

## **Title: Public service announcements (PSAs) designed to prevent youth suicide: Examples from around the world**

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## **Abstract**

Media campaigns have received increased attention as an intervention for combatting suicide. Suicide prevention campaigns involving public service announcements (PSAs) have not been well described and have been subject to minimal evaluation. This study aimed to identify suicide prevention PSAs from around the world and analyze and describe their content.

We searched the Internet for short, English-language PSAs that had been screened as part of suicide prevention campaigns and identified 35. Most commonly, these PSAs focused on the general population and/or people who might be at risk of suicide, and had a particular emphasis on young people. Almost 60% promoted open discussion about suicide, around 50% indicated that the life of a suicidal person was important, about 40% acknowledged the suffering associated with suicidal thoughts and feelings, about 25% stressed that suicide is preventable, and about 20% focused on the devastating impact of suicide for those left behind. Most PSAs promoted some sort of support for people at risk of suicide, usually a helpline or website. Although these messages appeared appropriate and practical there is a lack of research on the impact that they may have on people with varying degrees of suicide risk. Further work is needed to ensure that they are consistent with theories of behavior change, and that they are having their desired impacts.

## Introduction

Approximately 800,000 people die by suicide each year (World Health Organization, 2014).

Worldwide, suicide is one of the three leading causes of death among people aged 15-44 years and the second leading cause of death in those aged 15-29 years (Patton et al., 2009; World Health Organization, 2014). It has been estimated that for every suicide, an average of six people suffer intense grief and 80 to 100 more may be affected (Clark & Goldney, 2000).

Preventing suicide is an international public health priority (Mann et al., 2005), but knowledge is still accumulating as to how best to do this. One prevention approach that has been receiving attention recently is the media-based public education campaign. In suicide prevention, such campaigns have typically been public education campaigns (consisting of informative or persuasive messages) rather than social marketing campaigns (which typically involve an exchange with the community) (Rothschild, 1999).

There is evidence from elsewhere in public health (e.g., from tobacco control, HIV/AIDS and obesity-related disease prevention) that public education campaigns can change attitudes and behaviors (Ajzen, 2012; Jordan, Piotrowski, Bleakley, & Mallya, 2012; Wakefield et al., 2011; Wakefield, Loken, & Hornik, 2010). Raising community awareness and encouraging discussion about suicide may assist with addressing the problem, combating stigma and improving help-seeking (Niederkrötenhaler et al., 2010).

At the core of most campaigns are public service announcements (PSAs). PSAs tend to be short (less than one minute), usually target a broad audience, and are informative, succinct, and attract attention. They encourage the audience to think about the issue, change their attitude and, ultimately, change their behaviors (Atkin & Rice, 2001). Theories on behavior change such as social learning theory (Bandura, 1977), the theory of reasoned action (Ajzen, 2012) and the health

behavior model (Sharma & Romas, 2012), while not always used, can assist in the development of effective media campaigns (Randolph & Viswanath, 2004).

Only a handful of studies have evaluated the impact of suicide prevention campaigns. Some of these are before-and-after studies of entire campaigns that assess changes in community-level indicators related to suicide (e.g., suicide rates and calls to helplines) (Jenner, Jenner, Matthews-Sterling, Butts, & Williams, 2010; Matsubayashi, Ueda, & Sawada, 2014; Oliver et al., 2008; Till, Sonneck, Baldauf, Steiner, & Niederkrotenthaler, 2013) and just two have been randomized control trials (RCTs) (Klimes-Dougan & Lee, 2010; Klimes-Dougan, Yuan, Lee, & Hourri, 2009). The available evidence from the before-and-after studies indicate that suicide prevention campaigns are associated with an increase in the number of calls to helplines (Jenner et al., 2010; Oliver et al., 2008; Till et al., 2013) and a decrease in the number of suicides in subsequent months (Matsubayashi et al., 2014). The two RCTs exposed participants to a simulated billboard advertisement, a simulated television advertisement and a 'no information' condition. They observed greater improvements in knowledge and help-seeking behaviors from the television advertisement when compared to the billboard advertisement (Klimes-Dougan & Lee, 2010; Klimes-Dougan et al., 2009).

There is an argument that the RCTs and other evaluations that have been conducted are pre-emptive because they focus less on the content and format of PSAs and the campaigns in which they are embedded, and more on the responses to them. It is important to get the content and format right, in order to ensure that they do not have unintended consequences, such as normalizing suicide or implying that it is an appropriate response to stressors (Beautrais et al., 2007; Chambers et al., 2005; Cialdini, 2003; Pirkis & Blood, 2001).

