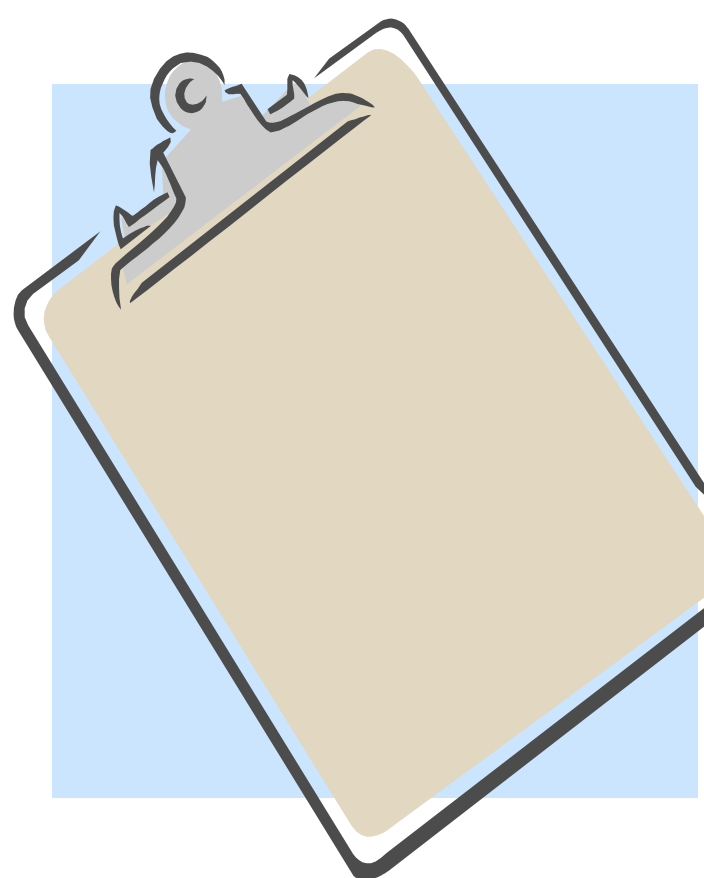


Introduction

Messages about mental health and suicide prevention can both help and harm someone who may be at risk for suicide. Research has shown that media coverage that provides detailed descriptions of suicide methods, and normalizes or glamorizes suicide or suicidal behavior can contribute to suicidal “contagion” and increase the risk of suicide for vulnerable individuals (Chambers et al., 2005; Gould, 2001; Gould et al., 2003). The risk of conveying unsafe messages extends beyond media coverage; even well-intentioned campus mental health promotion materials may contain messages that could influence vulnerable individuals. Campus professionals convey messages about suicide in a variety of ways; from program websites, posters, social media posts, and events, each contribute to how suicide and mental health are perceived by your campus community. Following safe messaging guidelines and thinking strategically about any communications you produce can help create effective suicide prevention messages that successfully support your overall mental health promotion goals (DeJong, 2002; Wallack & DeJong, 1995).

Communicating Safely About Suicide



Any communications about suicide (news articles, PSAs, websites, social media posts, brochures, etc.), should follow these guidelines.

- **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.
- **Don't normalize suicide by presenting it as a common event.** Although significant numbers of people attempt suicide, it is important not to present data in a way that makes suicide seem common, normal or acceptable.
- **Don't present suicide as an inexplicable event or as resulting from any single cause (e.g., stress, being bullied).** Oversimplification of suicide can mislead people to believe that it is a normal response to fairly common life circumstances.
- **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.
- **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 individuals imitating the act.

(SPRC, 2006)

Unsafe Messages Around Us

The messages we receive about suicide and mental health come from many places. Below are some examples that contain messages that may be unsafe for vulnerable individuals.

