Mental Health/Suicide Prevention: Are We Communicating the Right Message?

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What I’ll Cover

Why is messaging a national priority?
- Potentially unsafe and unhelpful content

New research-based guidance for suicide prevention messages

Where to start? Messaging as part of a comprehensive plan

In Your World

How does your role intersect with the issues of mental health and suicide?

What Is “Prevention”? Spectrum of Prevention & Response

GOAL

Prevention
- Stop problems from occurring by reducing risk factors and promoting protective factors.
- Addresses underlying conditions in a population

Early Intervention & Treatment
- Intervene early in MH problems.
- Provide MH Services.

Crisis Response & Postvention
- Respond to acute crises.
- Address the aftermath of suicide.

What’s Important About Suicide Prevention Messaging?

Can
- Increase risk
- Undermine prevention

OR

Can
- Promote positive behaviors
- Support prevention goals
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National Action Alliance for Suicide Prevention: One Initial Priority (of Four)

Change the public conversation around suicide & suicide prevention:
“...change the national narratives...to ones that promote hope, connectedness, social support, resilience, treatment and recovery.”

Media/Entertainment Outreach (Suicide Prevention & Mental Health Professionals & Other Messengers)

Public Messaging

What’s Public Messaging?

Defined Broadly
- Any public-facing information
- Campaigns AND social media, newsletters, event publicity, websites, fundraising, materials, etc.

Does not include
- Private conversations
- 1-on-1 with individuals in crisis
- Doctor-patient interactions
- Sharing in support groups
- Notifying affected individuals after a suicide

NEED FOR A CHANGE IN SUICIDE PREVENTION MESSAGING

Data Sources
- Research literature
- Charting the Future progress review of 2001 NSSP
- Public opinion surveys
- Expert Panel, January, 2013
- Dialogues with diverse stakeholders

In the U.S.
4 people die by suicide every hour.

Emphasis on problem severity

Violates safety guidelines

Collective message:
“It’s hopeless & there’s nothing anyone can do.”

Depression and Suicide

Plus: negative “social script” for some groups

Show of Hands:
Where Are We on “Awareness?”
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“KADNAB”™

Changing behavior is more complicated than this:

"This problem is so big!"

I know just what to do!

Content undermines the prevention message

SUICIDE AWARENESS
FOR MEN
Depression isn’t a normal part of getting older.
There is hope & help.

FAST FACTS
• One 3,000 people in the United States die by suicide every year.
• There are 4 male suicides for every female suicide.
• Over 60 percent of all people who die by suicide suffer from major depression.
• An estimated 1 in 10 U.S. adults report depression.
• The average age of depression onset is 32.
• A vast majority of men have visited a physician a short time before their suicide.

Unlikely to Be Effective

• No systematic planning
• Undefined audiences & goals

Calls to action absent or vague

Prevent suicide. Treat depression. See your doctor.

Seldom integrated with programmatic efforts, e.g., clinical training

Quote from Expert Panel: “It’s time to shift from communicating for awareness to communicating for action.”

Note: not an actual brochure.

Recap So Far

Based on this review, what makes for more successful messages?

Unlikely to Be Effective

Denouncing stigma: reinforcing instead of reducing?

Blog post:

Another step taken towards breaking the silence & stigma of suicide (video)

National Action Alliance for Suicide Prevention

Framework For Successful Messaging

Four considerations when developing messages:
• Strategy
• Safety
• Positive narrative
• Guidelines

www.SuicidePreventionMessaging.org
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Strategy

Should we use communications?
Think it through, to ensure benefits > costs

We need posters!
Decide “why” before “how”

= Planning + Principles

Systematic Planning Process

Key Planning Steps: Framework

1. Set the CONTEXT
2. WHAT message?
3. WHO to influen ce?
4. Do SO what?
5. WHAT to say?
6. HOW to reach them?
7. DO WHAT?

