Description of document:	Department of Veterans Affairs (VA) Suicide Prevention Outreach Plan (SPOP) July 2012
Requested date:	04-October-2013
Released date:	06-November-2013
Posted date:	11-November-2013
Title of document	Strategic Communications Plan, Department of Veterans Affairs (VA), Suicide Prevention Campaign, July 2012
Source of document:	Department of Veterans Affairs Veterans Affairs Central Office FOIA/Privacy Act Officers 810 Vermont Avenue, NW Washington, DC 20420 Email: vacofoiaservice@va.gov

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

November 6, 2013

In Reply Refer To:
FOIA Request: **VHA-14-00432-F**

This letter is the initial agency decision on your October 4, 2013, request under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, seeking the following information: "A copy of the Strategic Suicide Prevention Outreach Plan (SPOP) at the Department of Veterans Affairs." My office received your request on October 22, 2013 as a FOIA referral from the VA FOIA Service.

The program office conducted a search for responsive records and provided the enclosed PDF document which represents the information you seek in your request. I have not withheld any portions of the enclosed records under FOIA.

If you should have any questions, please feel free to contact me at (202) 461-5543.

Sincerely,

Jeffrey M. Parrillo MBA, MHA, CIPP/G
VHA FOIA Officer

Enclosure

Strategic Communications Plan

U.S. Department of Veterans Affairs
Suicide Prevention Campaign
July 2012

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1. Introduction

1.1 Purpose

This document presents the strategic communications and outreach plan for the Department of Veterans Affairs (VA) Suicide Prevention Program. Based on The team's market research and understanding of VA's goals, the plan recommends target audiences, tailored messaging, and optimum communications channels for a comprehensive, integrated suicide prevention communications and outreach campaign targeting Veterans and their families and friends, key community-based and Veterans service organizations (VSOs), and internal VA stakeholders. The plan is designed to achieve the following goals, in order of priority:

1. Increase awareness of Suicide Prevention and specifically promote VA's Veterans Crisis Line (VCL): 1) phone line at 1-800-273-8255, Press 1; 2) online chat at VeteransCrisisLine.net; and, 3) text service at 838255;
2. Utilize best practices in outreach, including advertising, messaging, and social media, to promote the VCL messaging and reach a diverse audience including Veterans, family and friends, Service members, the media, policy makers, and the general public;
3. Support and promote broader VA suicide prevention efforts so Veterans develop greater trust in VA; the media and public understand VA's work in addressing Veterans' mental health issues; and, the clinical and support communities recognize VA's leadership in suicide prevention;
4. Create an environment that promotes help-seeking behaviors among Veterans and their families and influencers so it is more likely Veterans will make the critical first call for help;
5. Develop and maintain relationships with others (i.e. service organizations, community based organizations, etc.) committed to supporting Veterans through outreach efforts; and
6. Measure success of communication and outreach efforts.

The plan lays out a practical, comprehensive roadmap for spreading messaging in a cost-effective manner, moving target audiences along a continuum from awareness to understanding and buy-in and, finally, action. This approach relies on:

- **Audience Segmentation and Targeted Outreach.** Based on research, audiences and subaudiences are ranked and characterized to define the most effective messages and communications channels for each, so that outreach can be tailored and targeted.
- **Integration.** Public service announcements, direct outreach, stakeholder outreach, and interactive media will be sequenced and coordinated, delivering multiple impressions to the target audiences in a condensed timeframe for immediate and sustained impact.
- **Leverage.** Across all elements, the plan will efficiently leverage VA's resources,

enlisting stakeholders and partners to deliver messages to their members and constituents.

- **Impact.** Each element is designed to drive action and collectively—and wherever possible, individually—the impact of various elements are measurable so that VA can continuously assess results and modify tactics for optimum effect.

The plan relies heavily on proven tactics for achieving broad exposure and reach while also connecting with hard-to-reach targeted populations. Chief among these tactics are aggressive outreach to engage partners that regularly connect with and influence VA's target audiences, the frequent and consistent use of social media and websites to contact and interact with audiences where they spend time online, and compelling public service announcements that gain traction in the media outlets that VA's audiences use most.

In addition, every element of the plan will align with VA's overarching identity and outreach strategy as well as related VA campaigns to reduce Veteran homelessness, support Veterans' caregivers, and reduce the stigma that can discourage Veterans from seeking mental health services—which address similar or overlapping issues and audiences.

1.2 Context and Background

Suicide among the nation's Veterans occurs at an alarming rate, particularly for those between the ages of 18 and 29. In 2010, VA released data indicating that the suicide rate for these young Veterans went up 26 percent from 2005 to 2007. Although this statistic is particularly disturbing, suicide rates among older at-risk Veterans are high as well. VA estimates that, on average, 18 Veterans die by suicide each day; five of the 18 were receiving care in the VA healthcare system, including three that had a known diagnosis of a mental health condition.

The challenges for the VA Suicide Prevention Program's communication and outreach plan—according to experts in mental health, suicide, and Veterans' issues—include the following:

- **Doing no harm.** Avoid messages that inadvertently encourage suicidal thoughts by implying that Veterans commonly turn to suicide in response to mental health issues.
- **Difficulty of reaching at-risk Veterans.** Although risk factors such as substance abuse, depression, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and chronic pain are associated with suicide, few Veterans among these at-risk populations are actually suicidal—and those who are can be extremely difficult to identify and target. In addition, just one-third of Veterans are registered in the VA Health Care System, and only one-quarter use VA services, complicating efforts to reach the majority of Veterans.

- **Normalizing help seeking.** Change the social script to affirm help-seeking behavior.
- **Measuring results.** Because suicide is widely under-reported and data on suicide attempts and deaths are not consistently tracked and documented nationwide, it is difficult to measure and track suicides and their impact.

2. Data and Landscape Analysis

2.1 Background and Research Summary

The team conducted literature searches, interviews of subject matter experts and stakeholders, and reviews of traditional and online media to gather insights and best practices on suicide prevention; further characterize target audiences; determine perceptions and concerns about suicide and mental health issues, as well as VA's work to address them; and begin to pinpoint the messaging and communications channels that are most effective for reaching various audience segments. This research included the following components.

Survey of Subject Matter Research and Expertise

The team reviewed a wide range of studies, reports, and strategic plans produced by experts in Veterans' issues, mental health issues, and suicide prevention. These documents provide statistics and information that suggest which Veteran populations may be at higher risk for suicide, insights about the mental health needs of Veterans, and information on the support structures and messages that are most effective in suicide prevention.

- **Westat, *National Survey of Veterans.*** This July 2010 confidential draft VA report gathered information for resource allocation, including data on demographics, awareness, transition assistance, disability and vocational rehabilitation, health status, and healthcare.
- **DoD Task Force on the Prevention of Suicide by Members of the Armed Forces.** The August 2010 report of this task force provides data on the scope of suicide in the military and the institutional structures that help and hinder suicide prevention. The task force also made numerous recommendations to encourage help-seeking behaviors.
- **Gallup Consulting Focus Group Report, *Listening to the Voices of Veterans.*** This March 2010 report summarizes young Veterans' responses—positive, negative, and indifferent—to various promotional materials and messaging for the Veterans Suicide Prevention Hotline.
- **Rand Corporation, *Invisible Wounds of War*:** This 2008 study examined the mental health and cognitive needs of U.S. servicemembers returning from Afghanistan and Iraq and how DoD and VA are addressing them. Focusing on three major mental health conditions, the study surveyed servicemembers and Veterans to determine prevalence, costs, and the system of care and recommended improvements.
- **Rand Corporation *Strategies for Suicide Prevention*.** This 2009 study conducted a systematic review of the literature on suicide prevention to identify promising strategies and programs for Veteran suicide prevention. The authors evaluated the

evidence supporting these strategies and programs, and determined areas for continued and expanded research.

- **National Institute of Medicine*, Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members and Their Families.*** This 2010 report provides comprehensive information on the physical, mental health, and other needs of Veterans transitioning to civilian life.
- **U.S. Centers for Disease Control*, Strategic Direction for the Prevention of Suicidal Behavior.*** Based on 2005 data, this five-year strategic plan underscored the importance of promoting individual, family, and community connectedness—sharing resources or being socially close or interrelated with others—to prevent suicidal behavior.
- **Suicide Prevention Resource Center*, Safe and Effective Messaging for Suicide Prevention.*** This document provides evidence-based recommendations for effective messages for suicide public awareness campaigns as well as messages that may be problematic for suicide prevention.

Media Audit

VA's suicide prevention campaign must leverage complementary messaging and overcome contradictory messaging that reaches its target audiences through the media every day. To increase our knowledge of the media environment that affects the perceptions of VA's target audiences, The team examined the full range of communications on Veteran suicide prevention and related mental health and behavioral issues.

- **Traditional Media.** The team reviewed print and broadcast media coverage of the issue of Veteran suicide and VA's response to it. Throughout the course of our review, we discovered the vast majority of messages from VA in the media tend to be reactive to an event, rather than proactive on the topic. Although there are a few focused stories on VA's efforts to reduce suicide, much media coverage calls for increased help for Veterans and a focus on the need to decrease suicide among this population. Overall, very little attention is given to VA's suicide prevention efforts.

  We also noted that stories on Veteran suicide frequently lack context and potentially distort the issue. Accurate reporting should reinforce that the large majority of Veterans today are addressing their physical and mental health issues without resorting to suicide; many Veterans seek help, recover, and lead healthy, productive lives.

- **Collateral (Suicide and Mental Health).** The team reviewed an array of print and online materials related to suicide and other risk factors such as substance abuse. We reviewed recent VA materials in addition to a broad range of materials produced by DoD and the individual military branches as well as campaigns targeting the general

population. The most effective pieces had several characteristics in common. They were targeted to specific audiences and/or branches of the military with imagery and messaging consistent with that group. They emphasized themes of camaraderie and portrayed seeking help as an act of strength. They typically had simple messaging and a clear call to action.

Our review of collateral samples collected from VA's suicide prevention coordinators reinforced the urgent need for a more comprehensive and consistent collateral library to support the suicide prevention campaign. Significant amounts of collateral are designed and produced locally with inconsistent and, frequently, conflicting messaging and branding. In addition, the collateral is not tailored to specific audiences. It typically makes no distinction between Veterans of different eras of service or ethnicities in its imagery or messaging, and women are rarely represented at all. Finally, the collateral does not incorporate or address the needs of secondary audiences such as families and friends of Veterans.

Public Service Announcements. The team reviewed available print, online, and broadcast PSAs on suicide, suicide prevention, and related issues such as domestic violence and homelessness produced by VA, DoD, and numerous Veterans service organizations, community-based organizations, and government agencies focused on these issues. We discovered a space crowded with PSAs of varying formats, lengths, messages, and types. Our marketing research and experience tells us the most successful PSAs are unique and creative, using simple methods of storytelling, employing fundamental themes of connectedness and empathy, and targeting specific audiences. Some of the most effective PSAs conveyed messages through testimonials rather than scripts, and used unconventional methods to make a point without feeling forced. Others went outside the traditional 15-, 30-, and 60-second format to create lengthier messages for use online.

One particularly effective PSA-based campaign—the "It Gets Better Project" to prevent bullying and suicide among gay teens—uses video to connect lesbian, gay, bisexual, and transgender teens to positive role models and a network of support. The campaign allows teens to create their own PSAs with personalized messages, which have often gone viral and had a profound impact on the broader community. The campaign inspired the development of more than 5,000 user-created videos—some by prominent celebrities, politicians, artists, and business leaders—and produced more than 15 million views in a matter of months.

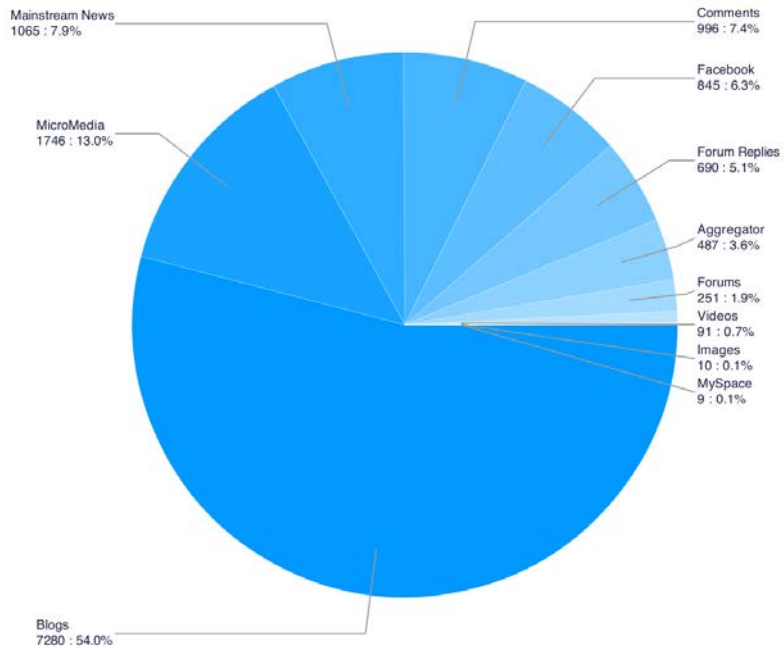
Social Media & SuicidePreventionLifeline.org Audit

Social media—including blogs, interactive online forums, and social networking platforms such as Facebook—have a profound impact on public perceptions and serve as a primary source of news and information for growing numbers of Internet users. The team reviewed content across social media frequented by VA target audiences to determine what they are learning and saying about Veteran suicide and related issues.

Our social media audit focused on a defined set of keywords. Search terms included permutations of "suicide," "800-273-TALK," "mood disorder," and their combination with the terms "suicide," "Veterans," "Vet," and "Veterans affairs."

In a social media search for use of these keywords, blogs accounted for more than 50 percent of the results. This matches similar landscape analyses completed by The team for other federal agencies (i.e., the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration) and suggests that outreach to the blogging community would be effective in reaching audiences concerned about Veteran suicide.

Graph 1: Online Mentions of VA Suicide Prevention Keyword Set by Channel or Social Media Property Type (October–December 2010)

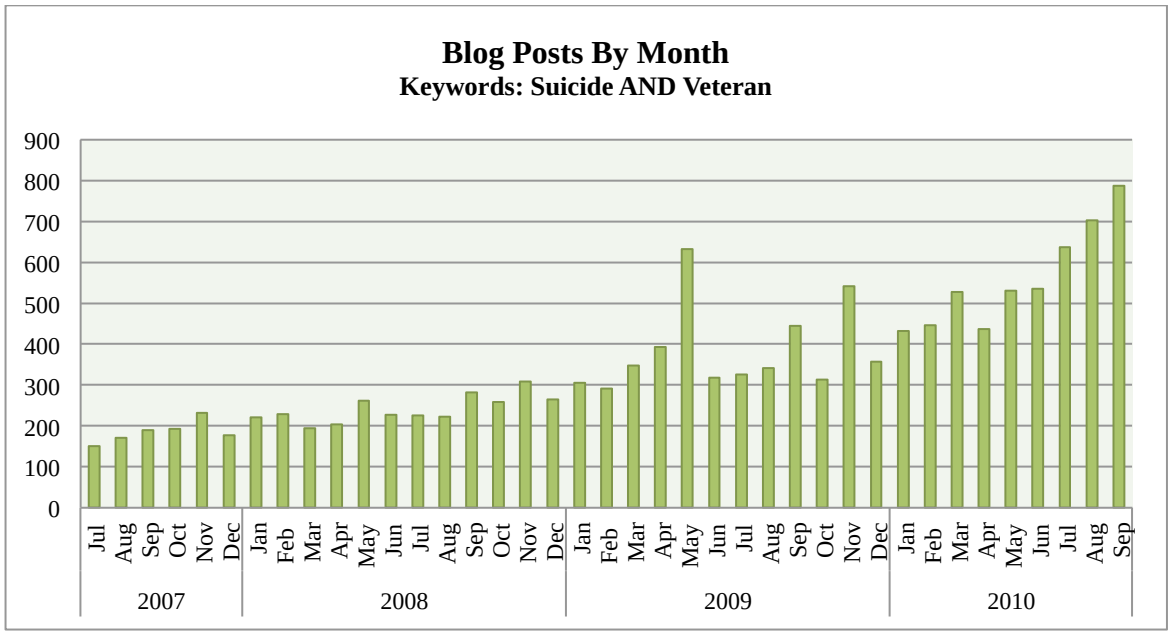


Twitter accounted for the second-highest number of Veteran suicide keyword mentions, with 13 percent of the search results. Mainstream news produced 7.9 percent, while

Facebook produced 6.3 percent. MySpace produced the smallest number of keyword search results, returning just nine mentions.

To gauge the increase in online conversations on Veteran suicide since the Veterans Suicide Prevention Hotline launched in July 2007, we looked at a very narrow but highly relevant data set: the total number of blog posts that contained the words “Veteran” and “suicide” from July 2007 to September 2010. A Google blog search for this keyword combination produced 16,399 results, with monthly activity steadily increasing from less than 200 posts to just below 800 posts.

Graph 2: Blog Posts by Month

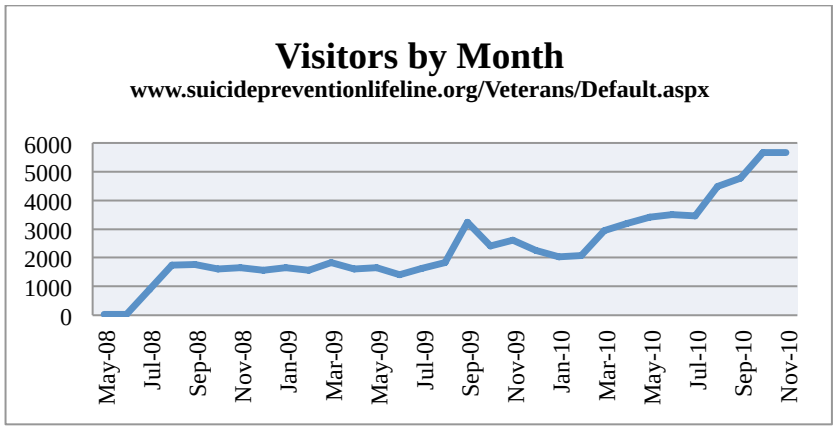


Clearly the online conversation about Veteran suicide is happening and its volume has increased significantly in the last year. It is critical for VA to enter that conversation flow with responsible, accurate messaging and to leverage blog activity to build awareness of resources available to help Veterans in crisis and their families.

