

DoD Task Force on the Prevention of Suicide by Members of the Armed Forces

April 12, 2010

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Suicide Prevention Resource Center



- Features of more effective communications (community literature)
- Stigma
- Safe and Effective Messaging for suicide prevention
- Recommendations

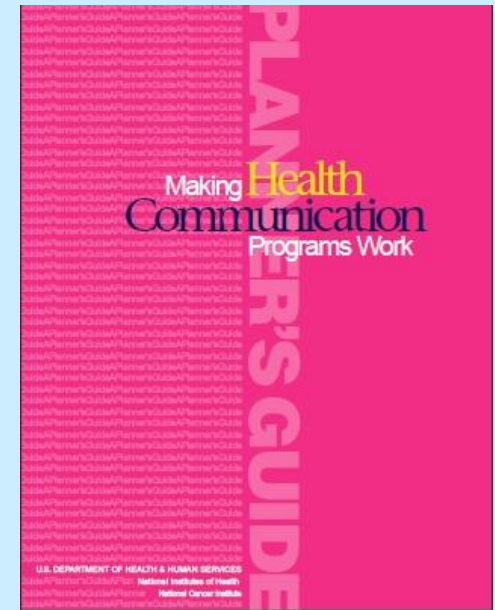
- **Definition:**

“The study and use of communication strategies to inform and influence *individual and community decisions* that enhance health.”

-- *Making Health Communication Programs Work, aka the “Pink Book”*

- **Broad array of “messaging” channels**

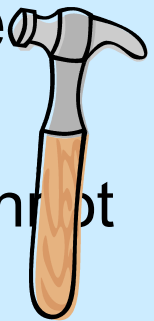
- Mass media
- Electronic
- Interpersonal
- Group
- Organizational



- **Define & understand** the problem (in a population/setting)
- Identify the ***contributing factors*** that
 - Increase the likelihood of the problem (“risk factors”)
 - Reduce the likelihood of the problem (“protective factors”)
 - Envision the “chain of events” that result in the problem
- Institute measures to **intervene** in that chain of events
 - Combination of programs, policies, services, systems
- **Evaluate** to examine whether problems were prevented
 - Use that information to design better efforts

Communications is one tool in the suicide prevention toolbox

“Understanding what health communication can and cannot do is critical to communicating successfully. Health communication is one tool for promoting or improving health.”



Changes in health care services, technology, regulations, and policy are often also necessary to completely address a health problem.”

-- Pink Book, p. 3

Communication (alone) cannot:

(*"Pink Book,"* p. 3)

- Compensate for inadequate health care or access to health care services
- *Produce sustained change in complex health behaviors without the support of a larger program for change*
 - 2009 review of depression/suicide “campaigns”: none increased care seeking or decreased suicidal behavior (Dumesnil & Verger)
- Be equally effective in addressing all issues or relaying all messages...

→ Many problems are not messaging problems

Phase I: Choose prevention strategies

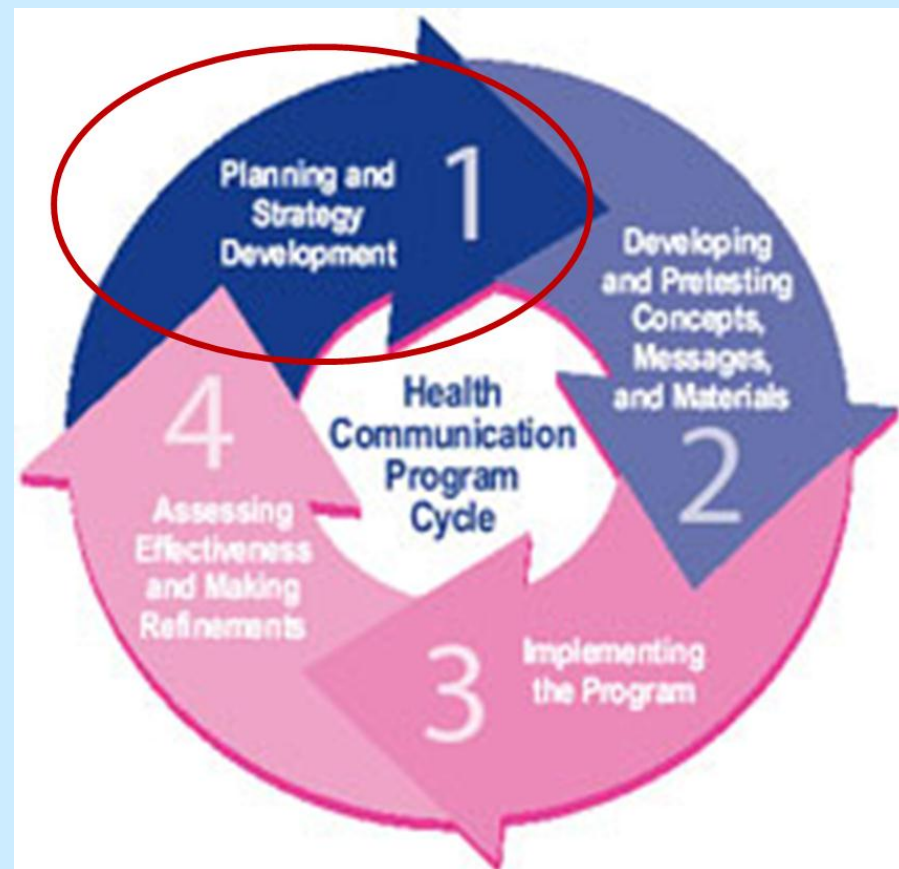
Phase II: Create communications in support of strategies

