Creating Linguistically and Culturally Competent Suicide Prevention Materials

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INTRODUCTION

This guide was designed to help public health practitioners produce suicide prevention materials for specific cultural and linguistic communities. The process described in this guide is based on work undertaken by the California Mental Health Services Authority (CalMHSA) to adapt suicide prevention materials for a variety of cultural and linguistic populations in that state. Although CalMHSA primarily produced print materials, this process can be applied to other formats, such as television or radio public service announcements (PSAs), and face-to-face presentations.

CalMHSA had the advantage of being able to adapt its own English- and Spanish-language materials for other linguistic and cultural audiences. However, many suicide prevention programs may need to look elsewhere for reliable materials that can be adapted for the audience they need to reach. Resource List 1 (Appendix B) includes major sources of suicide prevention materials. In other cases, a program may have to develop materials from "scratch." Although this guide is about adapting rather than creating materials, we trust that much of the material will be useful for programs that are creating new materials for specific linguistic and cultural audiences.

Linguistic and Cultural Competence

The *2012 National Strategy for Suicide Prevention* (NSSP) recommends that "suicide prevention interventions, products, and services should be tailored to the cultural, linguistic, and other needs of each group"[1] identified as being at risk of suicide. Tailoring to produce a culturally competent product requires more than merely producing materials in the language of the target audience. Prevention materials should "honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families"[2] in these groups.

Although a number of national organizations and federal agencies have published guidelines on producing culturally competent health promotion materials,[3] none have issued recommendations that focus on suicide prevention. Yet there is a great need for suicide prevention messages and materials that are designed to reach specific linguistic or cultural groups. As the population of the United States becomes increasingly diverse, providing culturally appropriate services has become more important.[4] The U.S. Census Bureau reports that at least 350 languages are spoken in the United States[5] and that the use of languages other than English—particularly Spanish, Portuguese, Russian, Hindi, Chinese, Vietnamese, Tagalog, and Arabic—will increase in the second decade of the 21st century.[6]

CalMHSA's Know the Signs Campaign

The information and recommendations found in this guide are based on the experience of the *Know the Signs* (KTS) campaign. KTS was designed and implemented by the California Mental Health Services Authority (CalMHSA). CalMHSA is a joint powers authority representing California's behavioral health agencies and is responsible for implementing the California Statewide Prevention and Early Intervention Project funded by the California Mental Health Services Act (Proposition 63).

KTS is one of the primary campaigns implemented under the California Statewide Prevention and Early Intervention Project. Launched in 2012, this campaign used print materials (e.g., brochures and posters), radio and television spots, billboards, social media, and websites in English (http://www.suicideispreventable.org) and Spanish (http://elsuicidioesprevenible.org) to teach potential helpers of people at risk of suicide to (1) recognize the warning signs of suicide, (2) find the words to have a direct conversation with someone in crisis, and (3) locate professional help and resources for that person.

Campaign materials were initially produced in English and Spanish. They were designed to reach people in the community who could influence two particular populations: (1) young Latinas (among whom suicide risk is increasing) and (2) older white men (who die by suicide at a very high rate compared to most of the other population groups in the United States).

CalMHSA contracted with the RAND Corporation to evaluate programs associated with California's Statewide Prevention and Early Intervention Project, including KTS. This evaluation found that KTS:

- Was recalled by about 35 percent of Californians reached in a random digit dial survey[7]
- Increased the confidence of adults to intervene with those at risk of suicide[8]
- Is aligned with best practices and highly regarded by suicide prevention messaging experts[9]

The evaluation also revealed that although stigma associated with mental illness was highest among Asian Americans,[10] KTS materials were not adequately reaching that population.[11] In 2013, CalMHSA began adapting KTS materials for language groups that were identified as having the following characteristics:

- Significantly underserved by the mental health system
- High levels of stigma associated with mental illness
- Not being reached by the existing English- and Spanish-language materials

In addition, each county in California identified "threshold languages," which were either (1) the primary language of at least 3,000 individuals within that county or (2) the language of at least 5 percent of the Medicaid beneficiary population within that county. CalMHSA directed KTS to produce outreach materials based on the Asian/Pacific Islander threshold languages.

The first round of adaptations produced materials for people speaking Chinese, Hmong, Khmer, Korean, Lao, Mien, and Vietnamese. Materials were also developed to appeal to African Americans. In 2016, CalMHSA began working on materials for speakers of Punjabi and Russian.

TWO KEY PRINCIPLES

Two key principles should guide any linguistic or cultural adaptation: (1) develop a communications strategy and (2) involve the community. These key principles should be kept in mind throughout the process.

1. Develop a Communications Strategy

Suicide prevention materials are most effective when used in the context of a well-thought-out communications strategy that has clear objectives and goals. You should have a sense of what you are going to do with your materials before you begin to produce them.

Your communications strategy, like your materials, should be culturally competent. Think about your target population:

- How do they obtain information?
- Do they prefer print materials, or would they be better reached through broadcast media or face-to-face through other members of their community?
- What sources do they trust?
- What radio stations do they listen to?
- What newspapers do they read?
- Where might they pick up a brochure or see a poster? In a store, church, or clinic?

Your communications strategy should be informed by people who know the community, and it will be refined as you move through the process. However, you should always consider the messages you want to deliver as well as how these messages can best reach the people you want to help.

It is important to also remember that the target population—the people among whom you are trying to prevent suicide—may not be the audience for the materials. For example, your research may reveal that it is more effective to produce materials for professionals or community members who can bring your messages to the target population. Health care providers, teachers, faith leaders, and others may be easier to find and reach than the people at risk for suicide.

Resource List 2 (Appendix B) includes sources of information on developing communications strategies.

2. Involve the Community

Community participation is essential to producing suicide prevention materials that will be effective in the specific community for which they are developed. There are many ways in which community members can be involved, so their participation should not be limited to simply providing feedback on drafts of materials. It is important to involve representatives of the community in every stage of the process. For example, they can:

- Take leadership roles with assigned tasks and responsibilities
- Serve on a work group for the length of the project
- Be involved in a focus group or a pilot test
- Act as key informants
- Help disseminate the materials

But no matter what their roles, remember to respect their opinions and time, offer compensation when appropriate, and listen to what they have to say. A truly collaborative cultural adaptation process takes time. You are not just producing a brochure or poster. You are also cultivating partners who are invested in the materials and whose continued support can be essential in implementing your communication and dissemination strategies.

THE EIGHT STEPS OF LINGUISTIC AND CULTURAL ADAPTATION

These eight steps identify the essential tasks of using a community participatory process to produce culturally and linguistically competent suicide prevention materials:

Step 1. Choose a target population

Step 2. Establish a work group

Step 3. Understand the target population

Step 4. Select appropriate messages, audiences, and formats

Step 5. Adapt materials into other languages

Step 6. Design materials

Step 7. Plan outreach and dissemination strategies

Step 8. Evaluate your materials and outcomes

Although these steps are presented sequentially, they may not always be done in sequence. You may find yourself involved in several steps at the same time. You may need to return to a previous step and revisit a decision in light of what you have learned since making your initial decision.

Step 1. Choose a Target Population

The target population is the group among whom you want to prevent suicide. This group could be as broad as Spanish-speaking residents in your state or as narrow as middle-aged immigrant Somali men in a neighborhood. Your choice of a target population can be driven by a number of factors:

- Your funder may require you to serve a particular target population.
- Government leaders or other stakeholders may have identified a problem they want you to address, such as the failure of the mental health system to meet the needs of a specific cultural group.
- The data may show that suicidal behaviors are prevalent or increasing in a particular group.
- A linguistic or cultural group may request materials for their community.

