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Suicide awareness campaigns: are they a valid prevention strategy?

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**Suicide prevention public awareness campaigns are growing in popularity, but do they work?
What research evidence do we have to support the efficacy of these campaigns?
What critical elements support effectiveness of awareness campaigns?**

Introduction

Australia's suicide rate has been trending upwards in the last decade, leading to renewed efforts to prevent suicide.¹ Public awareness campaigns, traditionally delivered through mass media, have become increasingly popular globally to combat these rates.²



Improving responsiveness and literacy



Improving individual help-seeking



Encouraging immediate action in suicidal crisis

These campaigns tend to focus on:

- improving responsiveness and literacy in the general public to identify and respond appropriately to warning signs and risk factors in self and others;
- lowering stigma and raising awareness to improve individual help-seeking; and
- encouraging immediate action by individuals in suicidal crisis.^{3,4}

In practice, determining a campaign's specific objective(s) and knowing exactly what classifies as an awareness campaign can be difficult. Campaigns may aim to achieve these objectives directly, incidentally or indirectly, for example, by targeting risk factors. For the purposes of this paper, suicide awareness campaigns are defined as planned, public level information delivered using mass media.

Although suicide awareness campaigns are increasingly widespread, reporting of their efficacy is limited. With the announcement of \$10.4 million for a national awareness campaign due to COVID-19,⁵ it is critical to evaluate whether this is an effective use of funds. Indeed, the question of what even defines effectiveness of such campaigns remains unclear—for example, is the expected outcome population-level behavioural change that prevents the occurrence of attempts and suicides? Or is the outcome something else altogether, attitude change and destigmatisation?

These, and several other issues, require clarification if the design and implementation of future campaigns is to be optimised or recommended above other suicide prevention activities.

The aim of this chapter is to clarify key questions concerning awareness campaigns to determine future investment in these strategies. First, are these campaigns effective (and why)? On what grounds? And in which domains? Second, what are the critical components of successful campaigns? Third, are these components incorporated into recent/current initiatives? To conclude, we explore policy implications of these considerations.

Evidence of effect

Recent reviews have highlighted key findings regarding suicide awareness campaign efficacy.⁶⁻¹⁰ However, much of the available evidence has limitations with respect to causality due to research design and the practical difficulties of mounting gold-standard approaches (e.g. the use of Randomised Controlled Trials (RCTs) in community settings). Additionally, these programs often tend to be delivered as one element of larger suicide prevention initiatives.¹¹

Some campaigns have been shown to improve (albeit modestly) knowledge¹²⁻¹⁴ and help-seeking intentions.^{4,15,16}

Generally, these programs are also associated with positive changes in attitudes during or immediately following a campaign.^{4,15} However, the impact of these changes on actual behavioural outcomes (e.g. help-seeking) is unclear.¹⁴

Moreover, studies tend to have insufficient statistical power to examine attempts or deaths as outcomes^{6,7} and those that do are generally part of multicomponent programs,¹⁷⁻²¹ so attributing effect to the

awareness campaign component is, at best, inexact. Only one single 'standalone' awareness campaign in Japan has been shown to decrease rates of death by suicide,²² and it required an intensive and unsustainable amount of resourcing. It is unclear if such strategies would be effective in different cultural contexts.

The potential benefits of these campaigns relative to potential harm must also be considered. For instance, Till and colleagues²³ found a campaign aimed at improving help-seeking via a suicide hotline, did not appear to motivate suicidal individuals to call, and crisis calls for family

problems actually reduced, despite this issue being an explicit target of the campaign. It is also important to consider the differential impact on diverse populations.

For instance, despite consistent findings regarding overall improvement in attitudes, there is some evidence that campaigns may be associated with reduced positive attitudes towards help-seeking in certain sub-populations (e.g. depressed adolescents,^{24,25} certain regional populations²⁶). Mass media campaigns are often expensive, thus money spent on them is unavailable for other mental health or suicide prevention initiatives.

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Critical campaign elements

Given this mixed and limited evidence on efficacy, it is useful to determine the elements, if any, that increase campaign success or failure. Because of lack of RCT evidence, evaluation of these campaign elements is based on largely observational data.

First, there remains a lack of understanding of what makes messages in suicide prevention campaigns safe and effective.²⁷ Recommendations of an expert US-based workshop²⁸ claim that media campaigns must:

- i. adopt a scientific approach throughout;
- ii. pre-test messages;
- iii. consider the impacts on both targeted and non-targeted groups;
- iv. portray helpful options/solutions; and,
- v. not overgeneralise particular risk factors (thereby normalising suicide within groups).

An Australian workshop²⁷ emphasised that campaigns must validate or reflect the target group's issues and needs

and promote help-seeking behaviours. However, this workshop also raised concerns that varied audiences may interpret messages differently, resulting in unfavourable outcomes. As such, careful deliberation, tailoring and testing of message content is critical.

