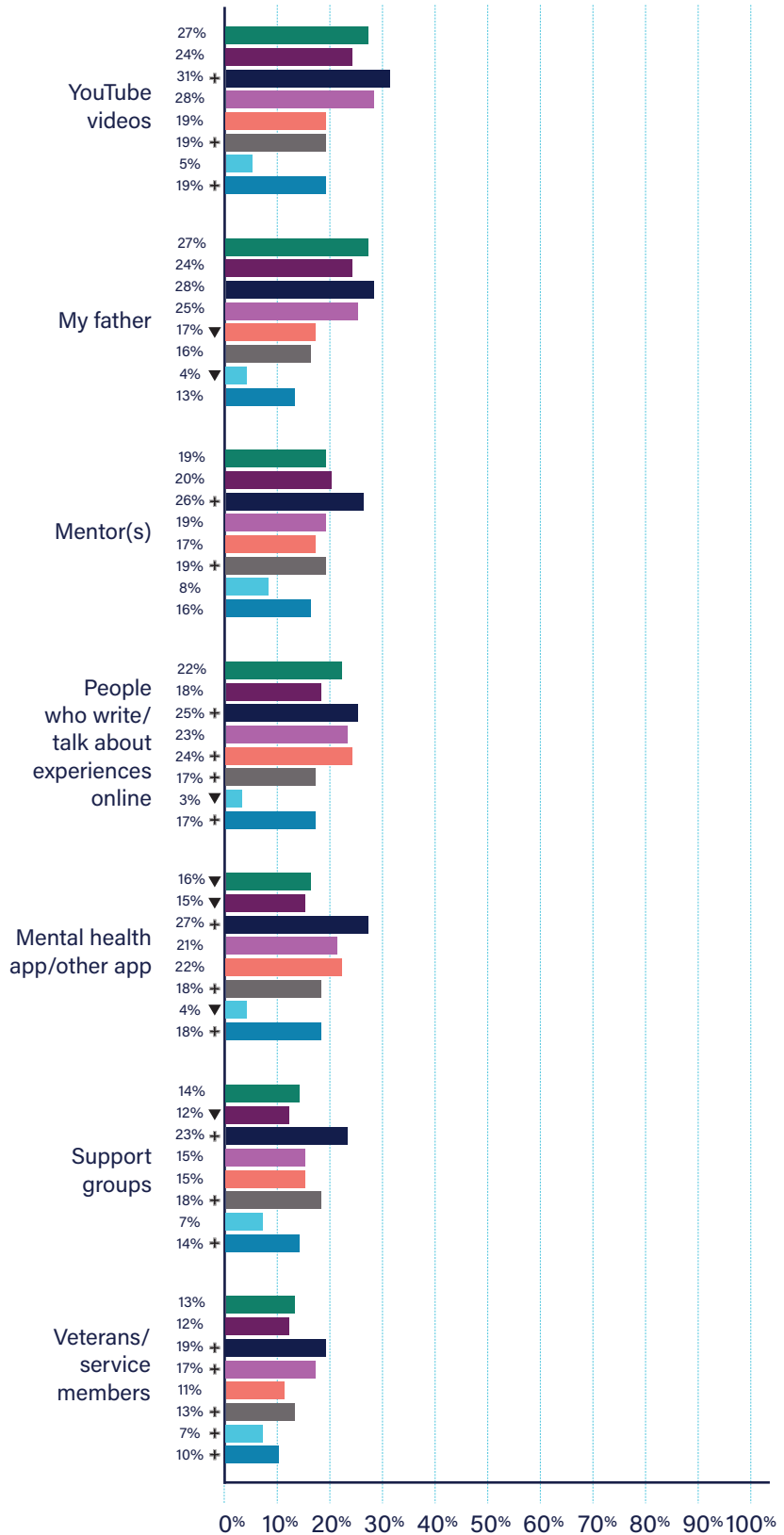
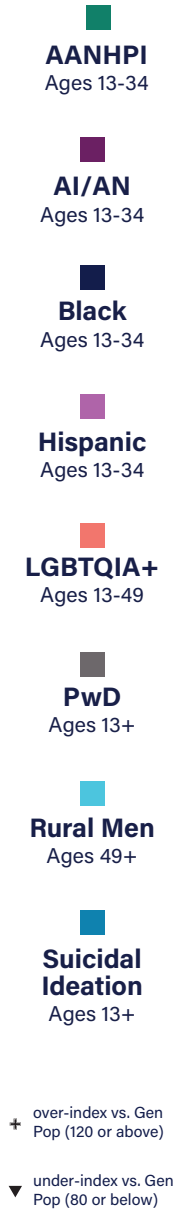
RESOURCES USE WHEN STRUGGLING WITH MENTAL HEALTH: RESOURCES USE ALWAYS/OFTEN – SHOWING ONLY TOP 10 RESPONSES FOR AT LEAST 1 COHORT (COHORTS) % Always / Often



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicide ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Veterans 18+ (n=500), Rural Men 49+ (n=400), People with disabilities 13+ (n=1,390)
 Q7. How often do you use the following kinds of support when you are struggling with your mental health or when life is difficult? | 6-pt. scale (Always, Often, Sometimes, Rarely, Never, Not Applicable)
 Note: Only reporting resources that rank in the top 10 for at least 1 cohort

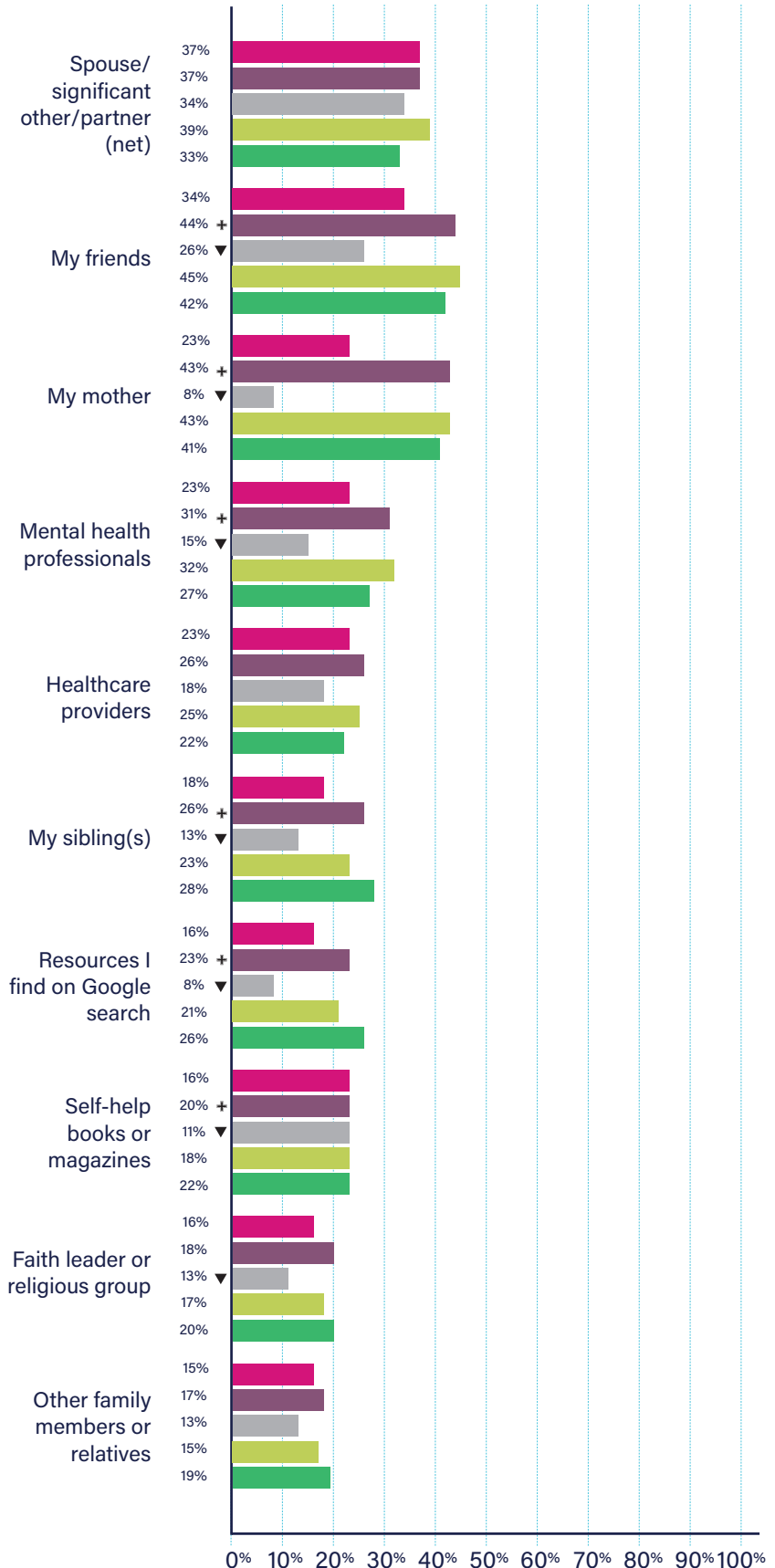
RESOURCES USE WHEN STRUGGLING WITH MENTAL HEALTH: RESOURCES USE ALWAYS/OFTEN – SHOWING ONLY TOP 10 RESPONSES FOR AT LEAST 1 COHORT (COHORTS - CON'T)