In California, the KTS campaign was expanded to include additional linguistic or cultural groups based on data showing that these groups:

- Were underserved by the mental health system
- Had high levels of stigma relating to issues of mental health
- Were not being reached by the existing English and Spanish materials

The target population that is the focus of your prevention efforts may not be the audience for your materials. The audience may be people who can influence the target population—such as clinicians, faith leaders, teachers, or family members. For example, in adapting KTS for specific cultural and linguistic communities, CalMHSA found that the best way to reach their target populations was through natural helpers who spoke the same language and came from the same cultural heritage as did the people in the target population. So they produced materials that taught these natural helpers how to recognize the warning signs of suicide and help people who were showing these warning signs. Step 3 (Understand the Target Population) will help you decide on the audience for your materials.

Step 2. Establish a Work Group

A work group is a formal mechanism for engaging and partnering with the community. It is an ongoing partnership that will:

- Provide insights about what the target population and audience need to learn
- Review language and design elements
- Help you design and implement your communications strategy

A work group that is invested in the materials as well as the goal of the project can be of immense help in ensuring that the materials you produce are disseminated and used.

Recruit Members

The work group should include people representing the community you want to reach as well as representatives of the channels you want to use to distribute the materials (e.g., community organizations, faith groups, and the media).

Before recruiting work group members, it is important to come to decisions about the following:

- What is the purpose of the work group?
- What are you going to ask members to do?
- How much time are you asking people to commit?
- Will you provide a stipend to work group members?

You may need to revisit these decisions after the group begins meeting and you receive feedback from the members.

There is no ideal size for a work group. It should be small enough to be manageable but large enough to achieve its purpose. The KTS work groups included 5–12 people, depending on the community and tasks at hand. It's important to be as inclusive as possible. Include members who represent diversity in age, acculturation, and gender, *and* members who can demonstrate an understanding of the community and its needs. Your local or county behavioral health agency may be able to recommend key community-based organizations that should be invited to participate.

The work group may need to evolve with your project. As your target audience and distribution plan develop, you may want to add additional work group members. A "snowball" method, in which work group members recommend others to invite, may work well. This is especially important if you are planning to use natural helpers or other community members to reach your target population.

Hold Meetings

Although it is ideal to hold work group meetings in person, it may be necessary to use conference calls, webinars, or other online options (e.g., social media tools such as a private Facebook group). For example, your work group members may be scattered across a large state and cannot afford the time and travel costs of convening face-to-face. Make certain that the work group members are comfortable with the format you choose. Your members may, for example, value face-to-face meetings more than conference calls.

Select a capable facilitator who can engage the members and create a safe environment for members to offer and discuss information and opinions. It is important to come to group decisions that move the project forward while ensuring that all of the members feel their voices are heard, respected, and reflected in the project. Key decisions should be recorded and distributed to all work group members for review to help establish a consensus and avoid misunderstandings.

Involve the Work Group in the Adaptation Process

How a work group is created and contributes to the adaptation process depends upon the needs of both the project and the community. Example 1 describes the experiences of two work groups in California, each of which used different methods to inform the adaptation process.

Example 1. Work Groups in Action

KTS Statewide Work Group for the Chinese Community

Members of this group were asked to contribute 10–15 hours over a nine-month period and offered a $300 stipend for their time. This work group included members from many areas in California. The project could not expect work group members to pay for their own travel and lodging expenses. Nor could the project afford to reimburse members for these expenses. Thus, most work group activities took place through private facilitated discussions in an online forum. This platform allowed the work group facilitator to post questions and draft materials and the work group members to respond to the discussion thread and one another's ideas and thoughts.

An initial webinar introduced work group participants to one another as well as to the project and its goals. Periodic conference calls allowed work group members to clarify their comments in the online forum. A final webinar at the conclusion of the project brought closure to the group and encouraged the members to use the materials, which were provided to them upon publication.

KTS Fresno County Work Group for the Punjabi Community

CalMHSA contracted with a member of a local community-based organization to oversee the adaptation of materials for the Punjabi community in Fresno County and to facilitate a series of community meetings to inform this process. Members of the Punjabi community, as well as stakeholders representing the community-based organizations and providers serving that community, were invited to participate in these meetings.

The first meeting focused on understanding the audience and their perceptions of suicide prevention, help-seeking preferences, and how to reach the community. In the second meeting, the language adaptation of the existing KTS brochure was reviewed, and the materials were revised based on what was learned during this meeting. In the third meeting, the revised materials were reviewed. The final community meeting focused on the design distribution plan. Participants at each meeting were provided with refreshments and a $50 stipend.

Acknowledge the Process and Give Credit to Participants

All of the work group members as well as the organizations they represent should receive credit for helping develop the materials and the plans for using the materials. Providing such credit is polite as well as practical—generous acknowledgements will go a long way in ensuring that these individuals and organizations, and others in their community, will continue to be a part of the process and help implement your communications strategy, dissemination plan, and evaluation. If it's not practical to include a full list of everyone who participated in the process of developing a brochure or PSA, you may want to write a short summary of the project that

acknowledges the contributions of all of the people and organizations that participated. This summary can be shared with your funder, work group members, the media, and the organizations you want to engage in disseminating your materials and messages.

Tool 1 (Appendix A) is an example of a document describing how materials were produced and acknowledging community partners.

Step 3. Understand the Target Population

Understanding the target population helps you decide on the key messages you want to deliver to this group as well as how these messages should be framed and delivered. Following are some of the issues you need to understand about your target population:

- Key risk and protective factors for suicidal behaviors.
- Common means of suicide.
- Help-seeking behaviors.
- Attitudes and beliefs about suicide and mental health.
- Channels through which they receive health information (e.g., television, radio, print materials, face-to-face communication).
- Sources that they trust for obtaining health information and support (e.g., health care professionals, faith leaders, peers). You may find that these trusted sources of health information should be the audience for your materials.
- The people and organizations that can disseminate the materials and any constraints they may have that will impact your format and design. More information on this issue can be found in Step 7.

Examine the Data

Unfortunately, most of the national publically accessible databases in which suicide data can be found contain very little information on specific linguistic or cultural groups. You may be able to get some data from your state or local health department, hospital, or medical examiner's office. But few of these agencies systematically track suicide among particular linguistic or cultural groups narrower than Hispanics or Asians and Pacific Islanders. However, staff at these agencies (as well as at crisis lines and mental health centers) may be able to provide some insight—if not data per se—on suicide among specific populations in your state or community.

Resource List 3 (Appendix B) includes descriptions of publicly accessible sources of suicide data.

Consult the Research

Studies that examine how mental health, mental illness, crises, and suicide are viewed in a specific culture can be very informative. But the research literature on a linguistic or cultural group cannot substitute for specific knowledge about the members of that group who live in your community—especially the subset of that group who are most at risk for suicide.

Conduct Surveys

Community health needs assessments and surveys may provide additional insights into existing knowledge and perceptions related to suicide prevention and/or help you learn more about the community, their values, and their communication preferences. Although surveys take time and effort, they have the benefit of providing information on the target population in your specific community (and not just similar populations in other communities). However, conducting a community survey also requires some expertise with the language and culture of the community being surveyed.

Resource List 4 (Appendix B) includes sources of information on designing and implementing surveys.

