

9888

SUICIDE & CRISIS LIFELINE

Executive Summary:

Messaging and Communications to People at
Higher Risk for or Disproportionately Impacted by Suicide

Research By:



In Partnership With:



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 its first year, 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.

Suicide is rarely caused by a single event or circumstance. Many individual, relationship, community, and societal conditions or 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.¹ 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.

With the nationwide transition to 988, a need arose for 988-specific formative research among groups at higher risk for or disproportionately impacted by suicide to help support culturally sensitive, responsive, effective, and successful 988 communications: First, to make more people aware of 988 across the country, then to promote overall help seeking, and instill trust and confidence in the service.

In summer 2022, the 988 Formative Research Project began, a collaborative effort led by the National Action Alliance for Suicide Prevention (Action Alliance), the Suicide Prevention Resource Center (SPRC), and the Ad Council Research Institute (ACRI), and supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). The project fills a critical research gap and supports more informed 988 messaging and implementation efforts.

The Ad Council Research Institute (ACRI) conducted qualitative and quantitative research to:

- **Uncover knowledge, attitudes, beliefs, and perceptions** about accessing crisis services among populations at higher risk for or disproportionately impacted by suicide.
- **Identify and explore barriers and motivators** to accessing crisis services among these populations.
- **Inform culturally sensitive, responsive, and effective messaging development** to help individuals access 988 in times of crisis.
- **Identify “trusted messengers”** that population groups turn to when facing difficult mental health challenges.

After a careful review of the most recent U.S. suicide data, project partners identified eight populations for inclusion in the mixed-methods formative research, including:

- **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 serious thoughts of suicide during their lifetime (ages 13+)
- **LGBTQIA+** youth and adults (ages 13-49)
- **People with disabilities** (ages 13+)
- **Rural** older men (ages 49+)

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

The 988 Formative Research is an important starting point for 988 messaging efforts, intended to produce insights that can be used by the field to make research-informed decisions about how to encourage help-seeking, including use and/or access to 988. It also generated evidence-based message frames that can be tested, validated, and enhanced through additional message testing and research.

KEY INSIGHTS FROM THE STUDY INCLUDE:

MENTAL HEALTH:

Participants ages 13-34, LGBTQIA+ participants, those who report experiencing suicidal ideation, and participants with disabilities are more likely to report struggling with mental health, as compared to other cohorts.

These groups of participants are also more likely to say their mental health has worsened over the past year, likely due to personal and economic setbacks or the loss of trusted resources.

Three-quarters of general population participants said they'd be extremely/very (48%) or somewhat likely (30%) to seek out help or support of any type when they may be struggling with their mental health or they feel life is difficult. This was especially true among participants ages 13-34, LGBTQIA+ participants, and those with disabilities.

Older participants—especially rural men (ages 49+)—are less likely to seek out help or support when struggling with their mental health.

SUICIDAL IDEATION:

Over a third of all participants in the study report experiencing suicidal ideation in their lifetime. Ideation is even more prevalent among those who reported struggling with their mental health.

The majority of those who say they'd thought about suicide have done so more than once, and about half reported experiencing ideation in the past year.

LGBTQIA+ participants report having experienced more suicidal thoughts than other cohorts in the study; Black and American Indian/Alaska Native participants ages 13-34, and LGBTQIA+ participants reported more suicide attempts.

988:

About a half of the sample have heard of 988, but most don't know much about it.

When struggling with mental health, participants are split on if they'd consider using 988 to get help or support. Participants ages 13-34 (especially those who are Black) and LGBTQIA+ participants are more likely to say they'd use 988; rural older men are least likely to say they'd use it.

24/7 availability has the strongest appeal to those who would consider using 988.

Those who will not consider using 988 won't do so because they are worried about opening up to a stranger, credibility, and privacy.

MESSAGING:

Most found the foundational frame (the frame shown first to inform participants on what 988 is) extremely/very helpful in explaining 988, though less so for older rural men (ages 49+).

Participants ages 13-34, LGBTQIA+ participants, those who have experienced suicidal ideation, and participants with disabilities were more likely to find the foundational frame relevant and said it would motivate them to use 988 when struggling.

After reading the foundational frame, participants said they're most likely to tell a friend or loved one about 988.

All the conditional frames (shown after the foundational frame) improve the overall message, with "Health Equity/Access" slightly more relevant than the others.

The frame most motivating for participants to consider contacting 988 is "Health Equity/Access," followed by "Law Enforcement."

TRUSTED MESSENGERS + RESOURCES:

When struggling with mental health, participants are most likely to trust and get support from family and friends.

Cohorts in general trust family and professional resources (mental health/ healthcare providers and organizations) for information on 988.

Participants overall would like 988 to provide additional information on who else to contact in a crisis that can offer support, dealing with a panic attack, and guidance for conversations.

988 Suicide & Crisis Lifeline: Messaging and Communications to People at Higher Risk for or Disproportionately Impacted by Suicide provides a deeper look into how populations at higher risk for or disproportionately impacted by suicide view and/or access mental health resources and crisis services, and how to best develop messaging to encourage use and/or access to 988. Learn more about the 988 Formative Research at www.988messaging.org/research or download the report here.