% Always / Often



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
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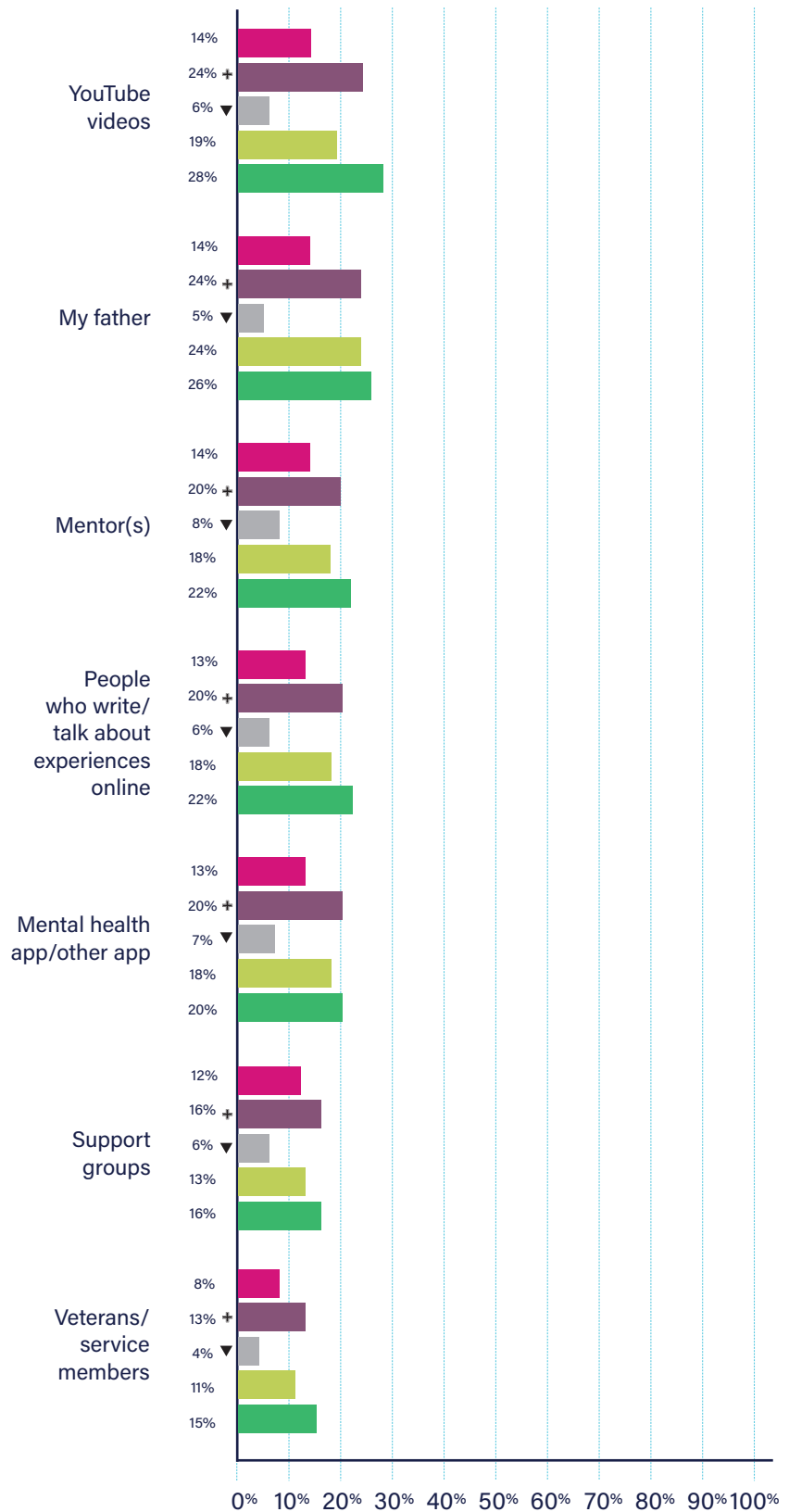
RESOURCES USE WHEN STRUGGLING WITH MENTAL HEALTH: RESOURCES USE ALWAYS/OFTEN – SHOWING ONLY TOP 10 RESPONSES FOR AT LEAST 1 COHORT (GEN. POP.) % Always / Often



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
 Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)
 Base: Suicidal ideation 13+ (n=1,969), LGBTQ+ 13-49 (n=465), Rural Men 49+ (n=400), People with Disabilities (n=1,390)
 Q3. Which of the following best describes how you currently feel about your overall mental health?

RESOURCES USE WHEN STRUGGLING WITH MENTAL HEALTH: RESOURCES USE ALWAYS/OFTEN – SHOWING ONLY TOP 10 RESPONSES FOR AT LEAST 1 COHORT (GEN. POP. - CON'T)

% Always / Often



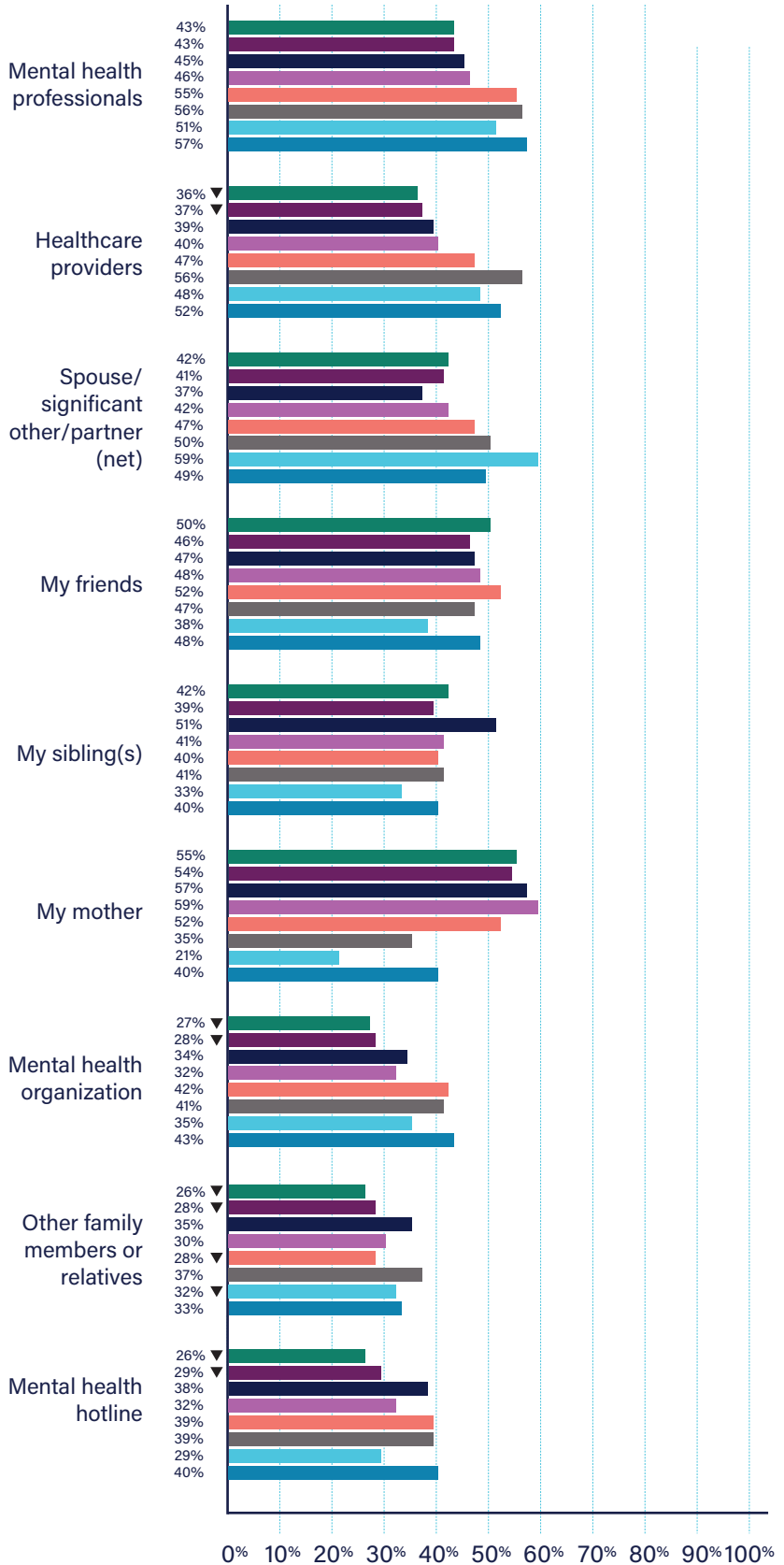
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 Note: Only reporting resources that rank in the top 10 for at least 1 cohort

Resources coming from a spouse/partner, mother, siblings and friends were also seen as trustworthy, especially professional sources (mental health professionals, healthcare providers).