SuicidePreventionLifeline.org

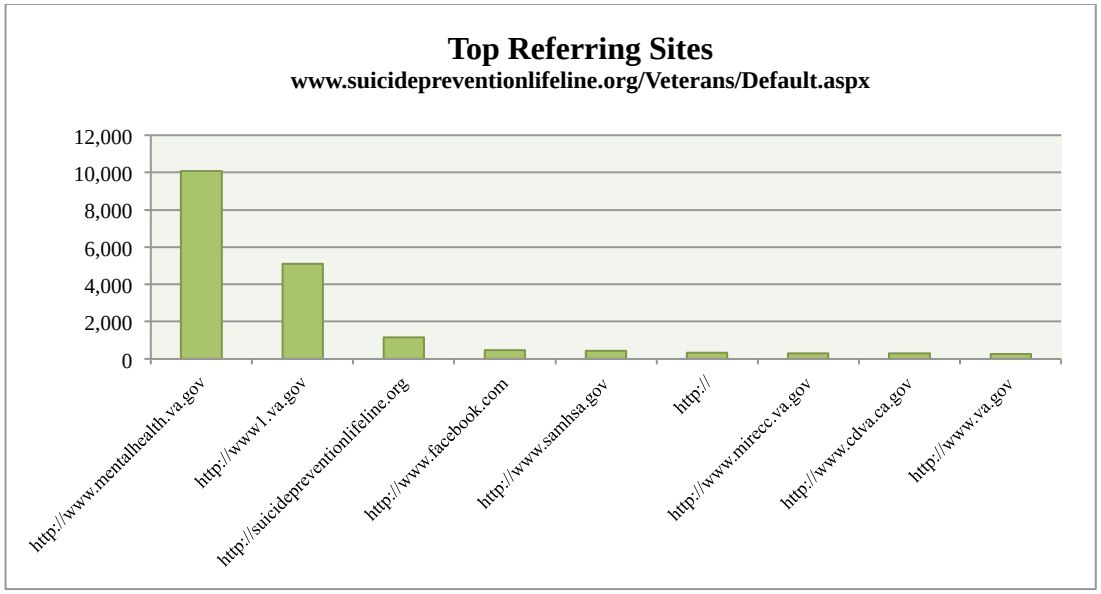
Our review of recent traffic to the Veterans section of www.suicidepreventionlifeline.org (http://www.suicidepreventionlifeline.org/Veterans/Default.aspx) revealed a steady increase since it launched in May 2008, reaching just under 6,000 monthly visits in November 2010.

Graph 3: Visitors by Month – Veterans Section of www.suicidepreventionlifeline.org

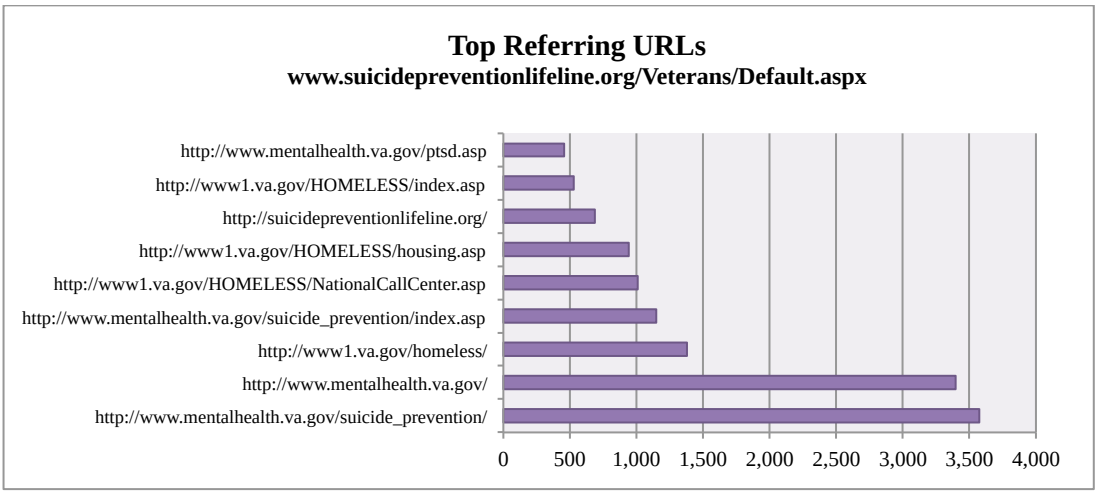


However, the source of non-search referral traffic is overwhelmingly a product of referrals from other VA websites, which represent eight of the top nine referring URLs.

Graph 4: Top Referring Sites – Veterans Section of www.suicidepreventionlifeline.org



Graph 5: Top Referring URLs – Veterans Section of www.suicidepreventionlifeline.org



These data differ from data detailing the top referring sites to the main SuicidePreventionLifeline.org website, which are dominated by consumer or social media websites (e.g., Facebook, MySpace, and Help.com). This suggests there is limited awareness of the Veterans section of the website among the general public; the website has limited outreach to, or presence within, social media networks; and there is limited original content on the website site to generate direct search engine traffic.

Interviews with Subject Matter Experts

The team conducted interviews with recognized authorities on suicide prevention as well as key intermediaries who deal with Veterans every day. These experts provided information on evidence-based public awareness and suicide prevention efforts as well as insights about which messages and tactics have been—or could be—most effective in reaching and mobilizing VA's target audiences.

- **Jan Kemp, RN, PhD,** National Mental Health Program Director for Suicide Prevention. Dr. Kemp provided our team with information about the Veterans Suicide Prevention Hotline operations and VA's suicide prevention resources, programs, statistics, and data. She also shared her knowledge of key Veteran and at-risk Veteran audiences.
- **Robert Bossarte, PhD,** Chief for Epidemiology and Health Services Research, VA Medical Center at Canandaigua (Suicide Prevention). Dr. Bossarte shared updates on Canandaigua Center for Excellence activities, including new studies on Veteran suicide prevention. He alerted us to challenges in measuring the effectiveness of suicide prevention efforts, and also provided information on at-risk populations and demographics.
- **David Litts, PhD,** Director of Science and Policy, National Suicide Prevention Resource Center. Dr. Litts advised us on best practices in suicide-related messaging,

key suicide-related research and data, and active-duty and Veteran-specific insights based on his extensive participation in the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces.

- **Don Meichenbaum, PhD,** founder of Cognitive Behavioral Modification, Institute for the Advancement of Human Behavior. Dr. Meichenbaum advised us on best practices in suicide prevention strategies, including efforts to reduce stigma. He also provided insight into effective suicide prevention messaging and the recent outreach and communications efforts of the National Guard.
- **Chris Gandin Le**, CEO of Emotion Technology. Mr. Gandin Le was the resource and information manager for the National Suicide Prevention Lifeline and is developing new protocols and media guidelines for the American Foundation for Suicide Prevention. He advised us on leveraging social media to promote and support mental health awareness.
- **Adam Clampitt**, Principal, The District Communications Group. Mr. Clampitt is a Veteran of Operation Enduring Freedom and a Navy Reserve Officer who directed all long-range strategic communications planning for the NATO International Security Assistance Force in Afghanistan and developed the U.S. military's social networking initiative while there. He advised us on best practices in social media outreach to military and Veteran populations.
- **Chick Ciccolella**, President, CSC Group, former Executive Vice President for Economic Empowerment for the Wounded Warrior Project, and former Assistant Secretary for the Veterans Employment and Training Service at the U.S. Department of Labor. Mr. Ciccolella has deep experience working with Veterans service organizations to assist wounded and injured Veterans transition into the civilian world, and spearheaded expansion of the Transition Assistance Program, REALifelines Program, and Reintegration Program Grants. He contributed to our initial outreach to VSOs and other Veteran support organizations.

Interviews with Suicide Prevention Coordinators

The team interviewed 47 VA suicide prevention coordinators in 31 states—representing demographically diverse regions and both urban and rural communities—to gain a specific and thorough understanding of the SPCs' opinions of VA's Suicide Prevention Program. We identified best practices in community outreach, key program strengths and challenges, views on effective and ineffective promotional items and collateral, and needs for additional tools and resources.

Interviews with Veterans Service Organizations

The team developed an initial database of more than 35 VSOs and performed an audit of publicly available information on their suicide prevention and related programs and initiatives. To inform our recommendations, we met with a number of the larger VSOs to

establish a working relationship; better understand each group's membership, mission, size and reach; and explore partnering and outreach opportunities.

Interviews with Community-Based Organization Leaders

The team developed a extensive database of CBOs and performed an audit of publicly available information on their suicide prevention and related programs and initiatives. To inform our recommendations, we held meetings and conference calls with a number of the CBOs to establish a working relationship; better understand each group's membership, mission, size, and reach; and explore partnering and outreach opportunities.

Interviews with VA Public Affairs Officers

To better understand how The team can assist VA PAOs, we spoke to a group of about 20 PAOs across the nation to learn about their tools and tactics for increasing community awareness about VA suicide prevention efforts and channels to reach Veterans and their families, and to solicit suggestions for how to ensure the success of our campaign.

Initial Focus Group

On November 22, 2010, The team conducted an initial focus group with OEF/OIF and Vietnam-era Veterans to gain insight into the culture and attitudes surrounding mental health issues and help-seeking behavior. We also received feedback on two creative concepts for PSAs.

Participants acknowledged the stigma associated with talking about mental health issues, expressing fears about being viewed as "crazy," "a monster," or in some way negatively different from others if they or others talked about mental health. They suggested that messages supporting help-seeing behavior from a credible source, such as a Veteran who has experience with mental health issues or a VSO, might encourage Veterans to seek treatment. Other suggestions included highlighting the benefit of treatment through success stories and free workshops. Participants expressed negative perceptions of VA mental health services, saying these services lack expertise in treating mental health issues, transparency, availability, and care and effort.

Participants responded well to themes that touch on military brotherhood and equate treating mental injuries with treating physical illness. They also commented on the believability of our PSA concepts, specifically concerning dialogue, characters, and accurate representation of military/Veteran culture.

2.2 Analysis of Veteran Population

According to the National Center for Veterans Analysis and Statistics, as of November 2010 there were an estimated 22.7 million Veterans in the United States.

VA Access

The vast majority of Veterans that the suicide prevention campaign aims to reach are not in the VA Health Care System: An estimated one-third of Veterans (36 percent or 8.1 million) are enrolled in the system and only one-quarter (25 percent or 5.7 million) received treatment during FY 2009.[1] However, some estimates suggest as many as 48 percent of OIF/OEF Veterans have received some form of VA healthcare.[2]

Demographics

The demographic breakdown of the Veteran population can help inform the campaign's efforts to identify and reach the largest Veteran population segments and to define substantial subpopulations, such as women and Veterans of specific periods of service or conflicts, such as younger Veterans of OEF/OIF. This information will help the campaign tailor outreach, messaging, and imagery to those audiences.

For example, 92 percent of all Veterans are men, and 79 percent of them self-identify as white non-Hispanic. However, as illustrated in Table 1 below, the demographics of Veterans who served in different eras vary. Compared to the Vietnam-era Veteran population, the Veteran population that recently served during OEF/OIF is considerably more diverse.

Table 1: Demographic Profile of Veterans (All Veterans, Vietnam, and OEF/OIF)

	All Vets[3]		**Vietnam Era[4]**	**OEF/ OIF[5]**
Men	92%		97%	89%
Women	8%		3%	11%
White	79%		83%	66%
Black	11%		9%	16%

[1] National Center for Veterans Analysis and Statistics (NCVAS), *Quick Facts: VA Stats At A Glance*, November 2010. (pdf)

[2] Swords to Plowshares, "Combat to Community: Facts and Figures of Post 9/11 Veterans and Their Families," December 2010. http://www.swords-to-plowshares.org/files/general_media/CtoC%2012.2010%20FINAL.pdf

[3] VetPop2007, Table 2L: Veterans By State, Period, Age Group, Gender, 2000-2036 and Table 5L: Veterans By Race/Ethnicity, Gender, Period, Age, 2000-2036, both as of 9/30/10

[4] VetPop2007, Table 2L: Veterans By State, Period, Age Group, Gender, 2000-2036 and Table 5L: Veterans By Race/Ethnicity, Gender, Period, Age, 2000-2036, both as of 9/30/10

Hispanic	6%		5%	10%
Other	4%		3%	8%

On average, the Veteran population is rapidly reaching retirement age, with 55.0 percent of all Veterans aged 60 or older and 72.5 percent aged 50 or older. However, again this demographic varies between Veterans of different eras. More than two-thirds (67.6 percent) of Vietnam-era Veterans are aged 60–69 and 89.9 percent are aged 50–69.

Table 2: Veterans by Age (VetPop 2007 estimates as of 9/30/10) [6]

Age	**All Vets**		**Vietnam Era**	
18-29 years	1.1M	4.8%		
30-39 years	1.9M	8.4%		
40-49 years	3.2M	14.4%		
50-59 years	4.0M	17.3%	1.6M	21.3%
60-69 years	5.8M	25.6%	5.1M	67.6%
70+ years	6.7M	29.6%	0.8M	11.1%
Total	**22.7M**		**7.5M**	

While we have not identified directly comparable age data for OEF/OIF Veterans, information on the demographic profile of active OEF/OIF military personnel provides a rough proxy for the profile of OEF/OIF Veterans. Not surprisingly, this data shows more than two-thirds (67.6 percent) of enlisted servicemembers and 28.4 percent of officers are aged 18–29. Ninety percent of all active OEF/OIF military personnel, and 70 percent of all officers, are 18–39 years old. Compared to active-duty DoD personnel, active Reserve personnel in both the officer and enlisted segments are slightly older.

Table 3: Age of Active-Component Military Personnel Serving in OEF and OIF in 2009 (as proxy for OEF/OIF Veterans)[7]

	2009 Active Duty DoD		**2009 Active Reserve**		**Total**	
Age	**Officer**	**Enlisted**	**Officer**	**Enlisted**	**Officer**	**Enlisted**
18-29 years	33.8%	74.0%	10.0%	51.1%	28.4%	67.6%
30-39 years	42.8%	20.4%	39.7%	26.7%	42.1%	22.2%
40-49 years	20.7%	5.4%	37.9%	17.2%	24.6%	8.7%
50+ years	2.7%	0.2%	12.4%	5.0%	4.9%	51.5%
Total	**263,000**	**1,195,000**	**77,000**	**463,000**	**340,000**	**1,658,000**

Period of Service

[5] The National Academies, *Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families*, pages 19–20, 2010.

[6] VetPop2007, Table 2L: Veterans By State, Period, Age Group, Gender, 2000-2036, as of 9/30/10

[7] The National Academies, *Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families*, pages 19-20, 2010.

It may be useful for campaign messaging to draw on the shared history or experiences of target audiences based on their periods of service. About 75 percent of Veterans (16.9 million) served during wartime at some point in their military careers. The largest segment, representing one-third of all Veterans (7.5 million), served during the Vietnam era, while another one-quarter (5.7 million) served during the Gulf War.

Table 4: Veterans by Period of Service (VetPop 2007 estimates as of 9/30/10) [8]

Conflict	**Veterans**
Peacetime	5.8M
Wartime	16.9M
Total Vets	**22.7M**
Gulf War	5.7M
Vietnam Era	7.5M
Korean Conflict	2.5M
WWII	2.0M

More than 2 million members of the armed services have been deployed since September 2001, and there are an estimated 1.2 million Veterans of this period currently separated from active duty and eligible for VA services.[9]

Marital Status

The suicide prevention campaign will focus heavily on Veterans' family members—particularly spouses, who play a key role in detecting suicidal thoughts and behaviors and accessing support and services. According to the draft 2010 National Survey of Veterans, 70 percent of Veterans are married.

Table 5: Veteran Marital Status (National Survey of Veterans)[10]

	All Vets	**Veterans Currently Serving in NG/Reserve**
Currently Married	69.7%	61.3%
Divorced	13.3%	10.6%
Separated	1.47%	1.6%
Have One or More Dependent Children	30.8%	56.9%

[8] VetPop2007, Table 2L: Veterans By State, Period, Age Group, Gender, 2000-2036, as of 9/30/10

[9] Swords to Plowshares, "Combat to Community: Facts and Figures of Post 9/11 Veterans and Their Families," December 2010. http://www.swords-to-plowshares.org/files/general_media/CtoC%2012.2010%20FINAL.pdf

[10] Westat, *National Survey of Veterans – Draft Report*, pg. 57, July 26, 2010.

Data regarding the marital status of recent active component military servicemembers (as a proxy for OEF/OIF Veterans) suggests that a smaller percentage of younger Veterans are married (55 percent), but a higher percentage (43 percent) have dependent children.[11]

About 15 percent of Veterans are divorced (13.3 percent) or separated (1.7 percent). The campaign will recognize that the divorce/no longer married category is a significant risk factor for suicide. Therefore, our outreach will need to target a much broader Veteran "family" support structure that includes parents, children, friends, and fellow Veterans.

Geographic Distribution

The campaign can achieve efficiencies and economies by targeting states or markets with the highest numbers and per capita concentrations of Veterans. As the campaign determines priorities for outreach to media, dissemination of public service announcements, placement of advertising, and development of partnerships with state agencies, Veterans service organizations, and community-based organizations, it will be valuable to factor in the prevalence of Veterans in the populations these communications channels can reach.