Some evidence indicates that since stigma and poor suicide literacy are associated with reduced intentions to seek help, messages that improve literacy and reduce stigma are important in facilitating help-seeking.²⁹ One study found that the most highly-rated messages by both suicide prevention experts and those with lived experience of suicide were those that encouraged family members or friends to ask directly about suicidal thoughts and intentions, listen to responses without

judgment, and tell the person at-risk that they care and want to help.³⁰

Intensity of exposure and duration of campaigns are also relevant factors. Evidence suggests that where the intensity of the campaign message varied across regions, improvements in help-seeking were only observed where more intense implementation occurred.³¹ Short-term initiatives have very little, if any, effect⁹ and even where knowledge gains have been found, these were generally not maintained over time.^{6, 8} Similarly, insufficient research exists to suggest standalone awareness interventions have any impact on reducing suicide rates or changing suicide behaviours.^{8, 10} Campaigns containing no call to action or support service augmentation are unlikely to change behaviour.⁶

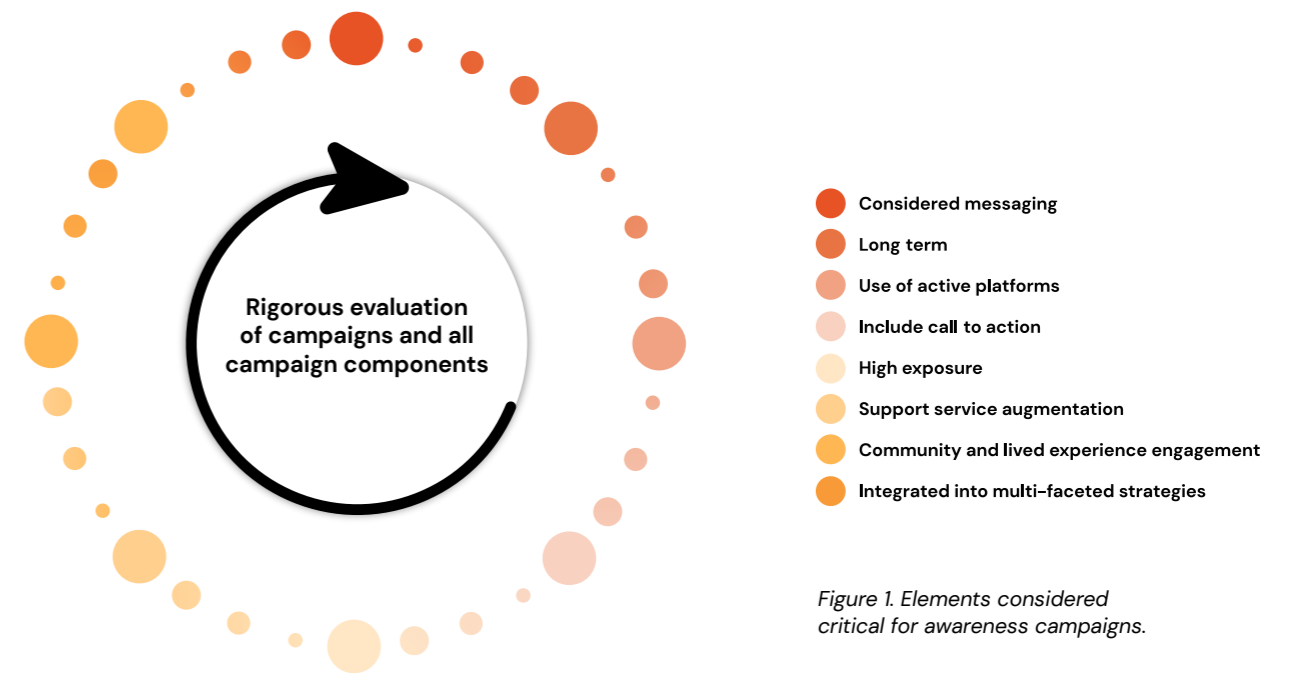


Figure 1. Elements considered critical for awareness campaigns.

Campaigns that rely primarily on 'passive' exposure platforms (e.g. billboard advertisements) tend to be the least effective campaigns and in some instances have shown decreases in coping and in intentions to seek help.²³⁻²⁵ These platforms may fail to provide information about services, or to imbed the topic of suicide into a broader discussion about wellbeing that is possible via other mediums.¹²

Interestingly, this effect appears to be ameliorated with appropriate crafting and enhanced personal appeal of messaging. Consequently, actively involving different community stakeholders and the

target populations in the design, messaging, and implementation of campaign content is a critical element in campaign success.^{32, 33} Similarly, the role of lived experience holds promise, not only in guiding content and delivery but potentially in the delivery of the message itself. For example, it has been shown that utilising lived experience storytelling may be more effective than the testimony of professionals in reducing risk.³⁴

Sustained programs with sufficient exposure (message reach and duration) that involve multiple levels of a society and establish a community support network are most reliably

successful.⁹ Similarly, these campaigns are more likely to be effective when delivered in conjunction with other strategies that produce corresponding improvements in availability of—or access to—relevant support services or training.¹⁸ Awareness campaigns may then be preferably delivered as one component of a multifaceted approach including community training, aftercare services following a suicide attempt, and building the capacity of health professionals and communities to detect and manage suicidality.⁶ These key components are summarised in Figure 1.

