framework
FOR SUCCESSFUL
MESSAGING

BACKGROUND RESEARCH

TABLE OF CONTENTS

BACKGROUND RESEARCH

The National Action Alliance for Suicide Prevention Framework for Successful Messaging was informed by an analysis of the state of suicide prevention messaging, a review of relevant research and best practices, and extensive consultations with experts and stakeholders throughout the development process.

Data sources included

> Charting the Future (2010): Progress review of the 2001 NSSP

> Public opinion surveys

> Expert Panel, January, 2013

> The National Strategy for Suicide Prevention

> Consultations with numerous stakeholders (see a list)

> Research literature

- Safe messaging

- Health communications and social marketing

- Suicide and mental health-related campaigns

KEY FINDINGS

Why is Messaging About Suicide Important?

> **Communications and messaging has been, and continues to be**, an important issue for the suicide prevention field.

- Many individuals and organizations are messaging about suicide. A 2010 progress review of suicide prevention communications found "extensive and enthusiastic investment" in informational and educational efforts."

- Both the 2012 National Strategy for Suicide Prevention and the original National Strategy from 2001 include goals and objectives that address communicating to the public about suicide.

> **Messaging about suicide can be harmful**. Conversely, **well-designed communications can be a powerful tool**.

- Suicide is unlike other health and safety issues in that there is research demonstrating that certain types of news coverage about suicide can increase risk among vulnerable individuals.

- Experts recommend that safe messaging recommendations for journalists also be followed when creating public information and social marketing efforts.

- While safety is essential, it is not the only consideration in developing successful messages. Attention to effectiveness is needed as well (see below).

- Read more about research on safe messaging.

- See the Framework's Safety component, including the Messaging Don'ts.

Rationale for the Framework: An Updated and Research-Informed Approach to Messaging

- A progress review of public information efforts conducted prior to revising the National Strategy for Suicide Prevention (NSSP) found that, while some messages were generally consistent with suicide prevention goals, there also were **areas of concern**:

  - Some messages reviewed included potentially unsafe content, for example, use of statistics and language that normalizes suicide.

  - Few messages were developed using research-based best practices in communications.

  - Read more findings from the progress review.

- Public opinion surveys show that a **large majority of the public believes suicide is preventable** (at least in the abstract) and expresses support for suicide prevention. However, they are less likely to know **how to take specific actions**.

  - See the public opinion data.

- An expert panel validated the findings of the progress review and public opinion surveys and added their own insights:

  - While addressing problematic media coverage continues to be important, it also is critical to **ensure that messages coming from the suicide prevention and mental health promotion communities are safe and effective**, as they also shape the public conversation.

    » Guidance is needed for the "messengers" as well as the "media."

  - Public messaging often has emphasized **problem severity rather than prevention**

    » Collectively, we often contribute to a "negative narrative" about suicide

    » Messages should be designed to encourage and enable action.

    » One participant summarized by stating: **"It's time to shift from communicating for awareness to communicating for action."**

  - There are **too few stories of hope, recovery, and resilience**.

    » Stories of suicide deaths are common; less common are positive stories that convey prevention is possible and illustrate what prevention actually looks like.

  - The field **lacks a core message or frame**

    » We can be more proactive in shaping the conversation.

  - Messengers and goals are diverse; there is **no one-size-all-message**.

    » Best practices in communication suggest the need for focused and targeted messages that are tailored to specific audiences and include a clear "call to action" that is appropriate to that audience.

    » Read detailed expert panel findings.

> **Resources are needed for messengers.**

- Resources for journalists and entertainment writers ("the media") already exist, for example www.ReportingOnSuicide.org and Team Up Tools for Entertainment and Media.

- However, the expert panel noted a gap in messaging resources to guide suicide prevention and mental health professionals and others communicating publicly about suicide ("the messengers.")

> The broader communications literature yields **principles for developing more effective messages**. Examples of these principles include:

- Using a data-driven planning process

- Integrating communications into a broader plan for change

- Defining a clear purpose for communications before crafting the message itself

- Using audience research to inform message content and delivery channels

- Promoting specific behaviors in defined audiences and including a clear "call to action"

- Evaluating outcomes

- Read more about the communications research.

- See the Framework's Strategy component, including Principles of Effective Communications and Key Planning Steps.

> **More research is needed** on the effectiveness of suicide and mental health-related campaigns tailored to specific audiences and goals. However, the research to date does suggest **some directions for future efforts**.

- There is **some evidence that educational campaigns can improve suicide and mental health-related knowledge and attitudes**, but they generally have limited effects on behaviors when used alone.

- **Some studies suggest campaigns can successfully promote a relatively simple action such as calling a hotline**, although it is not clear whether these messages influence those most at risk.

- To influence complex behaviors, public education and outreach efforts generally achieve better results when **media is combined with other programs**, there is **repeated exposure** to messages, and efforts are **locally planned** so efforts can be tailored to local circumstances.

- Message planning should make sure of available **behavior change theories**.

- When **promoting a program or service**, build in efforts to **ensure sufficient capacity** to meet demand.

- A 2003 expert panel made **important recommendations about message planning, assessment, and safety** that are still relevant today.

- See detailed findings from the research on suicide and mental health-related campaigns.

> **There are existing resources addressing specific topics that could be helpful in informing particular messages, but they are not available in one place.** For example, there are resources that relate to particular goals (e.g., stigma reduction), populations (e.g. LGBT populations), channels (e.g., social media, videos), and other areas.

- See the Guidelines component of the Framework to find message-specific resources.