In fact, nearly 53 percent of all Veterans live in 11 states. Predictably, these are also highly populated states such as California, Texas, Florida, Pennsylvania, New York, Ohio, Virginia, Illinois, Georgia, North Carolina, and Michigan.[12]

However, when viewed from a Veteran per capita population perspective, the highest concentrations of Veterans in lesser populated states such as Alaska, Wyoming, Montana, Maine, Nevada, New Hampshire, Idaho, Oklahoma and South Dakota. The only state in both the top 10 for aggregate number of Veterans and per capita concentration of Veterans was Virginia (#7 overall, #2 per capita). Washington ranked 12th in overall Veteran population and 7th in Veteran per capital population.[13]

We also noted that statewide suicide rates we typically highest in more rural, less densely populated states. The top ten states in terms of statewide suicide rates in 2004 were Alaska (23.6), Montana (18.9), Nevada (18.9), New Mexico (18.7), Wyoming (17.4), Colorado (17.3), Idaho (16.9), West Virginia (15.7), Utah (15.6), and Oregon (15.5).[14]

[11] The National Academies, *Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families*, pages 19-20, 2010.

[12] VetPop 2007 & US Census Bureau (www.census.gov/compendia/statab/cats/population.html)

[13] VetPop 2007 & US Census Bureau (www.census.gov/compendia/statab/cats/population.html)

[14] Suicide.org (www.suicide.org/suicide-statistics.html#2004)

Online Habits

The Internet is a very popular communication channel that should figure prominently in suicide prevention communications and outreach. According to the draft 2010 National Survey of Veterans, more than 70 percent of Veterans use the Internet; 68 percent use it daily. More than 70 percent of Veterans use email, and nearly 60 percent surveyed said they would like to receive information from VA online. These percentages are even more compelling for younger Veterans, with 99 percent of Veterans aged 18–30 using the Internet and 78 percent accessing it every day. Three-quarters of younger Vets said they would like to receive VA information online.

Women Veterans are active online, with 66 percent of them online daily and 86 percent using email. Seventy percent of women Veterans want to receive VA information online.

Table 6: Online Habits of Veterans (2010 National Survey of Veterans)[15]

	All Vets	Vets (18–30)	Post 9-11 Vets	Vietnam Era	Female	Black	Hispanic	Current NG/ Res
Use Internet	72.3%	98.7%	98.2%	74.8%	87.0%	74.4%	73.1%	98.8%
Use Internet Daily	68.4%	78.0%	79.7%	66.7%	66.1%	55.6%	73.5%	79.0%
Use email	70.6%		96.6%		86.1%	69.7%	69.4%	98.6%
Would like to receive VA information via Internet	59.2%	75.6%	79.0%	61.7%	70.0%	69.1%	64.1%	

2.3 Veteran Suicide

Today, Veterans are more than twice as likely as non-Veterans to die from suicide.[16] VA estimates that there are 18 Veteran deaths from suicide per day, which translates to about 6,600 Veteran suicides per year and 29 suicides for every 100,000 Veterans. Five (or 28 percent) of the Veteran suicide-related deaths per day occur among Veterans receiving care in the VA Health Care System.

Information gathered from VA suicide prevention coordinator reporting sheds light on Veterans' risk factors, particularly when there is a history of suicide attempts and diagnosed mental illness, as well as the role of access to and familiarity with firearms in

[15] Westat, *National Survey of Veterans – Draft Report*, pages 94 and 98, July 26, 2010

[16] Based on conversations with Veteran suicide subject matter experts, including Dr. Jan Kemp, Dr. Robert Bossarte, and Dr. David Litts. Supported by our survey of research on Veteran suicide, including *Suicide Among Male Veterans: A Prospective Population-Based Study* by Mark Kaplan, Nathalie Huguet, Bentson McFarland, and Jason Newsom, published in 2007 in the *Journal of Epidemiology and Community Health*.

Veteran deaths by suicide. Based on SPC reports of suicide attempts they know of, VA estimates there are 950 suicide attempts per month among Veterans receiving care within VA. This number excludes unreported attempts by Veterans who are in the VA Health Care System or Veterans who use Vet Centers, as well as attempts among the majority of Veterans who are outside of the VA Health Care System entirely.

Among these reported suicide attempts, VA further estimates:

- 7 percent of suicide attempts resulted in death
- 11 percent of those who attempted suicide in FY 2009 (and did not die as a result of this attempt) made another attempt within an average of nine months
- 33 percent of Veterans who died by suicide had a history of previous attempts
- 60 percent of suicides among users of VHA services were patients with a known diagnosis of a mental health condition
- Firearms were used at a higher rate by Veterans than by the general population

Data also suggest that younger Veterans should be a key focus of the suicide prevention campaign. In 2010, VA released data that indicated suicide rates among Veterans aged 18–29 had increased by 26 percent, from an estimated 44.99 suicides per 100,000 Veterans in 2005 to 56.77 per 100,000 in 2007.[17]

Suicide is a significant risk to members of the general population in this age bracket as well. In fact, suicide is the second-leading cause of death for the general population aged 25–34 (and it ranks third for ages 15–24). For white males in the general population, suicide is the second-leading cause of death from ages 15–34 and in the top four leading causes of death for ages 10–54.

Within the general population, although suicide may be a leading cause of death in younger adults, the suicide rate is highest for older individuals. Some of the highest rates are seen among elderly (age 65 and older) white men. In 2005, the rate of suicide for this group was 32.1 per 100,000, compared to 10.5 for non-white males age 65 and over and 4.0 for women age 65 and over.[18]

As in the general population, the suicide rate for Veterans is much higher among men than among women. Based on 2007 data from the Centers for Disease Control and Prevention, the suicide rate for women in the general population was 4.79 per 100,000, compared to 18.35 per 100,000 for men.

However, recent studies suggest women Veterans may also be at elevated risk to die by suicide, perhaps as much as three times more likely than women in the non-Veteran

[17] Huffington Post, January 2011 (http://www.huffingtonpost.com/2010/01/11/suicide-rate-of-veterans-_n_418780.html).
[18] 2005 U.S. Suicide Statistics: http://www.suicide.org/suicide-statistics.html

population.[19] This may be due to an elevated rate of risk factors among female Veterans. For example, a VA screening of 5.7 million Veterans between 2002 and 2008 found that nearly one in five (19.9 percent) female Veterans screened positive for military sexual trauma (MST).[20] Additional research suggests up to 60 percent of women with MST also suffer from PTSD.[21] Another contributing factor may be the fact that women Veterans have greater access to and familiarity with firearms than their civilian counterparts do.

Department of Defense Data

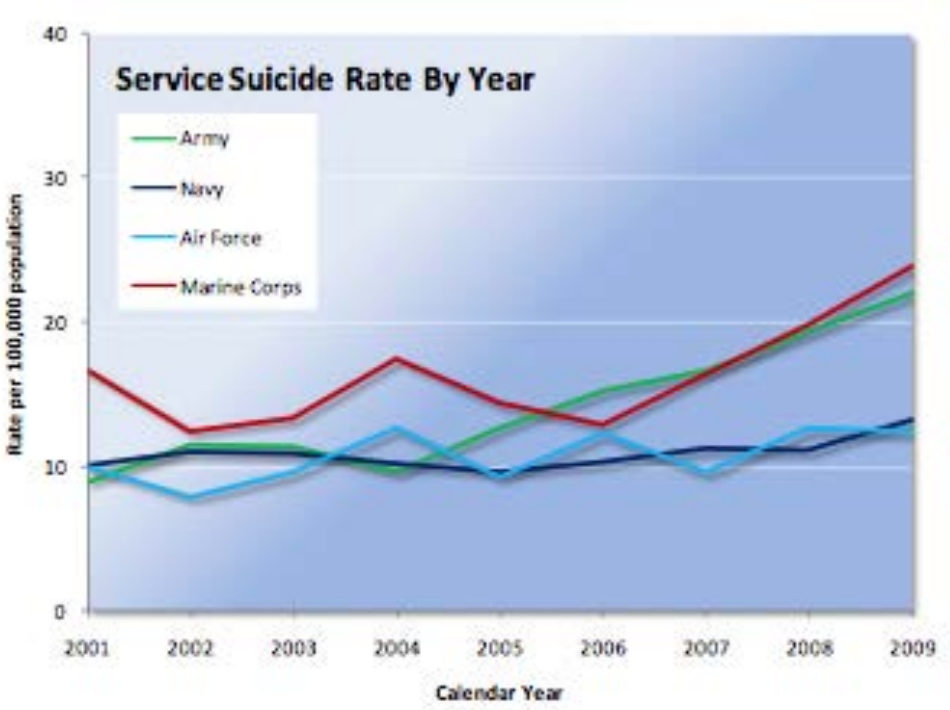
The report by the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces, published in August 2010, provides valuable data on suicide rates among active-duty servicemembers in 2009 and may shed light on the potential risk profile of their recent Veteran counterparts.

Keeping in mind that the data samples, based on 309 DoD servicemember suicides in 2009, are small and the information is helpful in providing only directional insights, the results indicate higher suicide risk for several population segments that may continue following the transition of these servicemembers back into civilian life. These higher-risk segments include the following:

- **Army and Marine Corps Personnel**. Army and Marine Corps personnel had two times the incidence of death from suicide of servicemembers in the Air Force and Navy.

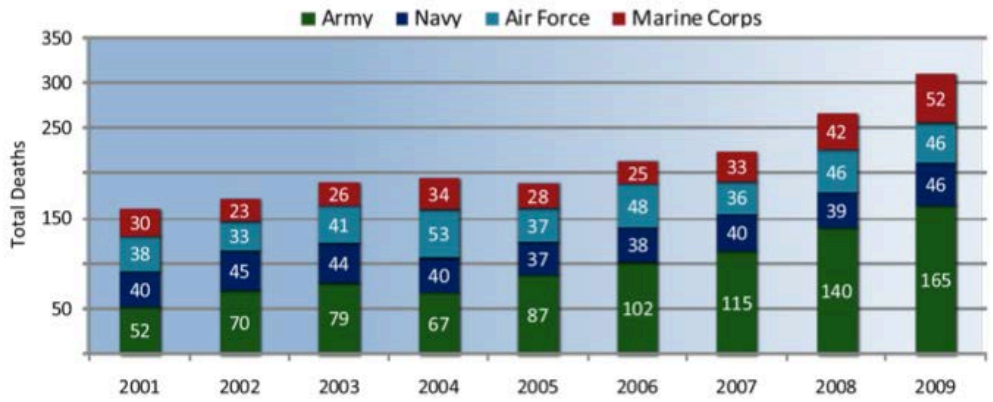
[19] http://www.npr.org/2010/12/04/131797071/study-female-vets-especially-vulnerable-to-suicide and "Self-Inflicted Deaths Among Women With U.S. Military Service" by Bentson McFarland, Mark Kaplan, and Nathalie Huguet, *Psychiatric Services*, December 2010.
[20] Swords to Plowshares, pg. 19
[21] Swords to Plowshares, pg. 19

Graph 6: DoD Service Suicide Rates by Year and Branch[22]



[22] DoD Task Force Report, pg. 15

Graph 7: DoD Service Suicide Rates & Deaths by Year and Branch[23]



	2001		2002		2003		2004		2005		2006		2007		2008		2009		Year Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	
Total/Year	160	10.3	171	10.3	190	11	194	11.3	189	11.3	213	13.1	224	13.8	267	15.8	309	18.4	1917
Regular	145	10.5	146	10.3	158	11	171	12	148	10.7	187	13.5	197	14.3	234	16.9	285	20.3	1671
Reserve	15	9.3	25	10.6	32	11.1	23	8	41	14.8	26	10.7	27	10.8	33	10.5	24	8.6	246
OEF	1		3		4		2		4		3		5		7		10		39
OIF	0		0		27		20		25		31		41		35		33		212

(Source: Mortality Surveillance Division, Armed Forces Medical Examiner System, AFIP, 2010)

Diagram 6-1: Count and Crude Suicide Rates Among Active Duty and Reserve Service Members

The data also point to population segments with elevated suicide rates that may warrant particular attention in the suicide prevention campaign, including:

- **Male.** The rate of 18.2 suicides per 100,000 for men was more than three times the rate for women (5.4 per 100,000).
- **White**. White servicemembers had a rate of 17.4 suicides per 100,000, compared to the overall rate of 16.3 per 100,000 and a rate of 11.9 per 100,000 for Black/African American servicemembers.
- **Enlisted**. Enlisted servicemembers E1–E4 had a rate of 20.1 suicides per 100,000 compared to a rate of 14.8 per 100,000 for higher-ranking enlisted servicemembers and 10.2 per 100,000 for officers.
- **GED or No High School Degree**. Servicemembers with a GED or less than a high school degree had a suicide rate of 29.1 per 100,000, while the rate for high school graduates was 16.4 per 100,000 and 9.8 per 100,000 for personnel with a four-year degree.
- **Divorced**. The rate of suicide for divorced servicemembers was 27.6 per 100,000, compared to 15.9 per 100,000 for those who were married and 15.2 per 100,000 for those who were never married.

[23] DoD Task Force Report, pg. 41

Graph 8: Demographics of Military Suicides[24]

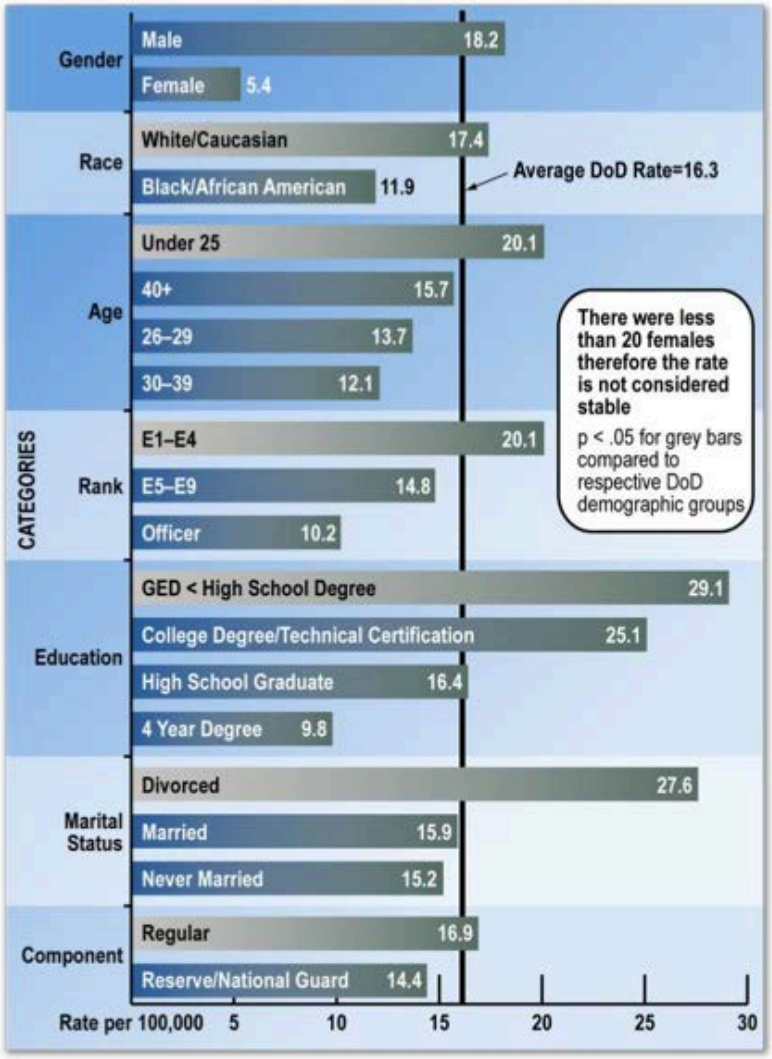


Diagram 6-2: Military Demographics
(Source: Gahm, et.al. 2009)

In addition to indicating high-risk populations, the study identified behaviors that were common among servicemembers who died from suicide:

- 70 percent of 2008 DoD suicides indicated some intent to die by suicide
- 30 percent communicated a documented intent to die by suicide
- 36 percent had a history of at least one documented mental disorder
- 49 percent had been seen in at least one DoD program or clinic within 30 days of death

[24] DoD Task Force Report, pg. 42

These data underscore not only that there are especially vulnerable groups (for example, Veterans with mental disorders), but also the need to reach key Veteran influencers and intermediaries—people who are close enough to notice the signs that a Veteran may be in crisis—to help these Veterans readjust to civilian life after the military. This group includes family members, friends, healthcare providers (inside and outside VA), spiritual advisers, and other key influencers or service providers.

2.4 Key Audiences and At-Risk Populations

Mental illness is only one of many factors that may potentially influence suicide risk. This is true because the vast majority of persons who suffer from a mental disorder do not engage in suicidal behavior.

Although a key goal of the suicide prevention campaign must be to reach and assist at-risk Veterans, it is not possible to differentiate with certainty between those who have risk factors and the small percentage who are at imminent risk of making an attempt. Even among Veteran populations with elevated suicide rates, such as those with depression or other mental illness, the overwhelming majority of Veterans are not suicidal. The task of reaching at-risk Veterans is further complicated by the fact that most Veterans are not in the VA Health Care System and therefore do not come in regular direct contact with VA personnel and services that may be able to help them.