Consult the Work Group and Engage Other Stakeholders and Key Informants

Your work group, as well as other stakeholders and key informants, can help you understand your target population and how to reach them with suicide prevention messages. Some questions you may want to pose to these groups include the following:

- Who is at risk for suicide (e.g., age, gender)?
- What may put these people at risk (e.g., substance abuse, untreated mental illness)?
- What may help protect these people from suicide (e.g., religious affiliation, family ties)?
- Who are those best placed to recognize the warning signs of suicide and help people displaying these signs to get help (e.g., elders, peers, faith leaders, clinicians)?
- How is—or isn't—mental health and suicide discussed in their culture and community?
- In what language do the members of their community prefer to receive health information?
- How and where can members of the target population be reached with suicide prevention information?
- Which people and organizations should be involved in disseminating the materials? What formats will be most appropriate to their dissemination capacity?
- To whom do members of their community go for help? If these people are not mental health professionals, can they act as conduits to mental health services?
- Are mental health services available to community members? Are these services culturally competent? Do community members face obstacles in accessing these services (e.g., cost, language)?

Example 2 describes how CalMHSA and its partners investigated the needs of the audience to inform the creation of a communications strategy for the Vietnamese community in California.

Example 2. Using Audience Research

Experiences of war, posttraumatic stress disorder, and resettlement contribute to a high rate of depression among Vietnamese immigrants in California. Focus groups and stakeholder interviews revealed that in the Vietnamese community in California, women 30–50 years of age are often the "glue" of Vietnamese families, supporting both their children and their elderly parents. A phone survey of organizations providing services to the Vietnamese community revealed a need for materials to reach both the parents of youth and the helpers of older adults and suggested that materials should be bilingual in English and Vietnamese.

Given this research, CalMHSA and its community partners decided to produce bilingual posters, brochures, and print advertisements, as well as a PowerPoint presentation to support a community workshop. The audience for these materials would be middle-aged Vietnamese women who were natural helpers to two populations at risk of suicide—their children (especially young women ages 20–24 years) and their elders (especially women ages 65–84 years).

Step 4. Select Appropriate Messages, Audiences, and Formats

Once you have gathered the information about your target population, you are ready to make decisions about:

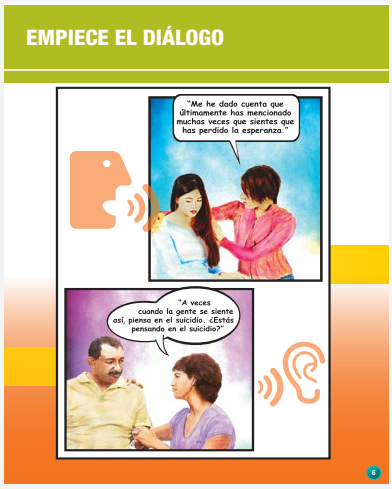
- The messages you want to deliver that will help reduce suicide in your target population (e.g., how to recognize and respond to the warning signs of suicide or how to help someone who has lost a loved one to suicide).
- The audience for the materials (e.g., the target population itself, health or mental health care professionals, natural helpers such as faith leaders or family members).
- The format of the materials (e.g., posters, public service radio announcements) so that the messages can be conveyed effectively to this audience. The format must also be appropriate for the opportunities and constraints of the organizations that will be disseminating the materials.
- The reliability and accuracy of the materials you will adapt. Resource 1 (Appendix B) includes major sources of suicide prevention materials. Or you may need to create your own content.

Example 3 demonstrates the importance of selecting a format appropriate to the needs of your audience, regardless of which language they speak.

Example 3. Meeting the Needs of Limited Literacy, Spanish-Speaking Latinos

CalMHSA identified a need to reach people with limited literacy skills in California's Spanish-speaking communities. They gathered input from key stakeholders, convened a work group, and conducted focus groups. In doing so, they identified the Community Lay Workers (Promotores) as valuable partners in linking Spanish-speaking people with limited literacy skills to health and social services. CalMHSA decided to focus on materials that the Promotores could use to reach this audience.

CalMHSA and its community partners created a flip chart with visuals on one side and a facilitation guide on the reverse. The Promotores used this tool to present information to people with limited literacy skills. A pilot of the community presentations indicated that the flip chart was culturally appropriate, effective, and welcomed by the community, but it also needed to be a larger size.



Whether using your own or someone else's materials, your materials should follow these guidelines:

- Be consistent with your communication objectives
- Speak to your audience (e.g., people at risk for suicide, natural helpers, or professionals, such as teachers or health care providers)
- Be up to date and reflect the current state-of-the-art of suicide prevention, including warning signs and risk factors
- Be consistent with the National Action Alliance for Suicide Prevention's *Framework for Successful Messaging*

The National Action Alliance *Framework for Successful Messaging* (http://www.suicidepreventionmessaging.org)

The *Framework for Successful Messaging* outlines key factors to consider when developing public messages about suicide. It will help you create messages that (1) are strategic and safe; (2) present a positive narrative; and (3) adhere to well-thought-out guidelines for specific populations (e.g., American Indians/Alaskan Natives, suicide attempt survivors), topics (e.g., postvention, family support), settings (e.g., workplace, school), and channels (e.g., video, social media).

We encourage you to use the *Framework* to create suicide prevention messages and to judge the value of existing material for adaptation to your community and target audience.

CalMHSA was able to adapt its own English- and Spanish-language materials for other linguistic and cultural communities. Those materials had been evaluated and found to be effective with their audiences.

You may need to look for materials that can be adapted for your audience. If you find materials in the language of your audience, you can use a process similar to that described in Steps 4–6 to help you understand how appropriate the materials may be for your audience.

All of the examples used in this publication involve print materials. However, you may find that your audience is best reached through other media, such as video PSAs. Creating videos can be expensive. However, with the right partners and strategies, you can produce low-cost videos that will bring your message to your audience. Tool 2 (Appendix A) includes a list of inexpensive options for creating videos.

Crisis Resources

Suicide prevention outreach materials should always include a crisis resource, such as a telephone number or website. But local crisis lines may lack the capacity to respond to calls in languages other than English and Spanish. And some cultural groups may be reluctant to use a crisis telephone line and prefer to seek face-to-face help at, for example, a community center or health clinic.

Before listing any local organization as a crisis resource, first determine whether it has the capacity to respond to mental health or suicide-related problems of the linguistic and cultural group that you are trying to reach or it is willing to work with you to develop this capacity.

The National Suicide Prevention Lifeline offers interpreters for many languages through its central telephone number (1-800-273-8255).

Step 5. Adapt Materials into Other Languages

It can be challenging for suicide prevention specialists whose first language is English to produce text in languages other than their own. For each of its cultural and linguistic adaptations, CalMHSA hired a "language lead," that is, a person who was both a native speaker of the language in which the materials would be produced and a member of the community targeted for its suicide prevention efforts. The language lead should have an intimate understanding of the experiences of both the audience and the target population (e.g., the immigration experience, dialect, and educational level). This individual does not need to have experience in producing health promotion materials. A stipend for this work is often appropriate given the amount of work required.

Example 4 describes one of the key decisions that CalMHSA and its community partners had to make when adapting materials for the Chinese community in California.

Example 4. Reaching Chinese Speakers

CalMHSA wanted to reach Mandarin- and Cantonese-speaking community members. Although the spoken dialects are different, speakers of both dialects read Chinese. But written Chinese has two different versions: Traditional and Simplified. Work group members suggested materials should be produced in Traditional Chinese as many community members who can read that version can also read Simplified Chinese. However, the opposite is not always true (i.e., people who can read Simplified Chinese cannot always read Traditional Chinese).

Create an Audience-Language Script

CalMHSA began each adaptation by creating a draft written script in the language of the target audience based on the content of the English-language materials. This was not a direct translation but rather an interpretation of key messages written in the language of, and using concepts relevant to, the audience. The work group language lead was given two items on which to base the audience-language script:

- The existing KTS materials in English, which contained several key messages (e.g., know the warning signs, offer support, provide resources)
- Guidance on what concepts should be communicated when written in the language of the target group

While the script should not be a literal translation of the English-language text, it must convey certain concepts precisely. Warning signs are an example. The signs themselves need to remain the same unless it has been shown that the particular group manifests suicide risk differently than the general population. Example 5 includes two ways in which warning signs were expressed in languages other than English while preserving their integrity.

