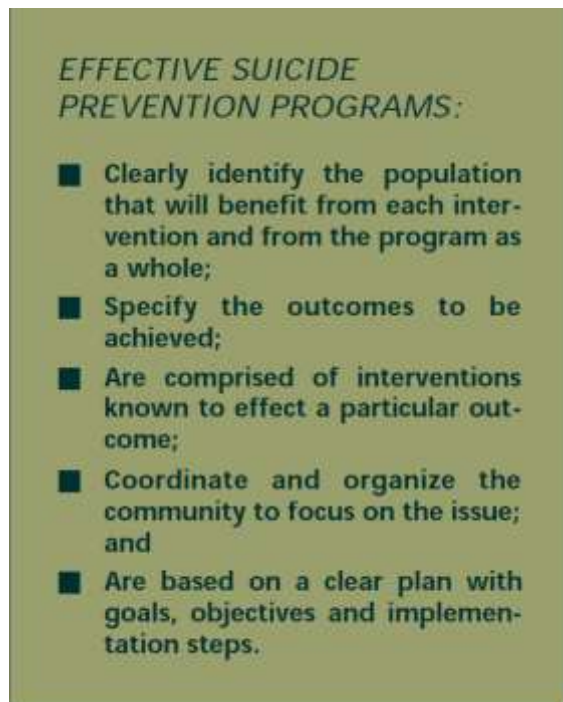


The following is a compilation of effective suicide prevention message guidelines. The suggestions come from numerous sources (The original documents are in PDF format in the accompanying folder). Not much research has focused on specific best practice/evidence based messages. Nonetheless, an ample amount of information suggesting how agencies can produce effective messages exists. (Also, examples of messages are included in some of the articles). I have included documents that come from either scholarly journals or renowned suicide prevention organizations.

Title of Document: National Strategy for Suicide Prevention: Goals and Objectives for Action
Author of Document: U.S. Department of Health and Human Services
Filename in Folder: National Strategy.pdf

Synopsis: National-level plan for suicide prevention that possesses relevance to state and community levels as well.

Relevant Points:



(pg. 43 of 206 in PDF file, pg. 41 of actual report)

“Public information campaigns can take many forms. No single slogan or message works for everyone. For example, the primary purpose of the annual National Depression Screening Day is to identify, in a variety of settings, individuals with symptoms of depression and refer them for treatment (Jacobs, 1999b). However, such a screening program performed at primary care centers, mental health and substance abuse treatment centers, colleges, universities, and places of employment can play an important role in raising awareness and educating large groups of individuals about this mental disorder and its association with suicidal behaviors. Because no one is immune to suicide the challenge is to develop a variety of messages targeting the young and the old, various racial and ethnic populations, individuals of various faiths, those of different sexual orientations, and people from diverse socioeconomic groups and geographical regions”

(pg. 48 of 206 in PDF file, pg. 46 of actual report)

Title of Document: Developing Guidelines for Campus Suicide Prevention Anti-Stigma Posters: A Focus Group Approach

Author of Document: Darren A.Wozny and Adetura Taylor

Filename in Folder: Developing Guidelines.pdf

Synopsis: A campus suicide prevention group created posters with suicide prevention messages. A focus group then viewed and commented on the posters.

Relevant Points: Below are the results of the focus group. Many of the categories and subcategories offer suggestions of what could be used in a campaign.

“Results

The analysis of the focus group transcript was sorted into three primary categories. Each of the three primary categories of mental health anti-stigma guidelines had subcategories of more specific guidelines.

Category 1: Visually Engaging Aspects of Mental Health Anti-Stigma Posters

Sub-category 1: Use of color is visually engaging. “My initial reaction is that it’s colorful.”

Sub-category 2: Use of pictures on poster is visually engaging. “My initial reaction was to see if there is anyone I know.”

Sub-category 3: Creative artwork on posters is visually engaging. “Because like aside from what is actually said content wise, just art alone could actually engage us even if we don’t particularly like the message.”

Sub-category 4: Must use appropriate font size and attractive font. “When you read the bottom (of the poster) it makes sense. If I was just walking by I would not have stopped to read it. If it (font) was bigger it (poster) would have caught my eye.”

Sub-category 5: Use of non-message space on poster is more visually engaging (brief messages result in larger non-message space).

“With the ‘I have a dream’ (poster), my initial reaction was that it was a good theme but why did they erase the dream off (chalkboard in poster).”

Sub-category 6: Use of visual contrast through color is visually engaging.

“The poster with all the people on it (student antistigma poster), if it had one single person maybe be black and white instead of color, that was obviously unhappy, I think would probably catch the attention in a way that the message was trying to bring out.”