Therefore, the suicide prevention campaign must use risk factors and certain behaviors associated with elevated suicide rates to identify and target Veterans who may be in need of the services of the VA Suicide Prevention Program. Based on our Veteran and military suicide data analysis, published research, and anecdotal evidence, these risk factors and behaviors may include:

- Younger age based on recent increases in suicide rates among Veterans aged 18–29
- Older males (age 65 and older) based on general population suicide statistics
- Mental illness or history of mental illness
- Traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), or military sexual trauma (MST)
- Chronic pain, illness, or diminished physical capacity
- Alcohol and other substance abuse
- Previous suicide attempt
- High levels of stress or anxiety (financial, emotional, relationship)
- Easy access to lethal means
- Homelessness
- Lack of social support and sense of isolation

At the same time, to a degree the campaign must reach all Veterans because anyone, even in the absence of risk factors, may experience crisis or suicidal thoughts.

For all Veterans, and particularly for those who are difficult to reach—such as Veterans who are not in the VA system, do not use the Internet, or live in isolated areas—the suicide prevention campaign must use key influencers and intermediaries who have regular contact with Veterans.

Based on research, our plan has identified the following populations of interest to achieve the greatest efficiency and impact:

OIF/OEF Veterans & National Guard/Reserves

The plan has identified OIF/OEF Veterans as a population of interest, in part, based upon the recent increase in the suicide rate among younger Veterans. In 2009, more than two-thirds of enlisted OIF/OEF personnel were in the critical 18–29 age bracket.

Furthermore, a large percentage of OIF/OEF Veterans have mental health issues—and many of them may be untreated. A 2008 study conducted by Rand Corporation found that nearly one in five servicemembers that deployed to Iraq and Afghanistan reported symptoms of PTSD or major depression, yet only slightly more than half had sought treatment.[25] The study also estimated that a similar percentage (20 percent) of these personnel experienced a probable TBI during deployment and suggested some specific groups, such as servicemembers who have left military service and Reserve Components, may be at higher risk of suffering from PTSD, major depression, or TBI. These are all significant risk factors for suicide and indicate this is a critical population to reach with our outreach and messaging.

National Guard and Reserve personnel are also a key population because they share a similar age profile to their active-duty counterparts and may be struggling with many of the typical reintegration issues, including financial stress and reemployment and relationship stress due to separation from their family for extended periods—as well as the potential physical or emotional trauma associated with their military service. Furthermore, on January 19, 2011 the U.S. Army announced that the number of suicides during calendar year 2010 doubled in the Army National Guard.[26]

Vietnam-Era Veterans

As the largest defined segment of the Veteran population based on period of service, representing 33 percent of all Veterans, the 7.5 million Vietnam-era Veterans are a particular focus for our campaign. Based on conversations with Dr. Kemp and suicide prevention coordinators' reporting data, the number of suicides among Vietnam-era

[25] Rand Corporation. News Release: "One in Five Iraq and Afghanistan Veterans Suffer fro PTSD or Major Depression." April 17, 2008. http://www.rand.org/news/press/2008/04/17/index.html

[26] CNN.com (www.cnn.com/2011/US/01/19/army.suicide.rate/?hpt=Sbin)

Veterans since September 2001 seems to have increased. This may be due to a number of factors, including the onset of OEF/OIF conflicts that may have triggered disturbing emotions or memories, the financial hardships created by the economic recession, or the realization of approaching retirement age or reaching a point physically when life is more difficult. Suicide rates among the general population in the typical Vietnam-era Veteran age range have also increased since 2001.

One high-risk sub-segment of this population is older white males (83 percent of Vietnam-era Veterans are white) with poor health, diminished psychosocial support, and a high frequency of substance abuse and mental illness. There is also a significant homeless population within this group, and homelessness has a strong correlation with mental illness and substance abuse.

Families & Friends

Families and friends of Veterans are key influencers and provide essential support networks for them. They also are often best positioned to identify signs that a Veteran may be in crisis. During the Gallup focus groups, young Veterans reinforced this point, saying they would be more likely to call a family member, health professional, or chaplain than a hotline if they felt they (or any of their friends) were in crisis.[27]

Spouses are especially important, since as many as 70 percent of Veterans are married. The 15 percent of Veterans who are divorced (13.3 percent) or separated (1.7 percent) not only lack the potential support of a spouse but also are considered to be at potentially higher risk for suicide. Therefore, our outreach will also target a much broader Veteran "family" support structure that includes parents, children, friends, and fellow Veterans.

Caregivers

High percentages of Veterans who require caregivers suffer from mental health issues including depression, anxiety, and PTSD, which are potential suicide risk factors. According to the National Alliance for Caregiving, 70 percent of Veterans who require caregivers suffer from depression or anxiety, and 60 percent have post-traumatic stress disorder. Almost one-third (29 percent) of Veterans who need care suffer from traumatic brain injury, and 20 percent have paralysis or spinal cord injury. Therefore it is important for this campaign to reach out to caregivers not only to help them support the Veterans in their care, but also to alert them to the warning signs of suicide risk.

Healthcare Providers

Although some of the 75 percent of Veterans who are not in the VA Health Care System may be receiving no care at all, many are likely treated by a wide range of healthcare

[27] Listening to the Voices of Veterans, pg. 5, March 2010.

providers. These practitioners include primary care and family doctors, mental health service providers, substance abuse clinicians, emergency services personnel, and rehabilitation professionals such as speech and occupational therapists, prosthesis specialists, and pain management specialists. The suicide prevention campaign will aim to equip these healthcare providers with information about supporting and detecting warning signs of crisis among their Veteran patients.

Female Veterans

Although the rate of suicide for female Veterans is lower than the rate for men, there are indications that this population may be at elevated risk. As it the case with male Veterans, the suicide rate for female Veterans is higher than that of their civilian counterparts. In addition, high percentages of female Veterans have experienced military sexual trauma and PTSD, which are risk factors for suicide. For these reasons, the campaign will target female Veterans and also tailor information and communication channels to the distinct needs and preferences of women.

Native American Veterans

According to the CDC, between 2000 and 2006, American Indian/Alaskan Natives in the United States had a rate of 16.25 deaths by suicide per 100,000, the highest of all demographic groups.[28] According to the Suicide Prevention Resource Center, compared to other racial and ethnic groups, American Indian/Alaska Native youth have more serious problems with mental health disorders related to suicide, such as anxiety, substance abuse, and depression, and may have limited access to high-quality mental health services.[29]

Elder Veterans

Elder Veterans over age 70 not only represent a large segment of the Veteran population—30 percent according to VetPop 2007—but also are in an age group with an elevated suicide rate. In 2004, this population constituted only 12 percent of the U.S. population but accounted for 16 percent of suicides—and suicides among the elderly are underreported because deaths may be mistaken for natural causes. Non-Hispanic white men age 85 and older are the most likely to die by suicide; in 2007, they had a rate of 45.42 suicide deaths per 1000,000 persons. According to the National Center for Injury Prevention and Control, the elderly commonly experience risk factors such as alcohol and substance abuse, decreased ability to function, physical illness, and major life changes including the loss of loved ones and changes in social roles.

[28] CDC: http://www.cdc.gov/violenceprevention/suicide/statistics/rates01.html
[29] SPRC: http://www.sprc.org/library/ai.an.facts.pdf

2.5 Suicide-Related Messaging

The team's research produced several primary findings on effective suicide prevention messaging.

- **Avoid normalizing or glorifying suicide**. Focusing on the tragedy of 18 Veteran suicides per day to underscore the issue can have a negative impact by helping to normalize suicide—conveying the idea that it is somehow expected or typical for Veterans who have mental health issues to decide to end their lives. Similarly, dwelling on specific cases of suicide has the potential to do more harm than good by making suicide appear more real and viable to at-risk Veterans.
- **Showcase help-seeking behaviors and their benefits**. Just as experts caution against normalizing suicide, they strongly recommend normalizing help seeking. That requires changing the "social script," conveying continuously through multiple channels that mental health services are available, that treatment works, and that many Veterans seek treatment and get better. This is closely tied to a message of hope, conveying that Veterans can take control of their problems and lead happier, healthier lives.
- **Promote individual, family, and community "connectedness."** As the Centers for Disease Control and Prevention reports, "in times of stress, the number and quality of social ties people have can directly influence their access to social support—regardless of whether that support is instrumental or emotional, actual or perceived." As much as possible, messaging should encourage both Veterans and their friends, families, supporting networks, and institutions to help not only overcome a Veteran's sense of isolation, but also learn to detect and manage a crisis.

2.6 Veterans Service Organization Outreach

Through interviews with VSOs, The team found that although their interest in suicide prevention was very high, none of the groups we spoke with had any dedicated or consistent suicide prevention outreach program in place. However, all have been receptive to VA's suicide prevention campaign and goals and express strong interest in working with VA to disseminate suicide prevention messaging and materials. The VSOs were willing to consider a broad range of dissemination options, including:

- Magazine article placement and advertising
- Emails to members
- Promotion on their social media platforms and websites
- Speaking opportunities and booths at their conventions
- Posters at posts or other physical locations where members gather
- Promotional items and other collateral
- Training of volunteers and staff

VSOs also expressed interest in the creation of a VSO Suicide Prevention Coordination Committee to facilitate cooperation among VSOs on this critical issue. Specific findings for several significant VSOs follow.

American Legion

The American Legion is a membership organization of 2.5 million Veterans—primarily of the Vietnam era—with an average age of 75. The Legion has more than 14,000 posts worldwide where members convene. The Legion has worked with the VA Suicide Prevention Program and is interested in expanding its community outreach. Potential new channels to help disseminate information and collateral include:

- *Legion Magazine* – distributed monthly to entire membership (requires four to six months of lead time for article placement)
- *Legion Dispatch* – monthly newspaper distributed to all members
- Email updates to 170,000 subscribers
- Website content updates
- Social media platforms
- Legion Posts
- February conference – training opportunity for the Legion's Veterans Affairs and Rehabilitation (VA&R) Commission

Disabled American Veterans

DAV is a membership organization of 1.3 million disabled Veterans. Its staff has a very good understanding of the suicide prevention issue and is receptive to working with VA as a distribution channel for information and collateral. DAV's distribution channels and outreach opportunities include:

- *DAV Magazine* – distributed to the entire membership
- National Convention in August
- Legislative Conference in February
- Online town hall meetings with membership
- Social media platforms
- DAV vans – taking Veterans to appointments and treatment at VA Medical Centers
- 260 National Service Officers and 20 Transition Service Officers that work directly with Veterans

Veterans of Foreign Wars

VFW is a membership organization of 1.5 million Veterans. While lacking a robust suicide prevention program, VFW understands the importance and complexity of this issue and hopes to expand its efforts to address it. VFW offered several avenues to distribute materials and information, including:

- *VFW Magazine* – distributed to entire membership
- 8,500 posts nationwide
- Military Assistance Program – to meet the needs of Veterans in a financial or other crisis
- VFW e-newsletter – sent to 25,000 people and then forwarded to entire membership
- Service Officer Training – three times a year in Annapolis
- National Service Officers – located at 12 active-duty military installations where they assist transitioning servicemembers with Benefits Delivery at Discharge (BDD)
- Social media platforms

Vietnam-era Veterans of America

VVA is an organization of about 65,000 members with 46 state councils and more than 600 local chapters. VVA offered several avenues to distribute materials and information, including:

- *VVA Veteran Magazine* – distributed to entire membership as well as locations with significant Vietnam-era Veteran populations
- VVA e-newsletter – sent to ~20,000 people weekly
- VVA.org – Integration on association website and PTSD section
- Material distribution and promotion through state council presidents and, ultimately, local chapters.
- Social media platforms

Student Veterans of America

SVA is a coalition of about 40,000 students engaged in student Veteran groups on almost 400 campuses in 47 states across the country. They provide peer-to-peer networks for Veterans on campus and coordinate local activities and provide transition support and pre-professional networking opportunities. SVA offered several avenues to distribute materials and information, including email outreach and promotion to their membership and participation at their annual conference.

2.7 Community-Based Organization Outreach

Understanding that as many as three-quarters of Veterans are outside the VA system and VSOs directly serve only a portion of all Veterans, partnership with and outreach through CBOs will play a critical role in this campaign. The team contacted a broad array of CBOs to gauge their interest in campaign participation, best practices in public outreach based on their previous efforts, and potential opportunities for partnership. The organizations we spoke or met with directly included:

- Healthcare providers and related professional associations such as the National Council for Community Behavioral Healthcare, American College of Emergency

Physicians, American Psychiatric Foundation, National Association for Rural Mental Health, and National Association of State Alcohol and Drug Abuse Directors

- Community- and faith-based organizations and their national headquarters such as Knights of Columbus, Al-Anon, and Association of Professional Chaplains
- Family and caregiver organizations such as the National Family Caregivers Association
- Educational institutions/organizations such as the American Association of Community Colleges, American Council on Education, and NASPA – Student Affairs Administrators in Higher Education
- Corporations and business groups such as General Motors and MTV and event or lifestyle groups such as video game developers, gun safety organizations, concert promoters, and professional wrestling organizations
- Government agencies in areas such as employment and training services, mental health, substance abuse, Veterans affairs, and domestic violence

Through our initial discussions with CBOs, The team discovered a strong interest among most organizations in identifying opportunities to support this campaign. Leaders in many of these organizations are Veterans and share a passion for and deep commitment to helping their fellow Veterans in times of crisis.

The CBOs were willing to consider a broad range of dissemination options, including:

- Magazine article placement and advertising
- Inserts in publications
- Webinars
- Distribution of educational materials
- Emails to members
- Promotion on their social media platforms and websites
- Speaking opportunities and booths at their conventions and conferences
- Posters at physical locations
- Promotional items and other collateral
- Training of volunteers and staff
- Integration in public or lifestyle events
- Integration in cable or television programming

2.8 Suicide Prevention Coordinator Outreach

In general, SPCs are seeing Veterans of all eras, with a high percentage of Vietnam-era Veterans and steadily increasing numbers of OEF/OIF Veterans. There also has been a recent increase in the number of female Veterans being served. Many of these Veterans

are dealing with homelessness, substance abuse, PTSD, TBI, MST, and unstable family situations.

Typical SPC suicide prevention outreach activities include participation in community events, local conferences, wellness and health fairs, and Veterans' gatherings; delivering presentations at local schools, colleges, and universities; providing suicide prevention and risk training to VA medical professionals; and sending mailings to at-risk Veterans and Veterans' organizations. SPCs find that interactive events such as fairs and presentations are largely successful in raising public awareness, although stigma associated with approaching a "suicide table" can limit traffic and engagement in many public settings. However, such events are less frequent in rural areas due to long travel distances, and outreach efforts must be carefully planned to be as effective as those in more densely populated areas.

Key Program Strengths

Overwhelmingly, SPCs say the Veterans Crisis Line is the Suicide Prevention Program's greatest strength. They also value the program's ability to help SPCs share ideas and strategies that work.

Key SPC Challenges

SPCs report numerous challenges in their efforts to raise awareness of the Suicide Prevention Program. Major challenges include the following:

- Limited Resources – lack of time, staff, collateral, and promotional budget to consistently meet outreach targets and in addition to meeting their case management responsibilities
- Hard-to-Reach Veterans – Veterans living in rural areas, older Vets who do not have email, Vets who are not in the VA system and are afraid to contact VA)
- Limited Contacts, Cooperation, and Collaboration – with local organizations including VSOs
- Confusion About the Hotline – lack of awareness, misunderstanding of need to press 1, fear of being put on hold
- Stigma – Veterans' fear of being perceived as weak or embarrassment about suicidal thoughts
- Knowledge of Families and Friends – Inability to detect and respond to a Veteran in crisis, and questions about whether or not they are allowed to use the hotline
- Potential negative perceptions regarding ease of access and, at times, quality of VHA care.

Promotional Materials

SPCs consistently express concerns about the quality and appropriate use of promotional items. The clear favorites among Veterans and their families are stress balls and bracelets, but many SPCs have requested better creative for the stress balls and are concerned that people who take the bracelets may be unaware of the hotline information on the inside. In general, SPCs asked for new items with simple, discreet messaging, and said large print is particularly important for older Veterans. Brochures are rarely picked up in community outreach settings.

Outreach Tools and Collateral

All SPCs said the current S.A.V.E. PowerPoint presentation and related materials are not effective—they are long and dry and do not appeal to the audience's interests and needs. They universally requested a better "hook" to engage different groups and explain how the Suicide Prevention Program can help.

Their top priority would be a video to show at outreach events, followed by a website, online materials in multiple languages, posters, and improved PowerPoints, brochures, and wallet cards. They also request greater customization of collateral, using audience-specific images, stories, issues, communications channels, and resource recommendations. SPCs also would like improved social media platforms to reach more Veterans and stay in touch on a regular basis, as well as multimedia advertising and PSAs to help reach more Veterans throughout the country.

2.9 VA Outreach (Public Affairs Officers & Vet Centers)

Our outreach indicates that PAOs represent an important and possibly underutilized communications resource of capable and well-positioned professionals with a keen interest in supporting our campaign.

We found that PAOs use a variety of methods to generate public awareness of Veterans issues in the community, from direct mailings and distribution of promotional items at community outreach events to broader outreach methods such as media relations, social media communications, and partner development. PAOs also use a variety of communication channels to reach Veterans, including Veteran-specific channels such as local VSOs and VHA chaplains and more general channels such as employment agencies and local medical centers.

Our talks with PAOs surfaced several suggestions for increasing awareness of suicide prevention and the effectiveness of their outreach. Pre-approved talking points and suicide prevention-related messaging, including fact sheets, templates, op-eds, videos, webinars, training tools, and social media content would help PAOs distribute information more quickly and efficiently. Increased—or more regular and consistent—

communication between SPCs and PAOs could also streamline and amplify outreach activities by both groups. Provided they had advance access, PAOs also offered to distribute promotional materials at certain community outreach events they participate in on a regular basis.

We also reached out to VetCenters leadership to identify best practices and explore potential synergies between their activities and those of the suicide prevention campaign messaging and outreach. However, an initial meeting could not be scheduled before the publish date of this report.