We took a different approach, identifying suicide prevention PSAs from around the world and analyzing their content. In particular, we considered their target audience, key messages, delivery

method, emotional tone and promotion of help-seeking behavior. We did this with a view to providing lessons for those who might be developing suicide prevention PSAs in other contexts.

## Method

The study was approved by the Human Research Ethics Committee at the University of Melbourne.

We used a two-pronged strategy to identify relevant PSAs. In January 2014 we conducted an Internet search via Google, Youtube, and the websites of relevant government and non-government organizations with a role in suicide prevention using the following search terms: suicid\* AND (TV OR advertisement OR campaign OR media OR cinema OR mass media OR public\*). At the same time we contacted key stakeholders involved in suicide prevention from international and national organizations and asked them whether they were aware of any relevant PSAs (either ones they had produced themselves or ones produced by others).

We included PSAs that were produced in English or had English subtitles, were no longer than 90 seconds, mentioned the word “suicide” directly or had visuals themes that strongly implied that they were about suicide prevention, were part of a small or large-scale suicide prevention campaign, and were aired on television or in cinemas (i.e., were not just posted on the Internet). PSAs specifically about World Suicide Day were excluded, as were PSAs that we could not access or that were made for very specialized groups (e.g., the military). No limits were placed on the year of production.

We extracted basic identifying information about each PSA, and then coded each in terms of their apparent target group, their messages, their execution-style, their emotional tone, and whether they promoted help-seeking. We also considered the extent to which they were consistent with guidelines for media reporting of suicide, using Australia’s Mindframe guidelines known as *Reporting Suicide and Mental Illness* (Hunter Institute of Mental Health, 2014). These guidelines, like others from around the world, encourage the accurate and sensitive portrayal of suicide (Pirkis, Blood, Beautrais, Burgess, & Skehan, 2006). They recommend that the term “suicide” be used sparingly; suicide and celebrity suicide is not glamorized, sensationalized, or presented as a solution to problems; the methods and location of suicide are not described, displayed or

photographed; suicide is not reported as a social phenomenon but that the underlying causes are reported to help dispel myths; and that alternatives to suicide are highlighted, and phone numbers and contact details for support services are included (Hunter Institute of Mental Health, 2014).

Two independent coders (MF and AN) viewed each PSA at least three times and extracted relevant information from them into a codebook. Where there was disagreement with the coding, the coders viewed the PSA in question together and discussed areas of disagreement until consensus was reached.

Simple frequencies and percentages were calculated to provide a descriptive analysis of the PSAs.

## **Results**

### **Identification of PSAs**

A total of 81 PSAs were identified through the search. Forty-six of these PSAs were excluded as they did not meet the inclusion criteria: 12 were not shown on television or in cinemas; 12 were not suicide specific; eight were shorter versions of PSAs already included in the dataset; 13 were not accessible; and one was over 90 seconds duration. Thirty-five PSAs, therefore, met inclusion criteria. Table 1 provides a brief overview of the content and characteristic of these 35 PSAs.

### **Characteristics of PSAs**

Of the 35 PSAs, 12 (34%) were produced in the USA, seven (20%) in the UK, six (17%) in Australia, six (17%) in New Zealand, three (9%) in Canada and one (3%) in Israel. All PSAs were produced by either non-for-profit organizations (31 or 89%) or government organizations (four or 11%). The production year of the PSAs ranged from 2003 to 2013; with 22 (60%) of the PSAs produced more recently between 2012 and 2013. The duration of the PSAs ranged from 11 seconds to 89 seconds (mean = 38 seconds; SD = 18 seconds).

### **People featured in PSAs**

Table 2 summarizes the main characteristics of the individuals featured in the PSAs, allowing for multiple responses. A third of the PSAs included people at risk of suicide and/or people from the general population, and one sixth featured peers and/or family members of a person at risk of suicide and/or bereaved family members. Approximately two-thirds of the PSAs featured young people (who appeared to be aged 12 to 25 years) or adults (who appeared to be aged 26 to 65 years). Very few PSAs featured children or older adults. The PSAs were more likely to feature males (26 or 74%) than females (21 or 60%). They were also slightly more likely to feature people from Caucasian backgrounds (17 or 49%) than those from minority cultural backgrounds (15 or 42%). None of the PSAs featured a person who had survived a suicide attempt.

