I. Introduction
The Know the Signs suicide prevention social marketing campaign prepares Californian’s to prevent suicide by encouraging them to **know the signs, find the words** to offer support to someone they are concerned about and reach out to **local resources**. Campaign materials range from print ads, TV and radio spots, to outreach materials available in several languages. All campaign materials refer individuals to the campaign websites:

- [www.suicideispreventable.org](http://www.suicideispreventable.org)
- [www.elsuicidioesprevenible.org](http://www.elsuicidioesprevenible.org)

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

II. Members
Members for the materials in Hmong workgroup participated in discussions on the subject of suicide prevention, outreach materials and distribution channels through their collaboration and participation in a webinar (September 26th) as well as periodic workgroup discussion posts on the Your Voice Counts website. Discussion topics included how suicide is or is not discussed in the Hmong community, identifying the helpers and the person at risk, as well as suggestions for outreach materials and strategies.

A total of 7 members participated in the materials in Hmong workgroup representing the counties of **San Francisco, Sacramento, San Diego,** and **Sutter/Yuba** (see Appendix D Workgroup Member Roster). Members were recruited in several ways. Ethnic service managers, CalMHSA program partners and county liaisons were asked to refer community members representing or engaged in outreach to the Hmong community. In addition, organizations serving this population were contacted directly and provided with a workgroup recruitment flyer (see Appendix F).
III. Background
“Past traumatic experiences and current adjustment issues have impacted the mental health of Hmong Americans”.

“In general, the Hmong do not like to disclose information about mental health issues and family problems to providers”.

“Many Hmong who suffer from chronic physical illness also experience mental illness. Furthermore, for some Hmong clients, symptoms of physical ailments are considered manifestations of emotional distress.”
Source: Building Partnerships: Conversations with Hmong about mental health needs and community strengths. UC Davis Center for Reducing Health Disparities

As of 2010, approximately 91,224 Hmong Americans live in California. Metropolitan areas with significant population numbers include:

- Fresno (31,771)
- Sacramento-Arden-Arcade-Roseville (26,996)
- Merced (7,254)
- Stockton (6,968)
- Chico (4,354)
- Yuba City (2,883)
- Los Angeles-Long Beach-Santa Ana (1,960)
- Riverside-San Bernardino-Ontario (1,598)
- San Diego-Carlsbad-San Marcos (1,388)
- San Francisco-Oakland-Fremont (680)
- Crescent City (616)
- Modesto (611)
- Santa Barbara-Santa Maria-Goleta (517)

In the Hmong community suicide is a taboo topic not openly discussed or directly approached. For some individuals thoughts of suicide may imply past sins while others who are more traditional may seek the help of a shaman for mental or emotional distress as a common practice. For Hmong Americans the bond between family members is very strong and the fear of breaking that bond fosters apprehension about expressing anger or sadness. Often, family members feel they do not want to “burden” their loved ones by discussing their emotional suffering. Parents may not take their children’s comments about suicide too seriously because they are in denial of the situation, but if they do take the comments seriously they will often refer the situation to the family or the clan instead of or before seeking professional services. There are 18 recognized clans in the Hmong community and the clan is considered a central part of the community.

Focus group participants felt one barrier that keeps their community from seeking professional help is the limited availability of language services and Hmong-speaking health providers as even those who speak English would often prefer to speak to someone in their primary language, but not necessarily to an interpreter. There is a lot of distrust in using interpreters as the community feels that within such a small area everyone is bound to know each other and share personal and confidential information.

Focus group participants suggested that to reach older adults TV and radio is a good strategy, while outreach materials is a good way to reach all age groups.

Summary of workgroup discussions:

How is suicide discussed, or not discussed in the Hmong Community? Suicide is not generally discussed in a serious way and there is stigma around it that prevents people from talking about it openly, especially in more traditional culture. Especially the older generation might say things like "I am going to hang myself" casually, so people around them often don’t take it seriously because they hear it so much. Because of the elusiveness around the issue, people aren’t as aware of the signs or what to look for if someone is really in trouble.

“I really think Hmong people don’t talk much about suicide, not because it’s hard to, but because they don’t know how to. Older adults talk about suicide all the time, but they do so jokingly or all too casually, and so it may not seem so serious when it really is. And when people do talk about serious suicide, the other person doesn’t really know how to listen and talk to them to get help.” (Workgroup Member)

How can we get the materials to influential helpers in the community?

More outreach and education are necessary, but it’s important that the "messenger" is from the community. Clan leaders could be helpful for more traditional communities. Radio may be a good medium to reach larger numbers of people. Churches and Christian organizations could also be useful. It’s also important to think about how to reach smaller Hmong communities that might not have access to as many cultural organizations and groups like in larger communities such as Fresno and Sacramento. Focusing on college students as helpers for their families and communities might be a good approach because they have earned a degree and more respect. Community-based organizations often have very limited resources, so materials should be inexpensive or free to access and use.
V. Development of Materials

Outreach materials including a bilingual post card and a tent card were developed following a collaborative community review and focus group process. In addition, a TV and radio spot were also developed.