3. Strategic Communications and Outreach Plan

3.1 Plan Overview

The goals of the Suicide Prevention Program's strategic communications and outreach plan are to:

1. Increase awareness of Suicide Prevention and specifically promote VA's Veterans Crisis Line (VCL): 1) phone line at 1-800-273-8255, Press 1; 2) online chat at VeteransCrisisLine.net; and, 3) text service at 838255;
2. Utilize best practices in outreach, including advertising, messaging, and social media, to promote the VCL messaging and reach a diverse audience including Veterans, family and friends, Service members, the media, policy makers, and the general public;
3. Support and promote broader VA suicide prevention efforts so Veterans develop greater trust in VA; the media and public understand VA's work in addressing Veterans' mental health issues; and, the clinical and support communities recognize VA's leadership in suicide prevention;
4. Create an environment that promotes help-seeking behaviors among Veterans and their families and influencers so it is more likely Veterans will make the critical first call for help;
5. Develop and maintain relationships with others (i.e. service organizations, community based organizations, etc.) committed to supporting Veterans through outreach efforts; and
6. Measure success of communication and outreach efforts.

The team's approach to strategic communications relies on a blend of two types of outreach. We use traditional outreach—such as media relations, public service announcements, and direct marketing—to raise public awareness and create the backdrop and a broad foundation for the campaign. On that foundation we layer leveraged outreach—including online social media, special events, partnerships, and referral programs—to change the behaviors of targeted audiences, using a direct connection with each that drives a response to a specific call to action. This blend is particularly valuable for achieving the VA suicide prevention campaign's goals.

The campaign aims to achieve broad recognition and understanding of the Veterans Suicide Prevention Hotline (for convenience, the "hotline") as well as the broader VA Suicide Prevention Program's mission and capabilities among the public and potential partners. To drive greater use of the hotline, VA seeks a general shift in the "social script" affirming help-seeking behaviors. This is the type of awareness that traditional media can provide. But to convince Veterans to take full advantage of VA's mental health services and enlist partners to join in this effort—spurring deliberate, concerted action—VA requires the next level of outreach. The team's integration of leveraged outreach tactics delivers the individualized appeals, rationales, and calls to action that elicit the desired response from target audiences and achieve measurable results.

Based on The team's research findings, we have developed a plan that integrates the following components to achieve these VA's with maximum impact and reach.

Hotline Name & Identity – "Veterans CrisisLine"

To differentiate the hotline from other VA resources without using the word "suicide," which carries a stigma that may discourage some Veterans from reading a poster or picking up a brochure, The team proposes the name "Veterans CrisisLine." The word "crisis" replaces the stigmatizing reference to "suicide" while reinforcing that the service is for Veterans with an urgent need for help. The name is also broad enough to encompass any number of issues—such as financial problems, substance abuse, or marital issues—that may drive Veterans to a dangerous emotional or psychological state.

Enthusiastic support for creating an identity focusing on crisis instead of suicide was consistently reinforced during our conversations with Veterans in our initial focus group as well as during our outreach to key VSOs, CBOs, mental health professionals and conversations with many SPCs.

Message Framework – "It's Your Call"

For both Veterans in crisis and their families, friends, healthcare providers, and support organizations, the fundamental message is "It's Your Call." That may include calls not only to the hotline, but also to a mental health center, a buddy, or any other source of assistance. Every submessage in this message framework aims to support and embody that overarching theme, but will be tailored to deliver supporting messaging specific to each specific target audience.

Aggressive Partnership Development

Creating the right messages is only the beginning. Because mental health and suicide in particular are sensitive and personal issues, changing perceptions about help-seeking behaviors and encouraging Veterans to use the hotline and other services requires the delivery of messaging trusted messengers that have regular contact with and influence over target audiences. The repetition of consistent messaging by multiple relevant voices can accomplish broad and sustained impact, achieving a volume and reach equivalent to millions of dollars in advertising—but far more effectively because of the relationships and credibility of the messengers with the audiences.

Based on our partner research, VA should engage and equip partners to amplify the communications and outreach campaign, providing them with turnkey materials tailored to their audiences and ongoing support to sustain their interest and activity.

Multifaceted Online Presence

Veterans of all ages and their families, friends, and support organizations communicate, socialize, and obtain news and information online. The plan includes a full range of online outreach tools to reach and engage these audiences.

- **Campaign website.** A comprehensive website will be designed specifically for Veterans and their families, creating a community where they can obtain safe, accurate information in multiple formats and, most important, take action.
- **Social media.** To help leverage the support of hundreds of organizations that share a passion for helping Veterans and their families, we will create, maintain, and promote campaign-specific sites or accounts on Facebook, Twitter, YouTube, and Flickr.
- **Blogs.** Because blog posts account for more than 50 percent of online chatter about Veteran suicide, we will identify and partner key bloggers and opinion leaders to post VA messaging and information.
- **Comments on Local News Media.** Online local news media also generate a large percentage of the discussion about Veteran suicide, and so we will monitor news articles to take advantage of opportunities for engaging and educating their readers.

VA should also create a content development and approval process to ensure that online content is reviewed and approved by the appropriate VA stakeholders. As well as a crisis response plan, consistent with VA's Suicide Prevention Program, for responding online immediately, responsibly, and consistently if a high-profile suicide or related event should occur.

PSA & Video Development

Video is a powerful tool for capturing Veterans' sense of camaraderie forged through military service and using it to build awareness of the Hotline and, ultimately, encourage Veterans to "make the call" if and when they feel the need. The plan includes the production of two to three video PSAs and a series of micro-targeted online video segments to be promoted on the Campaign microsite, through our outreach partners, and across our network of social media properties.

VA should also pursue an aggressive PSA distribution strategy via an integrated marketing and outreach effort. This should include a national press release, followed by aggressive outreach to:

- Distribution to 1,200 broadcast stations and 500 cable TV stations
- Direct outreach to targeted networks, including MTV, SpikeTV, Military Channel, Fox News, History Channel and ESPN
- Outreach to alternative channels such as movie theatres, partner websites and events, and social media sites

VA should create a series of video "vignettes" for specific target audiences that VA suicide prevention coordinators can use as part of their outreach efforts and training or messaging videos for use by internal VA stakeholders and external partners.

Earned Media

Earned media outreach will help VA develop a proactive voice on the issue of Veteran suicide prevention, reinforce responsible reporting and messaging on this complex issue, and increasingly position VA as a national leader in suicide prevention.

The campaign include development of a series of tools and resources to support ongoing outreach efforts, including:

- Talking points
- Targeted media lists
- Crisis communication and media response protocols
- PAO and VA stakeholder training on suicide related messaging
- Media kits
- Story banks
- Media education
- Op-ed development
- Media monitoring
- News clipping and analysis

Paid Media

The development of a targeted paid media campaign would provide critical support to the campaign outreach efforts, PSA campaign, and earned media strategy. As a first priority, VA should use online marketing to deliver targeted messages to groups based on specific search phrases, social network group affiliations, or on-page content. Outlets for this type of marketing include Google Search Network and Google Content Network as well as Facebook and YouTube. VA should spend at least $65,000 per month for the seven months from March to September of 2011, or %455,000, to promote the campaign online *(see Section 3.8 for more complete recommendations).*

As a second priority, using a hybrid PSA distribution approach leveraging paid media placements is recommended to achieve maximum impact. Approaches of this type typically yield upwards of 200 to 300 percent in added value through free PSA airtime. VA should spend at least $1M per PSA to maximize distribution efficacy *(see Section 3.8 for more complete recommendations).*

3.2 Hotline Name & Identity – "Campaign"

The Suicide Prevention Program confronts several challenges in branding its call-in and chat services and establishing a memorable identity that will raise public awareness of what they are and how they can help Veterans in crisis. While already established, the name "Veterans Hotline" does not communicate the urgent and specific nature of this service and may be too vague to make an impression on target audiences that stands apart from various other resources and hotlines—and may even invite inappropriate calls from Veterans with complaints about administrative problems and other non-critical matters.

Previous research, such as the five focus groups of young Veterans conducted by Gallup, suggests that using the word "suicide" in the name can discourage Veterans from looking at a poster or picking up a brochure and, ultimately, making that critical call for help. This concern was strongly reinforced during our conversations with Veterans in our initial focus group as well as during our outreach to key VSOs, CBOs, mental health professionals and conversations with many SPCs. Several CBOs expressed concerns about partnering in a campaign where Veterans and suicide are consistently messaged together directly through the campaign identity, for fear that messaging would create a greater stigma associated with Veterans returning home or a misperception that suicides are more common than they actually are.

To meet these challenges, The team proposes to brand the hotline: "Campaign". This brand name offers the best solution by differentiating the service from other hotlines and suggesting that it is for Veterans with an urgent need for help. Because the word "crisis" is also broad enough to encompass any number of issues—such as financial problems, substance abuse, or marital issues—that are risk factors for suicide, it will work to the program's and campaign's advantage. One important goal of the campaign is to reach Veterans and their families and encourage them to take action ("make the call") before they reach a suicidal state. Enthusiastic support for an identity focused on crisis instead of suicide was consistently reinforced during our interaction with Veterans in our initial focus group as well as during our outreach to key VSOs, CBOs, mental health professionals and SPCs.

If adopted, "Campaign" will become the overarching, consumer-facing identity for the national suicide prevention campaign, featured through an official logo and disseminated through collateral materials, the media, and social media. With time, we expect the CrisisLine to become synonymous with VA's suicide prevention services and serve as a brand that is immediately recognizable to target audiences.

3.3 Campaign Messaging and Theme

The suicide prevention campaign's messaging and themes should advance the goals of increasing awareness and use of the hotline and VA's online chat support service; promoting trust, understanding, and recognition of VA's leading role in addressing Veterans' mental health issues; and increasing help-seeking behaviors. The team's research demonstrates that to succeed, the campaign's messaging must:

- **Avoid normalizing or glorifying suicide**.
- **Showcase help-seeking behaviors and their benefits**, i.e., "there is a better way"(to deal with the issues that are the cause of the Veteran's problems).
- **Promote individual, family, and community "connectedness."**
- **Emphasize that confidential help is available and that treatment is effective.**

"It's Your Call"

For both Veterans in crisis and their families, friends, healthcare providers, and support organizations, the fundamental message is "It's Your Call," whether that call is the literal call to the hotline or a decision to take action when they recognize the signs of risk in themselves, their families, or their peers. Every submessage in this message framework aims to support and embody that overarching theme, but each will be tailored to deliver supporting messaging specific to target audiences.

Messages for Various Target Audiences

	Veterans	Friends & Family	VSOs & Partners	Media & PAOs
It's Your Call.	✔	✔	✔	
Treatment Works.	✔	✔	✔	
Veterans Get Treatment Every Day.	✔			
Take Charge.	✔			
We Need You.	✔			
Stand by Them; We'll Stand with You.		✔	✔	
Recognize the Signs.		✔	✔	
Know the Risk Factors.			✔	
Beware of Friendly Fire.				✔
VA Is Here for Our Vets.				✔
VA Is Forging a Network of Veterans' Support.				✔

Veterans

1. ***It's Your Call.* The confidential Campaign is here for you.**

Rationale: Even after Veterans understand that treatment works and they can benefit from it, they may not be convinced that VA's programs are effective or easy to access. Messaging must convey—and provide evidence of—the ability of the hotline to meet Veterans' needs and help them resolve the issues that are troubling them. In addition, Veterans may fear the "runaround" when they call VA or getting lost in a bureaucratic quagmire. More detailed communications need to spell out when and how the hotline will connect Veterans with services and, if possible, exactly how quickly they may expect to get assistance or an appointment.

2. ***Treatment Works.*** **PTSD, depression, and other mental health issues associated with suicide risk can be successfully treated.**

Rationale: Suicide prevention begins not with an impulse to end a life, but rather with the conditions that are associated with suicide risk. Messaging must focus on these risk factors and convey that they are highly treatable. Treatment works, and there is hope for Veterans with mental health issues.

3. ***Veterans Get Treatment Every Day.*** **Millions of Veterans across America recognize their symptoms, get treated, and get better—without risk to their careers, relationships, or sense of pride.**

Rationale: Many Veterans believe there are personal and professional risks to getting treatment. This message reinforces that they have no reason to be embarrassed or worried about getting treatment; it is normal to seek help, and Veterans do it all the time. The message can be reinforced by testimonials of Veterans in all walks of life—even senior military officers—who simply say: "I got treatment, and now I'm doing better." The message can also be delivered by spouses, family, and friends. "I was worried about Joey. Then he got treatment, and I got him back."

4. ***Take Charge*****. Get treatment and take control of your life.**

Rationale: This message focuses directly on empowerment—the fact that Veterans do not have to be subject to or debilitated by mental health issues. Treatment is all about fixing problems so they can move on with successful, fulfilling lives. For example, a Veteran's testimonial using this messaging might say, "I had dreams about the IED that killed my buddy. Now I still have those memories, but they don't control me—I control them."

5. ***We Need You.*** **We needed you then; we need you now. Do it for yourself; do it for your family; do it for your community; do it for your country.**

Rationale: Research and subject matter experts stress the most effective messaging emphasizes Veterans' connectedness, a critical protective factor for people with mental health problems. This message appeals to the sense of pride and purpose that many Veterans experienced in the military and miss in their civilian lives. It is another empowering message, affirming each Veteran's value and highlighting the reality that, just as they belonged and were essential to their military units, they belong and are essential to their families and communities and employers here at home.

Veterans' Friends and Family

1. ***It's Your Call.*** **Our Vets served us; now it's our turn.**

Rationale: This message appeals to the widespread sense of appreciation for Veterans' service and desire to express it. Even for casual friends of Veterans, it is important to hear the message that it's up to them to look out for the people who looked out for us. This message also conveys that it's okay to be concerned and seek help. Even if you were there for Veterans when they deployed, now they may need you even more.

2. ***Stand by Them; We'll Stand with You*. The confidential Campaign is here for you.**

Rationale: Intervention on mental health issues—even just asking someone to make a phone call—is difficult for many people. And in cases of suicide risk, intervention requires great care to avoid making the situation worse. It is important for VA to convey that the Hotline will give family and friends the help and support they need to address difficult problems.

In addition, even after Veterans' families and friends understand that treatment works and their loved ones can benefit from it, they may not be convinced that VA's programs are effective. Messages must convey—and provide evidence of—the ability of the VA programs to meet Veterans' needs and provide confidential help fast.

3. ***Recognize the Signs*. If you're concerned about a Vet, make the call.**

Rationale: Messaging directly targeting people who interact with Veterans regularly should raise their awareness of these warning signs to help them decide when they should take action and remember what they should do. Typically, this messaging will be focused on outreach to key Veteran influencers and intermediaries.

4. ***Treatment Works.* PTSD, depression, and other mental health issues associated with suicide risk can be successfully treated.**

Rationale: Suicide prevention begins not with an impulse to end a life, but rather with the conditions that are associated with suicide risk. Messaging must focus on these risk factors and convey that they are highly treatable.

Veterans Service Organizations, VA Medical Centers, Healthcare Intermediaries, and Potential Partners

1. ***It's Your Call*. Our Vets served us; now it's our turn.**

Rationale: This message again leverages the widespread sense of appreciation for Veterans' service and American's desire to express it. For VSOs, other intermediaries, and potential partners, that sentiment may be widely understood, but we want to convey that it's important for these audiences to seek help when a Veteran seems to be at risk.

2. ***Know the Risk Factors*. Some of the Veterans you serve may be at high risk for mental health issues or suicide and need help.**

Rationale: VSOs, primary care clinicians, and community- and faith-based organizations may encounter certain Veteran populations with financial, legal, physical, mental, or other problems that put them at an elevated risk for crisis or suicide. They need to know what to look out for.

3. ***Recognize the Signs*. If you're concerned about a Vet, make the call.**

Rationale: Even medical practitioners may be unfamiliar with the signs of suicide risk or what to do when these signs present. Messaging directly targeting people who interact with Veterans regularly should raise their awareness of these warning signs to help them decide when they should take action and remember what they should do. Typically, this messaging will be focused on outreach to key Veteran influencers and intermediaries.

4. ***Treatment Works.* PTSD, depression, and other mental health issues associated with suicide risk can be successfully treated.**

Rationale: Suicide prevention begins not with an impulse to end a life, but rather with the conditions that are associated with suicide risk. Messaging should focus on these risk factors and convey that they are highly treatable.

5. ***Stand by Them; We'll Stand with You*. The Hotline is here for you.**

Rationale: To encourage VSOs and intermediaries to promote the hotline and other VA services and resources, messages must convey—and provide evidence of—VA's ability to meet Veterans' needs. More broadly, messaging must underscore that VA is a national leader and valuable partner in crisis intervention and suicide prevention.

The Media and VA Public Affairs Officers

Media coverage of Veterans suicide tends to sensationalize the issue and criticize VA's response to it. Some of this bias is created by messaging emanating from VA and the military itself, publicizing studies and statistics pointing to elevated suicide risk among Veterans and using talking points that may lead audiences to believe there is an "epidemic" of Veteran suicides. The DoD Task Force on the Prevention of Suicide by Members of the Armed Forces found that when reporters are informed that some approaches to reporting suicides are linked to increased suicide rates, they are likely to craft stories that provide greater context and avoid "normalizing" suicidal behavior. The following media messages can begin steering coverage in a more constructive and accurate direction.

1. ***Beware of Friendly Fire.*** **[Alternatives: *Report with Care or Report Responsibly*]. Reports on Veterans suicide that do not provide sufficient context can inadvertently make the problem worse.**

Rationale: Members of the media and VA PAOs may not realize the damage that can stem from a steady drumbeat of headlines that claim "large numbers of Veterans are suicidal" and "high percentages of Veterans take their own lives." Alarming statistics may make headlines and raise awareness, but they are not always accurate and can result in "normalizing" suicidal impulses, inadvertently suggesting that suicide is a viable and even commonplace option for Veterans in crisis. VA messaging should explain this risk and encourage the media and PAOs to report on suicide risk in a responsible and constructive way—emphasizing both the context and the access to treatment and support and the results they can provide.

