



Developing and Marketing Your Suicide Prevention Message: A Strategic Approach

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This presentation will cover...

- ❖ **Defining social marketing and strategic message development**
- ❖ **Social marketing principles**
- ❖ **A strategic planning model**
- ❖ **How is suicide prevention unique?**
- ❖ **Examining some examples**
- ❖ **Group discussion and questions**



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What is Social Marketing?

Commercial marketing principles and techniques used to create messages designed to bring about social change.

What is Social Marketing?

“...not a science, but rather a professional craft...that targets complex, often socially controversial behaviors, with delayed and distant behaviors, to audiences who often do not recognize they have a problem, much less are looking for a solution.”

William Smith, 2006



SPRC

Social marketing???

The edge I need.

I've earned a lot of perfect goods, but I'm still thirsty for more. That's why drinking milk is a routine I've got down cold. It's got 2 essential nutrients active bodies need, on or off the ice.

got milk?

EDC

HEATHER.COM

SAMHSA



SPRC

Social Marketing is NOT

- ❖ NOT public awareness campaign
- ❖ NOT branding
- ❖ NOT cause marketing
- ❖ NOT advertising
- ❖ NOT simply education

EDC

SAMHSA



Commercial vs. Social Marketing

Commercial Marketing

- ❖ Benefit for seller
- ❖ Tangible products
- ❖ Examples:
 - ◆ Buy milk
 - ◆ Join a gym
 - ◆ Buy soap

Social Marketing

- ❖ Benefit for society*
- ❖ Behavior change
- ❖ Examples:
 - ◆ Eat calcium
 - ◆ Exercise
 - ◆ Wash hands



Strategic message development...

Helps you reach identified audiences with messages that are designed...

- ...to affect specific behaviors**
- ...in engaging, safe and effective ways, and**
- ...that fit your overall program strategy.**

- ❖ ***What*** are you trying to change?
- ❖ ***Who*** is your target audience?
- ❖ **What** does your target audience currently *think* or *believe*?
- ❖ **What *impact*** do you want your message to have?
- ❖ **What *measures*** can you use?

In Order to Help:

(A specific target audience)

To DO:

(A specific behavior)

We Will Address:

(Specific factors that could influence that behavior)

- ❖ Information sources to help design an effective social marketing campaign:
 - ◆ Focus groups
 - ◆ Interviews with target audience
 - ◆ Surveys
 - ◆ Polls re: attitudes and behaviors of target population
 - ◆ Literature*

- ❖ What the consumer must pay to obtain the product:
 - ◆ Time Effort Risk
 - ◆ An exchange of value
- ❖ To sell: benefit > cost. How will you overcome the barriers? You must see them from the audience's perspective...

Make the behavior

“Fun” – target audience gets some benefit

“Easy” – remove barriers

“Popular” – others in the target audience are doing it

Special considerations for suicide prevention messaging...



- ❖ **Emphasize help-seeking**
- ❖ **Provide information on finding help**
- ❖ **Emphasize prevention**
- ❖ **List the warning signs of suicide**
- ❖ **List risk and protective factors**
- ❖ **Highlight effective treatment for mental health problems**

Safe and Effective Messaging, SPRC, 2006



- ❖ **Don't "normalize" suicide**
 - ◆ **It is muddled to say that a behavior "is socially disapproved but widespread"**
- ❖ **Don't glamorize or sensationalize**
- ❖ **Don't present suicide as a common event**
- ❖ **Don't present it as inexplicable**
- ❖ **Don't present it as a result of stress only**

Safe and Effective Messaging, SPRC, 2006



- ❖ Is stigma truly a barrier to the behaviors you are trying to change?
- ❖ Is the stigma about mental illness?
Depression? Help-seeking? Your on-campus service?
- ❖ Three strategies to counter stigma:
 - ◆ Protest
 - ◆ Education
 - ◆ Contact



- ❖ Simple – use analogies
- ❖ Unexpected – develop jarring, unexpected messages
- ❖ Concrete – use specific language and details
- ❖ Credentialed – rely on authorities or testable ideas
- ❖ Emotional – tap into negative or positive feelings
- ❖ Stories – tell stories about real people



- ❖ **Localized information**
- ❖ **Culturally appropriate**
- ❖ **Timing**
- ❖ **Dosage – repetition of message**
- ❖ **Credible messenger**
- ❖ **Credible channels**



- ❖ **What behavior do you want to change?**
- ❖ **How will you know if it did?**
- ❖ **Something tangible—calls to a hotline, donations**
- ❖ **Can be a proxy for the real results you want to know**

LOOK FOR THE SIGNS

DEPRESSION

Suicide is the 2nd leading cause of death for college students. 75-90% of those who commit suicide are ultimately depressed.

- Clinical depression is treatable.
- Graduate students are particularly at risk.
- Suicide is permanent. Depression is temporary.