University president calls student suicide an epidemic

BY URSULA REUTIN on May 30, 2012 @ 9:37 am (updated 9:59 am - 5/30/12)



Gay Teens Bullied to the Point of Suicide

The Station
A&M professor dies after jumping from parking garage
By Camryn Ford
Published Wednesday, January 9, 2013
Updated Wednesday, January 9, 2013 11:01

Man shoots himself at Houston airport after firing into air, witnesses and sources say

"Inexplicable" suicide of soldier who shot rogue Afghan policeman ...
www.thetimes.co.uk/tonnews/world/asia/afghanistan/article3650527.html
Jan 18, 2013 – Ryan Ward, 20, showed little sign of psychological distress after seeing two of his comrades killed in 'blue on green' incident.



These examples:

- May normalize suicide or make it seem like a common event
- Show or describe methods of suicide
- Describe suicide as an inexplicable act, or oversimplify the reasons why someone died by suicide (i.e. “Gay Teens Bullied to the Point of Suicide” draws the conclusion that the victim died solely due to bullying)



AMC's *Mad Men* and *Shawshank Redemption* (Warner Bros., 1994) are just two examples of graphic suicide deaths portrayed in film and television.

Where do our current efforts stand?

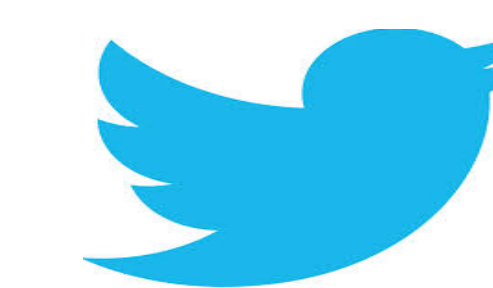
The National Action Alliance for Suicide Prevention convened an expert panel in January 2013 to discuss the current state of communications and make recommendations for shaping the public dialogue about suicide prevention.

Conclusions & Recommendations:

- Currently there is a heavy focus on problem severity, not **prevention**. A national poll found that the majority of Americans already viewed suicide as a problem and agreed that it was important to invest in suicide prevention, so communications that focus on problem severity may be missed opportunities for stronger prevention messages (Charlton Research Company, 2006).
- Messages often don't follow communications **best practices**, especially in terms of what we know leads to behavior change.
- Many messages are too vague and do not have a clear **call for action**.
- There are too few stories of **hope, recovery, and resilience**.

How we frame the message matters:

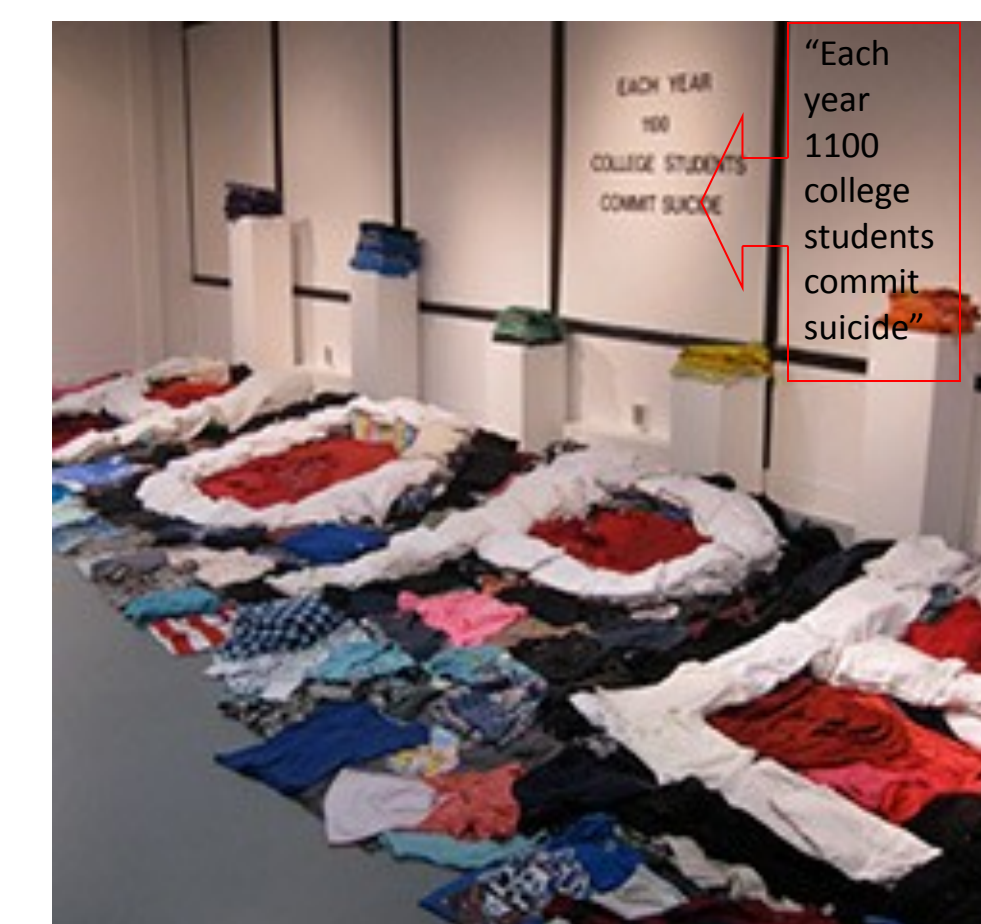
Every 16 minutes someone in the US dies from suicide. You can help raise awareness. afsp.donordrive.com/index.cfm?fuse...
#suicideawareness #afsp