- Systematically planned
 - “Formative research”
- Communications tied to overall strategy
- Clearly specified audience and goals
 - Clear call to action
- Informed by audience research
- Pre-tested. (And pretested again. And again!)
- Evaluated

Consistent with recommendations for suicide prevention messaging:

“Given the safety risks and complexity inherent in public messaging campaigns on suicide prevention, project planning is crucial to the campaign’s success.”

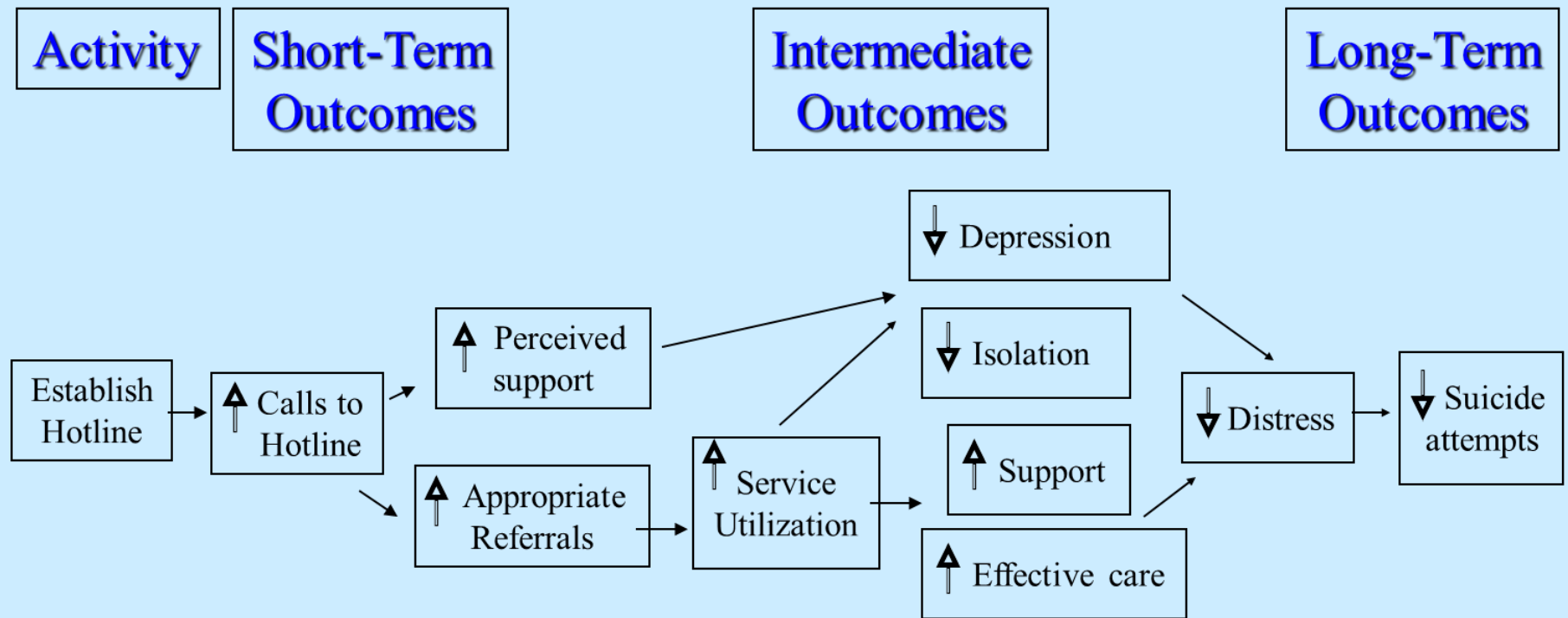
--Chambers DA *et al.* (2005).



