

Suicide prevention campaigns and their reception by young university students^{*a}

Campanhas de prevenção ao suicídio e recepção por jovens universitários

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ABSTRACT

Addressing communication and health, this research aims to analyze suicide prevention campaigns and their reception by young university students. This qualitative methodology involved document analysis (campaigns from 23 organizations) and successive semi-structured interviews (with 12 youths) and is characterized as a study of advertising reception. Results show that the campaigns *scarcely* impact the studied youths and that their communication often addresses the promotion of mental health instead of suicide prevention, reinforcing taboos and failing to fulfill, as pointed out by the public in the reception practices, the expected function of informing people about means of helping and assisting imminent suicides.

Keywords: Communication, reception studies, suicide, prevention campaigns, youth.

RESUMO

Ao tratar de comunicação e saúde, esta pesquisa visa analisar as campanhas de prevenção ao suicídio e a recepção dessa comunicação pelos jovens universitários. A metodologia qualitativa envolve as técnicas de análise documental de campanhas de 23 organizações e entrevistas semiestruturadas sucessivas com 12 jovens, caracterizando-se como um estudo de recepção da publicidade. Os resultados evidenciam que as campanhas têm pouca repercussão entre os jovens estudados, e que sua comunicação, frequentemente, aborda a promoção da saúde mental em vez da prevenção ao suicídio, reforçando o tabu sobre o tema e descumprindo, como apontado pelo público nas práticas de recepção, a esperada função de informar sobre os meios de ajuda e atendimento ao suicídio iminente.

Palavras-chave: Comunicação, estudos de recepção, suicídio, campanhas de prevenção, juventudes

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A

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THIS STUDY INTERCONNECTS the fields of communication and health to address the issue of suicide, with a focus on its prevention. It examines suicide prevention campaigns to analyze how audiences respond to them, especially young people. Suicide is a complex and multifactorial phenomenon, typically addressed within the field of healthcare, but discussed in social sciences as early as 1897 by Emile Durkheim.¹ Now considered a global public health problem (World Health Organization [WHO], 2023a), suicide requires interdisciplinary prevention policies in which communication can play a key role.

¹The book *Suicide: A Study in Sociology* is considered one of the foundational studies in contemporary sociology as well as in research focused on the phenomenon of suicide.

Drawing on a literature review of the scientific production on the subject, we make connections with previous studies in communication and health (Araújo & Cardoso, 2007; Pessoni, 2007; Schiavo, 2013), contributing to this interface by examining suicide prevention campaigns and their impact on audiences (Klimes-Dougan & Lee, 2010; Till et al., 2013; Ftanou et al., 2018) from the perspective of communication. The social relevance of this study lies in its potential to highlight ways to create more effective communication and help design suicide prevention campaigns that meet the needs of public policies and specific target audiences.

The focus of this study is on suicide prevention in the context of the *Yellow September* campaign, which aims to reduce the stigma surrounding the subject and help reduce the number of deaths by suicide. In this context, we seek to understand how people (the general public) engage with the communication of these campaigns and make meaning of suicide prevention in their daily lives. Are such prevention campaigns relevant to young people? What is the impact of these campaigns and how can we make them more effective?

Therefore, the overall goal of this study is to analyze suicide prevention campaigns and how university students respond to this kind of communication. The specific targets are: (a) to identify communication about suicide in prevention campaigns at the global, national, regional, and municipal level, paying special attention to the specificities of campaigns directed at university students; (b) to analyze the reception practices of young university students regarding how they engage with and make meaning of suicide prevention campaigns. The study was conducted locally in Porto Alegre, Rio Grande do Sul, Brazil, but also considers prevention campaigns in other contexts, including international, national, and regional settings, besides federal public higher education institutions with administrative headquarters in Rio Grande do Sul, in 2021.

The communicational approach adopted prioritizes the cultural practices of individuals and is grounded in cultural studies and Latin American perspectives, media consumption and reception studies (Jacks & Escosteguy, 2005; Jacobi, 2019;

Piedras, 2007, 2009), and social advertising (Saldanha, 2018). Studies in the fields of health and psychiatry (Ftanou et al., 2016; 2018; Klimes-Dougan & Lee, 2010; Randolph & Viswanath, 2004; Till et al., 2013; Torok et al., 2017; Wakefield et al., 2010) contribute to the theoretical framework and methodological choices of the study, done within an interdisciplinary context.² A literature review (Stumpf, 2011) was carried out by searching databases in the fields of communication and health. The searches related to communication included publications from 2015 to 2020 at a national level, while the searches in health databases considered works from 2010 to 2020 with an international scope. This was followed by a two-step qualitative empirical phase (Flick, 2009).