> **Public messaging should be defined broadly.** During the research phase, numerous examples of messaging were shared with the planning team. We found that individuals and organizations are conveying messages to the public in many ways, some of which fell outside what people think of as "communications." In addition to materials created for education and awareness, such as posters, public service announcements, and other campaign materials, messages about suicide prevention are communicated via organizational websites, fundraising appeals, event publicity, public talks, and other types of public-facing messages. Because public perceptions about suicide and suicide prevention are shaped by all messaging about suicide, the Framework is intended to guide the development of all types of public messaging.

> For all of the reasons outlined above, **suicide prevention messaging is an Action Alliance priority**.

  - The National Action Alliance for Suicide Prevention chose four initial priorities, one of which was "changing the public conversation about suicide prevention and suicide prevention," described as…."changing the national narratives around suicide and suicide prevention to ones that promote hope, connectedness, social support, resilience, treatment and recovery.

  - The Framework is one Action Alliance initiative undertaken to advance this priority.

  - Also see "How does the Framework "Change the Conversation"?

The Action Alliance Framework for Successful Messaging:

> Advances one of the four initial priorities of the National Action Alliance for Suicide Prevention.

> Provides guidance and resources for messages disseminated to the public by the suicide prevention and mental health professionals and other "messengers."

> Addresses the current state of suicide prevention messaging and what's needed at this point in the development of the suicide prevention field.

> Incorporates lessons learned from research and best practices from within the suicide prevention and mental health fields and from other areas like health communications and social marketing and health behavior change.

> Outlines four key areas that messengers should consider when communicating to the public: Strategy, Safety, conveying a Positive Narrative, and Guidelines.

> Read more at What is the Framework?

Public Opinion Polls about Suicide and Suicide Prevention

Public opinion surveys show strong public awareness and support for suicide prevention, but reveal gaps in knowing how to take action

> Across surveys, a majority believed

- Suicide is a problem
- Mental health is important
- Investing in suicide is important
- Everyone should play a role in prevention

> **However: fewer knew how to take specific actions**

Examples of Findings

> National poll ([2015 Harris Poll](#), commissioned by the ADAA, AFSP, and the Action Alliance*):

- *Most adults believe suicide is preventable, that mental health is important, and that treatment is helpful. More than half of adults have been affected by suicide and say they would do something if someone they knew was thinking about suicide. Selected findings:*

  » 94% of American adults--an overwhelming majority--believe suicide is at least sometimes preventable.

  » 93% would do something if someone close to them was thinking about suicide.

  » 92% feel that health services that address mental health, such as treatment for depression and suicide prevention, are fundamental to overall health and should be part of any basic health care plan.

  » 89% feel that mental health and physical health are equally important for their own overall health.

  » 86% understand that mental health conditions like depression are risk factors for suicide.

  » Most individuals who have received treatment for mental health conditions thought it was very or somewhat helpful, including in-person psychotherapy (82%), peer support groups (78%), and pre-scription medications (75%).

  » 55% have been affected by suicide in some way: 32% know someone who died by suicide, 26% have had others talk to them about thoughts of suicide, and 25% know someone who attempted suicide but didn't die.

- *However, gaps and challenges remain. Selected findings:*

  » **Lack of access to affordable help is perceived as an obstacle the prevents people thinking about suicide from seeking help: 68% think that those contemplating suicide don't know how to get help, 62% think people can't afford treatment and more than half believe there is a lack of access to treatment (53%).**

  » **45% cited barriers that might stop them from trying to help someone close to them who was thinking about suicide, including fear that they would make it worse (24%), not knowing what to say or do (23%), and fearing there may be nothing they could do to help (18%).**

» While about two-thirds said that they would tell someone if they were experiencing suicidal thoughts, 17% said they aren't sure who they would talk to and 13% said they would tell no one. Men are more likely to say they would tell no one.

- *Anxiety and Depression Association of America, American Foundation for Suicide Prevention, and National Action Alliance for Suicide Prevention. For more information, see the Action Alliance press release and all of the poll results.

> National poll (2006 PARADE/Research!America Health Poll, commissioned by SPAN USA):

- 78% agreed that many suicides could be prevented (only 18% disagreed)

- 86% said it's important to invest in suicide prevention (only 12% said it's not important)

- 89% said that mental and physical health are equally important

> Kentucky statewide phone survey, 2008
Selected findings:

- 65% felt that suicide was a problem

- 79% believed everyone should have a role in preventing suicide

- 64% knew at least one person who had attempted or died by suicide

- 70% confident could seek help if a family member was suicidal

- Only 24% knew a crisis line number to call for suicidal family member

- Only 37% had heard of the Lifeline (1-800-273-TALK)

> California statewide phone survey, 2011
Selected findings:

- 80% felt that their family members would support their decision to talk to someone who was suicidal

- 73% agreed that suicide is preventable (only 11% disagreed; 16% neither agreed nor disagreed)

- 66% agreed that suicide is a problem in CA (19% disagreed; 15% neither)

- 51% knew at least one person who had attempted or died by suicide

- 46% had heard of the National Suicide Prevention Lifeline

- 25% said there's no number other than 9-1-1 that can provide a person who feels suicidal with help; an additional 34% said they didn't know whether there was such a number or not

> Older public opinion polls

- 2004: National poll on teen suicide and prevention research conducted by Research!America for SPAN USA

- 2004: California statewide poll on mental health and teen suicide conducted by Research!America

Progress Review of Goal 1 of the 2001 National Strategy

In preparation for revising the 2001 National Strategy for Suicide Prevention (NSSP), progress reviews were conducted to assess several of the original National Strategy goals.