2. ***VA Is Here for Our Vets*.** **VA has taken important steps to meet the healthcare needs of our returning Veterans, especially in the mental health arena. VA is a national leader in crisis intervention and suicide prevention.**

Rationale: Some reporters do not recognize VA's commitment to working with Veterans to overcome serious challenges, whether they are transitioning from military service or dealing with difficulties such as substance abuse or homelessness later in life. Messaging must spotlight this role and specifically how VA's Suicide Prevention Program and hotline provide services and resources to help Veterans successfully transition to—and sustain—a healthy and successful civilian life. Veterans can call and get access to care—fast—and the hotline and other supports are delivering results.

3. ***VA Is Forging a Network of Veterans' Support.***

Rationale: The media can publicize VA's work in partnering with Veterans service organizations, the healthcare community, and other organizations. Messaging should explain how this support network provides outreach to Veterans and enhances their sense of community connectedness.

3.4 Outreach and Partnerships

This plan is built on a foundation of aggressive outreach and partnership development. Generating awareness in large numbers across a wide, varied population is an enormous job that no single organization can do alone. Crucial to our efforts will be the participation of intermediaries: "on the ground" champions who believe in the Suicide Prevention Program's mission and have contact with and influence over your target audiences.

For VA, this means the cultivation and support of partners who regularly interact with Veterans and their families—and particularly with Veterans who are grappling with

mental health issues. VA works with agencies at every level, as well as nonprofit and corporate organizations, that have a role in addressing the causes and impacts of depression, PTSD, and suicide risk among Veterans, and these relationships need to include campaign messaging at multiple touchpoints.

Specific segments we will target and support for outreach include:

- Military and Veterans service organizations (e.g., VFW, USAA, AFSC, USO)
- Internal VA stakeholders (e.g., Vet Centers, SPCs, PAOs)
- Healthcare providers and related professional associations (e.g., primary care, mental health services, substance abuse providers)
- Community- and faith-based organizations and their national headquarters
- Family and caregiver organizations
- Educational institutions/organizations
- Corporations and business groups
- Legal community—legal problems, whether criminal, financial or family oriented, are significant risk factors for suicide

In most cases, the VA Suicide Prevention Program does not compete with the programs of potential partners, but rather complements their programs and can offer them access to critical resources to promote mental health and suicide prevention services. In addition to providing support and assistance to groups that are concerned about the welfare of Veterans and their families, VA can reach specific target/at-risk audiences who are members, stakeholders, or constituents of these groups.

Objectives

The plan's outreach to partners is designed to accomplish the following objectives:

- Mobilize partners and internal stakeholders to responsibly support the hotline and the VA Suicide Prevention Program.
- Create awareness of the hotline, issues and signs related to Veteran suicide, and the VA Suicide Prevention Program among external partners, internal stakeholders, and Veterans and their individual support networks.
- Educate partners and internal stakeholders about the complexities of suicide prevention issues and develop tools to help them support an effective and responsible outreach program.

Goals

- Reach Veterans at a local level with targeted outreach and messaging through a diverse and engaged network of VSOs, the medical community, faith- and community-based organizations, and other potential key outreach partners.

- Leverage the network and credibility/trust of these organizations through their dissemination of our campaign collateral and messaging.
- Build understanding of the campaign's message and the complexity of suicide prevention among key influencers and intermediaries to ensure that their efforts are not doing more harm than good.

Strategies, Tactics, and Metrics

Partner outreach opportunities should be researched and potential partners ranked as high, medium, and low priority based on their ability to connect with the campaign's target audiences and their interest in advancing the suicide prevention campaign. For each of these potential partners, we will tailor the tools and tactics we provide based on their capabilities, audiences, and needs, as indicated in the following table.

Strategy	Tactics	Metrics
1. Audit VSO and other key partner activities to identify synergistic opportunities with suicide prevention program	A. Identify potential partner groups and audit activities related to suicide prevention, mental health, homelessness, unemployment/ underemployment, substance abuse, and transitional services. B. Hold introductory/exploratory meetings with partners and stakeholders in person and by phone and email. C. Create prioritized (tiered) list of targeted partners with ideal outreach/partnership strategies and opportunities.	▪ Development of activities database. ▪ Creation of prioritized partner list.
2. Create engaging, easy-to-implement communications tools for partners to use which will: a) Provide greater awareness and access to the Hotline. b) Create greater awareness of warning signs for at-risk Veterans among family and friends group. c) Assist in reducing the stigma of help-seeking behavior.	A. Develop messaging framework and style guide to ensure safe consistent messages to targeted audiences. B. Develop a standard "partnership kit" with the ability to supplement with additional materials based on partner needs, including: i. Print Collateral ▪ Fact sheets ▪ FAQs ▪ PowerPoint presentations with talking points ▪ Media-ready articles of varying lengths ▪ Media training kits ▪ Testimonials ii. Audio/video products ▪ Training videos ▪ PSAs ▪ Testimonials ▪ Audio news releases ▪ Radio content ▪ B-roll C. Develop online materials (see also social media strategies). i. Shared website content and information ii. Video logs and other online videos iii. Webinars and training presentations iv. Blogs and forums v. Widgets vi. Testimonials vii. Logos and branding tools for use on partner sites	▪ Development and clearance of all toolkit products and tools. ▪ Partner feedback on products and tools.
3. Engage and equip key external partners and internal VHA audiences to support and extend the suicide prevention activities that reach at-risk Veterans and their family and friends.	A. Engage approved partners based on prioritized list established in Strategy #1 above and approved by VHA. Define nature of partnership, resources and commitments by each party, and key success metrics for each relationship. B. Provide resources and support consistent with agreement. i. Online support (quality content, links,	▪ Number of partners engaged ▪ Partnership outreach activities (partner scorecard) ▪ Estimated number of impressions for partner activities

	and other social media activities) ii. Dissemination of print materials iii. Presentation opportunities at national/state/local conferences iv. Participation in joint activities (Veterans Day) C. Monitor and evaluate success of partner outreach	
4. Integrate and coordinate VA's and VSOs' current activities related to suicide prevention.	A. Create VSO task force/steering committee and invite key partners and internal stakeholders to participate. B. Host and facilitate monthly task force meeting. C. Develop partnership portal to include: i. Program updates ii. Group calendar of activities iii. Downloadable tools iv. Sharing best practices v. Training tools and videos vi. Partner chat/listserv function D. Provide ongoing support and updates to partners to maintain dialogue and maximize program impact. i. Suicide prevention task force ii. Direct communications iii. Newsletter	▪ Number of partners registered for the task force ▪ Meeting attendance ▪ Partner updates and reporting ▪ Portal hits ▪ Portal downloads
5. Train VA internal stakeholders and key partners to conduct safe outreach for suicide prevention programs.	A. Identify areas of key concerns when conducting suicide prevention outreach programs B. Audit training needs for internal stakeholders and key partners. C. Develop training modules. i. Webinars ii. Presentations iii. Online videos and interactive training modules D. Conduct internal trainings. E. Provide training evaluation and feedback.	▪ Training requirements document ▪ Training products developed and approved ▪ Number of people trained ▪ Pre/post training surveys ▪ Participant feedback

VSOs, Military, and Other Veterans Support Organizations

Rationale: These organizations share a goal of supporting Veterans in their immediate and long-term transition back to civilian life. Because different organizations serve different Veteran populations, it will be important to engage multiple organizational partners to reach as many Veterans and family members of Veterans as possible with suicide prevention and crisis intervention messages.

Sample Members: Veterans service organizations and their national service officers; military service organizations; organizations providing financial, insurance, and other important services to the military and Veterans and their families; military installations' commissaries, exchanges, and education and transition centers; and organizations that advocate for military and Veterans' families (e.g., VFW, Student Veterans of America, American Legion, AAFES, VSOs, Commissary/PX, Blue Star Families).

Audiences Reached: Veterans and family members of Veterans

Engagement Activities: The nature of the outreach for these groups will vary with each organization. Activities will include but not be limited to direct emails to email distribution lists, articles placed in newsletters and publications, public service announcement and advertisements online and in print publications, distribution of print collateral and promotional materials, direct outreach from volunteers networks, participation and exhibits at organizational events, speaking engagements at organizational gatherings, and promotion through social media channels and online resources. Based on the structure of each VSO, the campaign should develop and deliver training for state-level representatives who can then take information back to members at the local level for further distribution.

Collateral Needs: Content for emails, media-ready stories and articles for publications, content for website and social media, collateral materials, point of purchase materials, promotional products, event exhibits, presentations, talking points, advertisements/PSAs, video content.

Internal VA Stakeholders

Rationale: Coordinating the activities of internal champions, advocates, and stakeholders will ensure that the campaign is consistently and responsibly promoting suicide prevention support for at-risk Veterans and the services VA has to offer. Providing consistent and effective tools at the local level will complement the national campaign with a local grassroots element.

Sample Members: Suicide prevention coordinators, VA/VHA public affairs officers, Vet Centers, VISN leadership

Audiences Reached: VA employees, Veterans, and family members of Veterans

Engagement Activities: Activities will include but not be limited to webinar training and conference training on responsible suicide prevention outreach, crisis communications support, displaying materials in facilities, including suicide prevention content and information in general outreach efforts, coordination with and outreach to local organizations, and presentations or exhibits at local events and internal conferences.

Collateral Needs: Crisis communications templates and tools, print and electronic posters for facilities, direct mail inserts, collateral materials, promotional products, presentations and talking points for community outreach events, traveling exhibits and displays, articles and content for local newsletters, publications, websites, and social media, videos, and others

Healthcare Providers and Related Professionals

Rationale: Because most suicide risk factors have additional health implications, engaging the healthcare provider community will be an important outlet to deliver credible messaging from a trusted source. The campaign should educate healthcare providers on the suicide and crisis warning signs and how they should manage the care of these higher-risk Veterans.

Sample Members: Medical associations, insurance providers such as Tricare contractors, substance abuse support organizations, mental health support organizations, Indian Health Service organizations, public safety and first responders, and others

Audiences Reached: Primary care providers, therapists/psychologists, social workers, and first responders

Engagement Activities: Organizational outreach, articles and content placed in member outreach materials, presentations, exhibits, and trainings at national and regional conferences, white papers shared within the organizations, webinar training for various healthcare groups, and development and distribution of training and educational collateral

Collateral Needs: Presentation and talking points, online training program, training guide, outreach collateral, downloadable tools, exhibits, content and articles for organization publications

Health Provider Potential Partner Profile: **The National Council for Community Behavioral Healthcare**

The National Council represents 1,800 behavioral health organizations, including mental health and additional treatment facilities, and serves about 8 million adults and children. National Council members are diverse, both geographically and culturally; members operate in almost every U.S. state and range from large facilities with multimillion-dollar budgets to small, rural providers. According to an organizational survey, roughly 90 percent of members are currently serving Veterans and their families. The National Council has a robust dissemination network, and has partnered with a number of health organizations on various issues. Possible outreach channels include:

- A monthly personal letter to the industry from the CEO
- Articles in a theme-based quarterly magazine
- Regular public policy updates
- Weekly webinars that attract more than 1,000 people
- Inserts in publications

- Annual conference

Healthcare Provider Potential Partner Profile: **American College of Emergency Physicians**

The American College of Emergency Physicians consists of 29,000 board-certified, emergency-trained members and has been involved with many public service campaigns, including disaster and emergency preparedness, child safety, heart attack and stroke, and highway safety. With a strong national and state-level structure, ACEP members are active in the field of emergency medicine and are highly engaged in their local communities. For an anti-drunk driving initiative, ACEP partnered with the National Highway Traffic Safety Administration to conduct interventions for alcoholics arriving in emergency rooms after being injured in drunk driving accidents, and suggested their program as model for our outreach strategy. ACEP physicians were provided training and materials to distribute to their patients encouraging them to seek treatment. Possible outreach channels include:

- Educational materials for physicians
- Materials for physicians to distribute to patients
- Conferences and workshops
- ACEP's public education website
- Radio and news releases
- ACEP government services chapter, representing emergency physicians who serve in all branches of the military, including Guard and Reserves
- Daily e-newsletter (20 percent open rate to 25,000 members)

Event-Based/Lifestyle Opportunities

Rationale: Veterans share many hobbies and interests, and opportunities related to these interests could prove to be a very effective channel to reach and influence Veterans.

Sample Members: Biker rallies (Rolling Thunder, Sturgis), music concerts, National Rifle Association (gun safety programs), video game competitions, UFC, NASCAR and WWE events

Audiences Reached: Veterans and family members of Veterans

Engagement Activities: Activities will include but not be limited to developing a presence at events heavily populated by Veterans. Working with the event planners, we will identify opportunities to present campaign messages through signage at the events, information included in event materials/publications, pre-event communication outreach, and speaking opportunities.

Collateral Needs: Signage for the event, content to be included in event communication, presentations, promotional items, and print materials

Community- and Faith-Based Organizations

Rationale: Leveraging relationships with community- and faith-based organizations allow VA to efficiently conduct outreach through their existing communication channels. Developing or expanding relationships with the national headquarters of some of these organizations will also open the doors for the local suicide prevention coordinators and PAOs to partner at the local level.

Sample Members: Knights of Columbus, Rotary, Veteran CareGiver, Al-Anon, Association of Professional Chaplains, National Association of Evangelicals, National Federation of Priests Councils, National Coalition for Homeless Veterans, community-based legal services organizations and attorney organizations

Audiences Reached: Veterans and family members of Veterans

Engagement Activities: The plan recommends disseminating information through the communication channels of the national organizations and at their national conferences and to provide educational collateral and content for the organizations' newsletters and publications. VA should deliver presentations at the national and local conferences and post downloadable tools for members of these organizations to easily receive and disseminate to their constituents.

Collateral Needs: Print materials, promotional products; presentations and talking points for community outreach events; traveling exhibits and displays; articles and content for newsletters, publications, websites; and social media, videos, and others

Faith-Based Organization Potential Partner Profile: **Association of Professional Chaplains**

The Association of Professional Chaplains helps more than 4,000 chaplains of all faiths provide more effective advocacy, education, and outreach services. They are interested in helping Veterans by spreading information about suicide prevention resources through their membership. Many member chaplains serve VA facilities, and have partnered with the American Hospital Association to distribute materials to help returning Veterans. The Association of Professional Chaplains has offered to assist our campaign using channels such as:

- Link-building on its website
- Annual conference
- Eight-times per year newsletter
- Peer reviewed journal
- Connections with community hospitals and organizations

Educational Institutions and Educational Organizations

Rationale: With the new GI Bill, many Veterans who leave service return to school to earn postsecondary and graduate degrees and certificates at colleges, universities, and

professional training institutions. Campuses of educational institutions offer an ideal environment to reach many returning Veterans. The campaign should use the reach and credibility of national education associations to communicate directly to schools and encourage them to provide crisis intervention information to Veteran students through welcome packages, Veteran student communications, and Student Veterans of America Chapters located throughout the nation at college and university campuses.

Sample Members: American Association of Community Colleges, American Council on Education, NASPA – Student Affairs Administrators in Higher Education

Audiences Reached: Veterans

Engagement Activities: Disseminate crisis intervention support information to Veteran students through regular school communications and Student Veterans of America Chapters and provide Veteran suicide prevention materials in student support offices.

Collateral Needs: Collateral materials, educational posters, and articles and content for Veteran student sections of website

American Association of Community Colleges
The American Association of Community Colleges represents almost 1,200 two-year, associate degree-granting institutions and more than 11 million students. Community colleges are a key training ground and educational institution for many of our nation's Veterans. AACC has agreed in principle to partner to help disseminate information about suicide prevention to all of its member schools across the country. Specifically, they have offered to assist our campaign using channels such as:

- Link-building on AACC website
- Dissemination of materials to schools
- Annual conference
- Information posted in newsletter
- Connections with local community colleges in pre-determined high risk areas

Corporations and Business Foundations

Rationale: Supporting our troops and our Veterans is an important focus for many of the nation's top corporations. Many national, regional, and local corporations are looking for ways to support our Veterans and may be willing to provide an effective outreach channel.

Sample Members: Bass ProShop, VH1, Wal-Mart, Veteran-owned business, Service-Disabled Veteran-owned business and women Veteran-owned business organizations, DoD contractors

Audiences Reached: Veterans and family members of Veterans

Engagement Activities: The plan recommends developing employee education campaigns through which government employers will disseminate campaign materials and promote the support tools to their workforce. VA will create cause-related marketing campaigns that drive greater awareness for the issue among customers of corporate partners.

Collateral Needs: Corporate presentations, corporate materials and collateral, cause-related materials, website content, social media content

Government and Employment Agencies

Rationale: Federal, state, and local government agencies are the employer of choice for many of our nation's Veterans. These agencies will be critical partners in helping to disseminate information to Veteran employees. In addition, unemployment is a key risk factor for Veteran suicide, and currently nearly 12 percent of the young Veteran population is unemployed.[30] Reaching Veterans through this channel will be an effective way of reaching a higher risk population.

Sample Members: Department of Labor Veterans Employment and Training Services, Veteran Employment Representatives, State Directors of Veterans Affairs, State Directors of Substance Abuse Prevention, National Resource Directory, law enforcement and legal aid agencies, first responders

Audiences Reached: Veterans and family members of Veterans

Engagement Activities: Develop employee education campaigns through which government employers will disseminate suicide prevention materials and promote the support tools to their workforce. Provide online training and webinars to employees who are most likely working with high-risk Veterans. Provide educational collateral to be disseminated at the government office or suicide prevention content to be included in agencies' outreach materials.