The first step focused on the media product: suicide prevention campaigns publicized during *Yellow September* in 2021, drawing on the documentary analysis technique (Moreira, 2011) and contributions from previous studies (Randolph & Viswanath, 2004; Torok et al., 2017; Wakefield et al., 2010). The procedures and instruments used made it possible to track, identify, describe, and analyze how suicide was addressed in the communication of prevention campaigns. The sources were the communication channels on the Instagram profiles of 23 organizations, considering five levels: international, national, regional, municipal and higher education institutions (HEIs).

The second step of the empirical research was observational³ and focused on the media reception of suicide prevention campaigns. This was done by conducting successive semi-structured interviews (Laville & Dionne, 1999; Minayo, 2016) mediated by video (Braga & Gastaldo, 2012), with the display of campaign material (Jacobi, 2019; Piedras, 2007). In this regard, studying the reception practices of advertising in the fields of communication and health supports the production of these campaigns by providing insights into how the target audience interprets them.

It should be stressed that suicide is the fourth leading cause of death among young people aged 15 to 29 (WHO, 2023b). Between 2011 and 2022, 147,698 cases of suicide were recorded in Brazil, with a 6% increase among young people (Alves et al., 2024). According to this investigation, resources to promote strategies for the prevention of self-harm and suicide should be better allocated, considering the specific needs of different social groups, such as indigenous people (Alves et al., 2024).

The procedures and instruments used make it possible to chart the contextual and sociodemographic data of university students, identifying their cultural and media consumption practices as well as their reception practices to the campaigns. The sources were 12 young medical students,⁴ with profiles uniformly distributed in terms of age group (18 to 30), gender, race/ethnicity, experience with therapy, means of entry in higher education, and stage of course.

²This research is a cooperative effort involving a study group in communication [Comunicação e Práticas Culturais (UFRGS/CNPq)] and a study group in psychiatry and behavioral sciences [Comportamento Suicida e Transtornos Mentais Graves (UFRGS/CNPq)].

³The research was submitted to and approved by the Research Ethics Committee of the University Hospital of the institution. Approval number from the ethics committee: 41985021.7.0000.5327

⁴We chose this setting and audience based on previously presented data of the prevalence of suicide rates among young people and health professionals, as well as in reception to the needs of a higher education institution (HEI) sensitive to the risk of suicide within the university community.



Table 1
Profile of survey participants

Participant	Entry in HEI	Age	Gender	Sexual Orientation	Marital Status	Children	Home State	Race/Ethnicity*	Residence	Source of Income	Therapy	Use of Medication
1	AA	26	W	Hetero	S	N	SP	Black	Student Residence	Parents/PRAE	Y	Y
2	U	25	W	Hetero	S	N	RS	White	Family	Parents/Scholarship	N	N
3	U	24	W	Bi	S	N	RS	Brown	Family	Parents/Scholarship	Y	Y
4	U	24	W	Hetero	S	N	RS	White	Alone	Parents	N	Y
5	AA	29	W	Demi	S	N	RS	Black	Family	Parents/PRAE	Y	N
6	AA	24	W	Hetero	S	N	RS	Black	Alone	Parents	Y	Y
7	AA	28	M	Gay	S	N	SP	Black	Friend	Godparents	Y	N
8	AA	30	M	Gay	S	N	RS	White	Student Residence	PRAE	Y	Y
9	U	23	M	Gay	S	N	RS	White	Friend	Parents	Y	N
10	U	24	M	Hetero	S	N	RS	White	Family	Parents	N	N
11	U	24	M	Hetero	S	N	SP	White	Family	Parents	Y	N
12	U	24	M	Hetero	S	N	SP	White	Alone	Parents/Scholarship	N	Y

* Self-declared data

Note. Designed by the authors

By using this methodology, we addressed the phenomenon of suicide through prevention campaigns, from the perspective of communication and health. The findings are presented below, preceded by a brief contextualization of previous research and the study subject.

PREVIOUS STUDIES ON SUICIDE, PREVENTION CAMPAIGNS AND COMMUNICATION

Studies in communication and health (Araújo & Cardoso, 2007; Cardoso & Araújo, 2009; Pessoni, 2007), as well as knowledge from the field of psychiatry, which we will touch on,⁵ help define the subject of this study, beginning with the definition of suicide. Suicide is a complex and multifactorial phenomenon (Cassorla, 2017; Souza, Minayo, & Malaquias, 2002). According to Bertolote

⁵ We will not discuss the interdisciplinary contributions of previous studies in depth due to limitations of space and the choice to present the empirical results of this study.