The results were summarized in a report entitled Charting the Future of Suicide Prevention: A 2010 Progress Review of the 2001 National Strategy and Recommendations for the Decade Ahead.Image of Book.

Among the goals reviewed was Goal 1 of the 2001 NSSP: "Promote awareness that suicide is a public health problem that is preventable."

Recommended actions included public information campaigns, convening of forums, use of the internet to disseminate information, recruiting new groups and institutions to suicide prevention, and other efforts.

Selected Findings

> There has been "extensive and enthusiastic investment" in informational and educational efforts.

> Data from public opinion polls shows that a majority of Americans believe that many suicides are preventable and it is important to invest in suicide prevention.

> Some messages were generally consistent with suicide prevention goals, e.g. by promoting help-seeking, listing available resources

> However, also found **concerning content**, e.g. statistics and language that normalizes suicide

> **Few messages were developed using research-based best practices in communications**, e.g.,

- Lack of systematic planning or clear goals and objectives

- Messages "stand alone," unconnected to other programmatic efforts

- Little audience research

- Not targeted to specific audiences;

  » The authors noted that the NSSP objective to reach large portions of the population with statewide campaigns may have resulted in very generalized campaigns, rather than efforts that are more tailored to defined audience segments as recommended by the communications literature.

- Messages calling for "action" often did not specify what actions should be taken and how to take them.

- Little evaluation
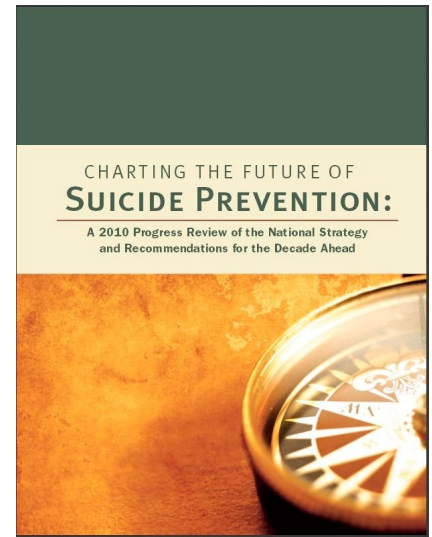
Recommendations

Charting the Future made three recommendations in this area:

Recommendation 1: Develop and implement plans to increase the proportion of public awareness and education campaigns that reflect both the fundamental principles of health communication and the safe messaging recommendations specific to suicide.

Recommendation 2: Promote the importance of using public awareness and education campaigns as an adjunct to other interventions rather than as stand-alone initiatives. Whenever possible, health communications campaigns should have much more specific goals than simply "raising awareness."

Recommendation 3: Promote the development of public awareness and information campaigns that are tailored for and targeted toward specific audiences and that describe the actions those audiences can and should take to prevent suicidal behavior.

Access the Full *Charting the Future Report* (see pages 6-9)

Messaging in the National Strategy for Suicide Prevention (NSSP)

Public communication is addressed in both the 2012 NSSP and its predecessor, the 2001 NSSP.

Note that in each NSSP, "public messaging" and "media/entertainment reporting" are categorized as two different goals. This mirrors the Action Alliance's two-pronged approach to changing the public conversation about suicide that includes separate but complementary efforts targeted to messengers and media/entertainment professionals.
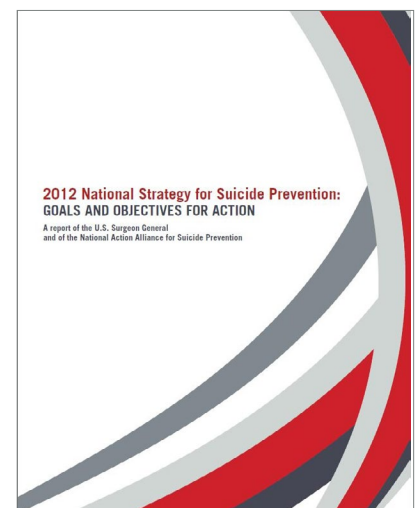
The *Framework for Successful Messaging* and this website (www.SuicidePreventionMessaging.org) are designed for messengers.

Looking Back: 2001 NSSP

Public messaging was addressed in Goal 1 of the the original NSSP, released in 2001.

"Public messaging" in 2001

> **Goal 1:** Promote awareness that suicide is a public health problem that is preventable.
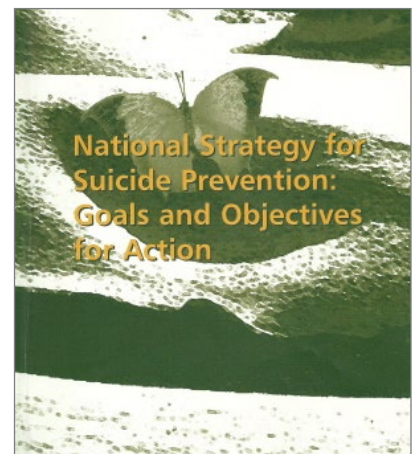
- The objectives recommended actions including public information campaigns, convening of forums, use of the internet to disseminate information, recruiting new groups and institutions to suicide prevention, and other efforts.

Now: 2012 NSSP

In the updated NSSP released in 2012, Goal 2 relates to public messaging. The goal was revised based on [findings from a progress review of Goal 1 of the 2001 NSSP](#) and [research on effective communications efforts](#).

"Public messaging" in 2012

> **Goal 2:** Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.

- **Objective 2.1:** Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.
- **Objective 2.2:** Reach policymakers with dedicated communication efforts.
- **Objective 2.3:** Increase communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.
- **Objective 2.4:** Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care.