Sub-category 7: Pictures that show human diversity are visually engaging.

“My initial reaction is that there are a lot of people (student anti-stigma poster), different people from different walks of life, background and age.”

Category 2: Engaging Aspects of Mental Health Anti-Stigma Poster Messages (Slogans)

Sub-category 1: Message has to be age-appropriate (use of common issues).

“I was thinking maybe this (*Don't Erase Your Future* poster) would be geared toward an elementary child because of the blackboard and the cursive writing.”

Sub-category 2: Message can be culturally targeted. “But the Martin Luther King one and the one with Rosa Parks (*Don't Erase Your Future* posters) those are the ones we as African Americans hear often. The ‘I have a dream’ one kind of catches my eye to read it...and you just know those words. They caught my attention more than the others. I didn't read the other (posters).”

Sub-category 3: Messages need to be clear and unambiguous.

“Talking can help.”

Sub-category 4: Message needs to arouse curiosity.

“Okay, why did they start writing (on chalkboard on the *Don't Erase Your Future* poster series) and then erase it off?”

Sub-category 5: Message needs to be in positive terms.

“Talking is helpful.”

Sub-category 6: Messages that use “play on words” of existing slogans are engaging.

“Yeah, she was the one who took an existing slogan (‘great taste, less filling’), and then did a play on words with it (‘great taste, less feeling’), right? And that part of it was good.”

Category 3: Aspects of Anti-Stigma Poster Messages (Slogans) That Fail to Engage

Sub-category 1: Too much information on poster.

“My initial reaction was that there is a lot of stuff to read at one time.”

Sub-category 2: Some parts of poster message not emphasized on poster.

“All of the stressful things (mental health issues on poster) stand out to me, but you kind of miss the ‘seek counseling for everyday dilemmas part’ until I looked at it a second time.”

Sub-category 3: Poster message is unclear or ambiguous.

“My first reaction to it was that it didn't seem like a poster at all about hurting people because the people had happy expressions on their faces. But the poster doesn't tell me anything. I don't even know what it was about.”

Sub-category 4: Poster message may arouse curiosity but still fail to engage.

“I wondered why they left it off (*Don't Erase Your Future* poster series). It wouldn't have been something I would have stopped to read if I was just walking by in the hallway.”

Sub-category 5: Some choice of language in the poster message fails to engage readers.

“I'm not really sure that it does decrease stigma because I get what they are saying (*Don't Erase Your Future* series). You know, saying that if those people (historical figures represented in the poster series) committed suicide they wouldn't have done the great things they did, but it really doesn't relate to the average person being depressed or whatever.”

Through a group critique process, the focus group participants developed 10 mental health anti-stigma slogans (messages) that would be appropriate for our commuter campus.

1. You are not alone. There is a way out of sadness.
2. Depression makes you feel small, seek help before you disappear.
3. Are you going down for the last time? There is help to be had!
4. Don't let the pressure of life get you down – talk to others!
5. Chill out! Exercise more. Take charge of your life! Run, play and have fun!
6. Just do it! Talk about your daily dilemmas.
7. Everyone struggles at times in life. It is okay to talk about it.
8. What time is it? Time to talk! Talk about what? Talk about you!
9. Is stress taking over your life? Talk to someone.
10. Is it time...to seek advice for those concerns troubling you?”

(pgs. 6-9 in PDF, pgs. 228-231 in actual article)

Title of Document: Evidence-Based & Evidence-Informed Practices in Suicide Prevention

Author of Document: Elana Premack Sandler, LCSW, MPH

Filename in Folder: Evidence-Based and Evidence-Informed Practices.pdf

Synopsis: This Suicide Prevention Resource Center presentation was given at a suicide prevention summit. It introduces the Best Practices Resource Directory which may be useful for campaigns.

Title of Document: Guide to Engaging the Media in Suicide Prevention
Author of Document: Suicide Prevention Action Network USA and Suicide Prevention Resource Center
Filename in Folder: Guide to Engaging the Media.pdf

Synopsis: Covers suicide prevention and media issues including developing and disseminating prevention messages.

Relevant Points:

“USING THE MESSAGE TRIANGLE

Your organization should identify three core messages and diagram them as a “message triangle.” The message triangle is a visual that can serve as a mental “safe harbor” when confronted by controversy or confusion during an interview by allowing the spokesperson to easily return to any one of three core messages. Like the equilateral triangle, all points are equally important. However, depending on the audience, you may want to customize the message by focusing on areas of specific concern, such as suicide and the elderly, or youth suicide prevention. For example, if you are being interviewed for a story in the *AARP Magazine*, you would focus on suicide and the elderly.