(2012, p. 21, free translation), it is a “deliberate, intentional act of causing one’s own death... it is an act initiated and executed by a person who has a clear notion or strong expectation that the outcome will be fatal and result in their own death.” It results from “various factors, amongst which the biological contribution of individuals, their personal history, circumstantial events, and the environment (Souza, Minayo, & Malaquias, 2002, p. 675).

Considered a public health problem, this type of self-inflicted violence requires prevention, i.e., “any measure aimed at interrupting the cause of a disease before it affects an individual, thereby preventing its occurrence” (Bertolote, 2012, p. 81, free translation). The first records of suicide prevention date back to the early 20th century in England, and for long there was little clarity in programs and actions. Those that did exist “did not specify whether they aimed to reduce mortality, suicidal behavior of any kind or both; ... there was no specific target audience” (Bertolote, 2012, p. 94, free translation). In the late 1990s, the World Health Organization (WHO) launched a landmark program for the development and proposal of suicide prevention actions based on strategies validated by experts in the field, which guides the production of educational materials. Today, the WHO recommends that suicide prevention be developed in five areas:

. . . treatment of mental disorders; restriction of access to methods; appropriate media coverage; adequate education and information programs in schools, for the general public and for healthcare and social workers; and active search for and systematic screening of individuals at high risk of suicidal behavior. (Bertolote, 2012, p. 102, free translation)

It is clear that suicide prevention should be pursued through public policies, in a multidisciplinary manner and across different segments of society. This context highlights the role of communication in suicide prevention, starting with the WHO guidance for addressing the topic in media and audiovisual production. We stress that this approach impacts the taboo surrounding suicide (Mendes et al., 2022), considering that restricting narratives and the circulation of meanings about suicide is also a form of silencing the practices and historical backgrounds of movements that support the public debate on mental health issues (Gonçalves, 2022).

On the other hand, there is the role of persuasive communication in public policies, which is encouraged by the WHO in the hope of promoting behavioral changes. Historically, public health campaigns has played a strategic role in disclosing information on epidemiological and health issues to the population (Araújo & Cardoso, 2007). Prevention and communication campaigns are used by different health organizations, both global and local, with the aim of spreading



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knowledge and changing health-related behavior (Randolph & Viswanath, 2004; Torok et al., 2017; Wakefield et al., 2010), and also to raise awareness among people about suicide (Ftanou et al., 2016; Torok et al., 2017).

It is important to distinguish between health promotion campaigns and suicide prevention campaigns. Public health campaigns comprise authoritative actions and information for different social groups, facilitating the development of networks and skills that encourage healthy habits, as well as access to healthcare, diagnosis, and treatment. Suicide prevention campaigns, on the other hand, are a subset of health promotion campaigns and, like others, comprise specific actions and information about the phenomenon in order to fight the social stigma associated with illness and prevent suicide cases.

According to the *Suicide Prevention Situational Overview*, a suicide prevention campaign:

1. Implements a formative research and a systematic planning process; 2) Embeds the communication campaign into an overall suicide prevention strategy; 3) Defines clearly specified audiences, goals and a call to action; 4) Is informed by audience research; 5) Is pre-tested; 6) Is evaluated. (California Mental Health Services Authority, 2012, p. 1).

Suicide prevention campaigns are developed in a complex and fertile setting, especially because of the different actors in the fields of communication and health (Araújo & Cardoso, 2007; Pessoni, 2007; Schiavo, 2013). The role of persuasive communication in campaigns shaped by public policies is to inform, educate and mobilize society. Whether defined as advertising (Gomes, 2001) or social advertising, this kind of communication must be informative, persuasive and for the interest of society. Therefore, it should “mobilize people interactively within the political and social context of concrete causes that directly affect the life or group of individuals” (Saldanha, 2018, p. 263, free translation).

Mobilizing individuals to reduce suicide rates by means of health policies and prevention campaigns raises the question of the effectiveness of such actions. In the field of health, literature reviews on the subject point to limitations in measuring prevention outcomes. A frequently adopted method is to assess the impact of a campaign by tracking the increase in phone calls to crisis centers (Song et al., 2017). However, the effectiveness of public health campaigns is usually based on the amount of media coverage and how long people are exposed to preventive messages, assuming that circulation is synonymous with positive audience reception and adherence. Few studies investigate the exposure of audiences to communicative messages with the aim of understanding the acceptance and assimilation of campaigns by research

subjects (Pirkis et al., 2017). Dumesnil and Verger (2009, p. 1211) note that “it is difficult to establish whether these programs help to increase care seeking or to reduce suicidal behavior.” Torok et al. (2017, p. 15) stress that, “Critically, there is a need for increased quantity, consistency, and quality of evaluations of mass media campaigns for suicide prevention to advance the evidence base.”