Read the [full 2012 NSSP](#).

Expert Panel, January 2013

Early in 2013, members of the Action Alliance's Public Awareness and Education Task Force convened a one-day meeting of experts to provide advice and input into a strategy for the Action Alliance priority focused on [changing the public conversation about suicide and suicide prevention](#).

See a list of [Expert Panel Members](#).

Overview of Findings: How Experts Described the Current State of Messaging and Needed Changes

> While news coverage about suicide continues to be a problem, the **messaging coming from people working in suicide prevention and mental health promotion** also shapes the public conversation and **should be safe and effective**.

- The **media often focuses on negative stories**. Efforts must be ongoing to promote the media recommendations.
- Some well-intended **prevention messages do not follow [safe messaging](#) recommendations or could be more effective**.

- The media recommendations exist to guide safe reporting on suicide ("the media.") **Additional guidance on messaging is needed** for non-journalists ("the "messengers.")

> The suicide prevention community has learned a great deal since the first National Strategy and the field has advanced. It's time to take stock of our progress and **refresh the messages we use** to reflect where we are as a field and the best available research.

> Much of the messaging by the suicide prevention community also has **emphasized the problem of suicide** and focused less on suicide prevention. Our own messaging may inadvertently be adding to a "negative narrative" about suicide, i.e., that there is nothing anyone can do about it.

- Many messages convey extensive statistics about the problem without solutions, action, or stories of how people have successfully coped with suicidality.

- Especially for some groups such as military and LGBT suicide, focusing on the extent of the problem may have become counterproductive. Rather than motivating action, messaging may be conveying that suicide is unsolvable and that help is unavailable or ineffective.

- Fundraising/advocacy messages often take a problem-focused approach, but there may be other ways to motivate.

- If we as a field continue to emphasize the problem without solutions, the public and potential allies and supporters might feel overwhelmed and helpless.

- Because media coverage often focuses on problems, it is even more important that others messaging about suicide emphasize prevention.

> **Messages that do focus on prevention often have been vague**, e.g., by including the phrase "suicide is preventable" without any other information. Absent more specificity about actions or solutions, the concept of "preventability" is too abstract. **Messages can do a better job at promoting action**.

- [Public opinion polls](#) suggest that a **majority of the public already endorses the preventability of suicide** as a general idea but don't know how to take action, suggesting the need to specify a clear "call to action" that fits the audience.

- Messages should convey **specific steps that regular people can take**, the "how."

- One participant summarized the needed change in messaging by saying, "**It's time to shift from communicating for awareness to communicating for action.**"

> Often, message development isn't guided by [research-based recommendations for effective](#) communications efforts.

- More effective efforts are **planned, research-informed, and strategic**.

- Suicide prevention messaging is often a stand-alone effort, rather than **incorporating communications initiatives into a broader plan** that (among other things) identifies **communications objectives, a defined target audience, and what actions that audience can take** to save lives/advance the broader plan.

- The suicide prevention community includes is a diverse array of messengers. There is **no one-size-fits-all message** that will work for every individual and organization. The particular **"call to action" must be tailored to the audience and aims**.

- **Messaging framing and language should vary by audience preferences and message objectives**. Participants said that sometimes using terms like "suicide" and "depression" can be appropriate. However, they cited other instances in which audience research led them to choose other language such as "tough times" or "feeling hopeless and alone" or led them to positively frame the messages in terms of hope, help, and connection.

> **Stories of hope, recovery, and resilience** are often missing from suicide prevention messages.

- The public hears a lot of tragic stories through the media already. **We can help to provide the positive stories** where people did get help.

- We need to **make the idea that "suicide is preventable" believable**. Stories from people with lived experience as well as others around them (family, friends, clinicians, etc.) can help to illustrate preventability and how to take action.

- A story-based "campaign" will not necessarily be the right approach for everybody. However, at a minimum, **organizations can gather positive stories to share** when speaking to the public or in media interviews.

> By changing its own messaging practices, the suicide prevention community can be more **proactive in shaping the public conversation** in a more positive and effective direction.

> The **field lacks a core message** or frame.

- We don't speak with one voice or have a core messages that we can reference to **frame what we want the public to know and do about suicide**.

- While the need for messaging tailoring means everyone can't use exactly the same message, we could **all reinforce common overarching themes**, like conveying positive actions specific to the audience and illustrating what successful prevention looks like.

- **Reinforcing a core message** is only one aspect of successful messaging. Messages also must be **strategically designed** according to best practices and **follow safe messaging recommendations**.

Research on Suicide- and Mental Health-Related Media Campaigns

> **Evaluations** of mental health and suicide-related educational campaigns are **relatively rare and generally methodologically weak,** which limits definitive conclusions.[1] Nevertheless, the research to date does suggest some directions for future efforts.

> Recent reviews have concluded that suicide prevention and so—called "mental health literacy" campaigns can make **short-term improvements in mental health and suicide-related knowledge and attitudes,** for example, increased recognition of depression. However, most studies show limited effects on behaviors when communications is used alone.[2,3]

> Public education and outreach efforts generally achieve **better results** with **combined strategies** (media plus other programs), **repeated exposure** to messages through multiple channels, and **locally planned** efforts, presumably due to the ability to **tailor messages** to local circumstances and homogeneous populations.[3]

- These findings align with the broader communications literature, which suggests that interventions are more effective when they combine communications with other programmatic components when addressing complex health issues.

- Consistent with this conclusion, **a four-level intervention that used media to complement more intensive training and service components was associated with reductions in suicide** in two German cities.[4] This finding suggests the potential value of using communications strategically to support, reinforce, and publicize existing programs and services.