- Participants ages 13-34 (especially those who are Black) were more likely to use resources (and trust them), whereas participants ages 49+ (especially rural men) were less likely.
 - Participants with disabilities and participants who have experienced suicidal ideation were more likely to use resources more frequently.
 - American Indian/Alaska Native and Asian American, Native Hawaiian, and Pacific Islander cohorts were less likely to trust many resources.
-

TRUSTWORTHINESS OF RESOURCES: RESOURCES EXTREMELY/VERY TRUSTWORTHY – SHOWING ONLY TOP 10 RESPONSES FOR AT LEAST 1 COHORT (COHORTS) % Always / Often

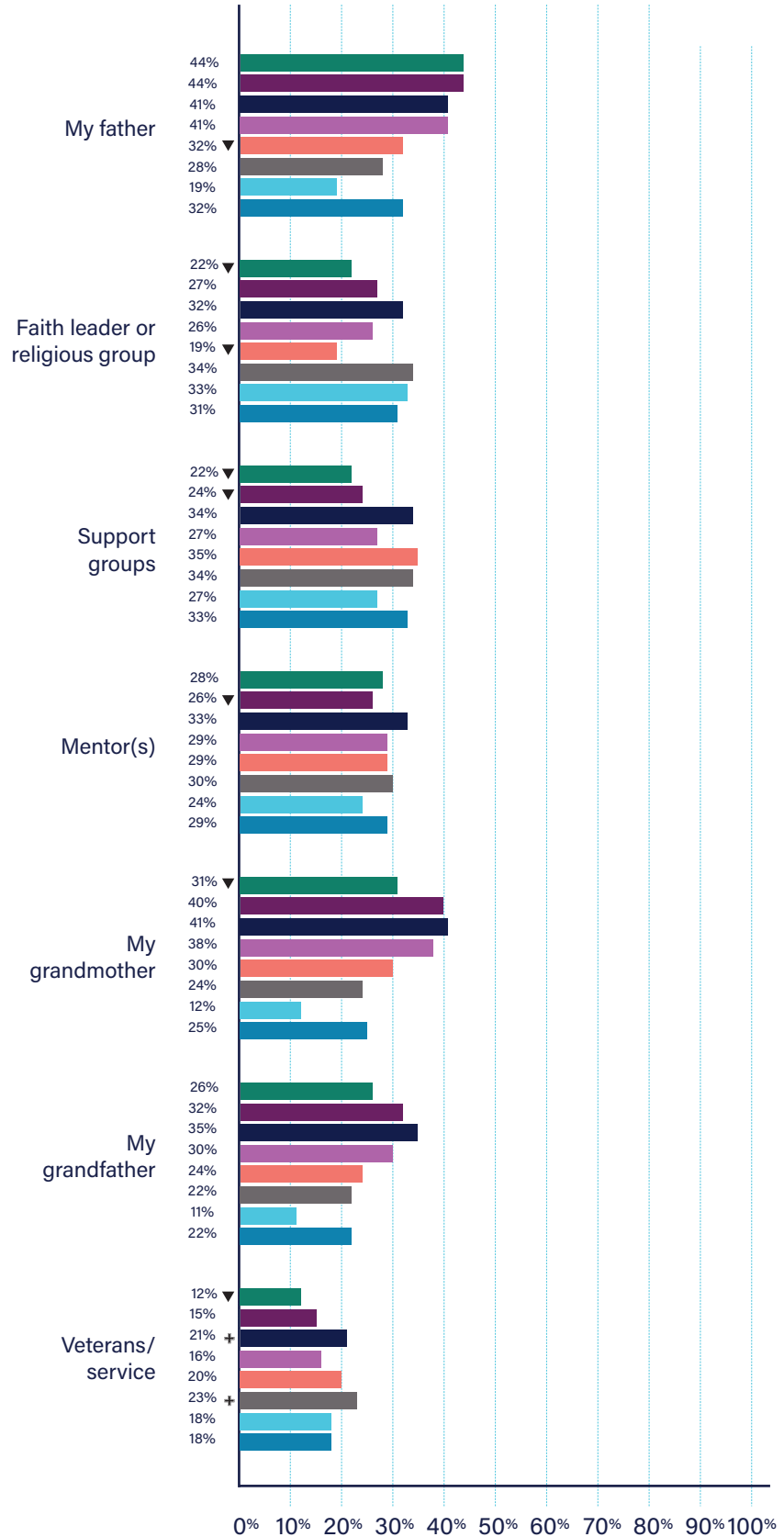
- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
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 Base: Suicidal ideation 13+ (n=1,969), LGBTQIA+ 13-49 (n=465), Veterans 18+ (n=500), Rural Men 49+ (n=400), People with disabilities 13+ (n=1,390)
 Q10. When it comes to your mental health and well-being, how trustworthy is the following? | 5-pt. scale (Extremely trustworthy, Very trustworthy, Somewhat trustworthy, Not very trustworthy, Not trustworthy at all)
 Note: Only reporting resources that rank in the top 10 for at least 1 cohort

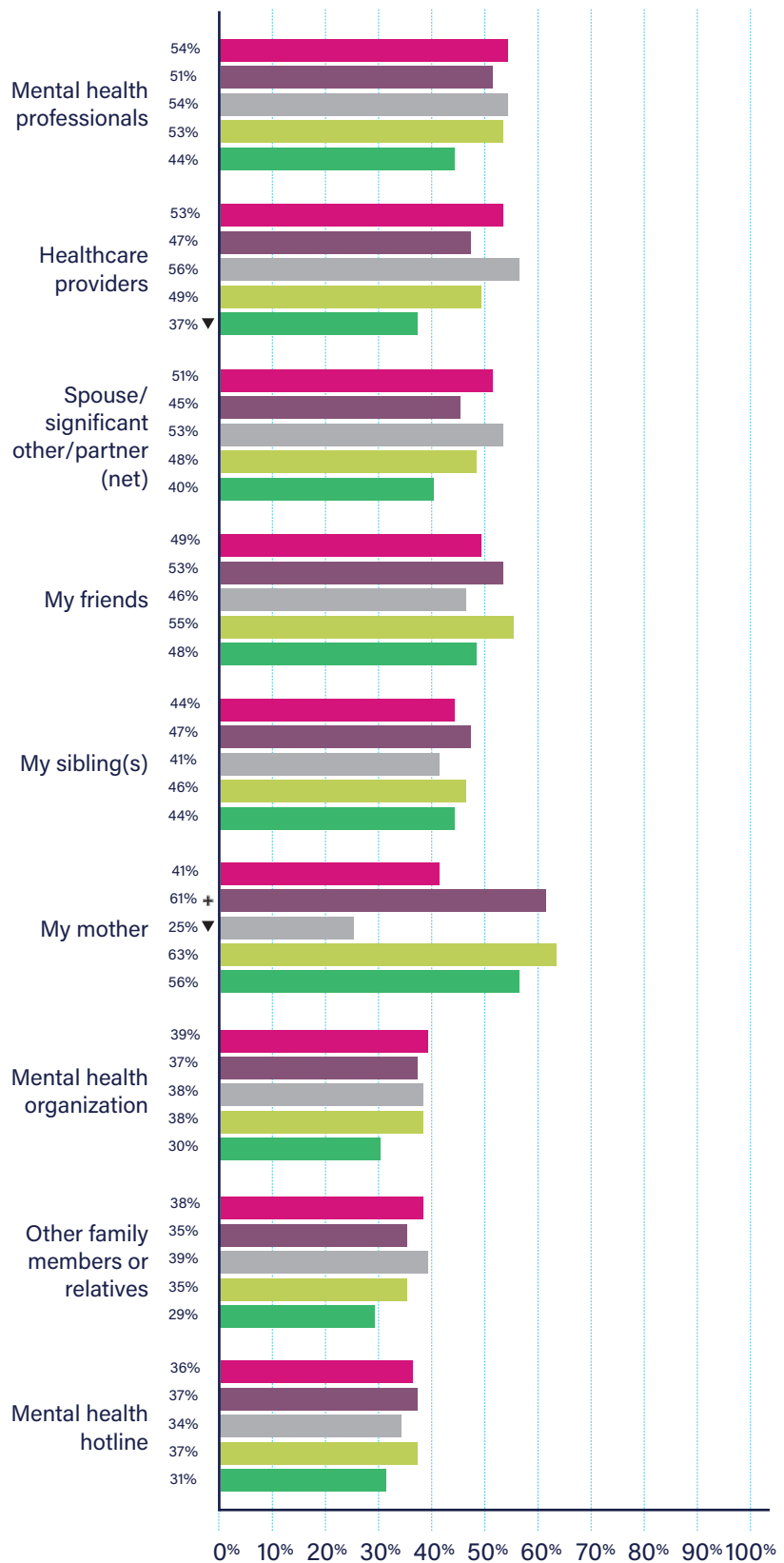
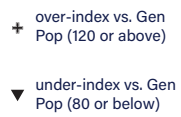
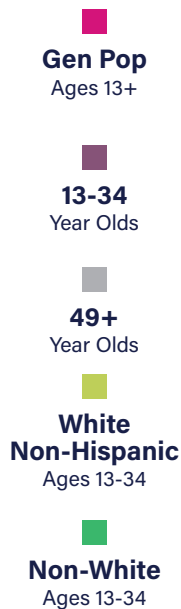
TRUSTWORTHINESS OF RESOURCES: RESOURCES EXTREMELY/VERY TRUSTWORTHY – SHOWING ONLY TOP 10 RESPONSES FOR AT LEAST 1 COHORT (COHORTS) % Always / Often