AVOID:
X Focusing on the problem, which may normalize suicide
X Vague messages that don't have a clear call for action
X Messages that don't promote hope, recovery, and resilience



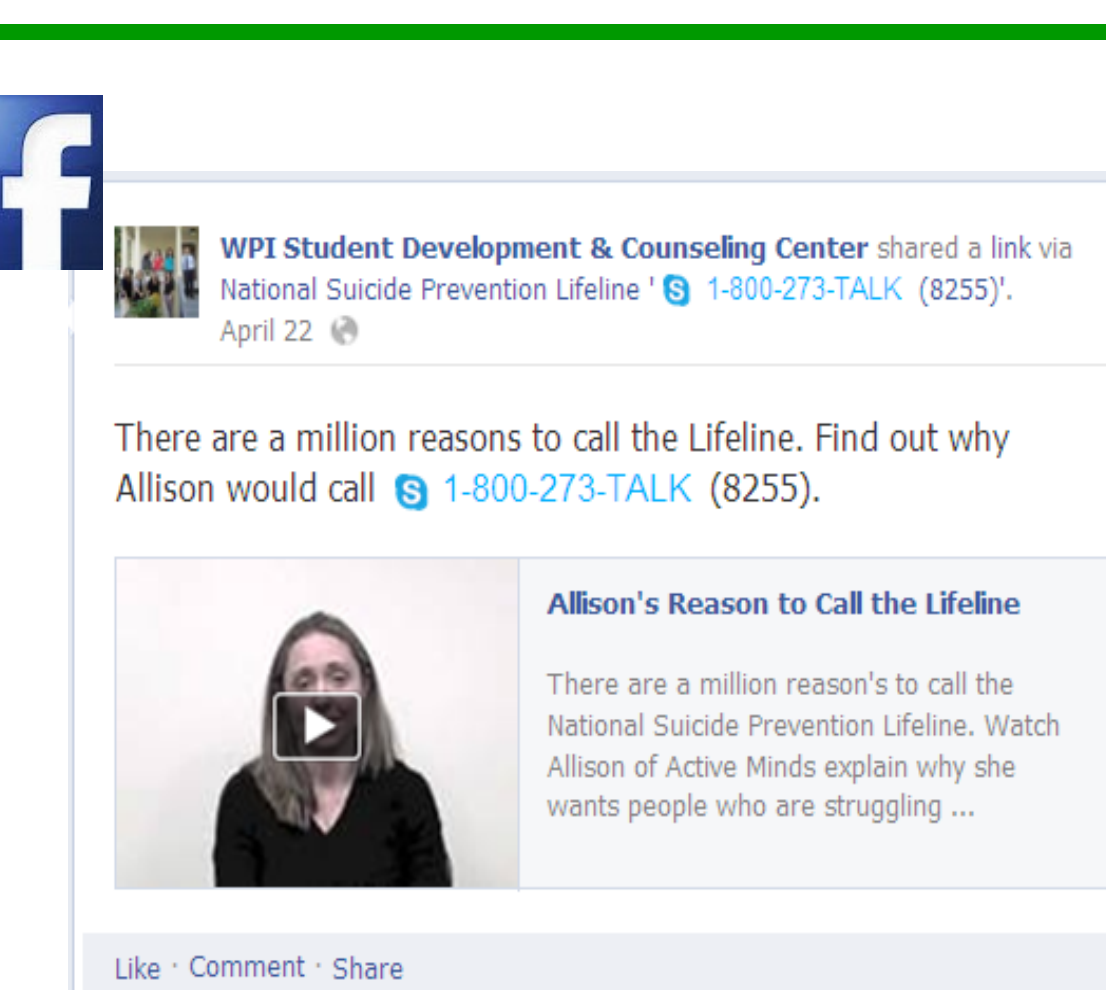
Chairs placed on quad to represent the number of college students who die by suicide annually focuses on the problem.