› Some studies suggest that simple informational messages may be able to change behavior if they **promote relatively straightforward actions**.[5]

- For example, two local U.S. campaigns conducted campaigns to publicize crisis lines. They did see concomitant increases in call volume, although they were unable to verify whether the additional calls resulted directly from the campaign or came from those at greatest risk.[6,7]

- As noted above, changing more complex behaviors most likely requires combining informational messages with other interventions and sustaining these efforts over time.

› One study recommended the **use of behavior change theories** to guide the development of suicide prevention campaigns, which is consistent with the broader communications literature. Specifically, the authors suggested using the Theory of Planned Behavior to create messages to persuade individuals to intervene when someone they know is suicidal.[8]

› When promoting a program or service, it is important to plan ahead and include other program components if needed to ensure there is **sufficient capacity, expertise, and resources to meet the resulting demand**[9]

› **A 2003 expert panel** was convened to consider safe and effective public information efforts, and their conclusions were published in 2005.[10] While the group met over a decade ago, they made several important **points that remain valid today**

- Suicide prevention professionals can benefit from **"lessons learned" from evaluations of communications campaigns outside suicide prevention**. Specifically:

  » Communications efforts should be **carefully planned, implemented, and evaluated** using available research and theory.

  » The **planning phase** should include assessment of the problem to be addressed, the reasons the problem exists, the audience to be addressed and needed behavior changes, and the audience's barriers to taking action. This information is used to establish clear and specific campaign outcomes.

  » **Implementation planning** is equally important, including establishing the duration, intensity, what delivery channels will be used, and the level of campaign exposure needed to achieve the intended outcomes.

  » It is important to **focus efforts** on the most important messages and **pre-test** messages and materials to ensure they maintain the campaign's purpose.

  » **Assessment is essential for both planning and testing outcomes**. The authors stated:

  "Successful campaigns incorporate evaluation strategies for both campaign development and outcome assessment; evaluations should be designed to detect campaign outcomes, including changes in awareness, attitudes, and behavior; and the outcome measures should mirror the objectives of the campaign. It was

noted that outcomes may be short-term, intermediate, and/or long-term, and that developers of campaigns should be aware that their choice of a timeframe and design should consider comprehensiveness, scope, and feasibility of the campaign." (Chambers et al., p. 136)

> Safety **is a key issue**. The research on "social contagion" or imitation effects from media coverage about suicide raises safety concerns for public information efforts as well. Specifically, public messaging should:

- **Avoid normalizing unsafe behaviors** by implying that they are typical or acceptable.

- **Avoid sharing high prevalence rates**, which may also normalize suicidal behavior as an expected and inevitable behavior.

- **Avoid** approaches that may **glorify or increase the recognition of individual cases of suicide**.

- **Background research and testing can help to prevent dissemination of messages with unintended negative effects**. It is important to mindful that broadly disseminated messages reach multiple audiences, and some subgroups of the intended audience (or among those groups not targeted) may respond to messages differently than other groups.

- **Tailor messages to specific audiences and goals**. For example, it may be useful to inform policymakers and health care providers that suicide is more prevalent than homicide and commonly seen in health care settings in order to motivate political support and systems changes. However, for persons at risk, it may be more helpful to send the message that most people are able to find their way through a suicidal crisis and to describe various help and support options that are available.

- **More research is neede**d on public messaging efforts, an observation that is still true in 2014 (see the Action Alliance's Prioritized Research Agenda).

References

1. Collins C, Edwards A, Jones P, Kay L, Cox P, Puddy R. A Comparison of the Interactive Systems Framework (ISF) for Dissemination and Implementation and the CDC Division of HIV/AIDS Prevention's Research-to-Practice Model for Behavioral Interventions. *Am J Community Psychol*

2. Goldney RD, Fisher LJ. Have broad-based community and professional education programs influenced mental health literacy and treatment seeking of those with major depression and suicidal ideation? *Suicide Life Threat Behav*. 2008;38(2):129-142. doi:10.1521/suli.2008.38.2.129.

3. Dumesnil H, Verger P. Public awareness campaigns about depression and suicide: a review. *Psychiatr Serv Wash DC*. 2009;60(9):1203-1213. doi:10.1176/appi.ps.60.9.1203.

4. Hegerl U, Mergl R, Havers I, et al. Sustainable effects on suicidality were found for the Nuremberg alliance against depression. *Eur Arch Psychiatry Clin Neurosci.* 2010;260(5):401-406. doi:10.1007/s00406-009-0088-z.

5. Hornik R. Introduction: public health communication: making sense of contradictory evidence. In: Hornik R, ed. *Public Health Communication: Evidence for Behavior Change*. Mahwah, NJ: Lawrence Erlbaum Associates; 2002.

6. Jenner E, Jenner LW, Matthews-Sterling M, Butts JK, Williams TE. Awareness effects of a youth suicide prevention media campaign in Louisiana. *Suicide Life Threat Behav.* 2010;40(4):394-406. doi:10.1521/suli.2010.40.4.394.

7. Oliver RJ, Spilsbury JC, Osiecki SS, Denihan WM, Zureick JL, Friedman S. Brief report: preliminary results of a suicide awareness mass media campaign in Cuyahoga County, Ohio. *Suicide Life Threat Behav.* 2008;38(2):245-249.

8. Shemanski Aldrich R, Cerel J. The development of effective message content for suicide intervention: theory of planned behavior. *Crisis*. 2009;30(4):174-179. doi:10.1027/0227-5910.30.4.174.