Example 5. Adapting Warning Signs

CalMHSA provided each language lead with a list of warning signs that indicate someone may be in danger of suicide. The language leads were instructed not to try to directly translate each warning sign but rather to capture the primary concept of each warning sign in a way that will be understood by members of the community. For example, in the Vietnamese adaptation the term *reckless behavior* became "They put themselves in dangerous situation" when translated back into English. In the KTS Mandarin version, the phrase "Pain isn't always obvious" became "Behind the other side of a smile may be hidden pain."

The working groups in each case felt that these adaptations maintained the meaning of the original English-language versions.

Translate the Script Back into English and Compare the Two Versions

The next step is to hire a professional translator to translate the script into English.

The two versions should then be compared by the language lead and members of the work group. This will help you know whether or not the audience-language translation accurately conveys your messages (e.g., warning signs of suicide). Focus on the audience the materials are intended to reach. In addition to language, consider factors such as the age of the audience, their culture, gender (if the materials are gender specific), and other demographic and cultural factors that may influence how they receive these materials. These steps should be repeated until everyone involved in this process is satisfied with the translation.

Tool 3 (Appendix A) is an example of a template for creating a script and Tool 4 (Appendix A) is an example of a translation of a script into English.

Test the Script with a Focus Group

After your work group is satisfied with the script, convene a focus group of members of your audience to react to the script. You may want to contract with a community-based organization that serves your target population to organize this focus group. The focus group should represent the specific audience for whom the materials are being created. For example, if your audience is middle-aged and older women, do not include young people and men in your focus group. If the focus group reveals that there are problems with the script—or its messages—you may have to repeat some of the Step 5 activities to fix these problems.

Tool 5 (Appendix A) is an example of a recruitment flyer for a focus group and Tool 6 (Appendix A) is a focus group protocol.

Edit and Proofread the Text

Proofreading and reviewing materials in languages that you do not speak or read can be challenging. You may need to budget for native speakers of the language of your new materials to participate in the editing and proofreading process.

Step 6. Design Materials

Design can be almost as important as language when producing suicide prevention materials for a specific cultural or linguistic group. We recommend using a design process similar to that used in the language adaptation process. Use your work group, cultural brokers, and, if possible, focus groups to ensure the following:

- Your design and illustrations are appropriate to the culture and sensibilities of your audience.
- The design and illustrations reinforce, rather than contradict, your key messages.
- The design and format meet the requirements of the organizations that will be disseminating the materials.

Details matter. Symbols, colors, background details, and the position of people relative to one another are all important. You and your graphic designer may want to search the Internet or ask your work group members or cultural brokers for event flyers or advertisements that appeal to your audience. But be careful. Adapting a design from materials developed for a culture not your own could result in unintentional offense to members of that community. Always confirm your choices with your work group, members of the audience, and if possible, your focus groups.

Use a Format Appropriate for Your Distribution Channels

You need to decide whether you will provide organizations with the actual materials or a reproducible version from which they can print their own materials. The latter option may be more affordable for you but prohibitive for the organizations that you want to use your materials. If you expect community organizations to print their own materials, you may need to design your materials so that they can be easily reproduced on their photocopy machines. You should consider whether these organizations have the capacity and funds to print color materials.

You should also decide whether to allow other organizations to add their logo and contact information to the materials you produce. Many agencies and organizations are more willing to disseminate materials that they have endorsed. If this is the case, your design must leave adequate space for that organization's logo and contact information.

If you are relying on newspapers, newsletters, or the broadcast media to disseminate your materials, investigate their requirements and limitations early in the process. Newspapers and newsletters may have size and format restrictions for ads or PSAs. For example, they may not be able to include a poster as an insert. Investigate their editorial calendars to identify the most strategic times to spread your message. Many media outlets will be more open to promoting suicide prevention information during designated observance periods, such as Mental Health Awareness Month in May or National Suicide Prevention Week in September.

Use Images

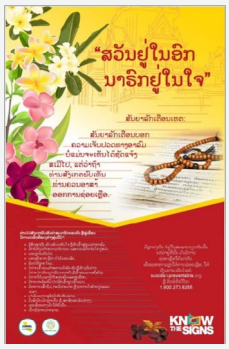
Images—whether of people, scenes, objects, or abstract designs—can help make materials attractive and compelling. Whether you use stock images or create your own will depend upon your budget and the availability of images appropriate for your audience.

Rely on your work group as well as members of your audience to learn what will be most effective. Example 6 demonstrates how CalMHSA discovered that "details matter" when designing materials for the Lao community.

Example 6. Details Matter

KTS produced a poster for the Lao community in California that would be primarily distributed through faith organizations. The feedback from focus groups, which included representatives of a number of Lao faith communities, included the following suggestions:

Remove religious symbols (such as the temple in the background) as these symbols would limit the reach of the materials to members of a single faith.



Do not use the subtle image of two hands in a praying position to the right of the image of a woman, which could imply that the woman was being worshipped.

Make the *Plumeria* flower (which is a symbol of Lao culture) much less prominent. It distracts from the message and is more suitable for a travel poster than a poster on a serious subject.

Include the proverb "Heaven and hell are both located in one's heart" as a headline.

Depict people of several different ages to show that suicide affects their entire community.

The **final version** of the poster incorporated all of these suggestions.

Stock Photographs

Photographs can be a powerful method of communicating or reinforcing your key messages. Buying stock photographs from a commercial provider, such as istockphoto.com, can be affordable, but the selection of images that depict specific ethnic audiences can also be extremely limited. And the photos may not be accurate or appropriate for the cultural and linguistic group you are targeting. All stock photography should be carefully examined by your work group and other cultural brokers.

It is also important that the photographs you choose are not being used in other materials seen by your audience. You should avoid using images that are associated with other health promotion efforts or other causes or topics.

Carefully read the licensing agreement provided to you by the stock photograph provider. Photos that will be used to support mental health or suicide prevention campaigns may require a disclaimer that the individuals depicted in the photographs are models or actors.

Your Own Illustrations or Photographs

Creating culturally competent illustrations or photographs includes using an appropriate style and design details that reflect the culture of the audience. Hiring an illustrator or photographer—or creating your own illustrations or photographs—provides the greatest amount of flexibility and attention to the details and colors essential to producing culturally competent materials. These options allow you to choose the setting, people, and composition. The implications of relative positions, body language, or facial expressions can reinforce or contradict the message of your materials. For example, in some cultures, the relative positions of older and younger people can imply respect or disrespect.

Photographs can be taken by a professional photographer or even a member of the staff or work group who is a competent photographer. Prior to taking your own photographs, consider the following:

- Pay attention to the details: What is a realistic and culturally appropriate setting for the photograph? Pay attention to the background. For example, if there is a picnic table, be sure the food choices are relevant to the people depicted in the photograph.
- Make sure that the people used in the photographs accurately depict the culture of your audience. Pay attention to age, clothing, facial expressions, body language, and how people are positioned relative to one another.
- Review these details with your work group before the photographs are taken. If you are using professional models, show photographs of them to your work group and cultural brokers before you hire them.

- If you use community members in your photographs, be sure to obtain signed release forms from the people in the photographs. You also need to carefully explain the possible consequences of their participation. Are they ready to become the public face for suicide prevention in their community? What impact will this have on their family? They need to understand that they cannot withdraw their participation after the materials have been produced.

Working with Advertising Agencies or Graphic Designers

When negotiating the scope of work with an advertising agency or design firm, be clear about the fact that your process will probably involve multiple rounds of revisions. Larger agencies may not be used to having their work reviewed by "nonprofessionals." Ask if they have worked on similar projects and are comfortable taking direction and revisions from community members who may not know about advertising, but who do know the community for which the materials are intended.