In the field of communication, the reception practices to social advertising or to the communication of suicide prevention campaigns can be addressed by researching the reception or the “relationship of people with media or communication channels” (Jacks; Escosteguy, 2005, p. 15, free translation), and the role played by the interpretation (reading or appropriation) of messages by audiences (Piedras, 2009). Through media consumption, audiences are exposed to campaigns and can make meaning of the communication in their reception practices. In this process, the communication goal of the campaigns is to generate knowledge, understanding, conviction or action in the audience (Colley, 1976). Whether they will achieve it depends on how individuals decode and interpret the messages based on their sociocultural contexts. Therefore, it is essential to consider the particularities of a campaign’s objective and target audience. In the field of health, there are generalist prevention campaigns that use billboards and aim to publicize helplines to the general public, and also segmented campaigns aimed at addressing the vulnerabilities of particular social groups. Given the prevalence of suicide among university students (Kaslow et al., 2012; Klimes-Dougan & Lee, 2010), and especially medical students (Schwenk et al., 2010), we focused on this audience to study the reception practices to the *Yellow September* suicide prevention campaigns.

EMPIRICAL APPROACH TO THE ISSUE OF SUICIDE AND ITS PREVENTION

Currently recognized as a global public health problem, suicide causes more deaths than AIDS/HIV, malaria, and homicide. In 2019, it was the fourth leading cause of death among young people worldwide, with low- and middle-income countries accounting for 77% of suicides (WHO, 2021)

This situation is reflected in Brazil. Suicide is one of the top four causes of death in the country. Among the young population, when analyzed by biological sex, suicide was the eighth leading cause of death among women and the third among men in 2017 (Boletim Epidemiológico: Mortalidade por suicídio e notificações de lesões autoprovocadas no Brasil, 2021). The state of Rio Grande do Sul has one of the highest suicide rates in Brazil (Franck, Monteiro, & Limberger, 2020), with 2019 data recording four deaths by suicide per day (Melo, 2019). Porto Alegre, the state capital and most populous city, has the highest number of victims (Franck,



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Monteiro, & Limberger, 2020). The true extent of the phenomenon may be even greater than the known data suggests, given that studies on suicide are still limited (Piccin et al., 2020) and cases are underreported (Souza, Minayo, & Malaquias, 2002).

We must also consider the impact of the COVID-19 pandemic on the mental health of the general population (Organização Pan-Americana de Saúde, 2021). Although suicide rates in Brazil remained stable before and after the pandemic, these figures increased in cities with higher social inequality among individuals with poor access to healthcare (Ornell et al., 2022).

Additionally, we should observe the relationship between the phenomenon of suicide and the broader context of mental health. A survey by Instituto FSB Pesquisa indicates that 53% of Brazilians experienced a worsening of their mental health due to the pandemic, reporting anxiety, mood changes and insomnia. According to the same survey, young people aged 15 to 34 are the group most likely to seek regular mental health care (Instituto FSB Pesquisa, 2021). University students have seen an increase in mental health issues: in 2018, a survey of higher education students found that 32.4% had received psychological care, with 39.9% having used psychiatric medication. In addition, the report noted that “the idea of death affects 10.8% of the target population and suicidal thoughts affect 8.5%” (Associação Nacional de Dirigentes das Instituições Federais de Ensino Superior, 2019, pp. 229-230). Considering healthcare students and professionals, it is noteworthy that, over the past 130 years, the suicide rate among physicians has been higher than that of the general population (Muzzolon et al., 2021).

Although mental health issues and their related problems are present in contemporary life, the subject is not openly debated and access to information is restricted. On the one hand, mental health problems are common among young people, who actively seek treatment from professionals. On the other, suicide remains a sensitive or taboo topic, facing obstacles for not being publicly addressed in society and the media. This is partly due to the aforementioned restrictions presented by the WHO on how the subject should be addressed in journalism (WHO, 2023a).

However, in the domain of audiovisual entertainment, an increasing number of productions show suicide as a phenomenon related to everyday situational experiences. This was recognized worldwide in 2017 with the series *13 Reasons Why* (Yorkey, 2017), which addresses suicide in the life of a high school girl along with discussions about bullying and depression. A study on child and adolescent behavior in the US linked the streaming of the series to suicide rates, highlighting the connections between media consumption and suicidal behavior (Bridges et al., 2020).

Given the above, we felt compelled to understand the sociocultural phenomenon of media consumption and reception to suicide-related communication in Brazil nowadays. However, rather than investigating the

reception to entertainment media products that address suicide, such as *13 Reasons Why*, we chose to explore the issue from the perspective of prevention, focusing specifically on persuasive campaigns in the hope that the results might contribute to making suicide prevention policies more effective.