9. Boeke M, Griffin T, Reidenberg DJ. The physician's role in suicide prevention: lessons learned from a public awareness campaign. *Minn Med.* 2011;94(1):44-46.

10. Chambers DA, Pearson JL, Lubell K, Brandon S, O'Brien K, Zinn J. The science of public messages for suicide prevention: a workshop summary. *Suicide Life Threat Behav.* 2005;35(2):134-145.

Research on Health Communication Campaigns, Social Marketing, and Health Behavior Change

Several decades of research yield lessons for effectively using communications to influence health. For example, a 2006 review article stated:

> *The literature is beginning to amass evidence that targeted, well-executed health mass media campaigns can have small-to-moderate effects not only on health knowledge, beliefs, and attitudes, but on behaviors as well, which can translate into major public health impact given the wide reach of mass media.* **Such impact can only be achieved, however, if principles of effective campaign design are carefully followed.**[1] *(emphasis added)*

However, a progress review of the 2001 National Strategy for Suicide Prevention and an expert panel both noted that these principles are not well-known or followed by the suicide prevention and mental health fields.

The research finds that more successful communications efforts:

> **Are intentionally planned.**[2–5] Messages are most effective when they are systematically planned using research so messages are tailored to defined goals, audiences, and contexts.
>
> - While numerous communications planning models exist, each outlines a similar sequence of planning tasks.[2,6–9]
>
> - It is critical to first analyze the situation and identify what purpose the messages will serve and how they connect to your larger mission and goals. Only then can you choose an audience, create messages and decide how to reach the audience. While it's tempting to start with a "product" in mind (e.g., Facebook page, poster, speaker's bureau), it is best to start with strategy. In short, decide "why" before "how."

> Support **broader change goals and work in sync with other programs, resources, or services**.[3,10]

> When pursuing complex behavior changes, communications alone is often insufficient; however, messaging can contribute to such efforts as one part of an overall plan for change.[2,11]

> Formative research is [defined] as "Research conducted during the development of your program to help you decide on and describe your target audience, understand the factors which influence their behavior, and determine the best ways to reach them. It looks at behaviors, attitudes and practices of target groups, involves exploring behavioral determinants, and uses a myriad of methods to collect data. Formative research may be used to complement existing epidemiological and behavioral data to assist in program planning and design." (Source: [CDCynergy, Social Marketing Edition Version 2.0])

> Objectives often reflect intermediate changes in knowledge, attitudes, beliefs, perceptions, expectancies, intentions, and other behavioral influences as well as changes in the behavior change itself.

> Many campaigns seek to "raise awareness" of the targeted problem; however, such a vaguely defined objective is too ambiguous and unlikely to advance a specific goal.

> Objectives should be grounded in the formative research, specific, and closely tied to the desired behavior (e.g., "to increase the belief that counseling can be effective").

> The social marketing literature stresses the importance of highlighting benefits valued by the "customer" (the intended audience) that offset the tangible or intangible costs of taking action.[6,14]

> Other factors to explore include the audience's current beliefs and attitudes about the problem and the behavior, their general values and interests, and how they perceive influential individuals and organizations in their lives will view that specific behavior.[2,12] It is the audience's current beliefs and perceptions ¾ whether accurate or inaccurate¾that shape their behavior.

> More effective messaging uses formal behavior change theories as a framework to identify a full range of behavioral influences and decide which ones to address through messages.[15–19]

> It is also important to learn about the audience's usual and trusted information sources and media usage.

> When targeting multiple audiences, each audience and behavior should be analyzed separately.

> Are developed using *formative research*.[1,2,12,13]

> Set **specific and realistic communications objectives**: specifically, measurable changes that will occur in the target audience after message exposure.[2,13]

> Conduct additional audience research as needed to **clearly understand the desired changes *from the audience's perspective***.

> Include a **"call to action"** that makes it clear who needs to act and what they need to do, why it is being advocated, and provides information needed to act.[20]

> **Pre-test concepts, messages, and materials with the audience before finalizing** them to assess whether they are relevant, credible, culturally appropriate, understandable, and successful in conveying the intended message.[1,2,14]

> Include a **plan for monitoring and assessing** whether goals and objectives are achieved.[2,5,7,13] This is important because evaluation is a particular gap in the research literature on suicide prevention communications.[5,21,22]

The research on effective communications efforts has become the professional standard for the suicide prevention field.

> All three recommendations from a progress review of the 2001 National Strategy for Suicide Prevention (NSSP) reflect the research on effective communications efforts, including to "increase the proportion of public awareness and education campaigns that reflect…the fundamental principles of health communication…."

> The wording of Goal 2 of the 2012 revised NSSP reflects this literature: "Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors."

> The literature on suicide- and mental health-related campaigns aligns with these findings, as do the findings from a 2013 Expert Panel on suicide prevention communications.

This literature is the primary foundation for the Strategy component of the Framework. The Strategy section of the site includes the following pages:

> Overview: Strategy

> Principles of Effective Communications

> Key Planning Steps

> Tips for Messaging Strategically

> How Strategy Fits Into the Framework

> Resources: Strategy (includes links to planning guides and other resources)

References

1. Noar SM. A 10-year retrospective of research in health mass media campaigns: where do we go from here? *J Health Commun*. 2006;11(1):21-42. doi:10.1080/10810730500461059.

2. National Cancer Institute. Making Health Communication Programs Work. 2001. Available at: http://pinkbook. cancer.gov. Accessed May 28, 2014.