You will want to ensure that the agency becomes familiar with recommended suicide prevention messaging practices. Ask them to read the materials available at http://www.suicidepreventionmessaging.org or facilitate a session in which your team introduces them to this website and its contents.

You may be fortunate enough to have a local advertising agency or design firm offer your project pro bono services. Remember that you are still a client even if you aren't paying for services. Don't let the agency override the wisdom of your work group or the recommendations for safe, effective, and strategic suicide prevention messaging.

Review the Materials

Your work group should be engaged in every stage of this process. Examples 7 and 8 show how a careful work group review contributes to the effectiveness of the materials in reaching their intended audiences.

Example 7. Creating an illustration for a Chinese Community

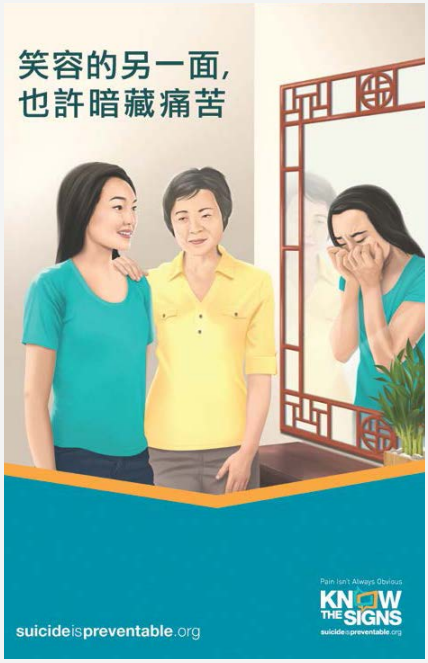
A work group on adapting materials for a Chinese community wanted to communicate the message that people who experience emotional problems may present an untroubled and even cheerful persona to friends and family. Work group members suggested producing a poster that showed a young person looking into a mirror with a smile, but whose reflection was sad, which was noticed by an older person who reached out to help. This concept is reinforced by the headline "The pain could be hidden in another side of the smile."

The grayscale image on the left shows the original illustration that was provided to the work group. In the center are some of the work group's comments. The image on the right is the revised illustration, which incorporated the work group's input.

"The individuals don't look very Chinese to me quite yet. Their body shape is slightly too stocky. The hair of the girl in the mirror (standing and smiling) also seems uncharacteristically wavy.

The clothes of the helper don't seem to fit the attire of those in that age group. The T-shirt and jeans is not what the helper group typically wears in my experience. People in the helper group I have interacted with tend to wear more loose fitting shirts/ blouses and slacks. They rarely wear jeans or fitting pants like depicted above.

The setting does not feel like a typical Chinese household. The furniture design of the rectangular mirror with the wide wooden frame, the dresser and the decorative plant are not commonly found in a Chinese household. Please consider removing the dresser and plant, and making the mirror full length. Or consider placing Chinese decorative images such as the New Year fortune paper cutting decorations on the wall. Or if the layout has to be kept, consider switching the plant to those typically displayed in Chinese families, such as lucky bamboo plants, or orchids."



Example 8. Producing a Poster for the African American Community

CalMHSA wanted to produce a poster that would show natural helpers of young African American men how to recognize and respond to the warning signs of suicide. It had already created a similar poster for the family and friends of middle-aged white men (who have a relatively high suicide rate). A work group of community members reviewed the original poster and suggested that the adaption should feature a young African American man surrounded by a grandmother, family, and peers in a park. As one of the work group members said:

> *African Americans are big on family and a lot of families have reunions each year. Some are at parks or a family home with a large yard. I think the helpers would be the family since they are the ones who raised him, loved him, taught him, and helped him become the person he is today.*

The work group made other very specific recommendations, such as the people in the background should represent several age groups.

Pilot the Materials

It is always wise to pilot materials prior to launching your dissemination effort. Piloting provides you with an opportunity to revise the materials before you spend your entire production budget—whether this revision is to correct a major cultural misstep or a simple typographical error. This will also allow you to gauge audience reaction as well as the adequacy of your outreach and dissemination strategies.

You could, for example, print a small batch of brochures on your office printer or at a local copy shop and then partner with a community-based organization that would disseminate them to a small sample of your intended audience and report back to you on how the materials were received.

Step 7. Plan Outreach and Dissemination Strategies

Although outreach and dissemination may be near the end of the process, it is never too early to think about your distribution plan and outreach strategies. You need to invest time in understanding the needs of your distribution channels. Don't just design a poster and expect a community center or faith organization will be able to display it. A simple detail, such as the size of a poster, may affect whether it can be used.

Engage People and Organizations Necessary for Dissemination as Early as Possible

Representatives of the key distribution channels you expect to use—be that a community group or a radio station—can have important insights into what works and what does not work. Be prepared to work around the negative attitudes that may surround topics of mental illness and suicide. Your research may reveal that a local community newspaper or cable TV channel is the best way to reach your audience. But those outlets may not feel comfortable featuring articles or PSAs on sensitive topics. You may need to engage and educate the people on whom you are relying to help deliver your message. This could also apply to teachers, faith leaders, and health care providers.

Assign Responsibilities for Dissemination

From the beginning, let your work group know that their participation is essential to the success of your dissemination plan. The plan should specify where, when, and how your materials will be disseminated. Remember to acknowledge the people and organizations that helped you develop and disseminate the materials. In addition to solidifying your partnerships, this will help establish your credibility in the community. Suggestions on acknowledging people and organizations can be found under Step 2 (above).

You might consider offering dissemination mini-grants. CalMHSA asked relevant community-based organizations to submit letters of interest for mini-grants, which were used to disseminate materials. Grant recipients also received a supply of materials. Outreach activities included hosting community workshops and disseminating materials to local businesses and at community events. Media promotion was also solicited, including the promotion of PSAs on local stations.

Step 8. Evaluate Your Materials and Outcomes

Evaluation is essential. It will help you determine if (1) your distribution plan is being implemented as planned and (2) your materials are actually changing people's behavior. Evaluation will also help you answer questions such as:

- Are community members using the materials?
- Are community members seeking out resources or reporting improved health?

Measuring the impact of your project allows you to adjust your dissemination strategy and make changes as needed. Evaluation is also important to your funders and partners. They will want to know whether their investment of funds, time, and resources was worthwhile.

Evaluate the Partnership Process

Partnerships are vital to the process of cultural adaptation. CalMHSA designed a simple questionnaire that was used to obtain feedback from its community partners on their satisfaction with the process as well as the final product. They were asked to describe what went well during the process and what could be improved.

Evaluate the Materials

It is important to determine how your audience is responding to the materials and whether the materials are having the desired impact. You can do this with surveys or focus groups composed of members of your audience, or you can ask the people involved in your dissemination efforts to track the reaction of the audience to the materials (e.g., via e-mails or comments at community meetings).

Evaluate Dissemination

Are the members of the audience reading, listening to, or seeing your messages? The most effectively designed materials will not have an impact unless they reach the target audience. It is therefore essential that you understand (1) what happens to your materials after they leave your hands and (2) if your dissemination efforts are getting your materials or messages to the people for whom they were designed. For example, it may be that your materials reach your audience more efficiently in churches than emergency rooms—or vice versa.

Resource List 5 (Appendix B) has resources on evaluating materials and outcomes.

