

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.^{1,2,3} 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

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- 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.¹⁵

Acknowledgment

SPRC thanks Madelyn Gould, PhD, MPH [Professor at Columbia University in the Division of Child and Adolescent Psychiatry (College of Physicians & Surgeons) and Department of Epidemiology (School of Public Health), and a Research Scientist at the New York State Psychiatric Institute] for her extensive contributions and guidance in drafting and editing this document.

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² Gould, M.S. (1990). Suicide clusters and media exposure. In S. J. Blumenthal & D. J. Kupfer (Eds.), *Suicide over the life cycle* (pp.517-532). Washington, DC: American Psychiatric Press.

³ Chambers, D. A., Pearson, J. L., Lubell, K., Brandon, S., O'Brien, K., & Zinn, J. (2005). The science of public messages for suicide prevention: A workshop summary. *Suicide and Life-Threatening Behavior*, 35(2), 134-145.

⁴ Gould, M. S., Velting, D., Kleinman, M., Lucas, C., Thomas, J. G., & Chung, M. (2004). Teenagers' attitudes about coping strategies and help seeking behavior for suicidality. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(9), 1124-1133.

⁵ U.S. Department of Health and Human Services. (2001). *National strategy for suicide prevention: Goals and objectives for action*. Rockville, MD: Author.

⁶ Rudd, M. D., Berman, A. L., Joiner, T. E., Nock, M. K., Silverman, M. M., Mandrusiak, M., Van Orden, K., and Witte, T. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior*, 36(3), 255-262.

⁷ Shaffer, D., Gould, M. S., Fisher, P., Trautman, P., Moreau, D., Kleinman, M., & Flory, M. (1996). Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry*, 53 (4), 339-348.

⁸ Conwell Y., Duberstein P. R., Cox C., Herrmann J.H., Forbes N. T., & Caine E. D. (1996). Relationships of age and axis I diagnoses in victims of completed suicide: a psychological autopsy study. *American Journal of Psychiatry*, 153, 1001-1008.

⁹ Baldessarini, R., Tondo, L. & Hennen, J. (1999). Effects of lithium treatment and its discontinuation on suicidal behavior in bipolar manic-depressive disorders. *Journal of Clinical Psychiatry*, 60 (Suppl. 2), 77-84.

¹⁰ Fekete, S., & A. Schmidtke. (1995) The impact of mass media reports on suicide and attitudes toward self-destruction: Previous studies and some new data from Hungary and Germany. In B. L. Mishara (Ed.), *The impact of suicide*. (pp. 142-155). New York: Springer.

¹¹ Cialdini, R. B. (2003). Crafting normative messages to protect the environment. *Current Directions in Psychological Science*, 12(4), 105-109.

¹² Fekete, S., & A. Schmidtke. op. cit.

¹³ Moscicki, E.K. (1999). Epidemiology of suicide. In D. G. Jacobs (Ed.), *The Harvard Medical School Guide to suicide assessment and intervention* (pp. 40-51). San Francisco: Jossey-Bass.

¹⁴ Fekete, S., & E. Macsai, (1990). Hungarian suicide models, past and present. In G. Ferrari (Ed.), *Suicidal behavior and risk factors* (pp.149-156). Bologna: Monduzzi Editore.

¹⁵ Sonneck, G., Etzersdorfer, E., & Nagel-Kuess, S. (1994). Imitative suicide on the Viennese subway. *Social Science and Medicine*, 38(3), 453-457.

Recognize the Warning Signs for Suicide to Save Lives!

Sometimes it can be difficult to tell warning signs from “normal” behavior, especially in adolescents. Ask yourself, *Is the behavior I am seeing very different for this particular person?* Also, recognize that sometimes those who are depressed can appear angry, irritable, and/or hostile in addition to withdrawn and quiet.