3. DeJong W. The role of mass media campaigns in reducing high-risk drinking among college students. *J Stud Alcohol*. 2002;suppl 14:182-192.

4. Salmon CT, Atkin C. Using media campaigns for health promotion. In: Thompson TL, Dorsey AM, Miller KI, Parrott R, eds. *Handbook of Health Communication*. Mahwah, NJ: Lawrence Erlbaum; 2003:449-472.

5. Chambers DA, Pearson JL, Lubell K, Brandon S, O'Brien K, Zinn J. The science of public messages for suicide prevention: A workshop summary. *Suicide Life Threat Behav*. 2005;35(2):134-145.

6. Grier S, Bryant CA. Social marketing in public health. *Annu Rev Public Health*. 2005;26(1):319-339. doi:10.1146/annurev.publhealth.26.021304.144610.

7. O'Sullivan GA, Yonkler JA, Morgan W, Merritt AP. *A Field Guide to Designing a Health Communication Strategy*. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs; 2003. Available at: https://www.jhuccp.org/sites/default/files/A%20Field%20Guide%20to%20Designing%20 Health%20Comm%20Strategy.pdf. Accessed May 28, 2014.

8. Department of Health and Human Services: Center for Disease Control and Prevention. CDCynergy Planning Tool. Available at: http://www.cdc.gov/healthcommunication/CDCynergy/. Accessed May 28, 2014.

9. Communications Resource Center, Substance Abuse and Mental Health Services Administration. Strategic Communication Planning: A Workbook for Garrett Lee Smith Memorial Act State, Tribal, and Campus Grantees. 2009. Available at: http://www.sprc.org/sites/sprc.org/files/library/GLSWorkbook.pdf. Accessed May 28, 2014.

10. Wallack L, DeJong W. Mass media and public health: Moving the focus from the individual to the environment. In: Martin SE, Mail P, eds. *Effects of the Mass Media on the Use and Abuse of Alcohol*. Bethesda, MD: NIAAA Research Monograph No. 28, NIH Publication No. 95-3743, National Institute on Alcohol Abuse and Alcoholism; 1995:253-268.

11. Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. *Lancet*. 2010;376(9748):1261-1271. doi:10.1016/S0140-6736(10)60809-4.

12. Atkin C, Freimuth V. Formative evaluation research in campaign design. In: Rice RE, Atkin CK, eds. *Public Communication Campaigns*. Thousand Oaks, CA: Sage Publications; 2001.

13. Flay BR. Evaluation of the development, dissemination and effectiveness of mass media health programming. *Health Educ Res*. 1987;2(2):123-129. doi:10.1093/her/2.2.123.

14. Gordon R, McDermott L, Stead M, Angus K. The effectiveness of social marketing interventions for health improvement: What's the evidence? *Public Health*. 2006;120(12):1133-1139. doi:10.1016/j.puhe.2006.10.008.

15. Fishbein M, Cappella JN. The role of theory in developing effective health communications. *J Commun*. 2006;56(suppl 1):S1-S17. doi:10.1111/j.1460-2466.2006.00280.x.

16. Glanz K, Rimer BK, Viswanath K. Health Behavior and Health Education: Theory, Research, and Practice, 4th Edition. San Francisco CA: Jossey-Bass; 2008.

17. Wright K, Sparks L, O'Hair D. Health Communication in the 21st Century. Blackwell Publishing; 2008.

18. Shemanski Aldrich R, Cerel J. The development of effective message content for suicide intervention: *Theory of Planned Behavior. Crisis*. 2009;30(4):174-179. doi:10.1027/0227-5910.30.4.174.

19. Stecker T, Fortney J, Hamilton F, Sherbourne CD, Ajzen I. Engagement in mental health treatment among veterans returning from Iraq. *Patient Prefer Adherence*. 4:45-49.

20. Murray-Johnson L, Witte K. Looking toward the future: Health message design strategies. In: Thompson TL, Dorsey AM, Miller KI, Parrott R, eds. *Handbook of Health Communication*. Mahwah, NJ: Lawrence Erlbaum Associates; 2003:473-496.

21. Pearson JL. Challenges in US suicide prevention public awareness programmes. In: O'Connor RC, Platt S, Gordon J, eds. *International Handbook of Suicide Prevention: Research, Policy and Practice International Handbook of Suicide Prevention: Research, Policy and Practice*. John Wiley & Sons, Ltd.; 2011:577-590.

22. Dumesnil H, Verger P. Public awareness campaigns about depression and suicide: A review. *Psychiatr Serv Wash DC*. 2009;60(9):1203-1213. doi:10.1176/appi.ps.60.9.1203.

Safe Messaging

Research finds that media reporting about suicide can increase risk, which has led to the development of reporting recommendations for media professionals.

> Studies show that certain types of media reporting about suicide deaths may spur imitation of suicidal behavior among vulnerable individuals (people in despair or already thinking about suicide).[1–3]

> Increased risk is associated with the amount, duration, and prominence of coverage; details about suicide method or location; stories about well-known individuals; simplistic explanations; modeling, normalizing, or glamorizing suicidal behavior; or including information that encourages identification with the person who died.[3–7]

> This research is described in detail elsewhere, for example:

- Suicide in the Media (Webpage with an overview of this research by Australia's Mindframe National Media Initiative.)

- Suicide and the News and Information Media: A Critical Review. 2010. (62-page publication reviewing the research by J. Pirkis and W. Blood, Australia's Mindframe National Media Initiative.)

- Website of the U.S. Recommendations for Reporting on Suicide (includes recommendations for content and a list of research references).