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Australian campaigns, past and present

In Australia, the last two decades have witnessed significant national and regional, government and philanthropic initiatives undertaken to prevent suicide. These involve at least some element of awareness campaigning but tend to blend these components with broader suicide prevention strategies or focus on general mental health rather than suicide. Despite these efforts, over the last 15 years, the national suicide rate has increased.³⁵ Determining which prevention strategies form exemplar approaches is crucial to planning future action.

The R U OK? campaign is a highly recognised initiative and one of the few with current evaluation data. It aims to engage the community to ask, listen, and encourage action, and provides resources for all stages of this process. Program evaluations have focussed on awareness of its presence, message, or involvement; or assessed help-seeking/help-provision intent or stigma reduction,³⁶⁻³⁸ with generally positive results.

The recent multicentre collaborative #youcantalk campaign and SANE Australia's Better Off With You campaign draws on input of individuals with lived experience of suicide. Data from these campaigns are not yet available. Currently, a 12-site, Australia-wide National Suicide Prevention Trial (Life in Mind, 2019), and the Black Dog Institute's NSW-based LifeSpan program utilise awareness

raising as one element of multicomponent prevention strategies. Findings for these large trials are not yet available.

Specific at-risk groups are often a focus for campaigns due to high suicide rates, high stigma levels or low help-seeking. Targeted populations have included men, rural communities, young people, certain high-risk occupational groups, Indigenous people, refugee populations, culturally and linguistically diverse groups and LGBTQI+ populations. However, with the exception of those aimed at men³⁹⁻⁴⁴ and young people^{13, 17, 45, 46}, little evaluation data is available on these specific at-risk group campaigns.

There has been some consideration of diversity in recent campaigns. For instance, the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention

(CBPATSISP) was a collaborator on the #youcantalk campaign and R U OK?'s Stronger Together campaign. However most Indigenous prevention programs are localised to specific communities or regions (e.g. Wot Na Wot Kine,⁴⁷) and have limited media campaigning or evaluation. The Yarns Heal and subsequent Talking Heals programs (encouraging help-seeking via storytelling) are further examples of targeted campaigns. At a national level MindOUT! promotes and delivers suicide awareness campaigns for LGBTQI+ people and communities. Again, individual program data is not openly available. More work is needed in these at-risk and often marginalised groups, such as refugee, and culturally and linguistically diverse communities who are often neglected where language barriers alone make mainstream campaigns inadequate.

Policy implications

Part of the appeal of mass media awareness campaigns is that they can seemingly reach mass populations with minimal long-term resourcing. They can also be an easier option than interventions aimed at reducing known risks for suicide or improving mental health and support services. However, the costs (and opportunity costs) associated with awareness campaigns can be sizable, both financially and in promoting a perception that something is being done to address suicide.

Evaluation is critical in determining whether this spending is justified. To date, increases in literacy, help-seeking intentions or campaign reach are often used as markers of success, while behavioural outcome data is limited. Perhaps these outcomes are enough to argue campaigns of this kind are useful but an inadequate prevention strategy.

It is insufficient to suggest changing awareness is akin to reducing suicide rates, but the nature of these initiatives, historically, has led to a deficiency in—or absence of—evaluation (especially of behavioural outcomes). Long-term follow-up is also required to ascertain the enduring benefits of such

campaigns. As new campaigns emerge, rigorous, mixed-method, longitudinal evaluation must be embedded in planning. While there is little evidence of specific harms (i.e. contagion) associated with suicide awareness campaigns, evaluation is also fundamental in this regard.

Campaigns appear to be most effective when they deliver considered, measured and sustained messages and embed behavioural change techniques or specific service provision.

Furthermore, program tailoring to specific risk populations and careful consideration of messaging is critical and can be achieved through community

engagement and a process of experience-based co-design. Evidence also indicates that campaigns delivered as part of multi-component suicide prevention strategies show the most promise. However, with an increased understanding of the need for integrated approaches, determining the effectiveness of specific elements is difficult. Therefore, awareness campaigns in the context of these multi-component strategies should have clear justification and attempts should be made where possible to isolate the effects of such campaigns and the active mechanisms of the messages themselves.

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Recommendations

1 Co-ordinate community engagement to tailor appropriate campaigns to high-risk groups.

2 Include lived experience and diverse populations in campaign design from their outset and throughout.

3 Ensure all campaigns include an evaluation to determine their effect across a range of measures (help-seeking attitudes and help-seeking behaviours, lowered suicide attempts and suicide). These should include longer-term outcomes and the use of strong research design along with impacts on subgroups.

4 Investment in research to understand the effect of campaigns as a whole and individual components and mechanisms of action.

5 Invest in and promote campaigns that go beyond awareness raising and include components that are likely to have a positive impact on behaviour change.

6 Embed effective campaigns within multicomponent suicide prevention strategies that incorporate service-level augmentation at the state and community level.

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