

988

**SUICIDE
& CRISIS
LIFELINE**

988 Suicide & Crisis Lifeline Communication Toolkit

**MESSAGING AND COMMUNICATIONS TO PEOPLE
AT HIGHER RISK FOR OR DISPROPORTIONATELY
IMPACTED BY SUICIDE**

Research By:



**Research
INSTITUTE**

In Partnership With:



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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.

Since July 2022, 988 has been the national 3-digit hotline for mental health resources and suicide prevention. Though 988 responded to 5 million contacts in that time, we must increase awareness and use of this valuable resource to address the current and growing need: 15 people per 100,000 died by intentional self-harm in 2022, more than any other year on record in the United States.¹

Organizations that reach the public—including nonprofits, state and local government entities and others willing to help—can play a huge role in reaching **the most urgent audiences in this effort: people who are at higher risk for or disproportionately impacted by suicide.**

1. <https://www.cdc.gov/nchs/fastats/suicide.htm>

Suicide is rarely caused by a single event or circumstance. Many individual, relationship, community and societal conditions and 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.

This population is not homogenous, and communication to them can't be, either. That's why the messaging points and resources in this toolkit are based on the latest research gathered from specific cohorts within the general population. Your organization can confidently use these tools and resources to build awareness and trust in 988.

For the full research study, refer to the report, *988 Suicide & Crisis Lifeline: Messaging and Communications to People at Higher Risk for or Disproportionately Impacted by Suicide.*

PURPOSE

The messaging principles, trusted messengers, and campaign recommendations included in this toolkit are based on research findings from our comprehensive 988 study. As a marketer or communicator, you should use this toolkit as a resource as you craft messaging, build campaigns, and test calls to action with people at risk and/or disproportionately impacted by suicide to educate and increase usage of the 988 hotline for people struggling with mental health.

INTENDED AUDIENCES

The 988 messaging described in this toolkit is primarily intended for populations at higher risk for or disproportionately impacted by suicide. It was developed with the following populations in mind. (*Of note, the populations described here are not intended to be a comprehensive listing of those populations at higher risk for or disproportionately impacted by suicide, but rather a sampling.*)

- **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 suicidal ideation during their lifetime** (ages 13+)
- **LGBTQIA+ youth and adults** (ages 13-49)
- **People with disabilities** (ages 13+)
- **Rural older men** (ages 49+)

Our research found that about half the American public—as well as the cohorts we studied—have heard about 988, but only a small fraction of individuals are using it. To overcome this challenge, 988 communications should be crafted in a way that instills trust and confidence and that influences them to use the service.

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

LGBTQIA+ YOUTH AND ADULTS (AGES 13-49)

988 Use | Likes & Dislikes

Below are the top reasons LGBTQIA+ individuals would or would not consider using 988, which communicators should take into account when crafting messaging.

LIKES

24/7 availability

It's anonymous

It's free

Wouldn't have to worry about being judged

Could communicate with a real person who's trained to help

Would be faster than finding a therapist/counselor

DISLIKES

Opening up to a stranger

Privacy/confidentiality

Might not understand them/the situation

Might call law enforcement or take them to a hospital

Would not have a serious enough need/would use resources
that other may need more

Credibility (potential lack of)

Responses might be scripted or not personalize

USING THE MESSAGE FRAMES

FOUNDATIONAL FRAME

LGBTQIA+ people particularly gravitated toward language around inclusivity and understanding by a 988 counselor. The frame below includes minor edits from the foundational frame shared earlier in this toolkit (for the broader public). Bolded statements indicate what this audience especially liked about this frame. However, the first paragraph, as well as “she had worked with people just like me” was found to be polarizing (that is, it garnered higher than average likes and dislikes among participants), and should be used with caution.

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.

I reached out to 988, and 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.

CONDITIONAL FRAME TO USE: HEALTH EQUITY/ACCESS

LGBTQIA+ individuals rated “Law Enforcement” and “Health Equity/Access” conditional frames equally, both for improving the foundational frame and adding relevance to it. When asked which conditional frame they prefer, however, they chose “Health Equity/Access” over “Law Enforcement.”

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.

TRUSTED MESSENGERS

When struggling with their mental health, LGBTQIA+ participants said they most often turn to friends, family or professionals for support. Specific to information about 988, however, mental health professionals or organizations were higher ranked than friends and family. To an LGBTQIA+ audience, communicators should consider 988 message delivery first through professionals, though one's friends and family can help support messaging—particularly in a situation where someone is struggling with mental health.

TOP RESOURCES USED WHEN STRUGGLING

- Friends
- Mother
- Spouse/significant other/partner
- Mental health professionals
- Healthcare provider

TOP RESOURCES THEY'D TRUST 988 INFO FROM

- Mental health professionals
- Mental health organizations
- Close friends
- Doctor/medical professionals
- Mother