Source: “Pink Book,” p. 11

- Data about the problem → where to focus our efforts
- Risk and protective factors → what needs to *change*
 - Which factors are *modifiable*?
- What works to modify these factors?
- **Overall Strategy**
 - Combination of programs, policies, services intended to change identified risk & protective factors
 - Consider changes to **systems** and the **environment** in addition to individual change

Suicide Hotline: Sample Logic Model



Note: these are risk and protective factors for suicide

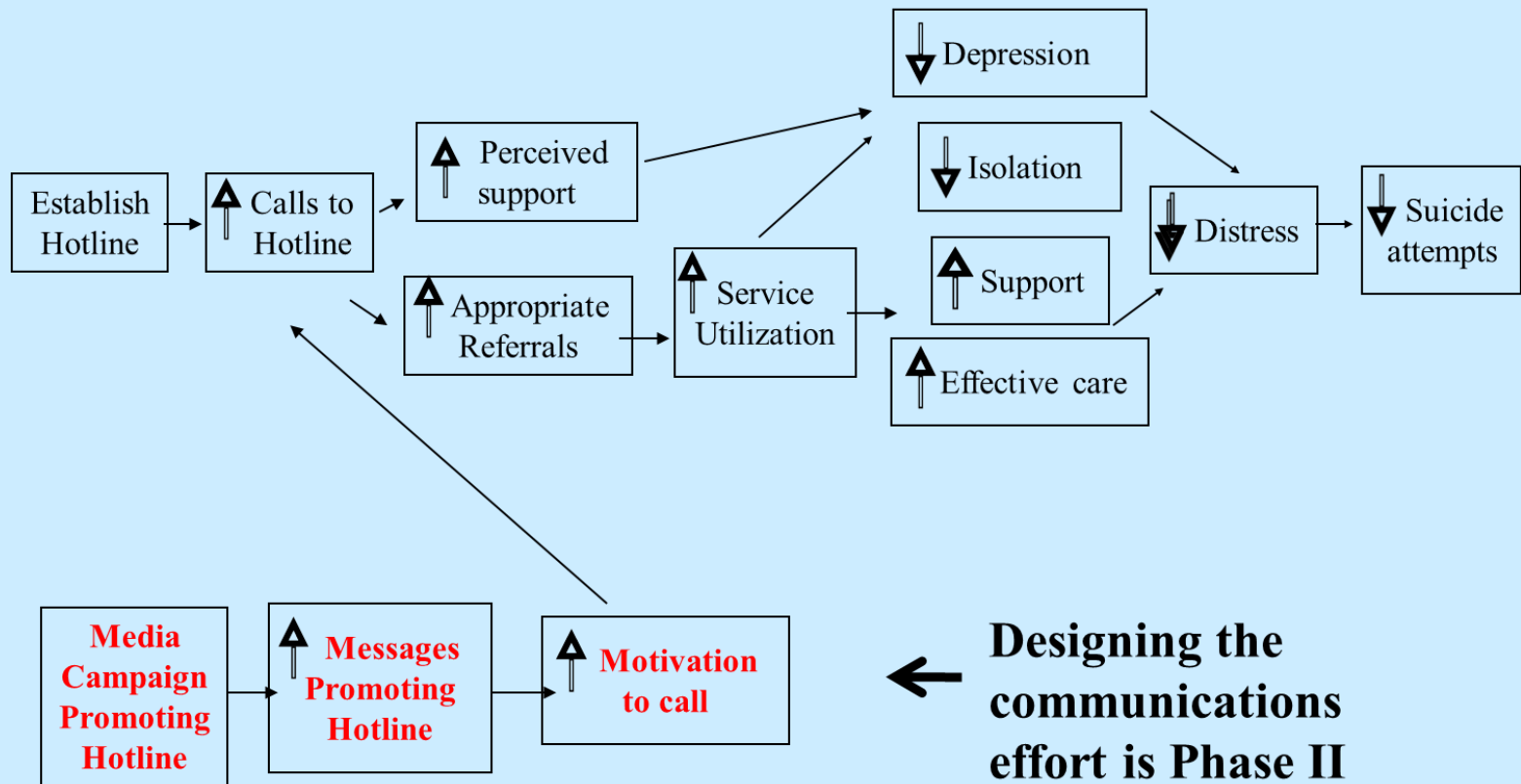
After choosing an overall strategy, ask:

How can communications be used to enhance or support this strategy?

- Still thinking broadly, not in terms of specific products or materials

Sample Logic Model: Hotline and Related Media Campaign

**Sample Logic Model:
Hotline & Related Media Campaign**



- Define the communication **goal** effectively
- Define the intended **audience** effectively
- Create **messages** effectively
- Pretest and revise messages and **materials** effectively
- **Implement** the campaign effectively

← Temptation is
to start here

-
- ✓ Each step builds on the previous step
 - ✓ Use effective practices specific to each step (see handout)

Working from overall strategy and goals....

- **Target audience** = what specific audience do you need to reach with messages?
- **Communication objective** = What do you want the audience to do (sometimes also *know, think, feel*)?
 - “Raise awareness” is not specific enough:
 - What do you want to change, exactly?
 - Increase knowledge of available services
 - Increase motivation to seek help for a friend
 - Increase skills of family member to encourage help-seeking
 - Increase expressions of “caring” by supervisors

Based on these data, what needs to change?