- Suicidal Behaviour and the Media: Findings from a systematic review of the research literature. (A bulleted list of summary conclusions from a literature review by K. Williams & K. Hawton for the UK organization MediaWise Trust.)

- Suicide Narratives in the News Media: What Effect Might They Have and What Can We Do? (2011 webinar that includes an overview of this literature by Dr. Madelyn Gould.)

> In response to these findings, many countries including the U.S. have created media recommendations to help journalists safely report on suicide.[1,8]

- The U.S. recommendations can be found at www.ReportingOnSuicide.org.

- The intent is not to silence the media or keep them from reporting on suicide. The focus of these recommendations is on how suicide is reported.

- Evidence suggests that disseminating media recommendations can positively affect reporting practices, especially when journalists are approached as collaborators and recommendations are supplemented with sector-specific materials, training and consultation, organizational change efforts,

In addition to the potential for imitation, messages may be problematic because they're counterproductive to prevention goals. Avoiding messages that undermine prevention goals is also part of [messaging safely](#). For example,

> A large literature documents the impact of "[social norms](#)"—what we perceive is "normal"—on behavior, which suggests the potential harm of portraying suicidal behavior as common or acceptable.

> Communications may unintentionally convey negative stereotypes about people with suicidality or mental illnesses or reinforce stigma rather than countering it.[12–14]

- Best practices guidelines recommend against language and images that are have negative connotations or reinforce inaccurate stereotypes about people who are suicidal or who are living with mental illnesses, for example, TeamUp's [Social Media Guidelines for Mental Health Promotion and Suicide Prevention](#) and the Hogg Foundation for Mental Health's [Language Matters in Mental Health](#)

- While reducing the extent to which stigma is a barrier to help-seeking can be an important goal for suicide prevention efforts, using the term "stigma" in public messages may serve to reinforce rather than ameliorate it. It may be more productive to focus on solutions to stigma. This might be done, for example, by providing information that counters barriers and promotes audience-identified benefits of specific actions, rather than reiterating the extent to which stigma is a barrier. In fact, many anti-stigma communications may never mention the word stigma.[14]

The lessons of safe messaging apply to all public information efforts.

> Experts have recommended that similar principles of safe messaging be followed by everyone who is messaging to the public about suicide.15,16

References

1. Pirkis J, Blood RW, Beautrais A, Burgess P, Skehan J. Media guidelines on the reporting of suicide. *Crisis J Crisis Interv Suicide Prev*. 2006;27(2):82-87. doi:10.1027/0227-5910.27.2.82.

2. Stack S. Media coverage as a risk factor in suicide. *J Epidemiol Community Health*. 2003;57(4):238-240.

3. |Gould M, Jamieson P, Romer D. Media contagion and suicide among the young. *Am Behav Sci*. 2003;46(9):1269 -1284. doi:10.1177/0002764202250670.

4. Stack S. Suicide in the media: A quantitative review of studies based on non-fictional stories. *Suicide Life Threat Behav*. 2005;35(2):121-133. doi:10.1521/suli.35.2.121.62877.

5. Stack S. Media coverage as a risk factor in suicide. *Inj Prev*. 2002;8(suppl 4):iv30-iv32. doi:10.1136/ip.8.suppl_4.iv30.

6. Gould MS. Suicide and the media. *Ann N Y Acad Sci*. 2001;932:200-224.

7. Insel BJ, Gould MS. Impact of modeling on adolescent suicidal behavior. *Psychiatr Clin North Am*. 2008;31(2):293-316. doi:10.1016/j.psc.2008.01.007.

8. Recommendations for Reporting on Suicide. 2011. Available at: http://reportingonsuicide.org/. Accessed October 18, 2012.

9. Pirkis J, Dare A, Blood RW, et al. Changes in media reporting of suicide in Australia between 2000/01 and 2006/07. *Crisis J Crisis Interv Suicide Prev*. 2009;30(1):25-33. doi:10.1027/0227-5910.30.1.25.

10. Niederkrotenthaler T, Sonneck G. Assessing the impact of media guidelines for reporting on suicides in Austria: Interrupted time series analysis. *Aust N Z J Psychiatry*. 2007;41(5):419-428.

11. Bohanna I, Wang X. Media guidelines for the responsible reporting of suicide: A review of effectiveness. *Crisis J Crisis Interv Suicide Prev*. 2012;33(4):190-198. doi:10.1027/0227-5910/a000137.

12. Crane C, Hawton K, Simkin S, Coulter P. Suicide and the media: Pitfalls and prevention. Report on a meeting organized by the Reuters Foundation Program at Green College and University of Oxford Centre for Suicide Research at Green College, Oxford, UK, November 18, 2003. *Crisis J Crisis Interv Suicide Prev*. 2005;26(1): 42-47. doi:10.1027/0227-5910.26.1.42.

13. Owen PR. Portrayals of schizophrenia by entertainment media: a content analysis of contemporary movies. *Psychiatr Serv Wash DC*. 2012;63(7):655-659. doi:10.1176/appi.ps.201100371.

14. Langford L, Litts D, Pearson JL. Using science to improve communications about suicide among military and veteran populations: looking for a few good messages. *Am J Public Health*. 2013;103(1):31-38. doi:10.2105/AJPH.2012.300905.

15. CalMHSA. *Suicide Prevention Situational Overview*. AdEase, Education Development Center, Inc. & Your Social Marketer, Inc.; 2012.

16. Chambers DA, Pearson JL, Lubell K, Brandon S, O'Brien K, Zinn J. The science of public messages for suicide prevention: a workshop summary. *Suicide Life Threat Behav*. 2005;35(2):134-145.