



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Connecting for Life

National Office for Suicide Prevention

**Report from the Communications and Media Advisory
Group**

Table of Contents

Communications & Media Advisory Group	4
Remit of the Communications & Media Advisory Group	4
Overview	4
Social Media Group.....	5
Language Group	7
Social Marketing Group	8
Media Reporting Group	10
Stigma Reduction Group.....	12

List of Tables

Table 1 Membership of the Communications & Media Advisory Group.....	3
Table 2 Recommendations from the Social Media Group.....	5
Table 3 Recommendations from the Language Group.....	7
Table 4 Recommendations from the Social Marketing Group	8
Table 5 Recommendations from the Media Reporting Group	10
Table 6 Recommendations from the Stigma Reduction Group.....	12

Table 1 Membership of the Communications & Media Advisory Group

Kirsten Connolly (Chair)	HSE Communications
Paul Bailey	Department of Health
Jim Breen	Cycle Against Suicide
Mary Cannon	Irish Association of Suicidology
David Carroll	BeLonG To Youth Service
Dr John Connolly	Irish Association of Suicidology
Kahlil Coyle	HSE NOSP
Elaine Geraghty	ReachOut.com
Dr Claire Hayes	Aware
Seamus Hempenstall	Department of Health
Susan Kenny	HSE NOSP
Denise Keogh	Department of Health
Anna Lally	HSE NOSP
Sorcha Lowry	See Change
Michelle Merrigan	HSE Communications
Angie O'Brien	HSE
Garreth Phelan	HSE Health and Wellbeing Directorate
Ian Power	SpunOut.ie
Margie Roe	Irish Society for the Prevention of Cruelty to Children
Collette Ryan	Rehab
Enda Saul	HSE Communications
Eileen Williamson	National Suicide Research Foundation
Rachel Wright	Samaritans

Communications & Media Advisory Group

Remit of the Communications & Media Advisory Group

1. To develop and make recommendations to the Strategic Planning Oversight Group regarding the communications actions and requirements to be included in the new suicide prevention strategy.
2. Plan the communication and media strategies required for the strategy.

Overview

- Build on the work of the current NOSP/Mental Health National Communications Advisory Group, to assess the review conducted of current strategies and initiatives.
- Build on the review of the research and evidence base related to this area.
- Identify priorities for the strategy in terms of communications activity.
- To connect the work of the current Communications Strategy Advisory Group to the development of the strategy.

The Communications Group further divided down into five working groups:

1. Social Media Group
2. Language Group
3. Social Marketing Group
4. Media Reporting Group
5. Stigma Reduction Group

Recommendations from each of these groups are as follows:

Social Media Group

Table 2 Recommendations from the Social Media Group

Recommendations	Timeframe for implementation	Lead agent	Outcome
<p>Develop a list of guiding principles for online platforms and communities. <i>Context:</i> Every day, many positive conversations about mental health and wellbeing take place online, which reduce stigma and make people feel supported. In partnership with major platforms and communities, we will develop a list of guiding principles to ensure people can safely express their feelings and experiences online, while feeling supported and protected from harmful content. The guiding principles will also refer to toolkits that will educate people how to avoid normalising suicide and to avoid inciting or facilitating suicidal behaviour online.</p>	<p>To be developed in partnership with platforms and user communities over a 12-month participation period, with a view to completion by the end of Q1 2016.</p>	<p>HSE NOSP, in partnership with platforms, the public and relevant NGOs.</p>	<p>Safe, supportive online conversations about mental health, which avoid normalising or inciting suicidal behaviour, with the aim of reducing suicidal behaviour.</p>
<p>Commission research to identify the risk and protective factors of the online environment and invest in interventions that demonstrate evidence-based outcomes and represent best practice. <i>Context:</i> Through research we will identify the risk and protective factors of the online environment to support the design of evidence based and best practice interventions. The internet provides the opportunity to support people on a large scale; however, the international evidence shows this support is most effective in reducing suicide when targeted and individual. We will continue to design online interventions to build awareness, promote positive mental health and reduce stigma, while also developing interventions focused on providing</p>	<p>Commission research in the early stages of the strategy's lifetime to be completed mid strategy.</p> <p>Identify international best practice in online interventions in the early stages of the strategy's lifetime through analysis of evidenced-based outcomes. We will target service provision that is</p>	<p>HSE NOSP, research partners and service providers.</p>	<p>Establishment of a firm evidence base in relation to the risk and protective factors of the online environment in an Irish context.</p> <p>Delivery of online services and interventions informed by international best practice and targeted to</p>

Recommendations	Timeframe for implementation	Lead agent	Outcome
professional support to individuals and target groups through web and application-based technologies.	informed by the emerging outcomes of the commissioned research.		groups identified by Irish-specific commissioned research.

Language Group

Table 3 Recommendations from the Language Group

Recommendations	Timeframe for implementation	Lead agent	Outcome
<p>Develop guidance and toolkits on language relating to suicide, targeted at the whole population.</p> <p><i>Context:</i> While there is a growing national dialogue around mental health, Irish people remain hesitant to talk openly about their own mental health¹. As a society, our language relating to suicide and mental health is often stigmatising. The language guidance will build awareness of the need for responsible and safe communications (including online communications) relating to suicide and appropriate language that can be used in these communications. In developing the guidelines, we will benchmark against the language guidance already developed as part of Media Guidelines and the Framework.</p>	<p>TBC. In sync with media guidance activities.</p>	<p>HSE NOSP and partner organisations</p>	<p>Changes in population behaviours that lead to reduced stigmatisation of mental ill-health in the population, including self-stigma in priority groups.</p>

¹ Mental Health Awareness Benchmark Study, Millward & Brown. 2014: 81% feel that there is still a stigma attached to mental health problems. 54% would not want people to know if they experienced mental health problems.