Kentucky Statewide Survey Data (Shemanski & Cerel, 2008)

- 64% - suicide is a problem
- 79% - preventing suicide is something that everyone should play a role in
- 64% knew at least one person who had attempted or died by suicide
- 70% confident....able to seek help for a suicidal family member
- 49% confident...finding assistance for a suicidal friend
- 24% knew of a crisis line number to call if a family member was suicidal
- 37% said they had heard of the National Suicide Prevention Lifeline (1-800-273-TALK)

- ❖ Include a “call to action”
 - ❖ What TO do (rather than what not to do); “modeling” is good
 - ❖ Actions acceptable to the audience
- ❖ Based on audience research → include content that will increase the likelihood that **THIS audience** will perform **THIS behavior**, e.g.
 - ◆ Corrects erroneous beliefs, attitudes, or barriers *that are impeding the behavior*
 - ◆ Enables the desired behavior
 - ◆ Motivates the audience to take the desired action
 - **Key *benefits* of performing the behavior**– as defined by them!
- ❖ In general, avoid:
 - “Myths and facts”
 - Scare tactics

Feeling lost, lonely, desperate?

If you feel trapped...If you feel you have no one to turn to...If you've been feeling down for a while and you're not exactly sure why...

It's important to talk to someone. You can talk to someone right now by calling the Lifeline. Help is available at any time of the day or night—and it's completely free and confidential. We're here to listen and to help you find your way back to a happier, healthier life.



**When it seems like there's
no hope, there is help.**

If you feel trapped...If you feel you have no one to turn to...If you've been feeling down for a while and you're not exactly sure why...

It's important to talk to someone. You can talk to someone right now by calling the Lifeline. Help is available at any time of the day or night—and it's completely free and confidential. We're here to listen and to help you find your way back to a happier, healthier life.

If you or someone you know is thinking about suicide,
call the National Suicide Prevention Lifeline:

1-800-273-TALK (8255)

With help comes hope.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

- Appealing
- Culturally appropriate
- Understandable language
- Attention-getting for your audience
 - But don't use fear to get attention
- **Clear -- don't trade cleverness for clarity**
- **Visuals/sounds match and support the message**

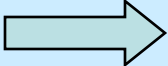



Test with the audience to be sure!



 **CVV**
UNIVERSITY OF CALIFORNIA
HELP YOURSELF.
CALL 3825 4111
WWW.CVV.ORG.BR

- Consider a broad range of channels
 - Think creatively!
 - Use multiple channels & repeat the message
- Match to:
 - Audience usage
 - Credibility to audience
 - Complexity of message
 - Where they are in a position to act?

Summary: Each step builds on previous one

- *Problem Analysis* = identify key contributing factors, prior research on what works 
- *Strategy* = based on PA, which factors will you **change** to make a difference in the problem? 
- *Target audience & objectives* -- to carry out strategy....
 - Who needs to act & what do you want them to do?
 - Research current actions, beliefs, media use, etc. 
- Using ALL this info  **Create messages & reach audience with them**

Stigma

National Strategy for Suicide Prevention, GOAL 3:

Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.

<http://mentalhealth.samhsa.gov/publications/allpubs/sma01-3517/ch3.asp>

Examples Referred to as “Stigma”

- Experiencing symptoms of a mental illness, seeing that as a sign of failure and not telling anyone
- Not disclosing that a relative’s death was a suicide
- Believing that all people with mental illnesses are incompetent and cannot perform a job
- Not hiring a person with a mental illness (or what is perceived as a mental illness)
- Fragmentation of physical and mental health services

- Stereotypes (knowledge, beliefs)
- Prejudice (attitudes)
- Discrimination (behavior)

- Labeling

- Operates at multiple levels (individual, interpersonal, structural)

- **Public stigma:** Extent to which the general public negatively stereotypes & discriminates against a stigmatized group.
 - **Perceived public stigma:** an individual's perceptions of public stigma
- **Self-stigma:** the internalization of stigma, applied to oneself.