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)



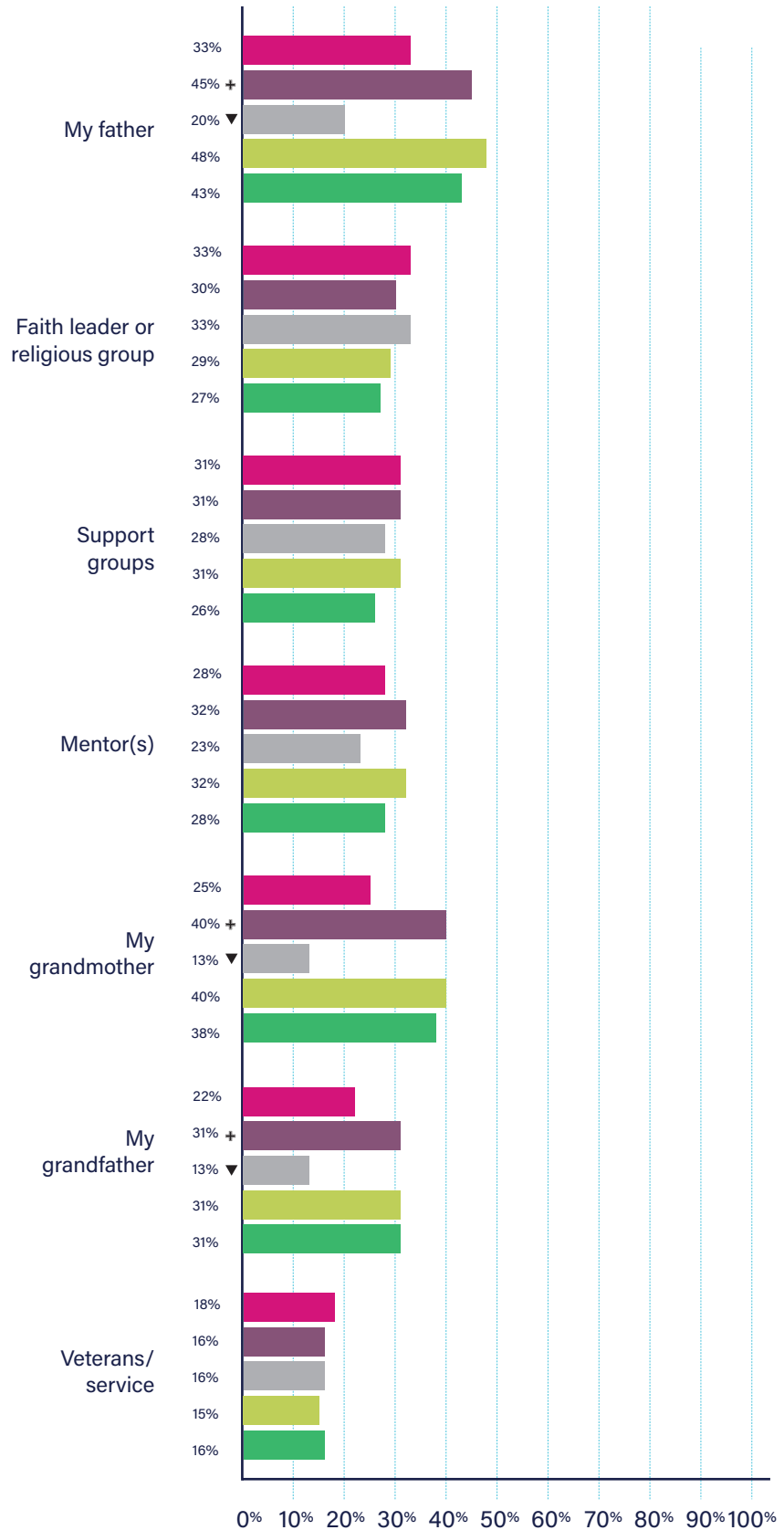
Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
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TRUSTWORTHINESS OF RESOURCES: RESOURCES EXTREMELY/VERY TRUSTWORTHY – SHOWING ONLY TOP 10 RESPONSES FOR AT LEAST 1 COHORT (GEN. POP.) % Always / Often



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
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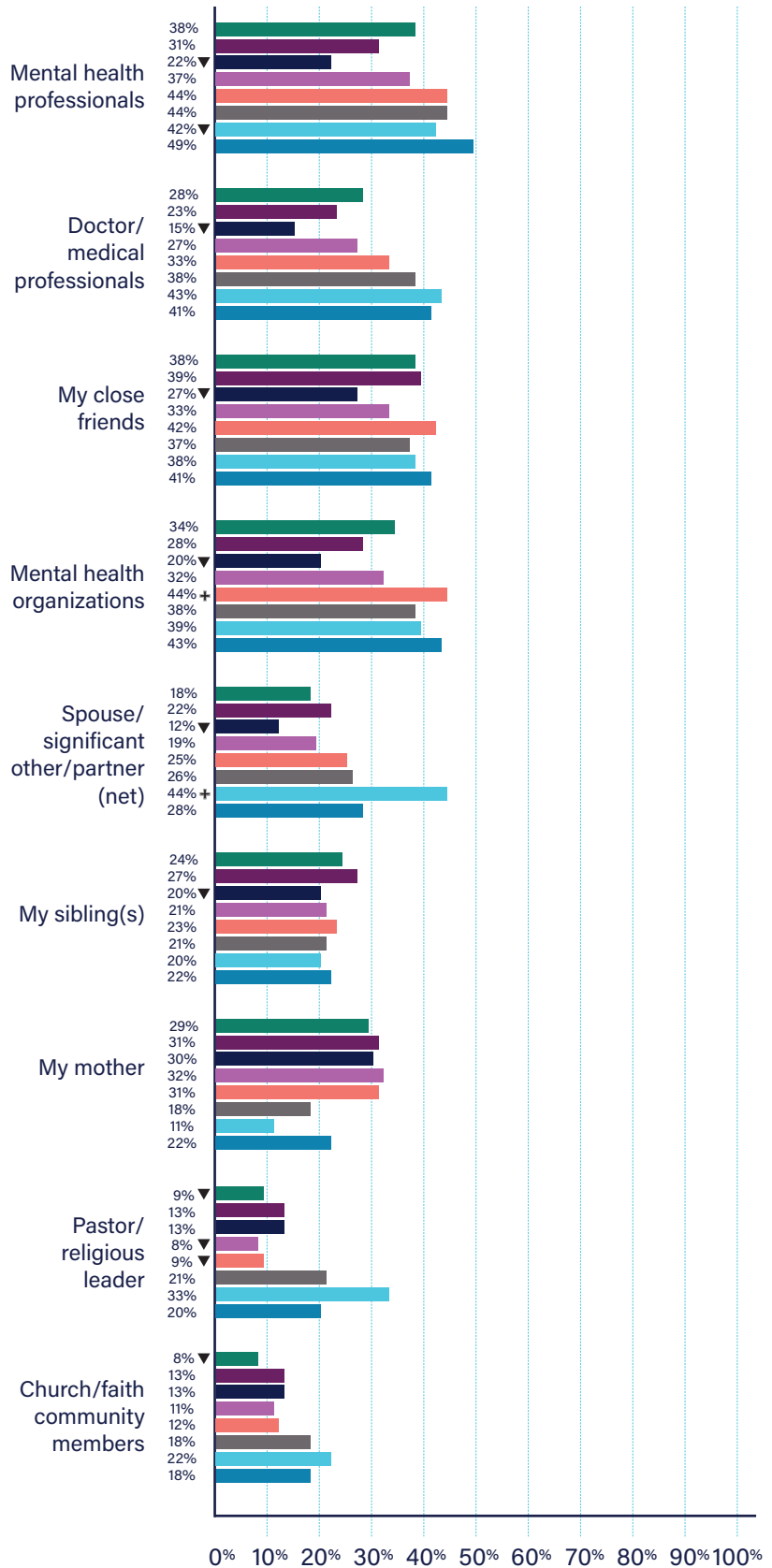
**IN LINE WITH
GENERAL RESOURCES,
COHORTS IN
GENERAL TRUST
FAMILY AND
PROFESSIONAL
RESOURCES (MENTAL
HEALTH/HEALTHCARE
PROVIDERS AND
ORGANIZATIONS)
FOR INFORMATION
ON 988.**

Though some variations existed, the top trusted messengers participants wanted to receive information about 988 from are mental health professionals/organizations and family (spouse/partner, mother, siblings). In general, many similarities can be seen between those they'd turn to for support when struggling and who they'd want 988-specific information from.