Take action if you see any of the following warning signs:

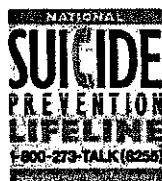
- Talking about or threatening to hurt or kill oneself
- Seeking firearms, drugs, or other lethal means for killing oneself
- Talking or writing about death, dying, or suicide
- Direct Statements or Less Direct Statements of Suicidal Intent: (Examples: “I’m just going to end it all” or “Everything would be easier if I wasn’t around.”)
- Feeling hopeless
- Feeling rage or uncontrollable anger or seeking revenge
- Feeling trapped - like there's no way out
- Dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life
- Acting reckless or engaging in risky activities
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious or agitated
- Being unable to sleep, or sleeping all the time

For a more complete list of warning signs and more information on suicide prevention, please consult the *Connect* website at <http://www.theconnectprogram.org> and click on Understanding Suicide.

If you see warning signs and/or are otherwise worried that this person:

Connect with Your Loved One, Connect Them to Help

- 1) Ask directly about their suicidal feelings. Talking about suicide is the first step to preventing suicide!
- 2) Let them know you care.
- 3) Keep them away from anything that may cause harm such as guns, pills, ropes, knives, vehicles
- 3) Stay with them (eyes on at all times) and get a professional involved.
- 4) Offer a message of hope - Let them know you will assist them in getting help.
- 5) Connect them with help:
 - National Suicide Lifeline (24/7) 1-800-273-TALK (8255) (press “1” for veterans)
 - **Crisis Text Line: 741741**
 - Headrest – For teens and adults (24/7) 1-800-639-6095 or your local community mental health center.
 - For an emergency, dial 911.



For more information about
suicide prevention training and resources in NH:

www.theconnectprogram.org

SUICIDE PREVENTION PROJECT

Suicide Response Checklist

POSTVENTION RESPONSE

- Identify contact local community coordinator or others involved in response effort including **(Check off as completed)**

- Call to Bureau of Behavioral Health to confirm death and see if they have been in contact with Community Mental Health Center (CMHC) Emergency Services Director
- Directly contact Community Mental Health Center Emergency Services Director to
 - Offer support
 - Review protocols
 - Discuss/coordinate postvention response/resources
- Contact School/University if directly impacted
 - Identify contact person
 - Offer support
 - Discuss resources
 - Have Family Resource team at State Library send Sudden Traumatic Loss in Schools Book

- Offer supports including: **(Check off as completed)**

- Send copy of specific Postvention Protocols (reference website for entire document) **(Indicate which protocols were sent and to whom)**
 - Community Coordinator
 - Immediate Family
 - Memorial Services
 - Media Guidelines
- Make aware of CMHC Disaster Behavioral Health Response Team (DBHRT) supports including:
 - Psychological First Aid
 - Critical Incident Stress Debriefing
 - Grief Counseling etc

- Identify someone who will have direct contact with the immediate survivors and can get them information **(Indicate materials sent)**

- protocols
- Information on Memorial Services
- Survivor newsletter and other supports
- Survivor section of NAMI/NH website

- Contact/provide other key stakeholders with Connect Postvention Protocols including (if possible) **(Indicate who protocols were sent to)**

- Faith leaders/clergy
- Funeral Directors

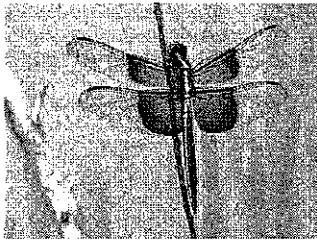
- Contact: **(Check off as completed)**

- DBHRT team coordinator to alert to situation
- NH SPC co chairs to alert to situation and inform of action steps

- Contact Local Law Enforcement and First Responders to
 - Provide Law Enforcement/first responder protocols
 - Provide At A Glance Media Recommendations
 - Safe Messaging handouts and
 - Information on Granite State incident stress debriefing team to **(Indicate agencies contacted)**
 - Local Police dept
 - State Police
 - Sheriff's Dept
 - County Attorney
 - Campus Security (if college/university)
 - Any other first responders directly impacted by event including EMS, Fire Dept, Hospital Emergency Room