- Protest
- Education
- Contact

(Corrigan and Gelb, 2006)

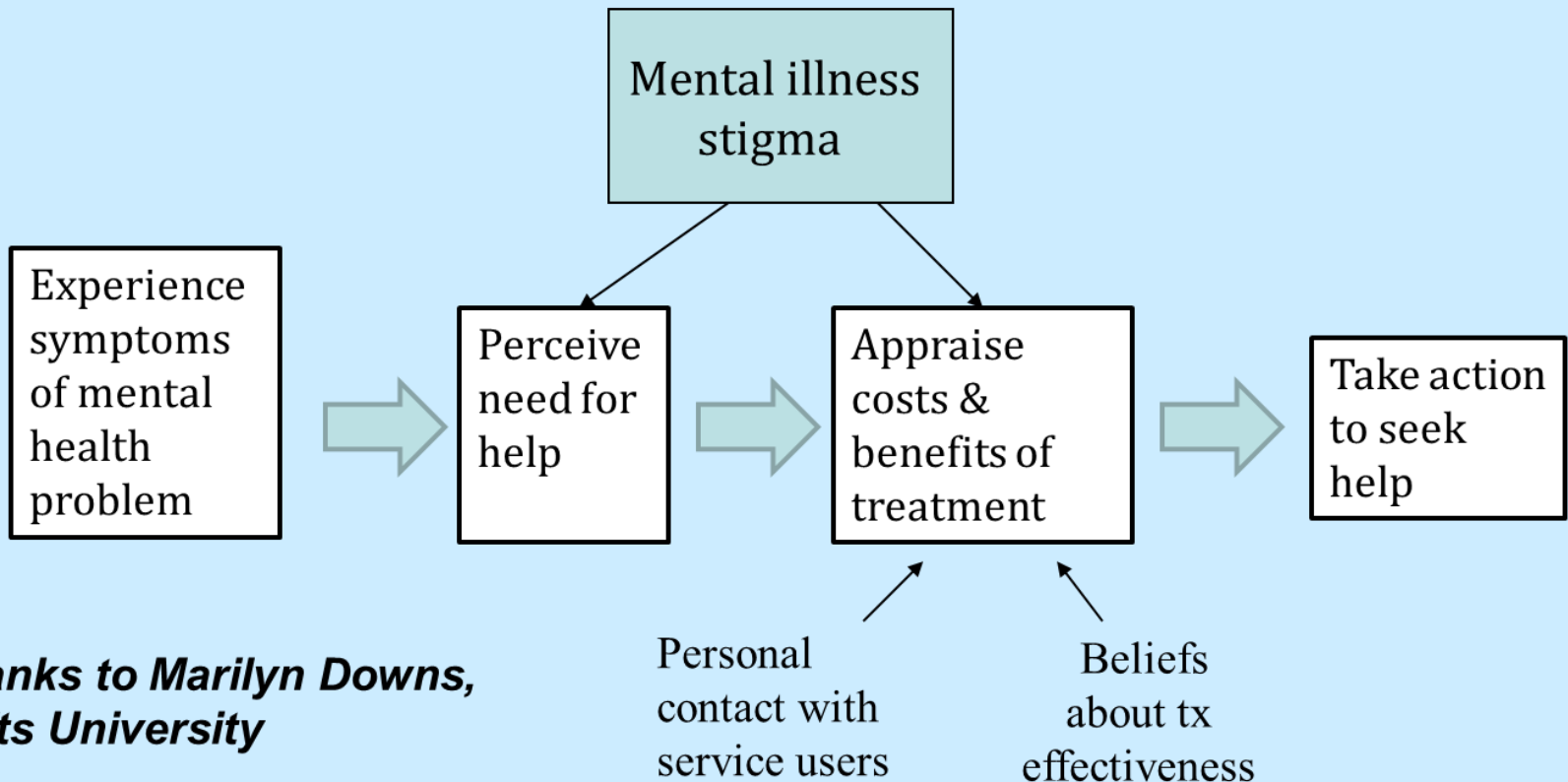
What Works? What Doesn't Work?

- “Putting bits of factual information out into the public domain is not an effective way to fight against stigma/discrimination.”
- “Campaigns tend to make more sense when tied to specific goals....”
- “Promoting positive messages about consumers’ real lives outside of their illnesses helps reduce stigma/discrimination.”

-- *Mental Health Commission of Canada & Hotchkiss Brain Institute, 2008*

Basic model of help-seeking behavior

(Mechanic 1966; also see Corrigan, 2004)



*Thanks to Marilyn Downs,
Tufts University*

Table 5. Perceived Barriers to Seeking Mental Health Services among All Study Participants (Soldiers and Marines).*

(from Hoge et al., 2004)

Perceived Barrier	Respondents Who Met Screening Criteria for a Mental Disorder (N=731)	Respondents Who Did Not Meet Screening Criteria for a Mental Disorder (N=5422)
	<i>no./total no. (%)</i>	
I don't trust mental health professionals. ←	241/641 (38)	813/4820 (17)
I don't know where to get help. ←	143/639 (22)	303/4780 (6)
I don't have adequate transportation. ←	117/638 (18)	279/4770 (6)
It is difficult to schedule an appointment. ←	288/638 (45)	789/4748 (17)
There would be difficulty getting time off work for treatment. ←	354/643 (55)	1061/4743 (22)
Mental health care costs too much money. ←	159/638 (25)	456/4736 (10)
It would be too embarrassing.	260/641 (41)	852/4752 (18)
It would harm my career.	319/640 (50)	1134/4738 (24)
Members of my unit might have less confidence in me.	377/642 (59)	1472/4763 (31)
My unit leadership might treat me differently.	403/637 (63)	1562/4744 (33)
My leaders would blame me for the problem.	328/642 (51)	928/4769 (20)
I would be seen as weak.	413/640 (65)	1486/4732 (31)
Mental health care doesn't work. ←	158/638 (25)	444/4748 (9)