In Brazil, the National Policy for Health Promotion (PNPS, 2015) and the National Policy on Self-Harm and Suicide Prevention (PNAPS, 2019) mobilize individuals and organizations from different sectors. The PNAPS has nine goals focusing on the following issues: promoting mental health; raising awareness about self-inflicted violence; providing psychosocial support for people in psychological distress; assisting families; organizing events and actions that help understand the phenomenon; and “intersectoral coordination for suicide prevention, involving health, education, communication, media, police and other entities” (Brasil, 2019, free translation).

These goals are in line with the overall objective of the PNPS:

Promote equity and the improvement of living conditions and lifestyles, enhancing the potential for individual and collective health while reducing vulnerabilities and health risks caused by social, economic, political, cultural, and environmental determinants. (Brasil, 2015, p. 11, free translation)

Its approach to health promotion, and not only suicide prevention, provides the development of policies and the production and dissemination of health knowledge and practices in a shared and participatory manner (Brazil, 2015). To this end, in the operational section “IX, Social communication and media,” it recommends:

The use of various means of communication, both formal and popular, to help the different groups involved understand and speak out, conveying information on the planning, execution, outcomes, impacts, efficiency, efficacy, effectiveness, and benefits of the actions.” (Brasil, 2015, p. 16, free translation)

Suicide prevention campaigns and their communication are developed based on such guidance. Both are interrelated but have different natures. Suicide prevention campaigns are substantial actions linked to public policies and health and wellness organizations, involving different social actors with the goal of preventing the outcome of suicide. In contrast, the communication of these campaigns consists of informational and persuasive media messages and communicative actions, produced, and publicized by different social actors and channels to spread information, engage various audiences in reflecting on suicide risk and encourage individuals to seek help from healthcare providers in situations of risk.



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Yellow September is a global suicide prevention campaign that began in 2003, including World Suicide Prevention Day (September 10), as proposed by the International Association for Suicide Prevention, with the endorsement of the WHO. In Brazil, the *Yellow September* campaign was implemented in 2014, aiming to “reduce stigma on the subject and assist in the prevention of deaths by suicide in the country” (Setembro Amarelo, 2023, free translation).

To achieve this goal, working to inform and guide different social segments on seeking help, the campaign has two main fronts. The first is through the support line provided in Brazil by the *Centro de Valorização da Vida* (CVV), phone number 188, and other digital communication channels. The second guides people to seek specialized mental health professionals, mainly psychiatrists and psychologists, in the Unified Health System (SUS) or in private clinics and offices.

Like other public health campaigns scheduled for specific months of the year, such as *Pink October* and *Blue November*, *Yellow September* gives periodic visibility to the issue of suicide, achieving widespread public recognition. The involvement of institutions that deal with the subject in Brazil, such as the Federal Council of Medicine (CFM), the Brazilian Association of Psychiatry (ABP), and the *Centro de Valorização da Vida* (CVV), encourages other organizations to address it, opening up space for the phenomenon to be discussed in society and in the media, the context in which this study was developed.

RECEPTION PRACTICES OF UNIVERSITY STUDENTS TO SUICIDE PREVENTION CAMPAIGNS

To address communication about suicide in the 2021 *Yellow September* prevention campaigns, we investigated 23 organizations: six at international level, seven at national level, seven at regional level and four at municipal level, as well as six local higher education institutions, focusing on the particularities of campaigns targeting young university students, the audience of this research.

In analyzing how the campaigns address suicide, we identified, among other aspects,⁶ the most frequently used terms in the organizations’ messages in all five contexts, leading to the following results: (i) international organizations⁷ predominantly use the term “suicide”; (ii) national organizations⁸ simultaneously use the terms “Yellow September,” “life” and “prevention”; (iii) regional and local organizations⁹ prioritize the term “September”; and (iv) higher education institutions¹⁰ focus on the term “Yellow September.”

The results reveal that communication about suicide in the 2021 *Yellow September* campaigns from the 23 organizations studied is diverse. Most of them link *Yellow September* to the idea of “life promotion” and few explicitly address the issue of suicide

⁶ In the research that gave rise to this paper, the analysis of the campaigns from the 23 organizations includes specific aspects of the concept of communication, form and language, channels, among others, which will not be explored for reasons of limited space.

⁷ World Health Organization (WHO), Pan American Health Organization (PAHO), International Association for Suicide Prevention (IASP), American Association of Suicidology (AAS), American Foundation for Suicide Prevention (AFSP) and Beyond Blue.