## Target audience

Table 2 also shows the characteristics of the PSAs' target audiences, allowing for multiple responses. An assessment to determine the target audience for each PSA was based on: who the PSA directed their call to action to; whether the PSA made reference to a high-risk group; or who the promoted support services catered for. The majority of PSAs targeted more than one type of viewer. The top four audiences that the PSAs seemed to target in descending order were the general population, people who might be at risk of suicide, peers of people at risk of suicide, and family members of people at risk of suicide. All 35 PSAs seemed to target young people and two-thirds of these PSAs also targeted adults. Four PSAs (11%) exclusively targeted males and three (6%) females. Twenty-one (60%) PSAs targeted people experiencing early warning signs for suicide compared to 14 (40%) of PSAs which targeted people who were at crisis point. A minority of PSAs specifically targeted people: in rural communities; who are lesbian, gay bisexual, transgender or queer (LGBTQ); in cultural minority groups; and/or who are children. No PSAs specifically targeted people who had survived a suicide attempt, mental health professionals or educators.

The extract from the *You Can Do Something About Suicide Prevention (Men)* PSA is an example of a PSA that targets both the general population and young males. This PSA features five men (under the age of 44 years) talking about likely causes of death for young men and it concludes:

“... the fact is that the biggest cause of death for men my age group is suicide. Please don't let this happen to me. You can do something. Lifeline believes that suicide is mostly preventable. Help us save lives, find out what you can do at [lifeline.org.au](http://lifeline.org.au).”

## Suicide prevention key messages

Table 3 shows the main messages presented in the PSAs, allowing for multiple responses. Each PSA delivered at least two key messages. Almost 60% of the PSAs promoted open discussion about suicide. These PSAs used catchphrases that were easy to recall such as “Talk about it” (*Suicide Prevention In Nunavut: Talk About It*), “Start the conversation today” (*Start the Conversation Today*

- *In New Zealand*) and “Talk to me” (*Ask For Help*) to urge, persuade and instruct viewers to discuss suicidal thoughts and feelings or to ask people at risk about their thoughts and feelings.

Approximately half of the PSAs emphasized that the life of a person at risk of suicide is important. Some of these PSAs used a direct approach to express this message, such as the *Human Race* PSA, which states “You are what is important”. Others, like the *Teen Suicide Prevention* PSA and the *Choose Life* PSA, indirectly demonstrated that the person’s life matters by showing family, friends and colleagues looking out for one another and helping the person at risk of suicide access support.

Another message conveyed by almost 40% of the PSAs was an acknowledgement of the struggle and suffering associated with suicidal thoughts and feelings. Six PSAs (17%) illustrated this struggle by linking suicide with stressors such as relationship breakdown, job loss and family conflict, and eight PSAs (22%) did so by discussing the impact of mental health issues such as depression, substance abuse, psychosis and trauma. PSAs such as *Choose Life* and *Suicide Prevention In Nunavut: Break The Silence* used imagery, body language and nonverbal expressions to show the difficulties a suicidal person might be experiencing. The following excerpt from the *Save 60* PSA is one example of how the relationship between mental health and suicide was portrayed in these media campaigns:

“Depression can lead to suicide. If you see the symptoms of depression get that person to a doctor. With medical help depression can be treated and suicide can be prevented. Learn how you can stop depression taking another life.”

The message that suicide is preventable was stressed in approximately 25% of PSAs. Some of these used both written and verbal slogans like “preventing suicide it is possible” (*Suicide Prevention In Nunavut: Talk About It*) and “[The Scottish Association for Mental Health] SAMH believes that suicide can be prevented” (*Two Too Many - Hear a Young Man’s Unspoken Thoughts*) to demonstrate this message. Others suggested that suicide can be avoided by modelling people at risk of suicide and/or their family and peers utilizing appropriate supports and services. For

example, the *Teen Suicide Prevention* PSA features peers reaching out to a young adult experiencing suicidal thoughts, taking them to counselling and the young person overcoming suicidal thoughts and being active with peers.

The devastating impact of suicide was another key message communicated by 20% of the PSAs. Some of these PSAs used personal approach to convey the impacts. They featured family members or peers grieving the suicide of a loved one. For instance, the *Right By You* PSA featured a distraught mother crying in her teenage daughter's room with the following written text on screen "Living with a teen is hard. Living without one is harder". Others, including the *There's No Need To Feel Alone* and *Start The Conversation today - Whanau* PSAs, indicated that suicide impacts on the whole community, using phrases such as, "suicide, it affects us all".

A minority of PSAs indicated that suicidal feelings were transient, could be mastered and or encouraged viewers to donate to help combat the suicide problem.