It's important to know what to say and do when someone is at risk

- Talk to the person – express concern, don't be afraid to address suicide directly, it will not make someone "more suicidal" and often you can save someone.
- Listen. Don't take it seriously.
- Don't be afraid to ask – always consult with others, seek support.
- Suggest counseling and bring the person get connected to Counseling & Psychological Services at the University.
- If they say it's not a serious danger of hurting themselves do not leave them alone.

Consult with an expert

- Get a specialist.
- Ask the person about the Counseling & Psychological Services (CPS) Director, University Health Services, and others.
- Ask the health care staff that it's an urgent situation.
- If you are concerned of their commitment to be or what to do, it might call Counseling & Psychological Services to consult. Don't call 911-555-0000.
- For additional support contact the Dean of Students office, 940-6741.
- After hours:
 - If you're concerned about signs of the University Health Services after hours call 940-7707.
 - If you need someone to talk to call 911.
 - If you need to talk to a counselor during the night call 940-6741 ext 2400.

Follow up

- Stay in contact with the person.
- Check in with them regularly if you're to see if they need more help.

For more information on depression and suicide

Get more information at www.counselingandpsychologicalservices.com
 Or check out our new brochure at www.counselingandpsychologicalservices.com
 American Association of Counseling & Psychological Services

I look for the signs.

I can help.

I look for the signs.

I can help.

I look for the signs.

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I can help.



Feeling Blue?



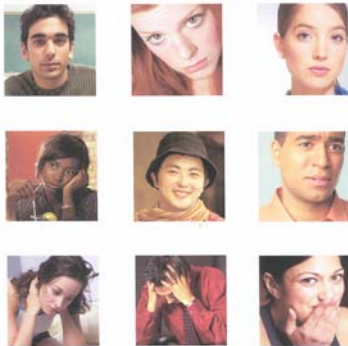
REACH OUT TO OTHERS.

The University Counseling Center can help.

2033 K Street NW
Suite 110
(202) 994-5100
gwired.gwu.edu/counsel



SAMHSA



THE WAY YOU LOOK
MAY NOT SHOW HOW
YOU *Really* FEEL.

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PROBLEM SETS PISS YOU OFF, ROOMMATES GET ON YOUR NERVES, THEN YOU GET THE BLUE SCREEN OF DEATH. YOU GOTTA GET IT OUT OF YOUR SYSTEM, BUT EVERYTHING THAT COMES TO MIND IS EITHER UNHEALTHY OR ILLEGAL—AT LEAST IN MASSACHUSETTS. HERE ARE SOME WAYS TO LET LOOSE WITHOUT LOSING IT.

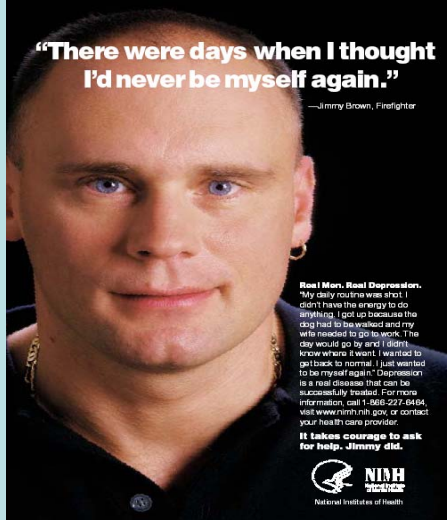
25 ways to blow off steam

1. **Get in a round of DDR at W20.** Make fast moves, get attention and laugh at your mistakes.
2. **Bake cookies** for your floor. This low-stress activity gets people out of their rooms and your mind off your problems.
3. **Take a walk** around the "Emerald Necklace," along the Charles River and the Boston Esplanade.
4. Ride the T out to somewhere new. No reason, just **get off-campus!**
5. **Call a friend who's not at MIT.** Stay in touch and share the best and worst parts of life at IFF.
6. **Grab a hot vanilla from Iesci's.** Enjoy the odd music selections.
7. Close your door, turn up the music and **sing along.** Pretend your neighbors can't hear you. Dancing is optional.
8. **Collect bubble wrap.** Stomp or squeeze. Refill. Repeat.
9. **Take your work elsewhere.** Sometimes moving into a lounge or a classroom can help change the mood and make the project go easier.
10. **Go people-watching.** The best sites include Harvard Square and the Boston Common.
11. **Read a book.** You can leave this world and get wrapped up in another. The Boston Public Library (get off the T at Copley) will give you a free account with proof of residence.
12. **Take a nap.** Whether you feel it or not, sometimes lack of sleep catches up to you.
13. Wash it off with **a long hot shower.** Try out refreshing soaps like peppermint or eucalyptus. You'll feel good and smell good.
14. **Get a movie** and head to E51 to watch it on the big screen. Find company by emailing punt-movies—the more the merrier.