Outlined below is an example of a message triangle for a suicide prevention organization.



TIPS FOR DEVELOPING EFFECTIVE MESSAGES

- Messages should be clear and concise.

“Many suicides are associated with mental illness or substance abuse.”

- Memorable messages create an image.

“Over time, we can make a difference. We must. We don’t want any of our family, our friends to experience the pain that is associated with the tragedy of a person taking their life.”

— *Sharon Smith*

- Use anecdotes, metaphors, similes, word pictures.

“Every 17 minutes means that in the last hour, four more people in this nation died by suicide.”

”

(pgs. 6-7 in PDF, pgs. 5-6 in actual guide)

Title of Document: Safe and Effective Messaging for Suicide Prevention

Author of Document: Suicide Prevention Resource Center

Filename in Folder: Safe and Effective Messaging.pdf

Synopsis: Document with “Do’s” and “Don’ts” of suicide prevention messages.

Relevant Points:

“Safe and Effective Messaging for Suicide Prevention

This document offers evidence-based recommendations for creating safe and effective messages to raise public awareness that suicide is a serious and preventable public health problem. The following list of “Do’s” and “Don’ts” should be used to assess the appropriateness and safety of message content in suicide awareness campaigns. Recommendations are based upon the best available knowledge about messaging.^{1,23} They apply not only to awareness campaigns, such as those conducted through Public Service Announcements (PSAs), but to most types of educational and training efforts intended for the general public.

These recommendations address message content, but not the equally important aspects of planning, developing, testing, and disseminating messages. While engaged in these processes, one should seek to tailor messages to address the specific needs and help-seeking patterns of the target audience. For example, since youth are likely to seek help for emotional problems from the Internet, a public awareness campaign for youth might include Internet-based resources.⁴ References for resources that address planning and disseminating messages can be found in SPRC’s Online Library (<http://library.sprc.org/>) under “Awareness and Social Marketing”.

The Do’s—Practices that may be helpful in public awareness campaigns:

- **Do emphasize help-seeking and provide information on finding help.** When recommending mental health treatment, provide concrete steps for finding help. Inform people that help is available through the National Suicide Prevention Lifeline (1-800-273-TALK [8255]) and through established local service providers and crisis centers.
- **Do emphasize prevention.** Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know others who are or might be. Emphasize that suicides are preventable and should be prevented to the extent possible.⁵
- **Do list the warning signs, as well as risk and protective factors of suicide.** Teach people how to tell if they or someone they know may be thinking of harming themselves. Include lists of warning signs, such as those developed through a consensus process led by the American Association of Suicidology (AAS).⁶ Messages should also identify protective factors that reduce the likelihood of suicide and risk factors that heighten risk of suicide. Risk and protective factors are listed on pages 35-36 of the National Strategy for Suicide Prevention.
- **Do highlight effective treatments for underlying mental health problems.** Over 90 percent of those who die by suicide suffer from a significant psychiatric illness, substance abuse disorder or both at the time of their death.⁷⁻⁸ The impact of mental illness and substance abuse as risk factors for suicide can be reduced by access to effective treatments and strengthened social support in an understanding community.⁹

The Don'ts—Practices that may be problematic in public awareness campaigns:

- **Don't glorify or romanticize suicide or people who have died by suicide.** Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide.¹⁰ They should not be held up as role models.
- **Don't normalize suicide by presenting it as a common event.** Although significant numbers of people attempt suicide, it is important not to present the data in a way that makes suicide seem common, normal or acceptable. Most people do not seriously consider suicide an option; therefore, suicidal ideation is not normal. Most individuals, and most youth, who seriously consider suicide do not overtly act on those thoughts, but find more constructive ways to resolve them. Presenting suicide as common may unintentionally remove a protective bias against suicide in a community.¹¹
- **Don't present suicide as an inexplicable act or explain it as a result of stress only.** Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.¹² Additionally, it misses the opportunity to inform audiences of both the complexity and preventability of suicide. The same applies to any explanation of suicide as the understandable response to an individual's stressful situation or to an individual's membership in a group encountering discrimination. Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.¹³
- **Don't focus on personal details of people who have died by suicide.** Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.¹⁴

- **Don't present overly detailed descriptions of suicide victims or methods of suicide.**

Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.”

(pgs. 1-2).

Title of Document: The Science of Public Messages for Suicide Prevention: A Workshop Summary

Author of Document: D. A. Chambers et al.

Filename in Folder: Science of Public Messages.pdf

Synopsis: This document is a summary of concerns and findings that arose at a workshop presented by numerous agencies. Suicide prevention campaign research and pertinent examples of programs are discussed.