Furthermore, the Substance Abuse and Mental Health Services Administration and the Suicide Prevention Resource Center will provide a critical link to state, territorial, and tribal suicide prevention program communities. SPRC/SAMHSA can help VA deliver messages and materials through an expanding network of state and community suicide prevention coalitions, mainly through electronic media (e.g., a weekly newsletter, listservs) and its website/online library.

[30] The Bureau of Labor Statistics reported a December 2010 national unemployment rate of 9.4 percent. Unemployment among Veterans who served in the Armed Forces since September 2001 was 11.7 percent. http://www.bls.gov/news.release/empsit.t05.htm

Collateral Needs: Presentation and talking points, educational materials and collateral, website content, social media content, content to be included in newsletters and publications, advertisements/PSAs, training webinars, and videos

3.5 Technology and Social Media

Veterans at risk of suicide struggle with many of the same issues confronting at-risk members of the general population, such as unemployment, domestic strife, substance abuse, and depression. However, many Veterans also carry baggage that is largely unique to military service, such as memories of combat, PTSD, TBI, multiple deployments, and the loss of limbs. They may find themselves with limited access to a support network they believe "understands" their experiences and issues. Creating a community of support is critical, and the Internet is the recommended medium because of its popularity, efficiency, and scale.

The Internet provides an opportunity for VA to help Veterans and their families independently and privately gather information online, free of the stigma many associate with seeking help or admitting they may have mental health issues. In fact, young Veterans participating in recent Gallup focus groups exploring reactions to the hotline expressed a strong interest in greater integration of technology, including social networking, texting, and instant messaging.

For family members and friends, the Internet can provide information about how to take action when they are concerned about a Veteran, without fear of making matters worse by triggering intervention. They can find trusted resources—and even communicate with experts—to help them understand the signs of a Veteran in crisis and to provide guidance on how to safely guide a Veteran toward help, treatment, and recovery.

To provide the online resources that Veterans and their support networks need, VA should develop a comprehensive website specifically for Veterans and their families—not active duty military personnel or the general population—showcasing campaign messaging, tailored to our specific audiences, reflecting our campaign identity and imagery, and telling these audiences how to learn more and, most important, take action. We will design, build, and maintain this site and populate it with safe, accurate messaging and information in multiple formats—including video, blogs, FAQs, self-assessment quizzes, and resource locators—that are most appropriate for each of our target audiences. Then we will aggressively work to build links and awareness of this site online. We will also use this site as a mechanism to efficiently disseminate campaign information electronically to partners via an online portal.

To amplify the campaign's voice online and leverage the support of hundreds of organizations that share a passion for suicide prevention and helping Veterans and their families, we will develop a robust network of social media properties, including Twitter, Facebook, YouTube, and Flickr. These properties will be integrated into the website to increase traffic flow between the two platforms.

Throughout the campaign, other potentially valuable social media tools should be leveraged to enhance campaign effectiveness. For specific target audiences, primarily younger Veterans and other "tech-savvy" groups, text messaging and QR codes can be integrated into campaign collateral to provide Veterans and their families with additional channels through which they can interact with this campaign.

However, to succeed a social media strategy must do more than simply transfer website content to social media platforms. Its purpose is not to replicate the campaign's online content, but rather expand on it with dynamic, timely, fresh, interactive material that creates an entirely new dimension of communication and outreach. In order for this strategy to be successful, VA will need to fully embrace this communications channel by streamlining a content approval process and welcoming new forms of content—enabling the social media outreach to complement and integrate with the suicide prevention website.

Objective

- Leverage online properties, social media, and technology to deliver focused messaging to key target audiences, deliver messaging and resources to at-risk Veterans and their families and friends before they reach a crisis state, and spread campaign messaging through search engine optimization, online outreach, link-building, and participation in online social communities that drive traffic to the suicide prevention website.

Goals

- Create awareness of the hotline, issues and signs related to Veteran suicide, and VA's Suicide Prevention Program among external partners, internal stakeholders and Veterans and their families.
- Drive traffic to, and engagement across, online campaign properties and hotline calls and chat sessions.
- Increasingly position VA as a leading, trusted, positive, and proactive resource in the area of suicide prevention.
- Mobilize partners and internal stakeholders to responsibly support the hotline and VA Veteran Suicide Prevention Program.

Strategies, Tactics and Metrics

Because social media allows us to microtarget population segments much more easily than we can with other forms of communications, tactics can vary greatly to increase campaign effectiveness. The same is true for measuring results, since analytical tools are available to help us gather detailed information, even based on specific posts and audiences.

Strategy	Tactics	Metrics
1. Consistently create and promote engaging, relevant, and compelling content related to the hotline and VA Suicide Prevention Program, resources available to Veterans in any form of emotional crisis, and the importance of supporting help seeking among Veterans and their families and friends.	A. Create content in multiple formats (video, audio, photos, podcasts, posts, op-eds, blog, slideshare presentation, live Q&A sessions, etc.) to ensure broadest potential audience. B. Link to other relevant and responsible content. C. Inject VA in the conversation around these issues, in real time. D. Create online competitions (photos, video testimonials, etc.) to engage target audiences and attract new visitors.	▪ Consistent content generation per content development grid (see below) organized by social media property. ▪ One competition per quarter, tracking number of submissions and/or participants.
2. Deliver/disseminate content via broad network of online channels/platforms with ability to focus message and micro-target audiences.	A. Develop a focused VA suicide prevention campaign microsite to integrate broad array of campaign collateral developed and provide Veterans and their friends and families a single, trusted source for information relating to suicide prevention and ensuring that Veterans in crisis get the help they need. B. Prioritize online and social media properties based on the nature of community interaction, audiences reached, and relevance/appropriateness of platform to suicide prevention message. Focus on immediate rollout of Tier 1 platforms (e.g., Facebook, Twitter, YouTube, Flickr). C.	▪ Creation and maintenance of microsite and top tier social media platforms (as approved by VHA) ▪ Development of prioritized outreach list of relevant target audiences. (community groups, websites, bloggers, etc.) by online property.
3. Create general awareness of and drive traffic to the campaign microsite and social media platforms.	A. Optimize platforms for SEO performance on keywords related to Veteran suicide, crisis, and help-seeking behaviors. B. Explore/establish partnerships with Facebook, Twitter, and other platforms to integrate campaign messaging and sites and provide Veterans access to the information they need. C. Engage in targeted online and search engine marketing (SEM) in areas where we can focus our message around highly relevant keywords or audiences. D. Conduct sustained online outreach campaign to highly relevant online groups, influential bloggers, etc., to educate them about VA suicide prevention efforts and resources.	▪ Pre- and post-campaign SEO results for relevant keywords. ▪ Number of participants (fans, subscribers, etc.) on various online platforms (Facebook, YouTube, blog, etc.) ▪ Number of links established to campaign sites/properties from other groups/sites. ▪ Message multiplier effect (upload views, re-tweets, likes, etc.) ▪ Number of hotline calls and chat sessions

4. Maintain user engagement (keep them there).	A. Monitor and respond to conversations on campaign properties. Encourage and stimulate ongoing discussion/posts. B. Monitor related conversations on other non-campaign properties and responsibly participate in those discussions, increasing our online credibility and relevance and expanding the reach of our message. C. Create a list of targeted affinity groups within each social network, such as Veteran groups, mental health pages, and lifestyle sites, to provide tailored content.	▪ Activity on our campaign properties (comments, views, posts, uploads, etc.) by others ▪ Average response time on our campaign properties to posts requiring a response ▪ Post quality as defined through Facebook analytics ▪ Number of posts on relevant external non-campaign properties by us ▪ Number of hotline calls and chat sessions
5. Coordinate efforts to ensure accurate and consistent messaging.	A. Develop campaign social media policy and protocol to ensure consistent approach across all platforms approved by VA. i. Creation of a content development and approval process to balance need for near real-time monitoring and responsiveness across online properties and requirement for consistent, safe content. ii. Development of campaign crisis response plan for both individual crisis management and escalation originating from an online campaign property as well as a high-profile suicide (VA/VHA direct, DoD, external celebrity, etc.) which may produce a spike in activity on sites. iii. Coordination of campaign efforts with VA PAOs to ensure consistent messaging across all groups.	▪ Development of campaign social media policy and protocol, including content development and approval and crisis response plans. ▪ Training sessions, meetings, and campaign updates delivered to PAOs.

VA Suicide Prevention Microsite

To raise the profile of VA's suicide prevention resources and reach greater numbers of at-risk Veterans and their families, The Veterans Crisis Line website www.VeteransCrisisLine.net was created. The website is dedicated to suicide prevention, inviting key audience groups to participate as a community and integrating campaign creative, messaging, content, and related resources.

The Veterans Crisis Line website is interactive and provides a one-stop resource for

Veterans, their families and friends, and other influencers or intermediaries in search of engaging, relevant, and trusted information about Veteran suicide and related issues. The site is organized in a manner that is easy to quickly navigate, by audience or subject, to find specific information no matter where the user enters the site—whether landing on the home page or entering a lower-tier page via a link.

To grow quickly, ensure credibility, and foster the desired sense of community and "connectedness" among VA audiences, it's necessary to incorporate a variety of content in multiple formats to meet the needs of each target audience. Content will be updated daily, building a resource that visitors will return to frequently and share with their friends both online and off. This can be efficiently accomplished by creating a master content calendar and syncing social media updates with the website, thereby reducing the need to update multiple properties with the same content.

While specific site features and functionality will be refined during the development process, the site will likely include some or all of the following elements:

- Issue background and FAQs
- Primary promotion of the hotline and online chat
- Specific content organized around specific campaign target audiences (Veterans, family members, caregivers, etc.)
- Campaign videos, including:
  - Campaign PSAs and related content
  - Profiles of hotline and chat operators
  - Profiles and testimonials of Veterans who have called the hotline and/or sought treatment and received help, reinforcing that this is the "normal" outcome
  - Possible user-generated content, after review and approval by VA
- Self-assessment tools, such as a personalized mood tracker or suicide risk assessment
- Integration of all social media feeds including Facebook, Twitter, YouTube, Flickr, and other platforms
- Resource locators to find VA facilities and other support service providers in particular areas
- Resources for Veterans and their families and friends seeking to learn more about signs that a Veteran may be in crisis and possibly suicidal
- Blogs offering expert commentary in suicide prevention or crisis management, updated regularly and open to user comments (likely moderated to ensure responsible and safe messaging)
- The capability for holding virtual town halls with senior officials and medical professionals where users can engage in real-time online conversations

The site is optimized to ensure easy access via search engine results for relevant keyword phrases. We have integrated our target audiences' most frequently searched keywords into the site content, metadata, and title tags, while working to increase the number of inbound links through social media and other outreach to key partners. These methods will influence search engine algorithms and ensure that Veterans and their families searching for information on suicide and related topics will find the website quickly and easily.

The website will also include a partner resource center where campaign partners can register and download campaign materials, provide feedback on outreach efforts and campaign initiatives, and share best practices.

Social Media

"Social media" is a term describing the person-to-person flow of information on the Internet. Social media usage is increasing among every demographic group, including Veterans. Throughout these social networks, conversations are taking place where suicide prevention campaign messaging can literally save lives. Properly used, social media will be a powerful tool for suicide prevention outreach.

Based on our analysis of the social media landscape related to a limited set of directly relevant keyword phrases, we have observed an increasingly active online conversation around the subject of Veteran suicide—one that is not always accurate or responsible. For example, we observed how quickly misinformation can spread on line when the women's interest blog *The Hairpin* misreported a *Psychiatric Services Journal* research report, stating that female Veterans were three times more likely than male Veterans to die by suicide (the report actually compared the rates of women Veterans to those of civilian women, not men). VA needs to have an established presence across key social networks on these topics to quickly identify incidences of rapidly spreading misinformation and respond to dispel it.

However, as we have already noted, this social media strategy will not succeed unless VA fully embraces this communications channel by streamlining a content approval process and welcoming new forms of content—enabling the social media outreach to complement and integrate with the suicide prevention website with a voice and identity that appeal to Veterans and their families and a frequency that maintains their engagement.

Based on our review of various social media properties and campaign audiences, content, and objectives, we recommend immediately establishing campaign-specific sites/pages on four leading social media properties: Twitter, Facebook, YouTube, and Flickr. Once established, content for each should be regularly created, monitored, moderated, and promoted for each of these properties.

We also have compiled an initial list of hundreds of high-potential outreach partners that maintain social media accounts on Facebook, Twitter, YouTube, or Flickr and classified them into one of five categories: VSO/military, corporate, healthcare providers, government, and CBOs. These are generally national organizations, highly relevant to our campaign and target audiences, with an active and established social media presence. This list of initial targets may expand rapidly as each property is developed to create a robust network.

Content is typically "published" on one property and then "shared" across the network of online properties *(see Table 7 below)*. The format, depth, and frequency of content vary by property. Videos, primarily for YouTube, can require the most time, effort, and exhaustive approval before publishing and, therefore, are typically produced less frequently than other online content. However, smaller video segments and testimonials can be developed and completed in advance as part of larger PSA shoots and then "released" online incrementally to sustain interest in the campaign and provide a consistent stream of new content to online properties and audiences. Facebook status posts and Twitter tweets are short, relevant posts produced several times each day to maintain consistent user engagement on those properties.

Table 7: Proposed Content Generation Matrix by Online Property and Type of Content

Content Format	Frequency	Facebook	YouTube	Twitter	Flickr	Microsite
Video	1-2/month	+	✓	+		+
Blog	2-3/week	+		+		✓
Post/Status	2-3/day	✓		✓		✓
Audio/Podcasts	1-2/month	+		+		✓
Picture	Daily	+		+	✓	+
Live Event (Q&A)	1/month	+		+		✓

✓ = Home location of content/action
\+ = Channel to promote action

Social Media Properties

Facebook. Facebook is the most popular social media site in the United States, with more than 500 million users. Facebook's social media and viral marketing infrastructure offers many benefits to promoting the VA's suicide prevention resources across social networks, affinity groups, and between friends. Facebook's benefits include:

- Key audience reach: With almost complete saturation by users under 35, it is a natural platform from which to target OEF/OIF veterans, and its fastest-growing member segment aligns with the Vietnam-era Veterans aged 55 and older.
- Two-way communication: In addition to providing an excellent platform to distribute VA information, Facebook is a way to engage in two-way dialogue with Veterans and their families, meeting them at times when they are most likely to use these social media.
- Feedback mechanism: Facebook will enable VA to collect data on site activity to help evaluate the effectiveness of the campaign.

A robust Facebook page will likely include:

- Content posting two to four times per day that feature status updates and reference interesting articles, videos/PSAs, and information from suicide prevention campaign properties and other respected online sources to maintain engagement with and conversation on the page
- 24/7 monitoring for inappropriate content and posts that may communicate the need for an intervention
- Contests for page fans to increase interactivity among users
- Potential for integration of future custom-developed Facebook applications
- Feeds from Twitter, YouTube, Flickr, and other campaign social media platforms

A viral marketing campaign to increase awareness may include:

- Posting of VA resources and updates on the walls of pages that represent organizations and affinity groups that our target audiences are likely to follow, such as USAA, VFW, Real Warriors, Yellow Ribbon, Blue Star Mothers, Wounded Warrior Family Support, General Motors, MTV, UFC, and others
- Using existing relationships to make sure that certain VA posts are included in the news feeds of prominent Facebook pages such as those created by:
    - The United States Army
    - The United States Marine Corps
    - The National Guard
    - The United States Navy
    - Celebrity pages
    - And many more...

In addition, through the team's relationship with Facebook's government liaison, Facebook has agreed to promote certain VA initiatives to large audiences, free of charge.

Twitter. While Facebook is a destination, Twitter can be a newsfeed with the ultimate goal of driving traffic to the microsite and continuing the online conversation. Twitter is designed to keep followers current through regular updates on both their home computers and mobile phones. Twitter is one of the fastest-expanding social networks and has earned credibility as a reliable news source. From 2009 to 2010, understanding of Twitter rose from 26 percent to 87 percent.[31]

Twitter has:

- More than 105 million users, most of whom are in the OEF/OIF Veterans' primary demographic group aged 35 and under
- More than 55 million tweets per day, many by users who tweet more than once, leading to increased promotion
- More than 300,000 new members each day
- Users who are likely to discuss and review products, services, and personal experiences, which can tie directly into the VA's suicide prevention program

A successful VA Twitter campaign will include:

- Multiple updates per day of breaking news and new content, directing users to either Facebook or the campaign website
- An artful background to the Twitter page that will provide CrisisLine and chat information
- Ensuring continued growth of followers through dynamic posts, which encourage re-tweets, as well as following other relevant feeds that will make our feed more visible to others. Sample groups or individuals might include VFW, IAVA, Military Families United, Blue Star Families, WWE, Harley Davidson, Knights of Columbus, National Domestic Violence Hotline, and Chairman of the Joint Chiefs of Staff Admiral Mike Mullen.

[31] Edison Research/Arbitron, *Twitter Usage In America: 2010*, pg. 15, April 2010.

YouTube

YouTube, a wholly owned subsidiary of Google, is the largest video-sharing site on the Internet. Its videos are viewed more than 2 billion times, which makes it an integral part of any social media campaign.