15. If you need an ear or some sympathy, **call home.** It may sound silly, but in many cases you're in a position that no one in your family has been in, and you'll be surprised what your family will do to help you through it.
16. **Look to the future.** That can keep your hopes up when the term is dragging. Daydreaming can be a virtue.
17. Get away from yourself. Hang out with friends, **shoot the shit.** Wild hilarity ensues. Being alone often exacerbates feelings of frustration, anger and inferiority.
18. **Head to the weight room.** Wear yourself out, feel and look better afterward. Rhythm and physical exertion will bring challenges into focus.
19. **Sketch out what you know,** and weigh your options. It works for problem sets, but try it out for people problems, too. Seeing your choices also can help you calm any overwhelming emotions.
20. Find someone else who's been banging their head against some other wall (metaphorically, folks!) and head outside for a **primal scream.** So what if people stare?
21. **Write a real letter.** Let someone know what's been going on, or tell your friends what's got you down. Real letters make you think harder and put in more effort than email.
22. Help someone else. Reflect on your life while helping with chores or homework, or just **be a good ear** for someone else.
23. **Do anything you've been putting off.** Saying "when the PSET's done," "when it's warmer out," "when I have the money," means things never get done! Ignore the whenevers and get going. It'll be one less thing on your to-do list.
24. **Recheck your priorities.** If your work or your relationship is getting you down, is it something you really want to continue? Getting to know yourself better is a big step toward being happy.
25. It's preachy but true: **Don't do something you'll regret.** Even when things really suck, you don't have to let things get out of control. Making bad choices with your safety, mind-altering substances and your temper can mean even bigger hassles.

“There were days when I thought I’d never be myself again.”

—Jimmy Brown, Firefighter



Real Men, Real Depression. “My daily routine was shot. I didn’t have the energy to do anything. I got so because the dog had to be walked and my wife needed to go to work. The day would go by and I didn’t know where I went. I wanted to go back to normal. I just wanted to be myself again.” Depression is a real disease that can be successfully treated. For more information, call 1-888-233-6849, visit www.nimh.nih.gov, or contact your health care provider.

It takes courage to ask for help. Jimmy did.



PLANNING MODEL FOR PREVENTION MARKETING

In Order to Help:

(A specific target audience)

To DO:

(A specific behavior)

We Will Address:

(Specific factors that could influence that behavior)

Academy for Educational Development

- ❖ **Social Marketing Toolkit**
www.SoundPartners.org
- ❖ **“Why Bad Ads Happen to Good Causes”**
www.agoodmanonline.com
- ❖ **Suicide Prevention Resource Center**
www.sprc.org Search for: Social Marketing
- ❖ **MIT’s campaign** [//web.mit.edu/savetfp/](http://web.mit.edu/savetfp/)

- ❖ **Chambers DA, Pearson JL, Lubell K, Brandon S, O’Brien K, Zinn J. 2005. The science of public messages for suicide prevention: A workshop summary. *SLTB*; 35(2): 134-145**
Available fulltext free online at
<http://www.atypon-link.com/GPI/doi/pdf/10.1521/suli.35.2.134.62871>

- ❖ **Corrigan, P., Lee, C., & Guevara, R. (2004).** Addressing discrimination and stigma through mental health consumer contact. Presentation delivered at teleconference sponsored by the Resource Center to Address Discrimination and Stigma, U.S. Department of Health and Human Services, June 22, 2004

Available online at

http://www.adscenter.org/archtel_pdfs/StigmaContact.pdf

- ❖ **Corrigan, P.W. (2000).** Mental health stigma as a social attribution: Implications for research methods and attitude change. *Clinical Psychology: Science and Practice*, 7, 48-67
- ❖ **Corrigan, P.W. & Penn, D.L. (1999).** Lessons from social psychology on discrediting psychiatric stigma. *American Psychologist*, 54 (9), 765-776

- ❖ Rudd MD, Berman AL, Joiner Jr. TE, Nock MK, Silverman MM, Madrusiak M, Van Orden K, Witte T. Warning signs for suicide: Theory, research, and clinical applications. *SLTB* 36(3): 255-262
Available fulltext free online at <http://www.atypon-link.com/GPI/doi/pdfplus/10.1521/suli.2006.36.3.255>

- ❖ Smith WA. Social marketing: an overview of approach and effects. 2006. *Injury Prevention* 12 (Suppl 1); i38-i43
- ❖ Suicide Prevention Resource Center. 2006. *Safe and Effective Messaging for Suicide Prevention*. Available online at <http://www.sprc.org/library/SafeMessagingfinal.pdf>

- ❖ Available from SAMHSA's National Mental Health Information Center
 - ◆ National Suicide Prevention Lifeline: Signs of Suicide wallet cards, online at <http://www.mentalhealth.samhsa.gov/publications/allpubs/walletcard/engwalletcard.asp>
 - ◆ National Suicide Prevention Lifeline: Assessing Suicide Risk: Initial Tips for Counselors wallet cards, online (item # SVP06-0153) at <http://store.mentalhealth.org/publications/ordering.aspx>

- ❖ Van Orden KA, Joiner Jr. TE, Hollar D, Rudd MD, Mandrusiak M, Silverman MM. 2006. A test of the effectiveness of a list of suicide warning signs for the public. *SLTB*; 36(3): 272-287