Social Marketing Group

Table 4 Recommendations from the Social Marketing Group

Recommendations	Timeframe for implementation	Lead agent	Outcome
<p>Continued roll out and evaluation of the #littletthings national social marketing campaign, which commenced in 2014. This will inform the delivery of further campaigns for the promotion of mental health and wellbeing among the whole population, with a focus on social support and lifestyle related protective factors. It is also recommended that the link between alcohol abuse and other modifiable risk factors and suicide/self-harm be highlighted through social marketing activity.</p>	<p>In year 1 (2015) phase 2 of the #littletthings national campaign will be delivered and evaluated.</p>	<p>HSE NOSP (and partner organisations / agencies).</p>	<p>General population aware that mental health is on a continuum for all of us throughout our lives.</p>
<p>Develop specific social marketing activity to address the needs of identified target groups including, but not limited to, young adult men (20-44), young people (14+), healthcare professionals at risk, groups where self-stigma is strong (e.g. farmers, employees), people with experience of mental health problems.</p>	<p>All further campaign activity will be developed in a planned and co-ordinated way throughout the lifetime of the strategy.</p>		<p>Broad understanding of how lifestyle factors can help your mental health.</p>
<p>Coordinate and integrate campaign activity, involving both national and community agencies and across all health sectors and delivered through appropriate media to reach relevant audiences.</p>	<p>Evaluation methods will include the RIBS scale (in relation to stigma) and ongoing omnibus qualitative and quantitative research with regard to other campaigns.</p>		<p>Help-seeking and help-taking encouraged and improved among the population.</p>

Recommendations	Timeframe for implementation	Lead agent	Outcome
<p>All social marketing activity to have consistent and clear signposting to relevant services and supports, including helplines and online resources.</p>	<p>Key performance indicators will include awareness, attitude, belief and behaviour change in relation to mental health, help-seeking, help-getting and help-taking.</p>		<p>Broad awareness of available support services and how to access them.</p>

Media Reporting Group

Table 5 Recommendations from the Media Reporting Group

Recommendations	Timeframe for implementation	Lead agent	Outcome
<p>Work in consultation and partnership with the media to create an effective media engagement strategy.</p> <p><i>Context:</i> Research indicates that inappropriate reporting of suicide may lead to imitative behaviour. Research has also indicated that responsible suicide-related reporting can have a positive effect on suicide rates. Research has shown that where media are involved in the development, dissemination and training processes, media guidelines appear to be effective in changing reporting practices and reducing imitative suicide.</p>	<p>An engagement programme to be developed in partnership with the media by a multi-disciplinary group, with representatives from the media and from suicide prevention groups. The programme will provide clarity and consistency to the media regarding guidelines, training, dissemination and evaluation.</p>	<p>Partnership of relevant NGOs, media organisations and the HSE NOSP.</p>	<p>A positive change in how the media reports suicide and promoting positive mental health.</p> <p>Cultural change within media organisations so that they take ownership of responsible reporting themselves.</p> <p>Decrease in use of inappropriate language, images/footage, details of method, reference to celebrity status, and use of suicide in headlines.</p>
<p>Develop and roll out an active and ongoing dissemination and education programme incorporating media guidelines, tools and training with the media.</p> <p><i>Context:</i> Research suggests that media guidelines can be effective where there is an active dissemination strategy and media industry co-operation. Where there is little media buy-in guidelines have minimal effect. Research also indicates the importance of ongoing training and education as part of a dissemination strategy.</p>	<p>Group to be established and engagement programme to be signed off by Q1 2016.</p> <p>Update, enhance and disseminate media guidelines, tools and training in partnership with the media and ensure an active and ongoing schedule of activities.</p>	<p>Partnership of relevant NGOs, media organisations and the HSE NOSP.</p>	<p>Increase in inclusion of help service information.</p> <p>Decrease in irresponsible reporting.</p>

Recommendations	Timeframe for implementation	Lead agent	Outcome
	New and updated programme to be rolled out by Q4 2016.		

Stigma Reduction Group

Table 6 Recommendations from the Stigma Reduction Group

Recommendations	Timeframe for implementation	Lead agent	Outcome
<ul style="list-style-type: none"> • Establish level of stigma around talking about mental health, using the question: “Would you be comfortable to ask someone if they were in a healthy state of mind or would you find it hard to do/embarrassing? If not why would you feel this way?” • Establish level of stigma in the workplace, using the question: “How comfortable would you be in employing/working with someone who has a mental health difficulty?” • Carry out RIBS scale survey year on year. • Carry out focus groups with health professionals. These include nurses, vets and those working in the health service. • Carry out research in rural Ireland to examine the level of stigma in these areas. • Explore the level of stigma associated with suicide and mental health using the data obtained in recent attitude surveys, which included internationally validated measurement instruments. 	<p>Year one.</p>	<p>Red C.</p>	<p>The level of stigma in conversations around mental health would be established.</p> <p>Levels of stigma in the workplace would be established.</p> <p>The level of stigma amongst the general population is monitored on each year and acted upon where necessary.</p> <p>Better understanding of stigma and other factors that prevent these groups from seeking help if they have mental health difficulties</p> <p>Indicator as to the level of stigma that still exists in rural Ireland.</p>