* Data exclude missing values, because not all respondents answered every question. Respondents were asked to rate "each of the possible concerns that might affect your decision to receive mental health counseling or services if you ever had a problem." Perceived barriers are worded as on the survey. The five possible responses ranged from "strongly disagree" to "strongly agree," with "agree" and "strongly agree" combined as a positive response.

- Is stigma truly a barrier to the behavior you are trying to change?
 - What kind? (Public stigma, self-stigma)
 - How is it acting as a barrier, specifically?
 - Is there evidence to support this?
- How might *communications* be used to change this dynamic?
 - Is communications the right approach?
 - Simply telling people not to feel stigma won't work
 - Might communications be used to enhance a “contact” approach?

Possible options:

- Add strategies for which stigma is less of an issue
 - E.g., building protective factors and enhancing resiliency
- Work through “influencers” who don’t see the desired action as stigmatized, or can counter stigma
- Lower the other barriers
 - Logistical
 - Accessibility
 - Etc.

Advocacy & Stigma: Competing Needs?

Association of Violence & Mental Illness

Rising Toll of Depression Measured in Disability, Death and Dollars, Landmark Mental Health Report Finds

- Patient advocacy group offers concrete measures to help America overcome devastating illness -

February 8, 2006 – Washington, DC – Depression drains more than \$83 billion annually from the American economy, affects 19 million Americans, and results in thousands of preventable suicides, reported a landmark new paper that was released today

Ft Hood Motive: Terrorism or Mental Illness?



- Nov 9, 2009

Experts sift clues to Army psychiatrist's shooting rampage.

abcnews.go.com/Health/MindMoodNews/fort-hood-shooters-intentions-mass-murder-terrorism/story?id=9019410 - more videos »

[Navy works to reduce stigma of discussing suicide](#)

The Dolphin - 1 day ago

So, what is the stigma of seeking help in the **military**? According to Marie Parker, USFF Suicide Prevention Coordinator, some Sailors fear losing respect ...

[ERASING STIGMA AGAINST SEEKING HELP KEY TO SUICIDE EPIDEMIC -- As ...](#)

Jan 16, 2010 ... As **military** and veteran suicides continue to climb, seeking ... **Military suicide response hinges on erasing stigma against seeking help ...**

www.vawatchdog.org/10/nf10/nfjan10/nf011610-5.htm - Cached

- “We must double our resolve to eliminate, not just to minimize, stigma, that deadly hazard that all too frequently leads to needless pain.” *(edited)*
- “There is no shame in seeking help.”

- Always: start with your overall strategy, audience, and behavioral goals
- Then analyze whether and how stigma is an issue
 - Deconstruct the issue – define specific barriers
 - Address those defined issues with messaging (& other approaches)
- Don't assume that *any* knowledge/discussion about mental illness or suicide reduces stigma
- Avoid messages that may inadvertently perpetuate stigma
- Message about solutions to stigma

Safe messaging...

- Some well-meaning messages may *increase* suicide risk among vulnerable individuals

→ ***Safe and Effective Messaging for Suicide Prevention***
(for the public)

Handout



→ **Also: Recommendations for the Media** (see Appendix)

Don'ts

- ❖ Don't “normalize” suicide by presenting it as a common event
- ❖ Don't glorify or romanticize people who have died by suicide
- ❖ Don't focus on personal details of people who have died by suicide
- ❖ Don't present overly detailed descriptions of suicide means
- ❖ Don't present suicide as inexplicable or resulting from stress only

Do's

- ❖ Do emphasize help-seeking
- ❖ Do provide information on how to find help
- ❖ Do emphasize prevention
- ❖ Do list the warning signs of suicide
 - ❖ Specifically, AAS Consensus Warning Signs (see Appendix)
- ❖ Do list risk and protective factors
- ❖ Do highlight effective treatments for mental health problems

What impression do these headlines create?

Dramatic **Increase** Found in Soldier Suicides — Psychiatric News

by A Levin - 2007

Sep 21, 2007 ... Dramatic **Increase** Found in Soldier Suicides. Aaron Levin. Next Section. Better documentation reveals a sharp rise in **suicide** among U.S. Army ...

pn.psychiatryonline.org/content/42/18/9.1.full

Army **suicide** rate hits a three-decade high, officials say - Los ...