**TRUSTED MESSENGERS ARE INDIVIDUALS WE
TURN TO AND TRUST FOR HONEST, UNBIASED
INFORMATION, AND TO HELP GUIDE DECISION
MAKING ON IMPORTANT ISSUES.**

In Spring 2023, additional funding allowed the project to expand to trusted messengers, which were identified by the cohorts in this study. The research team and study partners chose to focus on family and friend cohorts (spouse/partner, mother, siblings, and friends) instead of mental health professionals/organizations to avoid duplication of effort with other SPRC-led work with mental health providers. Additionally, project partners discussed the possibility of pursuing more cost-efficient avenues for conducting future research with mental health providers and organizations, such as through strategic partnerships. The 988 formative research findings with trusted messengers will be published separately (expected in Spring 2024 at the time of publication of this study).

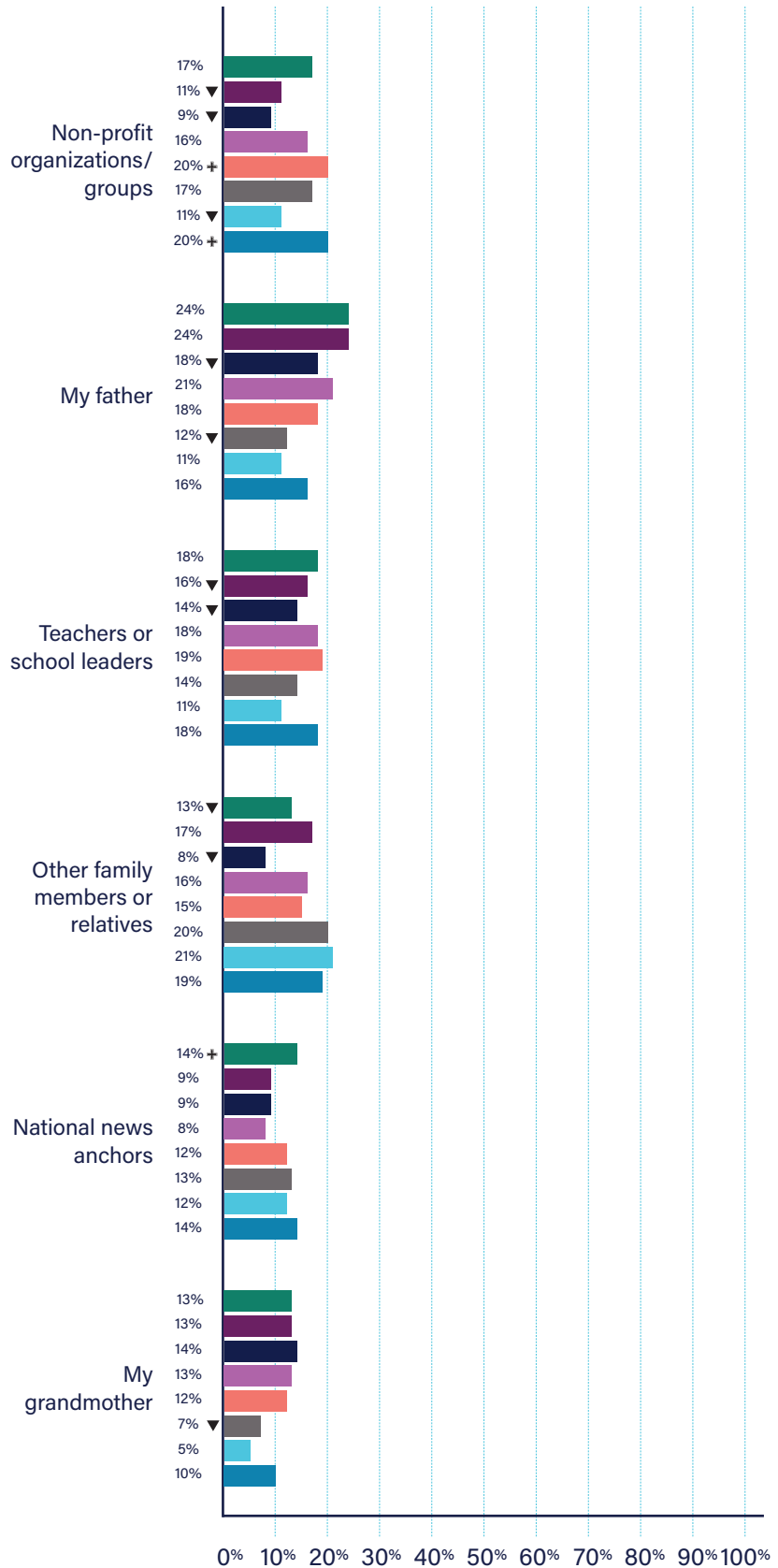
RESOURCES WOULD TRUST 988 INFO FROM: RANKED IN TOP 10 FOR AT LEAST 1 COHORT (COHORTS) % Always / Often



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
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 Q25. Which, if any, of the following individuals or institutions would you trust this information about the 988 hotline coming from?
 Note: Only reporting resources that rank in the top 10 for at least 1 cohort

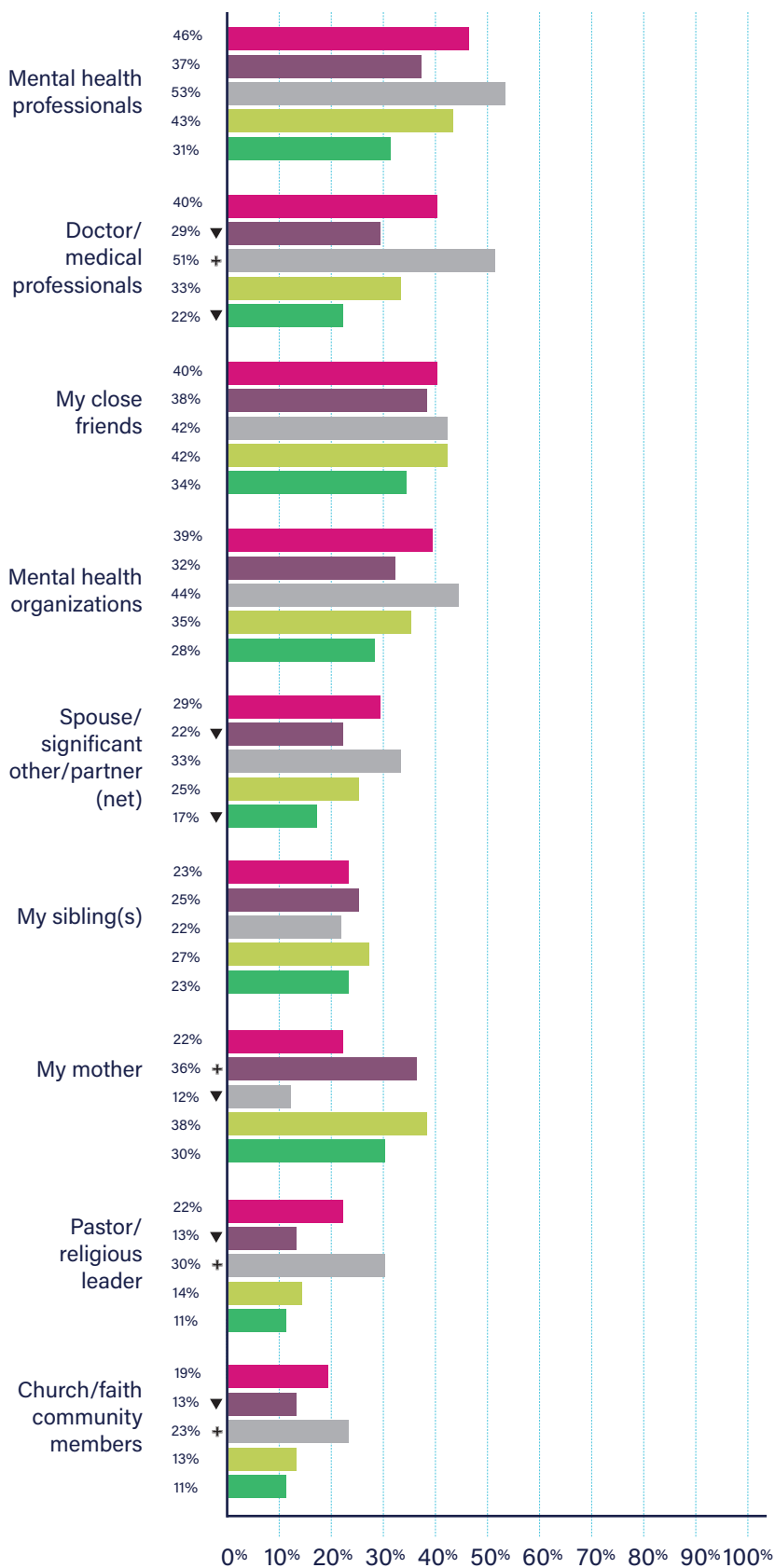
RESOURCES WOULD TRUST 988 INFO FROM: RANKED IN TOP 10 FOR AT LEAST 1 COHORT (COHORTS - CON'T)