Research-Based Principles of Effective Communications

- Systematically planned
  - Research inputs at each phase
- Tied to overall program for change
- Informed by audience research & pre-testing
- Specific objectives, audience and action
  - Clear, focused message; specific call to action
- Content & framing uses audience research to build motivation
- Appropriate channels and sufficient exposure
- Evaluated

Safety

Messaging can be harmful by:
- Increasing suicide risk among vulnerable individuals
- Undermining prevention

“Don’ts” for Public Messaging

- DON’T...
  - Show/describe methods or locations
  - Focus on personal details
  - Glorify or romanticize suicide
  - “Normalize” by portraying suicide as common, acceptable
  - Use data/language implying suicide is inevitable, unsolvable
  - Oversimplify causes
  - Reinforce stereotypes, myths or stigma

Convey a Positive Narrative

- Counter the “negative narrative”
- In every message: help the public to envision prevention.
- Many possible options!
Options for Conveying a Positive Narrative

Ask: what fits with my strategy?
- Concrete actions your audience can take
- Stories of coping, resilience, & recovery
- Program successes
- Available resources
- What we know about successful prevention
  Etc.

Use Applicable Guidelines Examples

Messengers
- Best Practices for Survivor/Attempt Stories
  - AAS Video Guidelines
  - CDC’s Health Communicator’s Social Media Toolkit

Channels
- Working with the Media
- Talking About Suicide & LGBT Populations
  And more!

For More Successful Messages:
Use all Four “Lenses”

- **Strategy**: Define goals, audiences & actions, integrate with other efforts, etc.
- **Safety**: Avoid “don’ts”
- **Positive narrative**: e.g. stories of coping and resiliency; programmatic successes; actions audience can take; available resources & services, etc.
- **Guidelines**: Use message-specific best practices

Overview of Principles w/ All Framework Components

- Strategy: is systematically planned
  - Tied to an overall program for change
  - Informed by audience research & pre-testing
  - Specific objectives, audience and action
    - Specific & focused aims and audience
    - Specific, realistic & Positive call to action
  - Content & framing:
    - Uses audience research to build motivation to act
    - Is Safe
    - Conveys a Positive Narrative (action, resources, recovery, etc.)
  - Appropriate channels and sufficient exposure
- Evaluated

Any questions?

Note short URL: SuicidePreventionMessaging.org
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Background
Research is here

Four Framework Elements

Strategy
Positive Narratives
Guidelines
Examples

2 sections specific to Strategy

Start with Strategy
(At the FW’s center = shapes all other decisions)

Key Planning Steps
1. Set the CONTEXT
2. WHY message?
3. WHO to influence?
4. DO what?
5. WHAT to say?
6. HOW to reach them?
7. SO WHAT?

Set the CONTEXT

- Who are you as a messenger?
- What’s the overall strategic plan for MH/SP?
  - Nature of problems and available assets/resources
  - Policies, programs, services, practices

Great Resource! SPRC.org

Colleges & Universities
Find research, resources, and practical examples to support campus-wide suicide prevention and mental health promotion.
Visit CollegeUniversity info

Overall Strategic Plan

- Informed by research & local analysis
- Multiple strategies
- Each activity has a clear goal

Example: what would you need to know?
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WHY Message?
Tie to overall program for change

- Integrate communications into overall strategic plan
- Defined communications objective
  - Advances a programmatic goal
  - Realistic about what messaging can & can’t do
  - Consider messaging + other programmatic components

Informed by audience research & pre-testing

- Types
  - Published literature
  - Local quantitative & qualitative
  - Guidelines, if any
- Purpose
  - Avoid assumptions
  - Picture the issues from the audience’s perspective
  - Detailed understanding allows you to get specific

“Unpack” the Problems
Example: Increase help-seeking behavior

- Do I need assistance?
- Will I be judged negatively if I get help?
- Will I feel bad/judge myself negatively if I get help?
- Will the help actually make a difference?

Where and how will I find help?

Assess students’ perceptions as well as actual resources and design efforts accordingly.

Not all problems are messaging problems!