⁸ Ministério da Saúde (MS), Ministério da Mulher, da Família e dos Direitos Humanos (MDH), Conselho Federal de Medicina (CFM), Conselho Federal de Psicologia (CFP), Associação Brasileira de Psiquiatria (ABP), Associação Brasileira de Estudos e Prevenção de Suicídio (ABEPS) and Centro de Valorização da Vida (CVV).

⁹ Secretaria da Saúde do Rio Grande do Sul (SSRS), Conselho Regional de Medicina do Rio Grande do Sul (CREMERS), Conselho Regional de Psicologia do Rio Grande do Sul (CRPRS) and Secretaria Municipal da Saúde de Porto Alegre (SMSPOA).

¹⁰ Universidade Federal de Rio Grande (FURG), Universidade Federal de Pelotas (UFPEL), Universidade Federal do Pampa (Unipampa), Universidade Federal de Santa Maria (UFSM), Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSPA) and Universidade Federal do Rio Grande do Sul (UFRGS).

prevention in such terms. The international organizations are those that generally address suicide prevention in their communication, while the national, regional, and local organizations touch on the issue, shifting the focus of communication to the promotion of life and mental health. This may be due to the fact that regions and cultures are in different stages of breaking the stigmas surrounding suicide and public debate on the topic. While in Brazil the *Yellow September* campaign only started in 2014, internationally it has existed for two decades, enabling the development of numerous communicational approaches, which may have provided better conditions for a more assertive approach to the issue.

In general, the results show that the analyzed campaigns, especially those from national and regional/local organizations, either contradict or do not fully observe the previously mentioned guidance from health experts, organizations, and public policies for suicide prevention campaigns. By prioritizing communication that reinforces the campaign name *Yellow September* rather than focusing on the issue of suicide prevention, these campaigns are not explicitly aligned with the goal of reducing stigma on the subject and contributing to the prevention of deaths by suicide. Neither do they objectively provide information on how to seek help, be it the CVV helpline (188) or ways to access specialized mental health professionals. In their communication, the campaigns do not make it clear whether they aim to reduce suicide mortality or any suicidal behavior, and it is not possible to identify any specific target audience.

These campaigns, publicized in September 2021, make up what we call “offered flow” (Piedras, 2009) of communication about suicide. From the viewpoint of communication and cultural studies, the mere circulation of these messages in the media does not imply their consumption or reception by audiences, which is what builds “appropriated flow” (Piedras, 2009), based on their practices and specific contexts. However, in designing the study, it was assumed that the participants, when asked about suicide prevention campaigns, would recall some of the campaigns circulating at that time, whether at local, regional, national, or international level, or at their own higher education institution.

Aiming to access reception practices most closely related to the participants’ everyday experiences, the expectation was to collect data on how they made meaning of a campaign that caught their attention and could be mentioned spontaneously.¹¹ We followed this methodological principle from previous studies (Piedras, 2007) to avoid prompting responses to any campaign in particular, hoping that each participant would contribute the communication about suicide that would be investigated in their reception practices. However, to our surprise, during the interviews with the 12 participants in the observational research, none of them spontaneously recalled any kind of communication or campaign related to suicide prevention.¹²

¹¹In the research that gave rise to this paper, the empirical approach with the interlocutors involved successive interviews, addressing their background, experience with therapy, relationship with the topic of suicide, media consumption and, finally, reception practices, which are being emphasized in this discussion at the expense of the others for reasons of limited space.

¹²On the other hand, when prompted to speak, they recalled situations in which suicide was addressed in their cultural and media consumption (books, movies, series, etc.). All participants spontaneously mentioned the series *13 Reasons Why*, which reveals engagement with the subject. We will not discuss these findings here for lack of space.

I don't believe it's something that would make me think specifically about the issue of suicide. I think it lacked a bit more of what was done in the CVV ones, it would have touched a nerve better, not like them, but rather they are acting, it should be more direct. (Participant 10, basic cycle student).

The university students showed greater engagement with campaigns that communicated the subject assertively, directly, and simply, facilitating access to relevant information and search for help. Specifically, four campaigns, which we will discuss below, were positively and significantly mentioned by the participants in their responses, providing evidence of meaning-making by the university students. The contexts of these campaigns are international and regional/local (Municipal Health Department of Porto Alegre) and national (Brazilian Psychiatric Association/Federal Council of Medicine (CFM) and the *Centro de Valorização da Vida* (CVV)). They are examples of good practices at national and regional/local levels, being exceptions due to addressing suicide explicitly.