YouTube benefits include:

- Ability to create a branded page to post PSAs, testimonials, and even user-generated content
- Platform to allow other users to easily embed campaign videos and content into their own blogs, websites, or Facebook or Twitter feeds, thus exponentially expanding the number of impressions the campaign messages achieve

A successful YouTube campaign will include:

- Frequent posting of new video content (ideally, one or two times per week)
- Compelling and exclusive video that is relevant to target audiences and encourages them to share with friends
- Video contests that encourage users to vote on videos or produce their own video testimonials or messages of support
- A branded YouTube page consistent with the campaign identity and messaging

Flickr

Flickr is the largest photo-sharing site on the Internet. Its benefits include:

- Allowing users to upload photos and share with their friends
- Seamless integration with other social media sites like Facebook and Twitter
- Ability to serve images into websites, such as the suicide prevention microsite

A successful Flickr campaign will include:

- Regularly updated photos, especially of Veterans involved in successful careers, as well as photos of VA personnel and call center operators, suicide prevention coordinators, etc.
- Photo contests for users to submit photos on special themes and reinforcing campaign themes of connectedness (such as “family is …” or “friendship is …”)
- Integration of a Flickr photostream into the campaign website
- Posting of Flickr photos on the suicide prevention Facebook page

Mobile Applications

Mobile apps are extremely popular across multiple SmartPhone platforms such as iPhone and Android enabled devices. Estimates indicate that as much as 50% of web traffic will come through mobile devices within three years. What makes a mobile app unique is the ability of users to view important information on-the-go and in a private setting. For help-seeking Veterans, this can avoid the stigma that Veterans may associate with viewing public billboards and advertising, and will also offer a way for Veterans to immediately get help in a crisis. VA should consider the development of a mobile app that will feature resources available from VA, instant messaging with Hotline operators, customized video messages that can provide support during a crisis, and possible interactive self-assessment or mood-tracking tools.

Content Development & Approval Process

Based on The team's experience developing social media properties for federal clients such as SAMHSA, CDC, and others, the social media approval process has been a combination of pre-approved messaging and implied clearance. VA should use previously established protocols to inform a social media content creation strategy and establish an efficient but thorough approval process. This process will vary depending on the media used; for example, online video will likely demand more approval time than a response to a high-trending suicide blog post.

A social media crisis response strategy should be developed as well, through which we can make key decisions on responding to situations such as a user in imminent suicide crisis, a high-profile suicide death, or negative press on VA efforts—to ensure VA's message is front and center on this topic and responsible messaging is reinforced during these tragedy induced coverage spikes.

3.6 PSA & Video Development

The development of video public service announcements (PSAs) and other video content will be a central element to this outreach campaign, delivering compelling messaging, stories, and images tailored to specific target audiences in the media they watch daily.

Online video in particular provides an opportunity to connect with VA's audiences anytime, anywhere, and as often as they wish. ComScore estimated in August 2009 that each month more than 77 percent of Americans watched at least one online video—averaging eight hours watching video online.[32] This vast audience of viewers who actively choose to watch videos underscores the potential of online video to deliver our campaign messaging—and the opportunity to develop content that appeals to specific

groups, in flexible lengths and formats beyond the traditional 30- or 60-second broadcast PSA. The key is producing videos that online audiences not only want to watch, but also want to share with their friends and social networks.

The video medium will allow us to put a real voice and face on suicide prevention, using the exceptional power of peer-to-peer communication. Our research demonstrates that Veterans want to hear from Veterans and spouses want to hear from spouses. Audiences respond to people with whom they can identify and relate, and video makes that connection palpable.

The effective life of a single broadcast PSA averages around six months from final client approval, and four to five months from initial entry into the broadcast PSA rotation through peak distribution. It is difficult to aggressively promote a second PSA while another PSA is at or nearing peak distribution, as this will typically "cannibalize" airplay, with one PSA simply taking over airtime from the other. Stations are unlikely to reserve time for two Veteran suicide prevention PSAs to run in parallel. Therefore we recommend developing two to three campaign PSAs this year.

Broadcast PSA Development

Convincing Veterans in or approaching crisis to "make the call" begins with assuring them that it is okay to call, and no one conveys that message better than a real Veteran like them. The campaign's first PSA, "Perspectives," features testimonials from two different perspectives—a physically injured Veteran concerned about his friend's mental health, and the friend who is taking his life back through treatment at a VA facility. A Veteran protagonist tells viewers, "These services are for us." The 60-second version of this PSA includes direct testimonials from male and female Veterans representing multiple service eras and ethnicities.

Planning and production of the second and third PSAs should begin almost immediately following the onset of promotion for "Perspectives" so they can be developed and produced in time to follow "Perspectives" seamlessly as its popularity crests. When multiple PSAs are produced at the same time, VA should proceed with a staggered release and distribution of over the course of the year to minimize cannibalization of airtime: Release of a new PSA every four to five months is optimum.

Each PSA and video product developed should reinforce campaign messaging and goal of promoting a sense of "connectedness" among key audiences—Veterans and their families, friends, communities, and healthcare providers. Video will build awareness of the hotline and chat service and deliver a clear call to action for the viewer. Each product should integrate interesting cinematography, unconventional shot selection, a creative/interesting premise, or some sort of twist to help it stand out from the crowd.

In addition, to take advantage of opportunities for exposure online, PSAs should be expanded, tailored, and modified for various formats, platforms, and target audiences.

Additional footage or testimonials captured during PSA filming should be published online to sustain campaign interest and deliver specific messages to target audiences.

Packaging, Pitching, and Promotion

Except for the rare video that achieves explosive viral exposure online, even the most compelling PSAs require an investment in thoughtful promotion and dissemination to reach their target audiences. It is critical to market each PSA to realize its full potential and use it to maximum effect.

The first step in PSA promotion is packaging the DVD attractively and professionally, delivering it appropriately, and providing correspondence that underscores its importance, value, and appeal to the media outlet's audiences. Best practices recommend distribution to 1,200 broadcast stations and 500 cable TV stations, including telemarketing outreach to the top 100 stations as defined by our outreach objectives.

Targeting of specific networks for particularly aggressive outreach is recommended, based on their significant overlap among key target audiences. For the VA suicide prevention campaign, these include MTV, Spike TV, Military Channel, Fox News, History Channel, and ESPN. Information and copies should also be provided to all VA PAOs and SPCs for direct outreach to local community stations. We also recommend supporting the broadcast promotion with aggressive outreach through alternative channels, including movie theaters, partner distribution, online video and banner ads on partner websites, social media outreach, and YouTube promotion.

VA can achieve even greater exposure by developing and promoting a series of radio PSAs, which can be used to target an audience through geographic and format placement that is not possible with television. Radio has particular appeal for connecting with hard-to-reach audiences in non-urban areas, a focal point for the campaign. The number of stations targeted is influenced by a number of factors, including the prevalence of VA audiences among their listeners, demographic considerations, and each station's previous PSA usage practices. We recommend reaching out to roughly 3,000 stations that are previous PSA users to provide coverage across markets and program formats. We also recommend conducting direct outreach to individual talk-radio personalities to solicit their support for this campaign.

Finally, we recommend deploying paid media strategies to support this PSA campaign, including paid online video and banner ads, billboard and transit advertising in key locations, and paid broadcast placement to achieve better or more frequent PSA placement in the rotation.

Additional Video Products

In addition to the development of two to three campaign video PSAs, we recommend the development of a series of online video products to support our outreach efforts through

social media, websites, and peer-to-peer dissemination both online and on DVD. The entire video campaign library should be available online via the campaign YouTube channel and microsite. The products envisioned include:

- **Testimonial Series**. Short video segments from a diverse group of real Veterans, friends, family members, military and VA leadership, healthcare professionals, celebrities, and CrisisLine responders to put real faces and voices on this campaign. This series will allow us to deliver targeted messaging to specific groups such as Vietnam-era Veterans, Native American Veterans, women Veterans, spouses, parents, and healthcare providers, both online and through direct outreach.
- **SPC Opening Videos**. Brief introductory videos on DVD for distribution to SPCs to use in opening community outreach events—a high-priority request from SPCs during our interviews. These videos should be tailored to address the different audiences that SPCs engage during outreach, including older Veterans, younger Veterans, VA clinicians, non-VA clinicians, and community-based organizations.
- **Training or Messaging Video**. A video presenting basic information and talking points on Veteran suicide, VA suicide prevention program efforts and features, and other training or information as required by specific target groups.
- **"PSA-like" Videos**. Potentially lengthier video segments for incorporation into the microsite to provide greater insight or context on VA suicide prevention efforts and operation of the hotline. One recommended concept could be "behind the scenes at the CrisisLine" that would allow viewers to see real people on the other end of the phone and the incredible work being done by this dedicated team. Another recommended concept is a series focused on promoting the online chat features. While a longer segment may not be suitable for traditional broadcast PSA placement, the format can be similar to a PSA and will be promotion on the campaign website and elsewhere online as appropriate.

3.7 Earned Media Planning and Support

Because of the high profile of Veteran suicide, there is considerable potential for this campaign to garner significant earned media exposure that can raise awareness and encourage use of VA resources—particularly the hotline and online chat. Given the sensitive nature of this issue and the frequency of media sensationalism and distortion, a key element of our media outreach will be educating editorial boards and reporters about the complexity of suicide, the risks associated with some types of suicide coverage, and best practices in responsible reporting and messaging.

An earned media effort should create an opportunity for VA to develop a more strategic and proactive position on Veteran suicide, highlighting the incredible work of the hotline staff while also educating reporters and the public on the full scope of VA's suicide prevention efforts.

Outreach to key media and political stakeholders should promote the benefits of the hotline and the broader suicide prevention efforts underway at VA. This should include a national press release followed by aggressive outreach to:

- Traditional TV cable, and outlets
- National talk radio and hometown radio outlets
- Online media bloggers
- Politicians and other stakeholders as needed

Throughout the campaign, VA leaders and outreach partners should author op-ed articles and consider accepting an independent confirmation or endorsement of VA as a leader in addressing Veteran suicide by respected non-VA associations, organizations, and subject matter experts.

The team's strategy for earned media planning and support includes the development and implementation of the following:

Talking Points. The first step in our media planning process is to develop talking points about VA's hotline and other suicide prevention activities, built on our media messaging framework. These points will be supported with facts, testimonials and, whenever possible, external expert confirmation/validation/endorsement of VA's suicide prevention work. After obtaining approved by the appropriate VA stakeholders, we will systematically disseminate this material to key internal VA spokespersons and representatives, including PAOs and SPCs.

Targeted Media Lists. Prepared media lists will enable VA's Suicide Prevention Program to not only plan and target the dissemination of media materials, but also respond immediately to breaking news events. Careful analysis of audiences' media preferences, corresponding media editorial calendars, media outlet profiles, and reporter and producer bios, will allow development of targeted media lists that include specific outlets with opportunities for feature and news stories. Research from the social media strategy should also be used to identify key online outlets and bloggers. These lists should be segmented by medium, market, geographic region, and specific topics covered and regularly update them based on media developments.

Crisis Communication and Media Response Protocols. Designating experienced and appropriately credentialed spokespersons—including hotline leaders in addition to PAOs—will be crucial to conducting strategic and consistent media outreach. Then media response protocols and a crisis communications plan detailing the process for crafting or delivering messaging—and obtaining appropriate approval—should be developed before responding to a number of scenarios, including crises such as a high-profile suicide or attempt. For each scenario, pre-approved talking points, facts, and endorsements for use in response should be developed in advance, enabling PAOs and

other VA spokespersons to respond without the delays caused when they must wait for multiple layers of approval before they can comment.

Media Training. Access to media training on suicide prevention outreach and messaging is a high priority for PAOs and is essential to preparing all VA spokespersons to effectively use media talking points and resources and follow media response protocols. Opportunities such as the annual PAO training conference and the joint DoD/VA suicide prevention conference in March are prime candidates to deliver training sessions on suicide prevention outreach and messaging.

Media Kit. Based on the messaging framework, talking points, and intelligence on the types of materials that will be most useful to targeted editorial boards, reporters, and bloggers, a media kit should be developed to not only tell the VA Suicide Prevention Program's story, but also impress upon the media why it is important to their audiences. The media kit should be provided in print and online and include a one-page mission statement; short biographies and photos of key campaign leaders and spokespersons; charts with data on VA's suicide prevention initiatives and positive results; sample questions and answers; and other illustrated data. In addition, on an ongoing basis, VA should equip PAOs with monthly topics and sample posts to incorporate into local VAMC Facebook and Twitter pages they maintain.

Story Bank. VA should develop feature and human interest stories that vividly illustrate or demonstrate campaign messaging. Such stories can approach suicide prevention from a number of angles, focusing on treatment options for mental health issues and crisis management, success stories and testimonials of Veterans who have sought treatment and recovered, and VA programs that serve Veterans in crisis. These timeless stories may be used by VA PAOs and SPCs in response to media requests or pitched to media outlets when emerging issues or breaking news make them particularly timely and appealing to the media.

Media Education. Media Education. As noted in our media analysis, reporting on Veteran suicide frequently distorts the issue. Suicide is portrayed as a dramatically increasing problem that affects many Veterans, when in fact a large majority of Veterans who may struggle with the transition to civilian life seek help, recover, and lead healthy, productive lives. To overcome such distortions and biases, VA should conduct media education that provides factual context for reporting on Veteran suicide, VA's mental health programs, and the issue of suicide in general. Through desk-side briefings and forums with selected editorial boards and reporters, as well as more far-reaching online webinars, VA can deliver interactive media education on Veteran suicide issues and also convey in a compelling way the importance of responsible, accurate reporting.

Op-Eds. Based on the media cycle and breaking news related directly to Veteran suicide prevention, VA should use these developments as hooks for op-ed columns targeted to local, regional, national, and specialized publications. VA should have these timely pieces available not only for VA spokespersons, but also for respected partner

organizations and subject matter experts who can sign on as authors to champion VA's work or VA messaging. Together with its partners, VA should pitch these op-eds to targeted outlets, linking core messaging to current events and underscoring the relevance to media audiences.

Media Monitoring. Through ongoing media monitoring, VA should keep apprised of relevant emerging issues and breaking news that warrant a VA response or present valuable opportunities to showcase VA's work and messaging. VA should track coverage through LexisNexis research software, and use PR Newswire and BusinessWire to take advantage of unique and targeted distribution methods and reach a multitude of reporters, producers, and freelancers who focus on suicide, mental health, and Veterans' issues VA should use social media monitoring software, such as Radian6 and ScoutLabs, to monitor influential bloggers, Twitter, Facebook, and other online networks, and Google Alerts for as-it-happens reporting on terms and topics. This media monitoring will enable VA to better understand the nation-wide conversations that are taking place about Veteran suicide and allow VA spokespersons to insert themselves appropriately into the media landscape.

News Clipping and Analysis. VA should gauge the impact of the earned media campaign by tracking and analyzing the full range of relevant news coverage on Veteran suicide and mental health. In the monitoring process, the use of carefully defined search terms to capture stories with online monitoring tools such as Cision, Factiva, and LexisNexis will allow evaluation and analysis of the results by measuring the volume and quality of earned media achieved as well as impacts on media coverage. Data on traditional and online earned media coverage should be tracked on a monthly or quarterly basis to assess the campaign's success. Key metrics used in this approach include: hits (number of articles), impressions (size of audience), sentiment (tone of coverage), message pull-through, and spokesperson prominence.

3.8 Paid Media Recommendations

A targeted paid media campaign will provide critical support to campaign outreach efforts, and VA should pursue both an online marketing campaign and a paid media complement to the PSA campaign.

Online Campaign

Online marketing provides the opportunity to deliver targeted messages to groups based on specific search phrases, social network group affiliations, or on-page content. In the case of keyword marketing, we can deliver targeted ads to users based on highly relevant keyword queries. We would recommend marketing through the following channels.

- *Google Search Network* – The power of the Google Search Network is that it allows the advertiser to display micro-targeted, customized ads at the moment a user is

searching for a particular product, service, or topic. Google estimates there are nearly 8.7 million suicide-related keyword searches per month, or more than 12,000 per hour.[33] At an estimated cost per click of $0.55 and monthly visits of 42,000 for this keyword set, the campaign could establish a 100 percent share of voice on suicide-related keywords for a monthly investment of approximately $23,000. Search ads have been successfully leveraged by federal agencies such as VA and IRS for recruiting and the U.S. Postal Service, U.S. Department of Agriculture, Social Security Administration, and Food and Drug Administration for public education campaigns.

- *Facebook* – Facebook has more than 133 million users in the United States over the age of 18. With almost complete saturation by users under age 35, it is a natural platform from which to target OEF/OIF Veterans, and its fastest-growing member segment aligns with the Vietnam-era Veterans aged 55 and older. Facebook allows advertisers to target marketing based on group affiliations ("likes"), personal profile information (e.g., current and previous employers) and other personal attributes associated with a member's engagement with Facebook. For example, there are more than 2 million "likes" associated with the U.S. Army, Navy, Air Force, and Marines Facebook groups, and more than 700,000 members have listed one of those four armed services as a present or former employer. Launching a text- and image-based ad campaign on Facebook with a budget of $300 per day could generate 600,000 impressions per day and 240 visitors to our campaign properties.

- *Google Content Network* – The Google Content Network is the world's largest ad network, reaching more than 80 percent of Internet users worldwide. The Content Network text, image, video, or rich media ads are targeted based on themes in your keyword list and ad copy, rather than specific keywords. Advertisers benefit from the increased awareness generated by exposure to targeted rich-media messages via this medium in addition to the actual click-through conversions generated by those who directly engage with the ad.

- *YouTube Video Channels* – A rapidly developing marketing segment is the use of promoted videos on YouTube. Similar to text search, advertisers can bid to "promote" their videos to the top of the search results page in the promoted video section on YouTube for specific keywords and phrases. Given the level of video integration with the campaign, we believe this represents a significant opportunity for the campaign to build awareness and deliver targeted video messages to our key audiences online.

Based on these opportunities, the sensitive nature of this campaign topic and the online usage patterns of many of our target audiences, we strongly recommend the addition of an integrated paid online media campaign. Our investment recommendations are as follows:

- Minimum recommended investment – $40,000 per month for seven months or $280,000

- Recommended investment – $65,000 per month for seven months or $455,000

Broadcast/Leveraged PSA Campaign

VA should pursue the hybrid PSA approach, using incentivized paid media placements to yield added value through free PSA airtime. Our investment recommendations for this approach are:

- Minimum recommended investment – $500,000 per PSA
- Recommended investment – $1,000,000 per PSA