% Always / Often



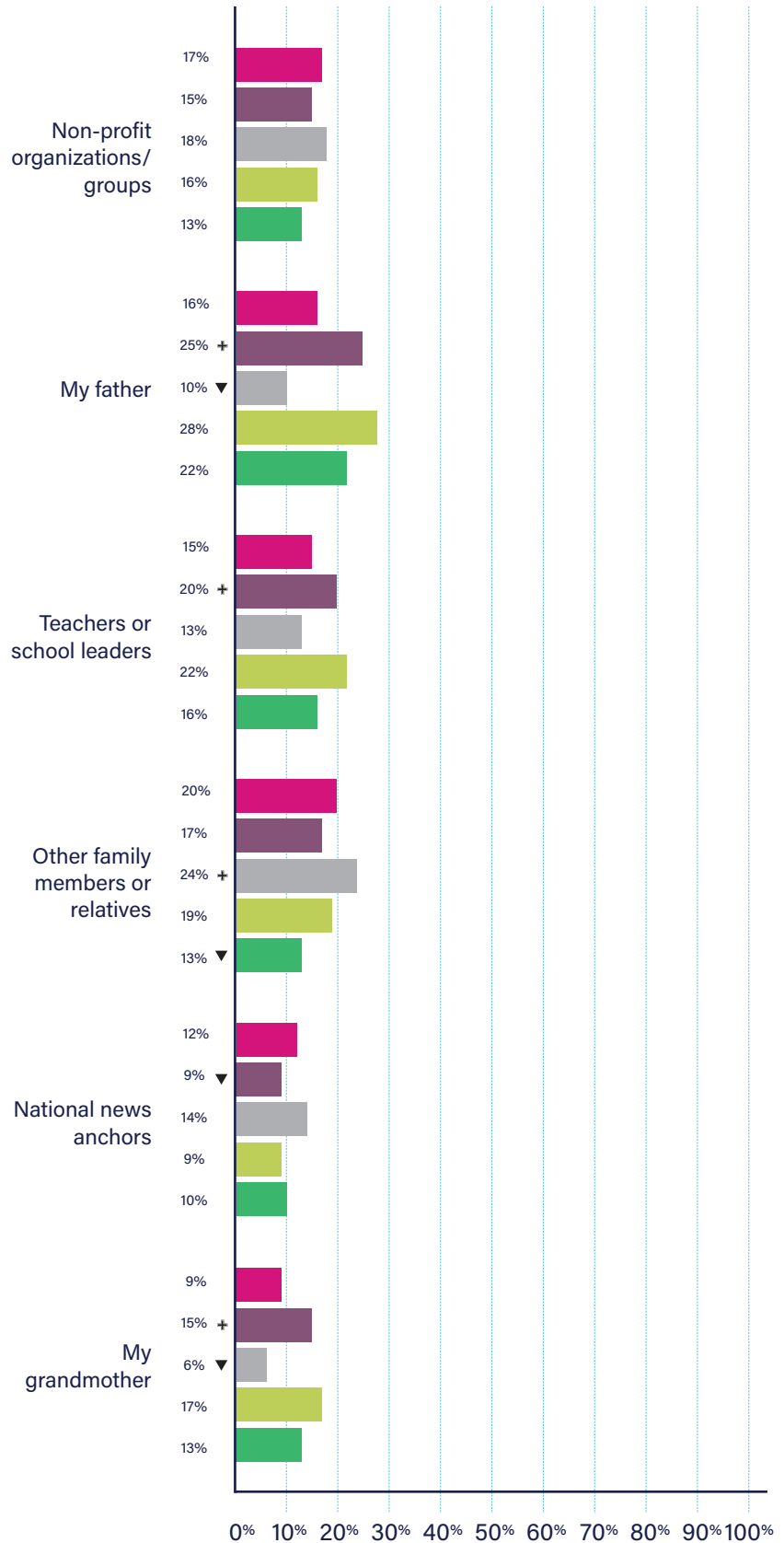
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RESOURCES WOULD TRUST 988 INFO FROM: RANKED IN TOP 10 FOR AT LEAST 1 COHORT (GEN. POP.) % Always / Often



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
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 % Always / Often



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PARTICIPANTS OVERALL WOULD LIKE 988 TO PROVIDE ADDITIONAL INFORMATION ON WHO ELSE TO CONTACT IN A CRISIS FOR SUPPORT, DEALING WITH A PANIC ATTACK, AND GUIDANCE FOR CONVERSATIONS.

There are very few differences across cohorts in the types of resources desired on a 988 website. In choosing from a battery of options, most participants indicated they would like to see 988 provide information on:

- Who to contact when someone else is in crisis
- Tips for dealing with a panic attack
- Guidance on how to start a conversation with someone struggling
- Guidance for talking to someone else about your feelings

Participants ages 13-34 in general were more interested in apps that help mental health, information on mindfulness, and tips on physical health/wellness than older cohorts.

HELPFUL RESOURCES TO OFFER ON 988 WEBSITE (COHORTS)

% Extremely or Very Helpful

- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
▼ under-index vs. Gen Pop (80 or below)

Information on who to contact when you or someone you know is in crisis

What to do during a panic attack

How to start a conversation with someone struggling with their mental health

How to talk to someone about how you feel

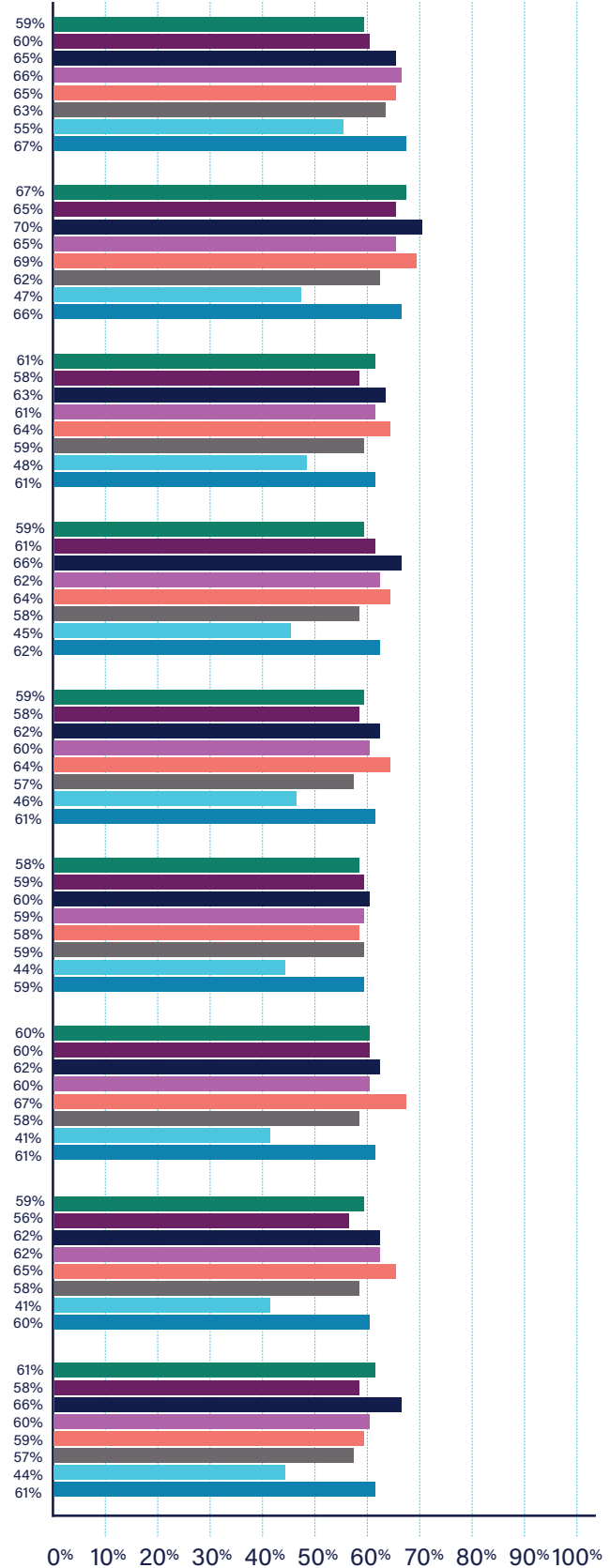
How to find and choose a mental health therapist

How to identify someone struggling with their mental health

Information about mental health conditions, such as depression, anxiety, OCD, etc.