Below is the campaign material of the Municipal Health Department of Porto Alegre (Figure 2),

Figure 2

Título pendente



Note. Instagram of Secretaria Municipal de Saúde de Porto Alegre (@saudepoa)

A

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The university students reported feeling engaged by the objective communication of the information presented in the campaign material, which conveys confidence, relevance, and assertiveness by informing people where to seek prompt help at the SUS for urgent and emergency mental health care.

Wow! This information about 24-hour mental health emergency services is extremely important; knowing where you go for help, that should be on a huge poster. This is one of the most essential things for someone who isn't well to know where to look for (help), because it's one of the hardest things to find out, and sometimes there's no way, no money, no place. So, it's a super important topic. (Participant 6, clinical cycle student)

This (material) here is also essential information that people need to have. It's important that they know it exists. It was good to have a direct, complete, and important message... I think it makes for good communication, a direct, simple, and complete message. (Participant 8, intern students)

Another campaign mentioned frequently and positively by participants was a joint effort of the Brazilian Psychiatric Association and the Federal Council of Medicine. (Figure 3).

Figure 3
Campaign run by the Brazilian Psychiatric Association and the Federal Council of Medicine



Nota. Instagram of Conselho Federal de Medicina (@medicina_cfm)

In reception to this communication, the university students reported feeling invited to reflect on the subject, taking into consideration the epidemiological data included in the material, which highlights that the number of deaths by suicide in their age group (young people) is significant.

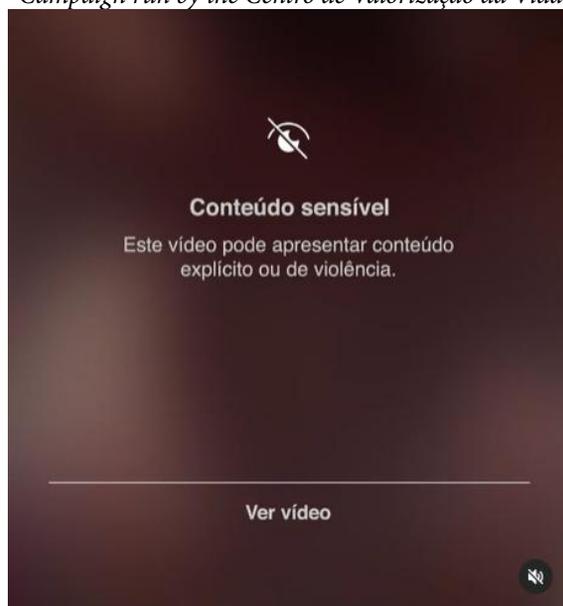
I like this kind of text, that is impactful. It says a lot, and it's the kind of thing that would make me think, "18- to 24-year-olds," especially because that's my age group. So I would think, "Wow, such young people, and if this is happening, then it's close to me and I'm not paying attention." This text would attract me. I liked the text, it's both impactful and informative. (Participant 6, clinical cycle student)

I liked having this type of statistic because it shows that it's quite prevalent. I think that for someone who thinks about this, they also realize that it's not just them, right? But I think something was missing... there could have been a message, a solution, to give you hope, more than just that "action saves lives." I think it wasn't enough to give hope, compared to the rest. (Participant 9, clinical cycle student)"

The national campaign of the *Centro de Valorização da Vida* was also frequently mentioned by the participants (Figure 4).

Figura 4

Campaign run by the Centro de Valorização da Vida



Nota. Instagram of Centro de Valorização da Vida (@cvvoficial)



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Communication in this campaign is distinctive for being audiovisual and featuring the typical warning of social media: “Sensitive content – This video may contain explicit or violent content,” which aroused the curiosity of the participants. Meaning-making by the university students is ambivalent, due to the potential sensitivity of the content.

My first thought was never this, it was always more like: ouch, it must be an image of a suicide scene. And I don't want to see a suicide scene, so I would just skip it... it wouldn't impact me because I would refuse to watch it, since that's what my mind associated with what I would probably see in those images. (Participant 5, clinical cycle student)

[The campaign is] a punch in the stomach, I like that. I think it's good, it hits a nerve. It really is an invisible pandemic, we're sometimes much more concerned with nonsense on the internet than with people we love who are suffering from this. (Participant 10, basic cycle student)

This [campaign] gave me a feeling of doubt. Because it doesn't seem like... it doesn't seem like a suicide prevention campaign. It seems more like social criticism than something that would prevent you from committing suicide. I liked it, if it were social criticism, like liquid relationships or something like that [and which] is somehow related to suicide, but not directly. If it were for such social criticism, I would like it, but for a suicide prevention campaign, I think people wouldn't say it's related, it's not a direct campaign against suicide. (Participant 7, internship student)

Given the university students' accounts of how they made meaning of the campaigns, we see indications of which type of communication is able to make them engage with the content and thus inform them about suicide prevention, triggering behavior change and reducing risks. These findings suggest that it is not enough to simply publicize *Yellow September*; more than that, organizations need to communicate the issue of suicide and the ways to prevent it clearly and objectively, whether in cases of ideation, the need for dialogue/support or emergencies involving attempts.