Jan 30, 2009 ... At least 128 Army soldiers took their own lives last year -- an estimated **suicide** rate of 20.2 per 100000, a sharp **increase** from the 2007 ...

articles.latimes.com/2009/jan/30/nation/na-army-suicides30 - Cached - Similar

Army Grapples with '**Epidemic**' of Suicides - 911truth.org

2 days ago - Army Grapples with '**Epidemic**' of Suicides. ... One third who commit **suicide** have never served in combat; another third commit **suicide** while in combat; ...

www.911truth.org/article.php?story=20100406174537823 - Cached

Home Front Hearts - Despite Efforts, Troop **Suicide** Rate up

Mar 12, 2010 - ... and the U.S. **military** is losing a battle to stem an **epidemic** of suicides in its ranks. ... Christopher Philbrick, the deputy director of the Army **Suicide** ... While the **military's** **suicide** rate is comparable to civilian rates, ...

www.homefronthearts.org/news.../despite-efforts-troop-suicide-rate-up/ - Cached



How might these numbers be viewed, given the previous headlines?

The Army released suicide data today for the month of January. Among active-duty soldiers, there were 12 potential suicides: one has been confirmed as suicide, and 11 remain under investigation. For December, the Army reported ten potential suicides among active-duty soldiers. Since the release of that report, three have been confirmed as suicides, and seven remain under investigation.

During January 2010, among reserve component soldiers who were not on active duty, there were 15 potential suicides. For December, among that same group, there were seven total suicides. Of those, five were confirmed as suicides and two are pending determination of the manner of death.

FOR IMMEDIATE RELEASE SEPTEMBER 29, 2008

New Campaign Urges Policymakers to Support Mental Health Check-Ups for America's Youth

Leading national organizations and mtvU kick off the CheckUp08 Campaign for mental health care reform

On September 10, 2008, seven of the nation's leading mental health organizations will launch CheckUp08 – a campaign calling on elected officials and this year's Presidential candidates to endorse access to mental health check-ups for every young American. The coalition's founding partners, Columbia University TeenScreen Program and The Jed Foundation, are joined by Active Minds, American Foundation for Suicide Prevention, Mental Health America, National Alliance on Mental Illness, and The Suicide Prevention Action Network USA, in this effort.

"Suicide is the second leading cause of death among college students and a preventable tragedy that affects far too many families – mental health check-ups have the potential to improve the overall wellness of our young people and prevent the worse consequences of unaddressed mental illness," says Donna Satow, a vocal advocate for suicide prevention, who founded The Jed Foundation with her husband after the loss of their youngest son to suicide.

- What other forms of normalization have you heard?
 - Does talking about a problem all the time – even to solve it – actually *increase* its perceived prevalence?
- Research on normative misperceptions from alcohol and drug prevention field
 - Two types of norms: Descriptive (behavior) and injunctive (attitudes)
 - People often overestimate unhealthy behaviors/attitudes and underestimate healthy behaviors/attitudes
 - Identifying these gaps, or misperceptions, can yield important insights for prevention efforts

[Dallas Contact Crisis Line forum to raise awareness of **military** ...](#)

Dallas Morning News - David Tarrant - Mar 25, 2010

Graham is scheduled to speak about **military** suicides at a luncheon today in Dallas. Contact Crisis Line, the nonprofit 24-hour **suicide prevention** hotline, ...

[Suicide prevention training planned](#)

The Ranger - Brandy A. Santos - 23 hours ago

The American Foundation for **Suicide Prevention** found that between ... in training community members, the **military** and school districts. ...

[Mental wounds treatable, but most veterans don't complete care ...](#)

Mar 24, 2010 - Every night, after **work**, he and a few fellow Marines would get together to ...

Veterans issues; Mar 3: U. prof says **military's mental health** stigma leading to Health Care System don't receive the recommended course of **treatment**. ...

www.sltrib.com/news/ci_14751038 - Cached

[Suicide prevention continues to elude Army leaders \(1/12/10 ...](#)

Jan 12, 2010 ... Return to Article: **Suicide prevention continues to elude Army leaders**. By Katherine McIntire Peters kpeters@govexec.com January 12, 2010 ...

www.govexec.com/mailbagDetails.cfm?aid=44376 - Cached

- The “suicide is preventable” message might be interpreted as blaming by survivors
 - i.e., that they should have prevented their loved one’s suicide
- Be careful to somehow convey the idea that suicide is preventable *across populations*
 - As noted earlier, public health approach:
 - Assess *patterns of risk and protection* across populations
 - Institute measures to reduce risk and increase protection *in those populations*

- Army leaders can access current health promotion guidance in newly revised Army Regulation 600-63, Health Promotion at: <web address> and Army Pamphlet 600-24 Health Promotion, Risk Reduction and Suicide Prevention at <web address>.
- Suicide prevention training resources for Army families can be accessed at <web address>. Army Knowledge Online is required to download materials.