A database with mental health professionals/resources

Tips for stress management

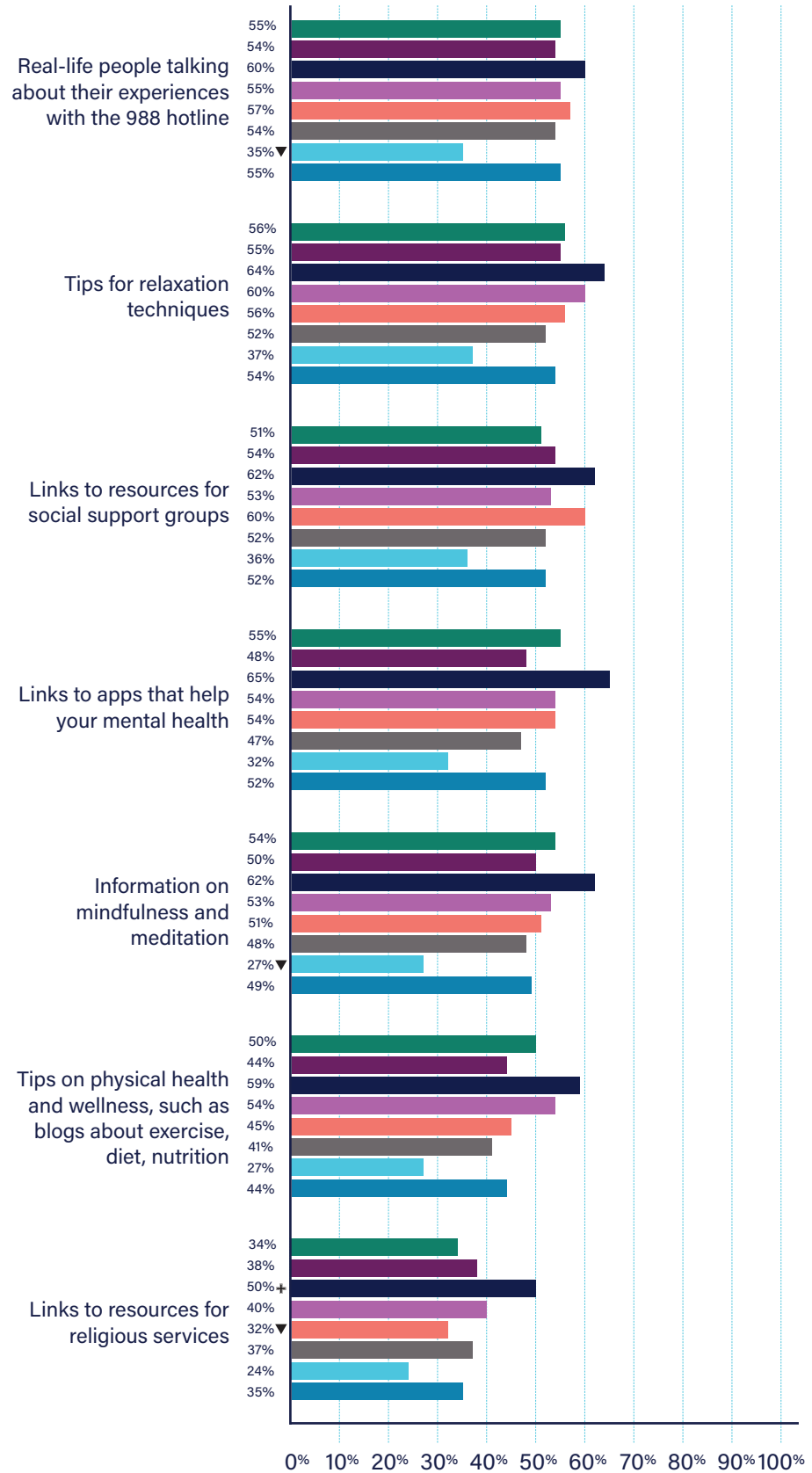


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HELPFUL RESOURCES TO OFFER ON 988 WEBSITE (COHORTS)

% Extremely or Very Helpful

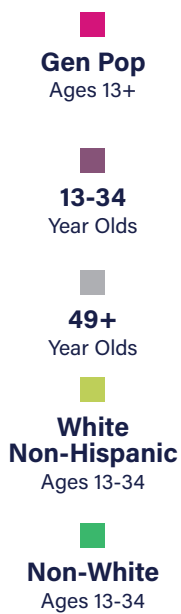
- **AANHPI**
Ages 13-34
 - **AI/AN**
Ages 13-34
 - **Black**
Ages 13-34
 - **Hispanic**
Ages 13-34
 - **LGBTQIA+**
Ages 13-49
 - **PwD**
Ages 13+
 - **Rural Men**
Ages 49+
 - **Suicidal Ideation**
Ages 13+
- + over-index vs. Gen Pop (120 or above)
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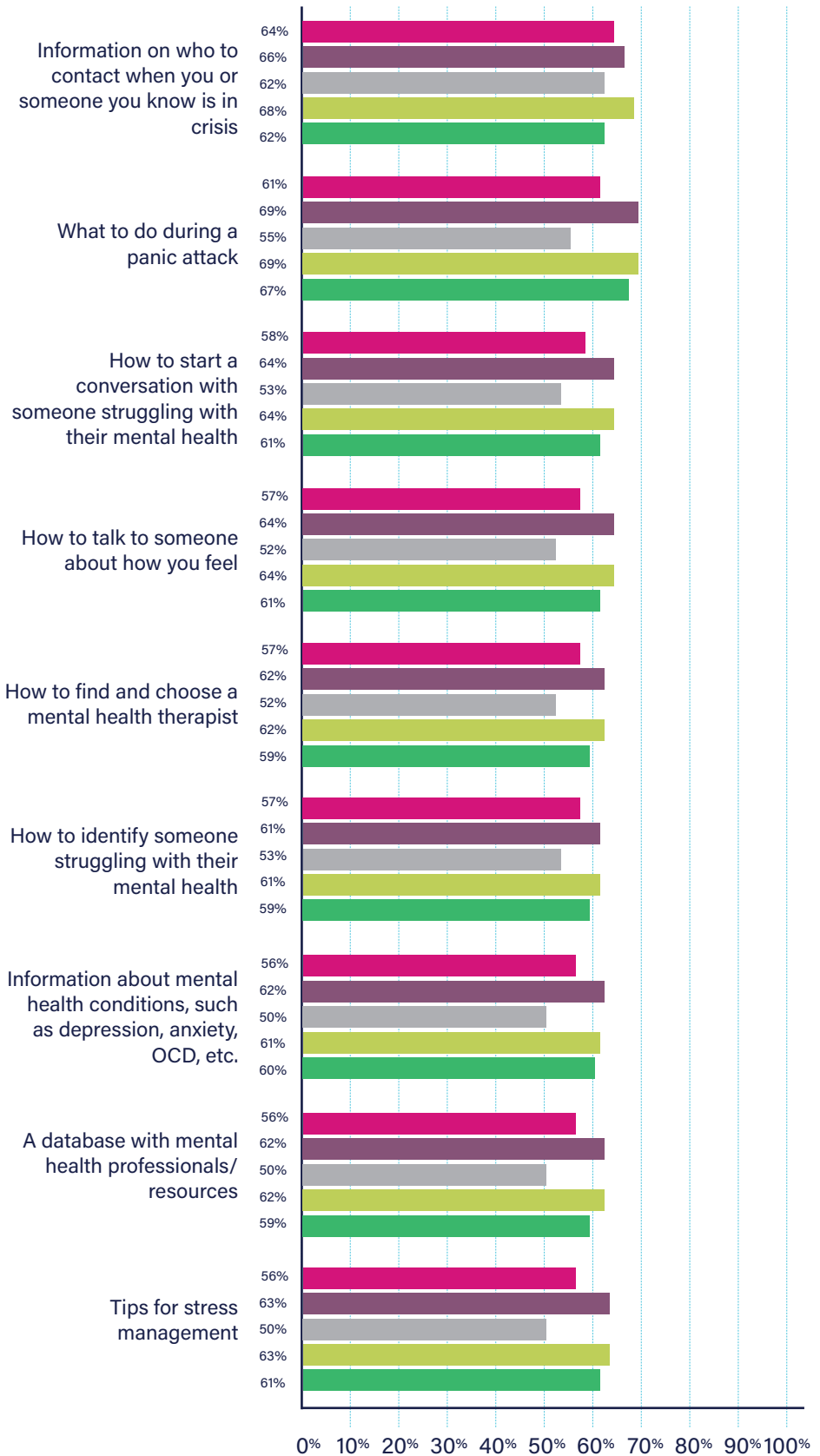
HELPFUL RESOURCES TO OFFER ON 988 WEBSITE (GEN. POP.)

