

988

**SUICIDE
& CRISIS
LIFELINE**

988 Suicide & Crisis Lifeline Communication Toolkit

**MESSAGING AND COMMUNICATIONS TO PEOPLE
AT HIGHER RISK FOR OR DISPROPORTIONATELY
IMPACTED BY SUICIDE**

Research By:



In Partnership With:



The Suicide Prevention Resource Center at the University of Oklahoma Health Sciences Center is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 1H79SM083028. The *National Action Alliance for Suicide Prevention* (Action Alliance), housed at Education Development Center (EDC), is the public-private partnership working to advance the National Strategy for Suicide Prevention and make suicide prevention a national priority. The Substance Abuse and Mental Health Services Administration (SAMHSA), through the Suicide Prevention Resource Center (SPRC) grant, provides funding to operate and manage the Secretariat for the Action Alliance.

WARNING TO THE READER

This document discusses various experiences that you may find yourself identifying with while reading. Should you need emotional or mental health-related support, please contact 988 or a local trusted support.

Since July 2022, 988 has been the national 3-digit hotline for mental health resources and suicide prevention. Though 988 responded to 5 million contacts in that time, we must increase awareness and use of this valuable resource to address the current and growing need: 15 people per 100,000 died by intentional self-harm in 2022, more than any other year on record in the United States.¹

Organizations that reach the public—including nonprofits, state and local government entities and others willing to help—can play a huge role in reaching **the most urgent audiences in this effort: people who are at higher risk for or disproportionately impacted by suicide.**

1. <https://www.cdc.gov/nchs/fastats/suicide.htm>

Suicide is rarely caused by a single event or circumstance. Many individual, relationship, community and societal conditions and factors contribute to suicide risk. Some groups experience more negative social conditions and factors related to suicide, such as racism and discrimination, economic hardship, poverty, limited affordable housing, lack of education opportunities and barriers to physical and mental healthcare access.² In addition, some groups may have higher or recently increased rates of suicide, suicide attempt or suicidal ideation than the general U.S. population. These groups may be considered higher risk or disproportionately impacted by suicide.

This population is not homogenous, and communication to them can't be, either. That's why the messaging points and resources in this toolkit are based on the latest research gathered from specific cohorts within the general population. Your organization can confidently use these tools and resources to build awareness and trust in 988.

For the full research study, refer to the report, *988 Suicide & Crisis Lifeline: Messaging and Communications to People at Higher Risk for or Disproportionately Impacted by Suicide.*

PURPOSE

The messaging principles, trusted messengers, and campaign recommendations included in this toolkit are based on research findings from our comprehensive 988 study. As a marketer or communicator, you should use this toolkit as a resource as you craft messaging, build campaigns, and test calls to action with people at risk and/or disproportionately impacted by suicide to educate and increase usage of the 988 hotline for people struggling with mental health.

INTENDED AUDIENCES

The 988 messaging described in this toolkit is primarily intended for populations at higher risk for or disproportionately impacted by suicide. It was developed with the following populations in mind. (*Of note, the populations described here are not intended to be a comprehensive listing of those populations at higher risk for or disproportionately impacted by suicide, but rather a sampling.*)

- **American Indian/Alaska Native youth and young adults** (ages 13-34)
- **Asian American, Native Hawaiian and Pacific Islander youth and young adults** (ages 13-34)
- **Black youth and young adults** (ages 13-34)
- **Hispanic youth and young adults** (ages 13-34)
- **Individuals who have attempted suicide or experienced suicidal ideation during their lifetime** (ages 13+)
- **LGBTQIA+ youth and adults** (ages 13-49)
- **People with disabilities** (ages 13+)
- **Rural older men** (ages 49+)

Our research found that about half the American public—as well as the cohorts we studied—have heard about 988, but only a small fraction of individuals are using it. To overcome this challenge, 988 communications should be crafted in a way that instills trust and confidence and that influences them to use the service.