These results, which emerged from the audience's reception practices, coincidentally reaffirm the expert guidance previously mentioned and apparently overlooked by most of the analyzed campaigns. This shows that communication can be more effective if those responsible for its development

pay attention to the recommendations consolidated in Brazil and worldwide concerning prevention campaigns.

DISCUSSION OF RESULTS AND CONCLUSIONS

The results of the study on communication and suicide prevention, with a focus on campaigns and their reception by university students, are sufficient to meet the research objectives. However, they indicate the need for continued and more complex approaches. As highlighted by other international researchers, there is a need to reflect on the information about suicide prevention circulated by promoting institutions (Randolph & Viswanath, 2004; Torok et al., 2017; Wakefield et al., 2010), taking into account, particularly, the audiences (Ftanou et al., 2016) for whom these communications are intended (Ftanou et al., 2018).

On the one hand, we gathered evidence on the kind of communication used in the *Yellow September* campaigns in international, national, regional, local, and higher education institution (HEI) contexts, as well as on how university students make meaning of them. On the other hand, this research has raised questions: How should we approach this complex and multifactorial phenomenon of suicide? How should we talk about its prevention in such diverse and unequal contexts? How can we effectively implement the different roles that communication can play to reduce stigma and cases of this type of death?

We carried out the study with a focus on the *Yellow September* prevention campaign fully aware that, as a prevention policy, bringing the subject the fore in only one out of the twelve months in the year is insufficient. What we did not expect, however, was to identify so many campaigns promoted by different organizations that, paradoxically, were so wary or fearful of addressing the topic in a direct and objective manner, as recommended by experts since the 1990s. Contrary to established guidance, in most organizations whose campaigns were researched, the communicative choice was to promote life and mental health rather than suicide prevention.

In another phase of the study, in the hope of understanding which of these campaigns the audience of university students would engage with, we were once again significantly surprised, which required a change in methodology. We had assumed that some of the numerous campaigns being publicized in September 2021 would have been seen and remembered by the audience, but this did not happen. None of the 12 participants spontaneously



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mentioned recalling a suicide prevention campaign. It is noteworthy that the university students surveyed are from a medical school in the state of Rio Grande do Sul, users of the social media platform Instagram, and are thus immersed in a media environment in which were posted campaigns from health and psychiatry associations and councils as well as communication from their own school, focused on *Yellow September* (which made up the corpus of this research).

In this investigation, given our main goal and the mobilized resources, we were unable to determine why communication about *Yellow September* seems to be invisible or irrelevant from the audience's perspective. This calls for future empirical studies focusing on reception and, before that, media consumption, to identify how and why such campaigns do not stand out as significant among the other media offerings that attract this audience's attention. These assumptions are in line with the needs of different levels of persuasive communication (Colley, 1976), promoting a variety of persuasive communication strategies and covering different communication levels. This is justified by the fact that these individuals have different experiences related to information access and the studied social phenomenon.

Besides the finding that the campaigns have little impact on the studied audience, the main result of the research shows that, in general, the communication used in the campaigns focuses on promoting mental health rather than suicide prevention. As a result, it reinforces taboos about the subject and fails to meet the expected function for university students: informing them about ways to help and seek help and where and/or how to find assistance for imminent suicide.

It should be noted that the expectations of university students regarding what should be communicated in such campaigns coincides with the recommendations of suicide prevention experts in the medical field (WHO, 2023a) and national public policies concerning the objectives and methods of communication that campaigns should follow (Brasil, 2019). This finding motivates future research into the production of campaigns; after all, it is clear that some steps in the recommended process for developing campaigns – systematic research, dialogue with broader strategies, clear definition of goals, audiences and a call to action, dissemination, pre-testing and evaluation (California Mental Health Services Authority, 2012) – are not being adequately addressed.

Despite these potential gaps in campaign development, we observed among the researched organizations a significant interest in and commitment

to *Yellow September* which is certainly driving investments in the production and dissemination of communication. However, in the context of this study, these campaigns are not fully exploiting their potential to meet the goal of reducing stigma about the subject and assisting in preventing cases of suicide. Many of them are not even being seen and remembered by certain audiences. Therefore, it is essential that the results of studies like this are used as reference for developing future campaigns, ensuring that public and private investments made by organizations effectively contribute to suicide prevention policies. ■

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