% Extremely or Very Helpful



+ over-index vs. Gen Pop (120 or above)

▼ under-index vs. Gen Pop (80 or below)



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)

Base: White 13-34 (n=1,099), Total Non-White 13-34 (n=1,358), Black 13-34 (n=400), Hispanic 13-34 (n=402), AI/IN 13-34 (n=403), AANHPI 13-34 (n=400)

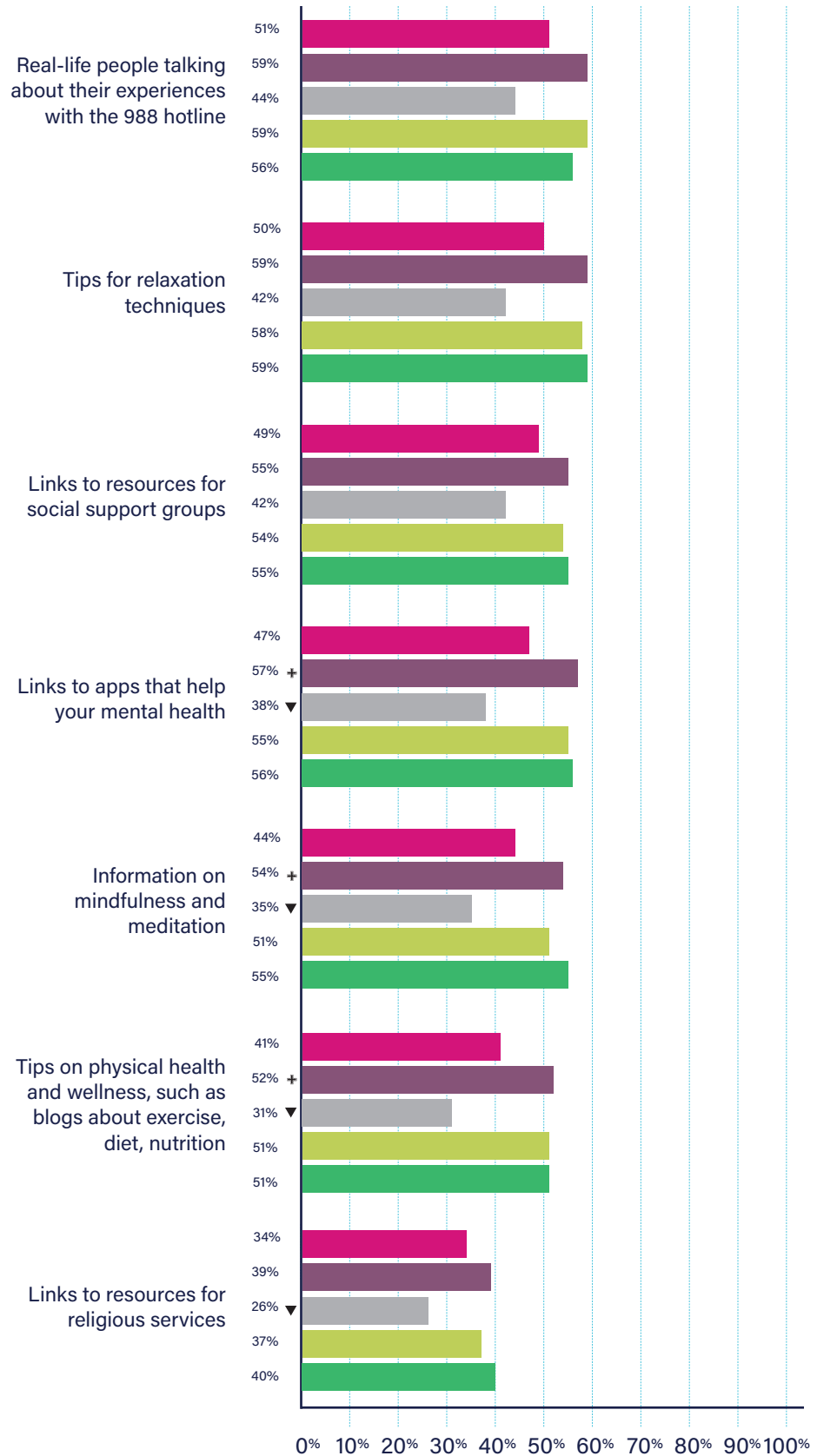
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Note: Only reporting resources that rank in the top 10 for at least 1 cohort

HELPFUL RESOURCES TO OFFER ON 988 WEBSITE (GEN. POP.)

% Extremely or Very Helpful



Base: Total Gen Pop Respondents (n=5,451), Gen Pop 13-34 (n=1,639), Gen Pop 49+ (n=2,596)
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RECOMMENDATIONS

From the qualitative and quantitative research conducted, the research team has identified the following recommendations for organizations working to help individuals understand how, why, and when they should contact 988 (and to motivate them to do so).

1. TAP INTO WHAT INDIVIDUALS NEED MOST WHEN STRUGGLING: SOMEONE TO TALK TO AT ANY TIME.

When the populations we surveyed are struggling with their mental health or in a crisis situation, they need someone to talk to 24/7. Above all else, messaging about 988 (and truly, all types of mental health resources) has a much-needed opportunity to fill a void for people struggling with mental health: There is always someone available to talk, to confide in, to receive trained help from, or who will simply listen.

2. COMMUNICATE WHAT 988 REALLY IS AND WHO IS INVOLVED.

About half of the participants in the sample said they know what 988 is, but most don't know much about it. Organizations have a substantial opportunity here to build broad awareness of 988 as a resource—and to help the public (especially populations at higher risk for or disproportionately impacted by suicide) understand what it really is, and who is personally involved to help them (including the skills, trustworthiness, and support the person can offer).

In addition, participants (particularly in the qualitative phase) were confused or disliked the word “crisis,” which they felt indicated that 988 can/should be contacted only as a last resort. Organizations have an opportunity here to expand 988 messaging efforts beyond existing perceptions (only for crisis or suicidal moments) and more into the overall mental health and wellness space. Refer to the study's accompanying toolkit for further recommendations.

3. ADDRESS THE FACTORS THAT MAKE PEOPLE SKEPTICAL OR HESITANT TO USE 988.

There were concerns coming strongly from younger audiences (ages 13-34) about who is really on the other line, and if that person can really relate to and understand their situation—or if they're a stranger who can't be trusted. Older participants were also concerned about privacy and confidentiality. Organizations can and should lean into these objections through campaign messaging to instill trust and alleviate concerns among potential users.

4. REITERATE THE HUMANS BEHIND THE HOTLINE.

If people are going to use 988, they want someone to talk to who listens in a non-judgmental way—someone they can talk to about what's happening to them in real life. This is also the messaging that most resonated with participants in the message frame portion of the study.

While many cohorts indicated they turn to and trust information and support from mental health professionals and organizations, 988 messaging shouldn't speak clinically to populations at higher risk for or disproportionately impacted by suicide. Instead, it should educate people on what they're interested in: mental wellness, how to handle situations involving mental health struggles and/or crisis (for themselves or others), and how to talk and listen to others who are struggling.

5. LEVERAGE TRUSTED MESSENGERS AND SOURCES FOR MESSAGE DELIVERY.

Among younger populations in the sample, searching Google for mental health resources was more likely than a person immediately calling the hotline. Participants ages 13-34 were also more likely to get information from or reach out to their friends or family, while older participants were more likely to get information or support from a spouse/partner. It's key for organizations to reach people where they are and through those they trust in order to truly inform and compel people to trust and use 988.