- Promote responsible reporting of events by **(Check off as completed)**
 - Disseminating 'At A Glance' media recommendations to media outlets
 - Disseminating a list of statewide resources (to be developed)
 - Media outlets to contact should include **(Indicate outlets contacted)**
 - Local daily and weekly papers
 - Daily Statewide papers
 - Associated Press
 - WMUR and other television stations that may cover the event
 - Local radio stations
 - Monitor Press coverage of event via websites of local media outlets and provide real time feedback as indicated
 - Monitor comments for stories and post information to comments section including warning signs and 800-273-TALK information (sample below)
 - As the second leading cause of death for NH residents up to age 34 and the 9th leading cause of death for all ages, suicide is a tragedy that impacts many people in our state. Warning signs for suicide include: Talking about suicide or death, hopelessness, anger, isolation, increased drug/alcohol use and mood changes. If you are feeling suicidal or worried about someone who may be suicidal, call the National Suicide Lifeline 1-800-273-TALK (8255), it is answered by Headrust in Lebanon, NH. Samaritans of Keene provides an anonymous befriending line at (603) 357-5505 for people contemplating suicide or for individuals who have lost a loved one to suicide (survivors). The National Alliance On Mental Illness (NAMI-NH) has a website www.namih.org with information on mental illness and suicide prevention and supports for survivors including newsletters, support groups, links etc.

- Check Myspace, Facebook, or other social networking websites to see if a profile exists for decedent and to monitor content for possible suicide pacts or contagion.



Tips for Taking Care of Yourself And Those Around You

The death of a family member – particularly by suicide – is a very stressful event. Be aware of how you might be affected and take steps to care for yourself and others affected by the death.
Be kind to yourself and those around you.

Stress can:

- ❖ Affect your mood (depression, anxiety, irritability)
- ❖ Lower your immunity to sickness
- ❖ Change your appetite (too little or too much)
- ❖ Change your sleep habits (too little or too much)
- ❖ Change your energy levels (fatigue or hyperactivity)
- ❖ Reduce your concentration (difficulty in paying attention)

Suggestions to minimize the effects of stress:

- ❖ Get plenty of rest.
- ❖ Drink plenty of water and avoid alcohol, caffeine and sweet drinks.
- ❖ Get lots of exercise – especially outside in nature – or doing things you enjoy.
- ❖ Eat more fruits and vegetables. Avoid too many sweets and carbohydrates.
- ❖ Talk to people about how you are feeling - family, friends, counselor, other loss survivors. Avoid the tendency to isolate yourself.
- ❖ Write about how you are feeling – try poetry, a journal, or writing letters.
- ❖ Listen to music you enjoy.
- ❖ Take a hot shower or hot bath.
- ❖ Meditate, do yoga, or try some other form of self-relaxation.
- ❖ Find opportunities to laugh - a great stress reliever.
- ❖ Spend time outside.
- ❖ Allow yourself time and space for spiritual reflection.
- ❖ Avoid major decisions – like moving, quitting a job, – until some time has passed.
- ❖ Allow yourself to cry—it can be a release.

Reduce the risk of another suicide death

- ❖ Experiencing a suicide death can put people at higher risk of suicide themselves
- ❖ Reduce this risk by temporarily removing firearms, medications and other lethal means from your home. Ask a friend or family member to hold onto them until you are feeling better. Make sure this person is not at risk themselves.

Important Phone Numbers:

- Suicide Prevention Lifeline (24/7): 1-800-273-TALK (8255)

FOR LOSS SURVIVORS: Helpful tips of what might help and what might not help!