Soldiers and families in need of crisis assistance can contact Military OneSource or the Defense Center of Excellence (DCOE) for Psychological Health and Traumatic Brain Injury Outreach Center. Trained consultants are available from both organizations 24 hours a day, seven days a week, 365 days a year.

- The DCOE Outreach Center can be contacted at 1-866-966-1020, via electronic mail at <web address> .and at <web address>.

Caveat: warning signs are not arranged according to the two “tiers” recommended by the consensus warning signs (see Appendix).

Military suicide response hinges on erasing stigma against seeking help
By Bruce Alpert, Times-Picayune
January 15, 2010

GETTING HELP

The National Suicide Prevention Lifeline has a toll-free number for people feeling suicidal:

1.800.273.TALK (8255).

It operates seven days a week, 24 hours a day.

Here are signs the Department of Defense says could mean a person is vulnerable to suicide:

- ▶ Talking or writing about death and ways to die
- ▶ Showing sudden changes in mood or behavior
- ▶ Sleeping or eating changes
- ▶ Exhibiting reckless or risky behaviors
- ▶ Expressing hopelessness about the future
- ▶ Preparing a will
- ▶ Giving things away
- ▶ Making arrangements for pets to be cared for
- ▶ Unusual spending
- ▶ Withdrawing from others

THE TIMES-PICAYUNE

“Do’s” + Effective Communications

- Remember, Do’s are (condensed)
 - ❖ Emphasize help-seeking ; prevention; effective treatments
 - ❖ Provide information on how to find help
 - ❖ List the warning signs of suicide, risk and protective factors
-
- **Create messages to support specific strategies & desired actions.**
 - **Must be based on accurate understanding of current situation and what needs to change**
 - Examples (can be at local or national levels)
 - Promote *specific* efforts to increase help-seeking (e.g., promote new services and policy changes, give multiple, specific sources of help)
 - Correct misperceptions that hamper desired actions
 - Provide specific realistic actions that people in different roles can take to help reduce suicide & under what circumstances
 - Tell success stories of people who did the right thing and how it paid off

Success Stories — can describe sources of help, desired behavior & how it led to the right outcomes; may reduce stigma

“General's story puts focus on stress stemming from combat”

Tom Vanden Brook, USA TODAY, 11/25/08

The stress of his combat service **could have derailed his career**, but Ham says he **realized that he needed help** transitioning from life on the battlefields of Iraq to the halls of power at the Pentagon. So he **sought screening** for post-traumatic stress and got **counseling from a chaplain**. **That helped him "get realigned,"** he says.....


There clearly is a part of **Army culture that says, 'Tough it out.** You just work your way through it.' That's clearly where I thought I was. **I didn't think I needed anybody** to help me. It took the **love of my life** to say, **'You need to talk to somebody.'** I'm **glad** that she did that, and I think **she's glad that I did that.** “http://www.usatoday.com/news/military/2008-11-24-general_N.htm”

- Identify ways that messaging may be impeding current suicide prevention efforts and develop solutions.
- Integrate strategic messaging into each component of the military's suicide prevention plan.
- Follow principles of effective communications.
 - Use messaging *in support of* defined, research-based goals.
 - Promote positive actions; show benefits of doing the right thing.
 - Conduct audience research; tailor messages to specific audiences.
- Focus messages on *solutions* to stigma.
- Incorporate safe messaging guidelines into all messaging and talking points about suicide.

Appendices

Full document: www.sprc.org/library/sreporting.pdf

At-a-Glance: www.sprc.org/library/at_a_glance.pdf

 SPRC
SUICIDE PREVENTION RESOURCE CENTER
At-a-Glance: Safe Reporting on Suicide

Research indicates that the way suicide is reported in the media can contribute to additional suicides and suicide attempts. Conversely, stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, and recent treatment advances. The following recommendations have been developed to assist reporters and editors in safe reporting on suicide.

AAS Consensus Warning Signs (*Rudd et al. 2006*)

- Distinguish warning signs from risk factors
 - WS indicate heightened risk for suicide *in the near-term* (i.e., within minutes, hours, or days)
 - RF suggest longer-term risk (i.e., a year to lifetime.)
- 2 tiers
 - Tier 1: Seek immediate help
 - Tier 2: Seek help
- Often it is a *constellation* of signs that raises concern (absent direct statements or behaviors)

One-page summary:

www.sprc.org/featured_resources/bpr/PDF/AASWarningSigns_factsheet.pdf

Tier 1: Seek immediate help if someone is:

- Threatening or talking of wanting to hurt or kill him/herself
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person

Tier 2: Seek help if someone displays

- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting reckless, risky activities (seemingly w/o thinking)
- Feeling trapped - like there's no way out
- Increased alcohol or drug use
- Withdrawing from friends, family and society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic mood changes
- No reason for living; no sense of purpose in life

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