Example Findings

- Barriers to help-seeking (Downs & Eisenberg, 2012)
  - I prefer to deal with issues on my own (73%)
  - Stress is normal in college (52.2%)
  - I question how serious my needs are (52.1%)
  - I don’t have the time (46.7%)
  - There are financial reasons (39.8%)

- 1 reason for not disclosing suicidal ideation (Drum et al, 2009)
  - Fear of consequences such as expulsion from school or forced hospitalization

- 1 important factor in preventing a suicide attempt (undergrads)
  - Wanting to finish school (39%)

How does formative research inform decision-making?

Set communications objectives

- Advances a goal
- Use “increase/decrease”
- Specific! “Raise awareness” is too general

Specify the audience

- Hint: not “everybody”
- Direct appeal vs. reaching population through another audience

Articulate a “call to action”

- What should people do?
- Match to objectives & audience

Shape message content

- What will help them to act?
- Highlight benefits & lower barriers that matter to your audience
- Clinical vs. non-clinical language

Only then: which delivery channels

Objective can be very focused

WVU
Specific “call to action”
(Think “positive narrative”)

- Call 1-800-273-TALK
- Sign up for a gatekeeper training
- Read real stories of coping at...
- Join our efforts by [specific action]...
- Post your reasons for living on...
- Help us publicize our project successes by...
- Call your legislator & ask them to vote...

And many many more!

Other Examples of Objectives & Actions
U West Florida

U Florida (Initial Campaign)

Resource for Parents

Protecting Your Child’s Mental Health: What Can Parents Do?

If your child is already in college:

- Keep the lines of communication open. Don’t be afraid to talk to him/her if you think that something is wrong. You may be in the best position to notice and address any difficulties that your child is facing, and can help.
- Move the signs and symptoms of emotional disorders as well as the warning signs for suicide. It is common to see mental health problems in college students, so you may want to familiarize yourself with their signs and symptoms.
- Encourage your child to go to the counseling center if one or both of you think it is necessary. Sometimes students can be reluctant to seek help because they are afraid that someone will find out. Remember that counseling services are provided confidentially and that you support them as they reach out for assistance.
- Find out which college if you’re concerned about your child’s emotional well-being. It may be helpful to know that a lot of young people contact them instantly and keep it in a convenient place. Make sure to keep your child updated.
- Understand the circumstances under which the college will notify you regarding your child’s mental health.
Love is Louder

Love is louder than feeling bad because you don't click with a certain clique. You click here. We all do.

Like Comment Share 18
606 people like this.

NOT this type of message
- The shame of mental illness keeps people from getting help.
- Disclosing psychological issues often has a negative impact on academic completion (e.g., program director discourages the student from continuing.)

YES! This type of message
- Proper treatment and ongoing management of mental health issues often enables students to complete their degree.
- We encourage all students to take advantage of our supports and services, which include [x, y, z].

(Adapted for your students, of course!)

Pretest messages and materials

- Ask target audience for reaction
  - Understandability, clarity, language
  - Do they get it?

Types of questions (e.g., s)
- Who do you think this is for?
- What do you think is the purpose?
- Tell me about the people/setting.
- Is it personally relevant to you? How?
- Does it help you to [insert message objectives]?
- Anything that strikes you negatively?

Evaluated

- Know what you’re trying to change
  - Realistic objectives
  - Logic model
  - Build in monitoring of process and outcomes
  - Extensive information in
    - Strategy resources (comprehensive planning guides)
    - Guidelines section: Evaluation

Who am I as a messenger?

How are we working to address these issues?

How can messaging support or enhance our goals?

Who is my audience for this message, and what do I want them to do?

What should I say, and what’s the best way to get this message to my audience?

Names are added to home page scroll
Take Homes

- Messaging about suicide can do harm...or good.
- Messaging is not a strategy; it supports and amplifies your strategy.
- Context matters.
- Decide WHY before HOW.
- KADNAB. Go beyond awareness to action.
- Know your audience & speak to them.

Thank You!

- See the reference and resource handouts posted on the conference website.
- Framework: SuicidePreventionMessaging.org
- Action Alliance: ActionAllianceforSuicidePrevention.org
- Suicide Prevention Resource Center: sprc.org