2. <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html#:~:text=The%20excess%20burden%20of%20suicide%20in%20some%20populations%20are%20called%20disparities.&text=Examples%20of%20groups%20experiencing%20suicide,of%20color%2C%20and%20tribal%20populations.>

PEOPLE WITH DISABILITIES (AGES 13+)

988 Use | Likes & Dislikes

Below are the top reasons individuals with disabilities would or would not consider using 988, which communicators should take into account when crafting messaging.

LIKES

- 24/7 availability
- Could communicate with a real person who's trained to help
- It's anonymous
- It's free
- Wouldn't have to worry about being judged
- Would be faster than finding a therapist/counselor
- Could get additional resources

DISLIKES

- Opening up to a stranger
- Might call parents (among teens)/law enforcement or take them to a hospital
- Privacy/confidentiality
- Credibility (potential lack of)
- Might not understand them/the situation
- Would not have a serious enough need/would use resources that other may need more
- Responses might be scripted or not personalized

USING THE MESSAGE FRAMES

FOUNDATIONAL FRAME

People with disabilities gravitated most toward language about the 988 counselor's ability to relate and understand their problems, as well as wording that expressed the counselor's trustworthiness, listening and lack of judgment. The frame below includes minor edits from the foundational frame shared earlier in this toolkit (for the broader public). Bolded statements indicate what this audience especially liked about this frame. However, the first paragraph, as well as "became my lifeline," were found to be polarizing (that is, they garnered higher than average likes *and* dislikes among participants), and should be used with caution.

Life became so ... overwhelming. I was stressed, anxious. I felt like I didn't have anyone to talk to who would really understand what I was going through, and I found myself questioning if my life was really worth it.

988 became my lifeline. Right away, **I spoke to a counselor who could relate** - she had worked with people just like me, **and she understood my problems** and where I was coming from. From the first few minutes we spoke, **I felt like I could really trust** and confide in her.

It finally felt like someone cared to just listen, and to provide help if I wanted it - which was exactly what I needed at a time when life felt like too much to handle on my own. **I never felt judged**, and our conversation helped me remember I wasn't alone.

If you're feeling overwhelmed by life or emotions, you don't know where to turn when in crisis, or you're questioning if your life is worth it, call/text/chat with a counselor at 988. You'll get one-on-one support from a skilled, compassionate counselor, 24/7. Your conversation is confidential, you'll feel heard and cared about, and you'll get connected with local mental health support.

CONDITIONAL FRAME TO USE: HEALTH EQUITY/ACCESS

People with disabilities rated the "Health Equity/Access" and "Law Enforcement" conditional frames equally for both improving the foundational frame and adding relevance to it. They slightly preferred "Health Equity/Access" over "Law Enforcement," though either frame could prove to be effective with this audience.

Health Equity/Access

988 is for *everyone*, regardless of who you are, where you live, or what you're going through. Through 988, you have access to free, quality, one-on-one support, 24/7 - no matter what your situation is, or if you have health insurance, or if you have access to medical professionals near you. Skilled counselors are here for you *now*.

You are not alone, and you deserve to feel heard and cared about - any time, from anywhere, day or night.

Law Enforcement

988 connects you with counselors who have one goal: Helping you. These skilled, compassionate counselors are focused on you and your best interests, providing a listening ear, an open heart, and real mental health support when you need it most. And it's completely confidential: Just you and your counselor, working together to overcome whatever life has been throwing at you.

988 is separate from law enforcement, and they understand the importance of privacy. It's a private, one-on-one opportunity to talk to a skilled professional.

TRUSTED MESSENGERS

People with disabilities said they're most likely to turn to their spouse/significant other/partner, friends, healthcare provider or mental health professional when struggling with their mental health. This audience would also trust information about 988 from similar audiences, as well as doctor/medical professionals—which are the key audiences communicators should leverage for 988 message delivery.

TOP RESOURCES USED WHEN STRUGGLING

- Friends
- Spouse/significant other/partner
- Mental health professionals
- Healthcare provider
- Mother

TOP RESOURCES THEY'D TRUST 988 INFO FROM

- Mental health professionals
- Mental health organizations
- Doctor/medical professionals
- Close friends
- Spouse/significant other/partner