### **Public education**

Media suicide prevention campaigns have a role in educating the public about suicidal behavior. Fifteen PSAs (43%) attempted to educate viewers by dispelling myths about suicide, such as: people who talk about suicide are not serious and will not go through with it; talking about suicide should be avoided because it may encourage people who would not have otherwise thought about taking their own lives to do so; and people who threaten suicide are just attention seeking and should not be taken seriously. These PSAs encouraged people to "speak up and get help" (*It Isn't Always Easy*). For example, the *Start the Conversation Today - In New Zealand* PSA stated:

"If a person talks about suicide and doesn't follow through with it, that does not mean that they are just attention seeking; talking about it can be a cry for help. Start the conversation today."

Other PSAs (14 or 40%) educated viewers by providing accurate factual information about suicide warning signs, prevalence rates, risk factors and vulnerable population groups. The following text from the *Suicide Prevention Australia* PSA is one example of a PSA message aimed at educating viewers about suicide and risk factors

“Seven people die [by suicide] per day in Australia. Women are four times more likely to attempt suicide. The highest rate is males 25 to 44 years. Isolation, abuse, trauma are factors.”

None of the PSAs portrayed suicide as an epidemic or a social phenomenon or exacerbated myths about suicide.

### **Promotion of help-seeking behavior**

Consistent with *Reporting Suicide and Mental Illness*, the majority of PSAs encouraged help-seeking behavior by the person at risk of suicide (23 or 66%) and/or by those worried about a person who might be at risk of suicide (21 or 58%). Ten (28%) PSAs also indicated that help-seeking would relieve emotional pain. These PSAs promoted a range of supports for people at risk of suicide, including calling a helpline (17 or 47%), visiting a webpage (16 or 44%), or accessing help through informal sources (e.g., talking to a friend, parent or partner) (11 or 31%), semi-formal sources (e.g., talking to a teacher or supervisor) (three or 8%) or mental health professional support (one or 3%). PSAs promoted similar types of supports for people who were concerned about a person at risk of suicide, including a helpline (19 or 52%), webpage (20 or 56%), informal sources (14 or 39%), semi-formal sources (two or 6%) and mental health professional support (1 or 3%). The following quotes from PSAs typify how viewers were encouraged to access help: “... with help comes hope so call the National Suicide Prevention Lifeline day or night at 1800 273 TALK that’s 1800 273 8255” (One Tree Hill Suicide Prevention Promo) and

“... if you are concerned about yourself or a friend call kidshelpline. They do care, they do listen. It is confidential and available 24/7. Call 1800 55 1800 or go on line at [www.kidshelp.com.au](http://www.kidshelp.com.au). Reach out to Kidshelpline.” (*Too Many Too Soon*)

### **Glamorization of suicide**

Consistent with *Reporting Suicide and Mental Illness*, the majority of PSAs did not glamorize or sensationalize suicide. None of the 35 PSAs made reference to a celebrity suicide. Thirty three (94%) PSAs used appropriate terms to describe suicide. Terms used included “die by suicide” (*Suicide Prevention In Nunavut: Break The Silence*), “ending their own life” (*What Would You Do*), “tried to kill himself” (*Two Too Many - Every Parent's Worst Nightmare*)” and “we lose people to suicide” (*Start The Conversation Today - Maori Wardens*). The number of times that the word suicide was used in the PSAs varied from 0 to 15 with a mean of 2.3 (SD: 2.6). Only two PSAs (6%), the *Start the Conversation Today - Our Men* and the *For Life* PSAs used the term “committed suicide”. This phrase is considered to be inappropriate and outdated as it can imply that suicide is a sin or crime (Hunter Institute of Mental Health, 2014)

### **Method of suicide**

*Reporting Suicide and Mental Illness* suggests that the method and location of suicide should not be included or described in detail as this has been found to lead to imitation acts. The method of suicide was suggested in three (9%) PSAs. Both the *For Life* and the *Car Park* PSAs implied that a young man ended his life by jumping off a high building. The *Teen Suicide Prevention* PSA suggested that a young woman was considering a suicide attempt by taking an overdose. None of the PSAs provided information about the exact location of a suicide attempt.

### **Emotional tone of the PSAs**

The emotional tone of PSAs can have an impact on the audiences’ attitudes and help change behaviors. Of the 35 PSAs reviewed, 12 (34%) provoked difficult emotions such as sadness, fear and shame or guilt. Sadness was often associated with PSAs that represented the suicidal behavior of a teenager, the grief and devastation of a bereaved family member and the impact that suicide had on the broader community. Fear often accompanied PSAs that depicted individuals who were unsure of how to help or react to someone at risk of suicide. Shame and guilt were provoked by

PSAs depicting the consequences experienced by family members missing the warning signs. The key message below from *the Start The Conversation Today - If Only* PSA captures some of these sentiments:

“If only I’d seen the signs. If only I’d known what to do. If only I listened more. If only I’d been there, known what to say, where to go, maybe things would be different now.”