CONCLUSION

Creating suicide prevention materials that are linguistically and culturally appropriate for the audience you want to reach can be challenging. Every linguistic and cultural community is unique. Spanish-speaking Guatemalan immigrants in Chicago will have different perspectives on mental health and mental health services than third generation Mexican Americans living in Los Angeles or Puerto Ricans whose families have lived in New York City for generations. The keys for understanding the people among whom you want to prevent suicide are to (1) develop a communications strategy with clear objectives and goals responsive to the needs of that population and (2) involve that community in your work as they, better than anyone else, will understand their language and culture as well as the challenges and opportunities these have for your efforts.

The eight steps described in this document can be used to adapt suicide prevention materials for a specific linguistic and cultural community. They also can be used to create new materials and to help understand whether existing materials might be effective with a particular population. These steps are:

Step 1. Choose a target population

Step 2. Establish a work group

Step 3. Understand the target population

Step 4. Select appropriate messages, audiences, and formats

Step 5. Adapt materials into other languages

Step 6. Design materials

Step 7. Plan outreach and dissemination strategies

Step 8. Evaluate your materials and outcomes

This process can be time consuming—but it will be time well spent.

APPENDICES

Appendix A includes examples of some of the tools CalMHSA used to implement several steps in the process described in the guide. These tools can be modified for use in other settings.

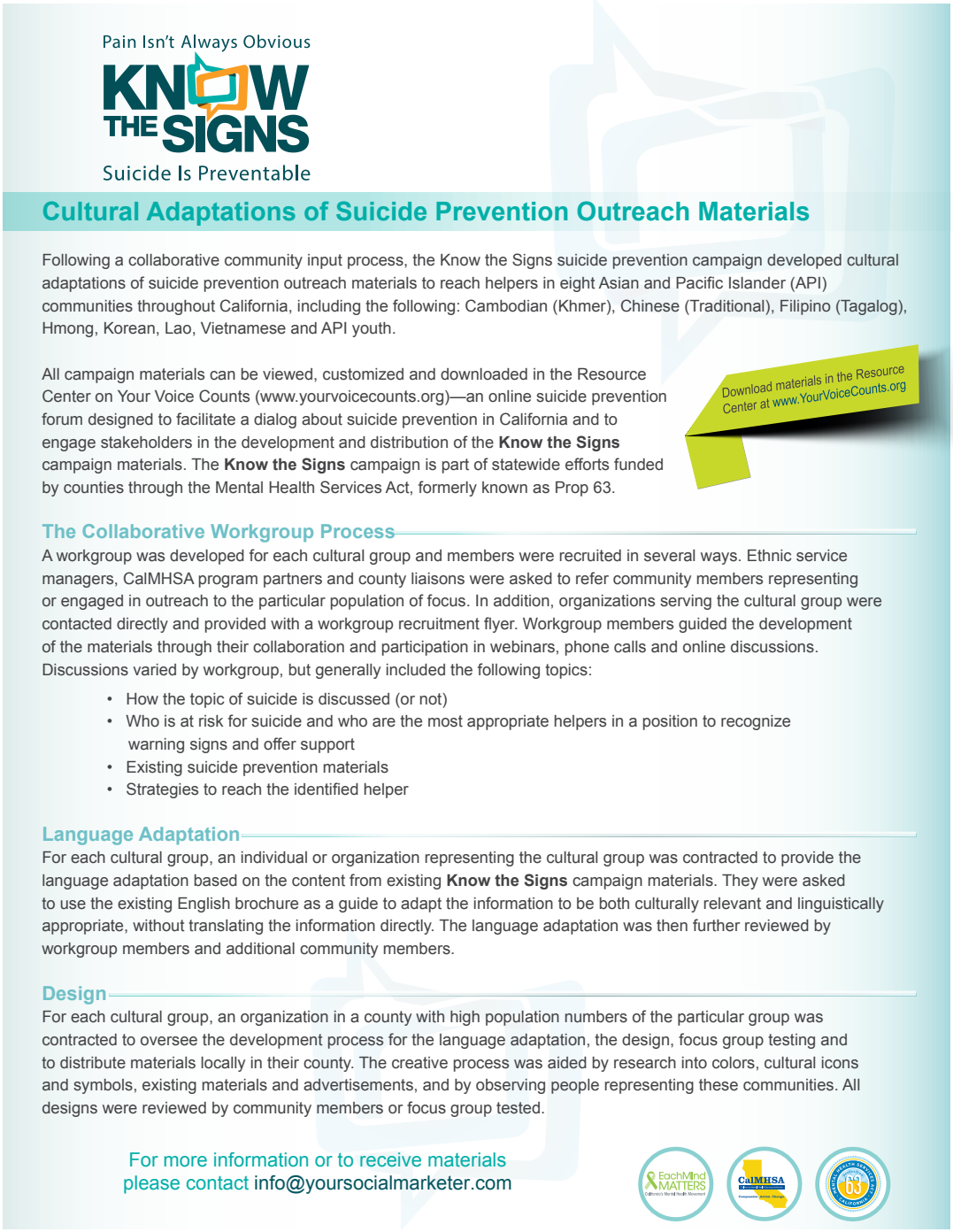
Appendix B provides a variety of resources that will help programs and organizations plan and carry out the steps outlined in the guide.

Appendix C contains citations for the references in the guide.

Appendix A. CalMHSA Tools

Tool 1. Cultural Adaptations of Suicide Prevention Outreach Materials

This example document describes how culturally appropriate suicide prevention materials were developed and acknowledges the community partners who participated in this process.



Pain Isn't Always Obvious

KNOW THE SIGNS

Suicide Is Preventable

Cultural Adaptations of Suicide Prevention Outreach Materials

Following a collaborative community input process, the Know the Signs suicide prevention campaign developed cultural adaptations of suicide prevention outreach materials to reach helpers in eight Asian and Pacific Islander (API) communities throughout California, including the following: Cambodian (Khmer), Chinese (Traditional), Filipino (Tagalog), Hmong, Korean, Lao, Vietnamese and API youth.

All campaign materials can be viewed, customized and downloaded in the Resource Center on Your Voice Counts (www.yourvoicecounts.org)—an online suicide prevention forum designed to facilitate a dialog about suicide prevention in California and to engage stakeholders in the development and distribution of the **Know the Signs** campaign materials. The **Know the Signs** campaign is part of statewide efforts funded by counties through the Mental Health Services Act, formerly known as Prop 63.

Download materials in the Resource Center at www.YourVoiceCounts.org

The Collaborative Workgroup Process

A workgroup was developed for each cultural group and members were recruited in several ways. Ethnic service managers, CalMHSA program partners and county liaisons were asked to refer community members representing or engaged in outreach to the particular population of focus. In addition, organizations serving the cultural group were contacted directly and provided with a workgroup recruitment flyer. Workgroup members guided the development of the materials through their collaboration and participation in webinars, phone calls and online discussions. Discussions varied by workgroup, but generally included the following topics:

- How the topic of suicide is discussed (or not)
- Who is at risk for suicide and who are the most appropriate helpers in a position to recognize warning signs and offer support
- Existing suicide prevention materials
- Strategies to reach the identified helper

Language Adaptation

For each cultural group, an individual or organization representing the cultural group was contracted to provide the language adaptation based on the content from existing **Know the Signs** campaign materials. They were asked to use the existing English brochure as a guide to adapt the information to be both culturally relevant and linguistically appropriate, without translating the information directly. The language adaptation was then further reviewed by workgroup members and additional community members.

Design

For each cultural group, an organization in a county with high population numbers of the particular group was contracted to oversee the development process for the language adaptation, the design, focus group testing and to distribute materials locally in their county. The creative process was aided by research into colors, cultural icons and symbols, existing materials and advertisements, and by observing people representing these communities. All designs were reviewed by community members or focus group tested.