The message tries to convey hope, but the statistic above may reinforce the misconception that suicide is common and does not include a call for action.



Website featuring videos of students describing a health issue they experienced and how they sought help. (www.bu.edu/mentalhealth)



There are a million reasons to call the Lifeline. Find out why Allison would call 1-800-273-TALK (8255).



The Jed Foundation @jedfoundation
Sometimes doing something positive helps us cope with tragedy. Send Boston a #LoveIsLoud message of support & healing bit.ly/1717GV8
(3) Retweeted by Love Is Loud
Expand Reply Retweet Favorite More

DO:
✓ Focus on prevention
✓ Provide a clear call for action
✓ Emphasize hope, recovery and resilience

But wait, aren't statistics about suicide important?

Messages should be **tailored to a specific audience**. While statistics about suicide might help senior administrators or funders to understand the importance of your work, using this information on materials for individuals at risk may be unsafe or unhelpful. Instead, ask, “**what does our audience need to achieve the desired behavior change?**”

Who is receiving your message?



What information does this audience need for desired behavior change?

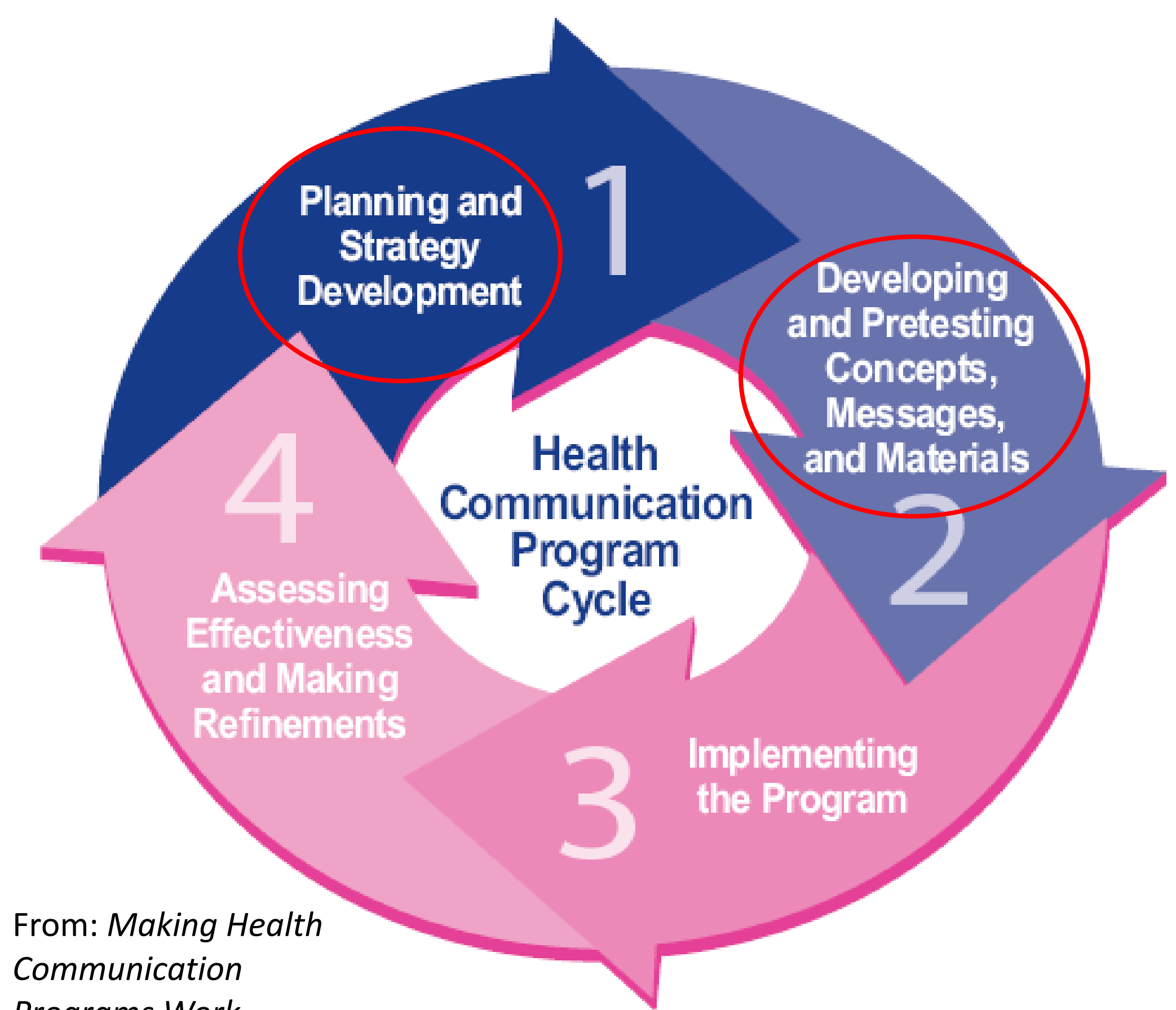
How will you deliver the message?



Deliver the messages through channels that your audience prefers and trusts. Channels often differ for students, parents, faculty and staff.

Making the Most of Your Communications Efforts

National Cancer Institute's Health Communication Program Cycle



From: *Making Health Communication Programs Work*

Successful health communications:

- Are developed using a strategic **planning process**.
- Are tied to an **overall health promotion strategy**. Change is more likely to occur if communications efforts are combined with other efforts, such as education/training interventions, and improved access to mental health services (Dumesnil & Verger, 2009).