Seven (20%) of the PSAs prompted strong positive emotions such as hope and determination. These PSAs most often showed people being encouraged to make personal changes or to help others. For example, the *You Can Too* PSA features a number of professionals using empowering language to motivate viewers:

“You don’t have to be a professional to save a life. Firefighters, doctors and others save lives. You can too. Don’t wait, to learn about warning signs and how you can prevent suicide, visit [save.org](http://save.org)”

### **PSAs’ overall style**

The main style used by 24 (69%) of the PSAs was simulation. In these PSAs, actors depicted realistic scenes, presented facts about suicide or acted out scenarios with a voiceover or music. Six (17%) PSAs presented their message using a public figure, such as a community leader, sportsperson or a celebrity, five (14%) PSAs used bereaved family members, five (14%) used animations and two (6%) PSAs used positive testimonials.

## Discussion

### Summary of findings

This is the first study of its kind to explore the contents of suicide prevention PSAs. We identified 35 PSAs from five countries. The majority of these PSAs were produced between 2012 and 2013 demonstrating that using PSAs to increase awareness and combat suicide is a new but increasing occurrence.

The PSAs primarily targeted the general population and/or people at risk of suicide and had an emphasis on young people. Most PSAs portrayed at least two key messages. PSAs promoted open discussion about suicide, indicated that the life of the person at risk of suicide mattered, acknowledged the suffering associated with suicidal thoughts and feelings, stressed that suicide can be prevented, and depicted the devastation that suicide has on those left behind.

The majority of PSAs promoted talking about suicide and encouraged help-seeking behavior via helplines, webpages and informal sources. They did not, however, elaborate by providing advice on *how* to talk about suicide. Only a small number of PSAs focused on resolving underlying issues and exploring alternatives to suicide and/or encouraging viewers to access professional support. Talking about suicidal thoughts and encouraging people to access informal support are crucial first steps in any suicide prevention campaign, but there is an argument that these key messages could be strengthened through an emphasis on professional support. Promotion of professional support may lead to de-stigmatization of help-seeking behaviors, early intervention (Wright, McGorry, Harris, Jorm, & Pennell, 2006) and access to evidence-based therapies that are known to assist with building reliance, changing suicidal thinking patterns and mastering problems (Brown et al., 2005; King, Strunk, & Sorter, 2011; Stanley et al., 2009).

The majority of PSAs were consistent with *Reporting Suicide and Mental Illness* (Hunter Institute of Mental Health, 2014) in that they attempted to educate the public by providing accurate

information about suicide, did not glamorize or sensationalize suicide, did not depict methods or locations of suicide generally used appropriate language and positive action.

### **Universal suicide prevention approaches**

PSAs are considered to be a universal preventive intervention. Universal preventive interventions target entire populations and can be contrasted with selective interventions (which target groups and communities who have not yet manifested suicidal behaviors but are identified as high-risk) and indicated interventions (which target people who are already showing signs of suicidal behaviors) (Australian Government Department of Health and Ageing, 2007; Mrazek & Haggerty, 1994). Some other universal interventions have shown promise; these include restricting access to means of suicide (e.g. introducing firearms legislation, restricting carbon monoxide emissions from cars and reducing the pack sizes of analgesics), encouraging responsible media reporting of suicide, and improving the public's mental health literacy (Beautrais et al., 2007). Rose's prevention paradox, stresses that prevention strategies that target whole populations, including low-risk groups, may be more effective in improving the overall health of the population than strategies aimed at high-risk groups alone, giving further weight to universal approaches to suicide prevention (Rose, 1992). It is fair to say, however, that there is limited evidence on the impact of PSAs. There are also suggestions that the "one-size fits all approach" may not effectively address the needs of high-risk groups (Lifeline, 2010). It may be necessary to embed PSAs in multi-level interventions to ensure that people with different levels of risk have their needs safely addressed (Hegerl et al., 2009; Niederkrotenthaler, Reidenberg, Till, & Gould, 2014).

### **Future research**

Further research is needed to evaluate the effectiveness of the content and format of PSAs. The key messages identified in this research appeared to be practical, encouraged individuals to take appropriate positive actions and were consistent across countries and campaigns. However, we need to examine their immediate impacts (e.g. whether they increase awareness of suicide

prevention), intermediate impacts (e.g. whether there were increased calls to helpline services) and long-term impacts (e.g. whether people who are vulnerable to suicide respond differently to people at low risk, whether people at risk accessed appropriate treatments; and whether suicide attempts and deaths by suicide decrease) to ensure that these messages are doing good and not inadvertently causing any harm (Daigle et al., 2006).