For more information or to receive materials please contact info@yoursocialmarketer.com

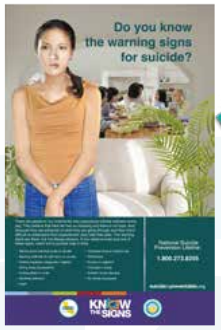
Cultural Adaptation in Korean

Community Partners

Five members participated in the workgroup representing the counties of Los Angeles and Alameda from agencies such as the Los Angeles Department of Mental Health, the Asian Community Mental Health Services, and the Korean American Family Services. Kwang Ho Kim, Director of Korean Community Service Programs at Korean Community Services in Orange County, guided the language adaptation. Jae Kim and Su Jung Kim from the Los Angeles County Department of Mental Health (LADMH) conducted needs assessment interviews with 11 organizations serving Korean community members, provided illustrative examples to guide the creative development, assisted with reviewing the language adaptation, and oversaw the local distribution of materials in Los Angeles County to community and faith-based organizations and county agencies. A focus group to test the materials was facilitated by the Korean American Family Services in Los Angeles. In addition to outreach materials a print media buy was implemented in Los Angeles and San Francisco counties in two widely read Korean publications, The Korea Daily and The Korea Times, suggested by workgroup and community members.

Available Materials

- Posters (8.5" x 11" and 11" x 17") reaching helpers of adults/older adults (in Korean)
- Posters (8.5" x 11" and 11" x 17") reaching helpers of youth and young adults (in English)
- Bilingual brochure (English/Korean)
- Print ads (various sizes) (in Korean)



For more information or to receive materials please contact info@yoursocialmarketer.com

Tool 2. Producing Affordable Videos

Many programs will find that they cannot afford to produce and place PSAs. The following are some ways to make this process more affordable:

- Involve representatives from a local TV or radio station. They may be able to provide pro bono production services and air your messages as part of their mandated community service.
- Reach out to your local community cable channel, community college, library, or health department. They may have multimedia departments that can assist with projects pro bono or at a cost lower than that of commercial media companies.
- Launch a contest to solicit short videos about suicide prevention. Be sure to provide messaging guidance to participants and ensure that any video you broadcast or webcast adheres to the *Framework for Successful Messaging*.
- Host a community workshop on suicide prevention. Film the workshop and interview participants. This material can be used to create a short educational video. Local high school or college film program students may be able to help with the filming and editing as a school project. Be sure to have everyone you film sign the proper releases.
- Use YouTube and other social media sites to share your video outside of traditional TV and radio channels. However, you will still need to think about how to ensure that your audience sees these videos.
- Show PSAs on community cable channels, on TV monitors in clinic waiting rooms, and as part of community educational workshops.

Tool 3. Script Template

This template is an example of what would be provided to the language lead for translation. The first column includes the English-language text or concepts for which a Russian equivalent was needed. The English-language text or concepts may be adapted from existing materials or may be created by your staff in partnership with your work group. The titles and content of the specific cells in this template will vary depending on the needs of the community. Note that in some cases, the language lead is provided with concepts that need to be communicated to the target audience rather than actual English-language content to be translated.

English Language and Conceptual Content	Translation
Title *(A statement that conveys the message that emotional pain is not always obvious.)*	**Title**
Introduction *(Two or three sentences describing some of the reasons why it is important to be aware of the emotional well-being of our loved one, how the community communicates empathy verbally and non-verbally, and how suicide is discussed in the community.)*	**Introduction**
Warning Signs *(Introduce and provide a list of warning signs to look for in someone's words and actions that may signal that he or she might be having thoughts of suicide.)* ***Immediate Risk*** Some behaviors may indicate that a person is at immediate risk for suicide. The following three should prompt you to immediately call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or a mental health professional: › Talking about wanting to die or to kill oneself › Looking for a way to kill oneself, such as searching online or obtaining a gun › Talking about feeling hopeless or having no reason to live ***Serious Risk*** Other behaviors may also indicate a serious risk—especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change: › Talking about feeling trapped or in unbearable pain › Talking about being a burden to others › Increasing the use of alcohol or drugs › Acting anxious or agitated; behaving recklessly › Sleeping too little or too much › Withdrawing or feeling isolated › Showing rage or talking about seeking revenge › Displaying extreme mood swings *(Provide a statement reminding the audience of the importance to trust one's instinct.)*	**Warning Signs** *Please capture each of the warning signs in a concept manner—not necessarily direct translation.*

Starting a Conversation/Offering Support *(In this section, provide suggestions for helpers on:* › How to ask directly about suicide. Phrase the question directly. › How to start a dialogue on the topic of suicide and the steps to use to ask respectfully.)	**Starting a Conversation/ Offering Support**
Reaching Out to Resources YOU ARE NOT ALONE *(Inform helpers they are not alone when providing help to someone in need. Mention campaign website.)* IN A CRISIS *(Mention the National Suicide Prevention Lifeline 1.800.273.8255, as well as other local resources available to the community.)*	**Reaching Out to Resources**

Tool 4. Example of a Translation of Audience Language Script into English

Hmong	Translation
Txoj Kev Mob Yeej Ib Txwm Yuav Tsis Pom Tau	A loved one's pain isn't always visible.
Cov kev qhia pom ua ntej (Warning Signs) ntawm lawv txoj kev hu kom pab yeej muaj nyob rau ntawv, tabsis tsis yog ib qho ib txwm yooj yim pom. Yog tias txawm koj tsuas yog pom ib qhov kev qhia no xwb los, xub cev tes mus pab ua ntej.	The first warning signs of the call for help are available, but they are not always easy to see. If you see only one of these signs, reach out to provide help in time.
Cov Kev Qhia Pom Ua Ntej (Warning Signs) uas Yuav Ua Zoo Saib:	Warning signs to cautiously look for:
1. Tham hais txog xav tuag los yog txo txoj sia 2. Mloog tsis muaj txoj kev cia siab, tag kev, tws kev 3. Coj tsis tus 4. Kev npau ntaws 5. Muaj siv yeeb tshuaj los yog dej cawv ntxiv 6. Tsis xav ua dabtsi/tsis mus koom lwm tus li 7. Kev pw hloov 8. Cwj pwm hloov tam sim ntawd 9. Yeej tsis paub muaj lub hom phiaj	1. Talking about suicide or wanting to die 2. Feeling hopeless, trapped 3. Misconduct or reckless behavior 4. Anger 5. Increased drug or alcohol use 6. Withdrawal/does not want to participate in any gathering 7. Changes in sleep 8. Sudden mood changes 9. No sense of purpose
Thov hu rau the National Suicide Prevention Lifeline ntawm 1-800-273-8255 Lawv muaj cov neeg pab muab tswv yim uas paub hais lus Hmoob yuav nrog nej sib tham 7 hnub ntawm ib hli tiam, 24 teev txhua hnub.	Please contact the National Suicide Prevention Lifeline at 1-800-273-8255. They have counselors available that can help you 24 hours a day, 7 days a week.

Tool 5. Flyer to Recruit Focus Group Participants

Tool 6. Focus Group Protocol

FOCUS GROUP PROTOCOL

Introduction/Welcome

Introduction [Thank everyone for being present.]

*"We want to welcome you to today's focus group. The purpose of today's meeting is to learn how we can reach the Cambodian community with information about suicide prevention. We will explore suggestions for creating materials in Khmer to reach the **helpers**, NOT the people at risk."*

Please emphasize to participants that their input and feedback are invaluable in ensuring we produce materials that are user friendly and effective.

Remind participants that we have provided food and beverages for their enjoyment and to please feel comfortable to get up and get something to drink or eat if they haven't already.

Background

Campaign background: The materials that will be created for the *Know the Signs* campaign are part of statewide efforts to prevent suicide and are funded by the California Mental Health Services Authority (CalMHSA).