WHAT MIGHT HELP

People who have been bereaved by suicide say that the following things can help:

- ~**Expressing your feelings and thoughts:** finding ways to let out your feelings and having people around who can listen to you and accept you and what has happened.
- ~**Making opportunities to remember:** this may mean talking about the person, looking at pictures, and videos of them, going to places that remind you of them, creating a box with physical memories (tickets, cards, pictures etc.), writing a journal or blog about them, or continuing to do activities you did together.
- ~**Developing ‘rituals’:** having a way of marking their life, for example by visiting a special place, by creating a lasting memorial or by a simple act such as lighting a candle at the same time each week.
- ~**Participating in activities:** continuing to do things you have previously enjoyed, such as sports, social events, or music.
- ~**Putting your feelings on paper:** you may not feel ready to talk to anyone, but writing down your thoughts and feelings may help you.
- ~**Looking after yourself:** eating well and getting sufficient sleep, see enclosed self-care sheet.
- ~**Spending time outside:** getting out of the house for a change of scene, connecting with nature or doing exercise.
- ~**Meeting, speaking with or reading the words of other people who have been bereaved by suicide:** see the range of support groups and resources on the website www.theconnectprogram.org and the enclosed Loss Survivor Resource list.
- ~**Developing an ‘emotional first aid kit’:** collecting together some things that can help when you are feeling sad or mad or even bad (a music play list, your favorite chocolate, a ball to kick, good reading books, spa candles and some form of cd’s that play relaxing sounds or that have healing music).

WHAT MIGHT NOT HELP

People who have been bereaved by suicide say that the following things might not help:

- ~**Avoiding talking about what happened:** although it may be really difficult to start with, talking to someone you can trust can make all the difference.
- ~**Drinking more, taking drugs:** it can be tempting to try and blot out the pain of what has happened, but the short term oblivion doesn’t take away the sadness and is likely to make you feel worse.
- ~**Hurrying to make big decisions:** it may be better to let some time pass before making major changes to your life.
- ~**Taking risks:** after someone close has died you may feel ‘what’s the point?’ and take risks with your own health, for example driving too fast. Try and talk to someone you trust if you think you are risking your safety or that of someone else.
- ~**Not seeking help:** you may feel you can’t ask for help as you are worried it will make you seem weak, or that you shouldn’t bother other people when they are grieving (such as members of your family), or when they are busy (such as your doctor). But how you are feeling is very important, and there are people who want to help. Section 6 includes details of support organizations.



Helping Loss Survivors in their Grief Journey

Be there. It's okay if you don't know what to say. Just say you are sorry. Keep reaching out even if you don't hear back. It is important to let survivors know they are not alone. Your presence, phone calls, letters, etc. will be comforting and reassuring.

Listen. Sometimes people are afraid to talk and ask questions because they are worried it will make the survivor emotional. Many survivors desperately want to talk about their loved one and need to tell their story over and over to someone who can listen patiently.

Say the person's name. Some people crave hearing their loved one's name. It hurts so much more when no one talks about the person they lost. Share a favorite memory.

Offer to help with specific tasks. Instead of saying, "let me know what I can do", just go ahead!

...drop off a meal	...walk the dog
...help with the kids	...do the laundry
...make phone calls, organize the mail or bills	...help think through finances, insurance, etc.

Offer to help with clean up and with funeral arrangements.

Recognize the loss directly to children-write a note or card.

Realize that the grief journey is ongoing and is different for everyone- some people need time off while others need to return to work, some like group support while others may want to read, etc. Let the person know it is okay to grieve in their own way.

Help connect the survivor to support-support groups, therapy, books, other survivors, etc.

Be aware of extra support needed around special dates: anniversary of the loss, birthday, wedding anniversary, holidays. Help make new traditions if appropriate.

Some things not to say:

"I know how you feel."

"You need to move on."

"Everything happens for a reason."

"Let me know if you need something."

"He's in a better place now."

"Be strong."

Be there for the long haul. Often support disappears after the first month or so. Continue with support, cards, etc. Keep remembering and talking about the person who died. Even though they are no longer living, they are still an important part of the survivor's life. For more information and resources for

NH survivors of suicide loss go to www.naminh.org



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