### **Study limitations**

The study has a number of limitations. It was restricted to PSAs produced for television in English or with English subtitles, so PSAs produced for social media, billboards, radio and in foreign languages were beyond the scope of this study. Despite using broad search terms, the various ways in which PSAs are defined and described and the availability of them in the public arena means that the search strategy we employed may have missed some PSAs. This study described the PSAs but it was beyond its scope to examine the impact that these PSAs may have had on changing help-seeking behavior or attitudes on people with different levels of vulnerability. It was also unable to examine whether the PSAs were complemented by other strategies (e.g., school education programs or gate keeper programs). Finally, although we double-coded the PSAs and resolved disagreements by consensus, there may have been some subjectivity in the coding of some variables, such as emotional tone of the PSAs.

### **Conclusions**

The use of PSAs as a suicide prevention strategy is gaining traction but PSAs have been subject to minimal evaluation. The kinds of messages that are being delivered through PSAs generally appear to be sound, and consistent with recommended practice for discussing suicide in other forms of media. Further work is needed, however, to ensure that they are consistent with theories of behavior change, and that they are having their desired impacts. There is an onus on those who are developing PSAs to evaluate them, ideally in a controlled environment before they go to air.

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**Table 1: Overview of the content and characteristics of PSAs (n=35)**

Organization	Organization type	Campaign	Country	Year	Duration (seconds)	Description of PSA
Lifeline	NFP	You Can Do Something About Suicide Prevention (Men)	Australia	2010	31	Features five males discussing common causes of death and concluding that the “biggest cause of death” for men under the age of 44 years is suicide. The PSA appeals to the public to not let suicide happen to young men.
Lifeline	NFP	You Can Do Something About Suicide Prevention (Women)	Australia	2010	31	Features six females discussing common causes of death and concluding that the “biggest cause of death” for women between the 18 to 34 years is suicide. The PSA appeals to the public to not let suicide happen to young women.
Lifeline	NFP	Human Race	Australia	2007	62	Features a young male jumping over hurdles in a race, with each hurdle representing a life stressor. The PSA concludes that participating is what is important and “without you there is no race”. The PSA also provides facts about suicide.
kidshelpline	NFP	Too Many Too soon	Australia	2011	60	Features photographs of many celebrities and everyday Australians who want to put an end to suicide. The PSA concludes with a large photo image of Tahlia Belinda Bell who died by suicide at the age of 19.
1life	NFP	There's No Need To Feel Alone	Australia	2013	31	Features a community leader, members of the 1life team and general community. The PSA discusses the devastating impacts of suicide in rural Western Australia and indicates that the community can help prevent suicide. It provides facts about suicide.
Scopered	NFA	Suicide Prevention Australia	Australia	2010	30	Features images of faces and text to Coldplay song lyrics “the scientist” The text outlines statistics and causes of suicide and urges viewers to get help.
Embrace Life Council	Gov	Suicide Prevention In Nunavut: Talk About It	Canada	2012	31	Features a teenage boy and his girlfriend having a fight. After the disagreement he wanders off looking upset and calls his friends for help. The PSA urges family members and peers to talk to teenagers about suicide.
Embrace Life Council	Gov	Suicide Prevention In Nunavut: Break The Silence	Canada	2012	60	Features a man hiking through the snow. The viewers can hear his unspoken thoughts about his brother’s suicide, his friend’s suicidal attempt and his own suicidal thoughts. The man acknowledges that suicide impacts on everyone. He plants a sign in the snow that urges the audience to talk about suicide.
Partners for mental health	NFP	Right By You	Canada	2013	30	Features teenagers arguing with their mother and concludes that it hard to live with a teenager but even harder to live without one.
Lifeline Aotearoa	NFP	Start The Conversation today - In New Zealand	New Zealand	2013	30	Adult members from the Maori community provide the viewers with factual information about suicide and encourage viewers to start discussing suicide.
Lifeline Aotearoa	NFP	Start The Conversation today - Whanau	New Zealand	2013	16	Features a range of people from the Maori community. The PSA portrays that suicide does not discriminate and can happen to anyone. The PSA encourage people to start talking about suicide.