Focus group objective: The goal is to develop materials that will reach the Cambodian community in California, especially the helpers of persons at risk for suicide.

Process: Discuss a series of questions about suicide prevention and then review the copy draft provided by bilingual staff at Pacific Asian Counseling Center in Long Beach. Staff at this organization referenced existing campaign materials in English as a guide in developing a translated version that could effectively communicate the campaign message to the Khmer-speaking community.

SECTION 1. Discussion about Suicide Prevention

1. How is suicide discussed or not discussed in the Cambodian community?
2. In your opinion, who in the Cambodian population is most at risk for suicide? Is it youth? Elders?
3. Who are the "helpers" of persons at risk for suicide? A helper is the person who may notice warning signs and who would be the most likely to reach out and offer support.
4. What is the best way to reach Cambodians with this type of information?
5. What type of materials would be helpful (e.g., posters, tent cards, brochures, refrigerator magnets)?

SECTION 2. Poster Design

Image design: Ask participants "If you were to design a poster, what would it look like?"

- Should the image be a life-like illustration or a photo?
- Who would be in the poster? (Be specific with gender and ages.)
- What would they be wearing? What would be their facial expressions?
- What would be the setting? Indoors? Outdoors? Public place?
- What type of activity would be taking place? Would they be having a meal? Having a celebration? Having a conversation?

SECTION 3. Review of Language Adaptation

[Hand out copies of the translation.]

Ask participants to please take some time to read the copy: Be sure to note that Pacific Asian Counseling Center in Long Beach developed this first draft. Staff at this organization referenced existing campaign materials in English as a guide in developing a translated version that could effectively communicate the campaign message to the Khmer-speaking community.

Review copy draft – Go through the brochure section by section:

1. Introduction
   - Any comments?
2. Warning signs
   - Any comments?
3. Offering Support
   - Any comments?
4. Resources
   - Since there is no organization that offers suicide prevention services in Khmer, what resources should be listed? Or where should we advise people who read the materials to go and learn more?
     - Prompt for National Suicide Prevention Lifeline
     - Prompt for English website

Thank everyone for participating: Hand out gift cards.

Appendix B. Resources

Resource List 1. Major Sources of Reliable Suicide Prevention Materials

American Association of Suicidology
http://www.suicidology.org/

American Foundation for Suicide Prevention
https://afsp.org/

SAVE (Suicide Awareness Voices of Education)
http://www.save.org/

State suicide prevention programs
http://www.sprc.org/states

Suicide Prevention Resource Center
http://www.sprc.org

Resource List 2. Developing a Communications Strategy

Framework for Successful Messaging. National Action Alliance for Suicide Prevention.
http://www.suicidepreventionmessaging.org

The Health Communicator's Social Media Toolkit. Centers for Disease Control and Prevention.
https://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf

Making Health Communication Programs Work: A Planner's Guide ("The Pink Book"). National Cancer Institute.
http://www.cancer.gov/pinkbook

Social Media Guidelines for Mental Health Promotion and Suicide Prevention. TEAM Up, Entertainment Industries Council.
http://www.eiconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf

Resource List 3. Descriptions of Key Online Sources of Suicide Data

Health Care Cost and Utilization Project (HCUP)
http://www.sprc.org/resources-programs/data-source-health-care-cost-utilization-project

National Survey on Drug Use and Health (NSDUH)
http://www.sprc.org/resources-programs/nsduh-national-survey-drug-use-health

National Violent Death Reporting System (NVDRS)
http://www.sprc.org/resources-programs/data-source-national-violent-death-reporting-system

WISQARS Fatal Injury Data
http://www.sprc.org/library_resources/items/data-source-wisqars-fatal-injury-data

WISQARS Nonfatal Injury Data
www.sprc.org/library_resources/items/data-source-wisqars-nonfatal-injury-data

WONDER
http://www.sprc.org/library_resources/items/data-source-wonder

Youth Risk Behavior Surveillance System (YRBSS)
http://www.sprc.org/resources-programs/data-source-youth-risk-behavior-surveillance-system

State Websites with Suicide Data
http://www.sprc.org/library_resources/items/state-web-sites-suicide-data

Resource List 4. Designing and Conducting Surveys

Guidelines for Conducting Community Surveys on Injury and Violence. World Health Organization. Available in English and in Chinese.
http://www.who.int/violence_injury_prevention/publications/surveillance/06_09_2004/en/

Community Assessment, Chapter 3, Section 13: Conducting Surveys. Community Tool Box.
https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-surveys/main

Resource List 5. Evaluating Materials and Outcomes

RAND Suicide Prevention Program Evaluation Toolkit. RAND Corporation.
http://www.rand.org/pubs/tools/TL111.html

Program Evaluation. Suicide Prevention Resource Center.
http://www.sprc.org/strategic-planning/evaluation

Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation. Centers for Disease Control and Prevention.
https://www.cdc.gov/obesity/downloads/CDC-Evaluation-Workbook-508.pdf

The Community Guide. Community Preventive Services Task Force.
http://www.thecommunityguide.org/toolbox/index.html

Appendix C. References

[1] U.S. Department of Health and Human Services (HHS), Office of the Surgeon General and National Action Alliance for Suicide Prevention, *National Strategy for Suicide Prevention: Goals and Objectives for Action: A report of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention* (Washington, DC: Author, 2012), 25, http://actionallianceforsuicideprevention.org/national-strategy-suicide-prevention-0

[2] HHS, *2012 National Strategy,* 139.

[3] For example, National Center for Cultural Competence, *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials* (Washington, DC: Georgetown University, 2003), https://nccc.georgetown.edu/documents/Materials_Guide.pdf; and Centers for Medicare & Medicaid Services, *Toolkit for Making Written Material Clear and Effective* (Washington, DC: Author, 2010), https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/writtenmaterialstoolkit/ (especially Part 11, Guidelines for Translation).

[4] U.S. Department of Health and Human Services, Office of Minority Health, *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care* (Washington, DC: Author, 2001), https://www.thinkculturalhealth.hhs.gov/clas

[5] U.S. Census Bureau, Census Bureau Reports at Least 350 Languages Spoken in U.S. Homes, (November 3, 2015), https://www.census.gov/newsroom/press-releases/2015/cb15-185.html

[6] Hyon B. Shin and Jennifer M. Ortman, *Language Projections: 2010 to 2010.* Paper presented at the Federal Forecasters Conference (April 21, 2011), http://www.census.gov/hhes/socdemo/language/data/acs/Ortman_Shin_ASA2011_paper.pdf

[7] Joie Acosta and Rajeev Ramchand, Adults Exposed to "Know the Signs" Are More Confident Intervening with Those at Risk for Suicide (Santa Monica, CA: RAND Corporation, 2014), http://www.rand.org/pubs/research_reports/RR686.html

[8] Ibid.

[9] Joie Acosta and Rajeev Ramchand, "Know the Signs" Suicide Prevention Media Campaign Is Aligned with Best Practices and Highly Regarded by Experts (Santa Monica, CA: RAND Corporation, 2014), http://www.rand.org/pubs/research_reports/RR818.html

[10] Rebecca L. Collins, Eunice C. Wong, Jennifer L. Cerully, and Elizabeth Roth, *Racial and Ethnic Differences in Mental Illness Stigma in California* (Santa Monica, CA: RAND Corporation, 2014), http://www.rand.org/pubs/research_reports/RR684.html

[11] Rajeev Ramchand and Elizabeth Roth, *Language Differences in California Adults' Exposure to Suicide Prevention Messaging, Confidence in One's Ability to Intervene with Someone At Risk, and Resource Preferences* (Santa Monica, CA: RAND Corporation, 2014), http://www.rand.org/pubs/research_reports/RR754.html

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