- Each message has a **defined audience**. Communications that target specific populations on campus and address that population's unique needs/beliefs are more likely to be successful. This means that you may need to divide your audience into smaller subgroups in order to address these needs adequately with your message.
- Each message has a **specific goal** and a clear **call for action**. “Increasing awareness” is not specific enough. Instead consider what actual behavior you would like to influence with your message.
- Is informed by **audience research** and is **pre-tested** with the target audience. It is important to make sure your message resonates with your audience, and that it aligns with your goals.
- Has plan for how to **evaluate** whether the desired behavior change is occurring.

Conclusions

How we communicate about suicide and mental health matters. Numerous studies have found that certain types of media coverage can put vulnerable individuals at increased risk for suicide. Unsafe messages about suicide are not only found in media reports; even well-intentioned campus health promotion materials can include messages that could inadvertently increase the risk of suicide in distressed students or reinforce negative messages about mental health. The guidelines provided can assist campus professionals in communicating more safely and effectively about suicide. College suicide prevention and health promotion programs should also consider how the messages they generate (e.g., through the program's website, social media posts, news articles, PSAs, events) tie into their overall prevention strategy. Successful health communication efforts utilize a strategic planning process in which each message is created with a specific target audience in mind and has goals that address their desired behavior change. Messages are also more likely to be successful if they include a clear action that the audience can take.

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