Organization	Organization type	Campaign	Country	Year	Duration (seconds)	Description of PSA
Lifeline Aotearoa	NFP	Start The Conversation Today - Our Men	New Zealand	2013	31	Features members from the Maori community providing factual information about men and suicide. The PSA encourages viewers to start talking about suicide.
Lifeline Aotearoa	NFP	Start The Conversation Today - Daddy Gone	New Zealand	2013	31	Features a young boy drawing a picture of his father who appears to have died by suicide and concludes that suicide impacts on everyone. The PSA encourages people to start talking about suicide.
Lifeline Aotearoa	NFP	Start The Conversation Today - Maori Wardens	New Zealand	2013	16	Features three Maori warden discussing the frequency and impact of suicide. The PSA encourages viewers to start talking about suicide.
Lifeline Aotearoa	NFP	Start The Conversation Today - If Only	New Zealand	2013	30	Features bereaved family members wondering if they had done things differently whether their family member might still be alive. The PSA encourages people to start talking about suicide.
The Scottish Association for Mental Health (SAMH)	NFP	Two Too Many - Hear a Young Man's Unspoken Thoughts	Scotland	2012	30	Features a young man surrounded by friends and family at his birthday. Viewers can hear the young man's unspoken thoughts about his suicidal feelings and his unhappiness. The PSA emphasizes that suicide can be prevented; talking about suicide can be helpful and also encourages viewers to donate.
The Scottish Association for Mental Health (SAMH)	NFP	Two Too Many - Every Parent's Worst Nightmare	Scotland	2012	30	Features a mother doing house work. Viewers can hear the mother's unspoken thoughts about her fears and about how to best help her son who has returned home following a suicide attempt. The PSA highlights the devastating impacts of suicide, encourages talking about suicide and donating.
The Scottish Association for Mental Health (SAMH)	NFP	Four Times As Many People Die By Suicide in Scotland As Are Killed In A Car Accident	Scotland	2012	11	Features four pink stick like figures and a voiceover informing viewers that four times as many people die by suicide than road accidents in Scotland.
The Scottish Association for Mental Health (SAMH)	NFP	Today In Scotland Two People Will Die By Suicide	Scotland	2012	11	Features two animated pink dots and voiceover informing viewers that two people die by suicide each day in Scotland.
NHS Health Scotland	Gov	Choose Life	Scotland	2010	30	Features a young male with suicidal thoughts and feelings, getting to work, struggling to get through work and his peers assertively including him in social activities and asking him about how he is feeling. The PSA urges viewers to talk about suicide.
Samaritans	NFP	Samaritan's Commercial For Suicide Prevention	USA	2007	30	Features a bereaved family member talking her devastation and the impact of her cousin's suicide. The PSA provides statistics about suicide and information about services for grieving family members.

Organization	Organization type	Campaign	Country	Year	Duration (seconds)	Description of PSA
The Trevor Project	NFP	Ask For Help	USA	2013	60	Features a number of young people, from different cultural backgrounds, talking about their life struggles, asking for help from a variety of sources including a teacher, an aunt and the Trevor Project and experiencing the benefits of receiving support.
The Trevor Project	NFP	Ask For Help - Daniel Radcliffe	USA	2012	30	Features Daniel Radcliffe endorsing the benefits of help-seeking and talking about suicidal thoughts and feelings. The PSA urges people with suicidal thoughts and feelings to contact the Trevor Lifeline.
The Trevor Project	NFP	Ask For Help - Kevin McHail	USA	2012	60	Features Kevin McHale asking vulnerable young people to talk to him to call the Trevor lifeline. It also encourages bisexual, lesbian and gay young people to talk about suicidal thoughts and feelings.
Abuse and Mental Health Services Administration (SAMHSA)	NFP	We Can Help Us	USA	2011	30	Features text to music set in a school environment. The PSA implies that teenagers are not alone with their struggles, others have been there. It urges teenagers to visit a website where they can access information about how other teens have worked through problems.
Up2Riverside	NFP	It Isn't Always Easy	USA	2012	30	Features bereaved family members talking about the warning signs of suicide. The PSA urges people to talk about suicide, access help and learn the warning signs.
Up2Riverside	NFP	What Would You Do	USA	2013	30	Features family members and people with suicidal thoughts talking about the warning signs of suicide and how to access help. The PSA urges viewers to learn the warning signs and how to access to supports.
California Mental Health Services Authority (CALMS)	Gov	Know The Warning Signs of Suicidal Behavior	USA	2013	46	Features text to music. The PSA informs viewers that warning signs can subtle but are present and urges viewers to learn the warning signs, reach out and talk about suicide, and find out how to access supports.
SAVE: Suicide Awareness Voices of Education	NFP	Suicide Prevention - You Can Too	USA	2009	30	Features a fireman, a doctor and family members. The PSA informs viewers that they don't need to be a professional to save a life that they can prevent suicide by knowing the warning signs.
SAVE: Suicide Awareness Voices of Education	NFP	Save 60	USA	2009	65	Features an animated lifeline and brain with text and images of faces. The PSA provides information about the depression and urges viewers to learn the symptoms of depression and help loved ones access treatment to prevent suicide.

<b>Organization</b>	<b>Organization type</b>	<b>Campaign</b>	<b>Country</b>	<b>Year</b>	<b>Duration (seconds)</b>	<b>Description of PSA</b>
SAVE: Suicide Awareness Voices of Education	NFP	Teen Suicide Prevention	USA	2010	60	Features a female teenager struggling to cope with stressors, who uses alcohol and then considers ending her life by taking an overdose. It also features her teenage peers actively caring for her and helping her access professional help that relieves her emotional pain.
National Suicide Prevention Lifeline	NFP	One Tree Hill Suicide Prevention Promo	USA		26	Features two celebrities from the cast of One Tree Hill television series who urge young people to access the helpline.
Israeli Ministry of health	NFP	For Life	Israel	2003	40	Features a young man ringing a bell while going through his daily activities but no-one hears the bell ringing. The bell represents the suicide warning signs. The young man stops rings the bell at the edge of a roof top and it is implied that the young man has died by suicide by jumping off the building.
CALM:(Campaign Against Living Miserably	NFP	Car Park	UK	2006	60	Features a young and older man on a multi-story car park. The older man fears that the young man may physically harm him however the young man walks straight past him and jumps off the building.
CALM: Campaign Against Living Miserably	NFP	Hip Hop Old Skool MTV CALM Charity	UK	2012	89	Features seven hip-hop artists talking about their own suicidal thoughts and feeling. It implies that talking helped relieve emotional pain and that that their life actually improved.

NFP = Non for Profit Organization; Gov = Government Organization

**Table 2: Characteristics of people featured in PSAs and targeted audience (n= 35)**

Characteristics	People featured		Target audience	
	Freq	%	Freq	%
General population	12	34.3	24	68.6
Suicidal person(s)	12	32.3	18	51.4
Survivor	0	0.0	1	2.9
People with mental illness	4	11.4	3	8.6
Mental health professional	1	2.9	0	0.0
Educator	1	2.9	0	0.0
Family member	6	17.1	10	28.6
Bereaved family member	5	14.3	4	11.4
Peers	6	17.1	12	43.3
LGBTQ <sup>b</sup>	dk <sup>c</sup>	dk	3	8.6
Not applicable	3	8.6	0	0.0
<b>Gender<sup>a</sup></b>				
Both	n/a	n/a	29	82.9
Males	26	74.3	4	11.4
Females	21	60.0	2	5.7
<b>Age Group<sup>a</sup></b>				
Child (up to 11 years)	4	11.4	7	20.0
Youth (12 to 25 years)	23	65.7	35	100.0
Adult (26 to 64 years)	23	65.7	26	74.3
Older age (65+ years)	7	20.0	19	54.3
<b>Locality<sup>a</sup></b>				
Urban (Specifically)	1	2.9	0	0.0
Rural (Specifically)	3	8.6	3	8.6
Not applicable	31	88.6	32	91.4
<b>Cultural group</b>				
Caucasian	17	48.6	27	77.1
Other culture	15	42.9	8	22.9
<b>Stage<sup>a</sup></b>				
Warning signs	n/a	n/a	21	60.0
Crisis point	n/a	n/a	14	40.0
After event	n/a	n/a	4	11.4
No specified	n/a	n/a	11	31.4

<sup>a</sup> = Multiple responses permitted; <sup>b</sup> = Lesbian, Gay, Bisexual, Transgender & Queer; <sup>c</sup> = don't know

**Table 3: Key PSA messages**

<b>PSA messages<sup>a</sup></b>	<b>Freq</b>	<b>%</b>
Promotion of open discussion	20	57.1
Emphasizes that the life of a person at risk of suicide is important and that they matter	18	51.4
Acknowledged the struggles associated with suicidal thoughts and feelings	13	37.1
Stressed that suicide is preventable	11	31.4
Emphasized that suicide has devastating impacts on those left behind	8	22.9
Expressed that suicidal feelings are transient	6	17.1
Encouraged donation to help combat suicide	6	17.1
Promoted that suicidal thoughts and feelings can be mastered/ you can come out the other side	4	11.4

<sup>a</sup> = Multiple responses permitted



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