Language Adaptation

The Know the Signs campaign team contracted with May Ying Ly and Pheng Ly from the Southeast Asian Assistance Center in Sacramento to take the lead on the language adaptation for the materials. The language adaptation and illustrations were further reviewed during a focus group. A small workgroup including Nick Cha from the Hmong National Development (HND) and community members Dr. Ghia Xiong and Peter Vang incorporated the focus group suggestions into the language adaptation which was then finalized and reviewed by May Ying and Pheng Ly and posted to the initial workgroup on Your Voice Counts.

Focus Group

Outreach materials including three post card designs and a tent card along with a TV and radio script were tested during a focus group held in Fresno County on June 19, 2014. A total of 10 participants represented men and women, parents, middle aged women and older adults. The focus group was facilitated by Nick Cha from the Hmong National Development, Inc. During the focus group session participants were asked to provide input regarding the content, the images and the overall design approach. Focus group participants liked the color scheme and background designs on the materials presented. The Hmong community’s preferences for education materials “include[s] the use of bright colors with bold type, providing information in Hmong and English, providing lists or bulleted points rather than paragraphs of information, the use of simple diagrams and drawings and artwork that is culturally appropriate” was consistent with the results from our focus group.


Based on workgroup and focus group feedback, younger people would not feel comfortable bringing up the topic of suicide to someone older than themselves. The helper in any age group would most likely be a peer and is also more likely to be a man, than a woman. Since these materials are reaching the Hmong speaking community, it was recommended to focus the design on middle-aged individuals.

During second and third focus groups in July participants agreed that in addition to the outreach materials a TV and radio ad would be appropriate to reach older adult helpers in the Hmong community and agreed that the information on the storyboard was clear and direct.
Feedback on Materials

- Participants agreed that all three postcards were visually engaging, and culturally appropriate. They suggested changing the font color from red to blue to be more culturally appropriate.

- Post card option 2 included an image of a younger person with Hmong features and although the community liked and identified with the image, they suggested using an image of an older individual. This postcard design was the one preferred by the majority of the participants.

- Participants correctly stated that the magnets and tent cards were speaking to the helpers of a person at risk. They agreed that the main message on the materials is to pay more attention to another person’s behaviors and take action if warning signs are noticed to connect the person to help.

- Participants expressed a preference for smaller, pocket-size materials and felt strongly that all materials should be bilingual. However, they acknowledged that the size of the magnet and postcard might be too small to include information in both languages.

- Participants liked the list of warning signs for suicide on the magnets and tent card.

- Text edits were suggested by participants and incorporated into revised designs.
Revised Designs
Focus group feedback was incorporated into several revised post card options. It was recommended that the final product should be a bilingual postcard. Option 1 was chosen as the final English language design and option 4 was selected as the final design and image for the Hmong side of the postcard. The script for the TV and radio ads was revised and tested with additional community members before it was finalized.

Revision 2

Revision 3

Option 1

Option 2

Option 3

Option 4
VI. Distribution

As part of a partnership with the Hmong National Development, Inc. (HND) they have been contracted to distribute the newly created Hmong suicide prevention outreach materials during outreach conducted by their organization and to share them with organizations in the state reaching the Hmong community. In addition, they created a 60-second TV and a 60-second radio spot to air in Hmong radio and TV stations.

The Hmong National Development is a not-for-profit, national organization serving the Hmong community for over 20 years through education, research, policy advocacy and leadership development.

http://www.hndinc.org

Hmong TV Network is a local television station located in Fresno, CA. Viewers in Mariposa, Merced, Madera, Fresno, and Tulare counties can access the broadcast on Channel 32.6. For Northern and Southern California and out of state and worldwide viewers, they can access this channel through the Roku box and live streaming through www.hmongtvnetwork.com. Hmong TV Network ran the TV spot from August to September, three times per day, for a total of 183 spots.

Hmong USA TV is also a local television station located in Fresno, CA. Viewers in Mariposa, Merced, Madera, Fresno, and Tulare counties broadcasted on digital channel 4.5. Recently, Hmong USA TV has opened up a channel in MN, and this is under channel 62.2. For Northern and Southern California and out of state and worldwide viewers, they can also access these channels through the Roku box and live streaming through www.hmongusatv.com. Hmong USA TV ran the TV spot from August to October, four times per day, for a total of 224 spots.

In addition, a radio contract agreement with KBIF 900 AM radio (3401 Holland, Fresno, CA) ran a 60-second spot from August 1st to September 30th, 4 times per day, for a total of 180 spots. KBIF is a local radio station located in Fresno, CA, and it serves the Central San Joaquin Valley from Bakersfield to Modesto 24/7.

“I think it’s a good idea for the project to target the adults/older adults because these groups tend to have less access and awareness. Hmong children and younger adults generally have more access to outside resources since they speak English and can more easily navigate the different systems. There are also other suicide prevention efforts in English that may reach out to them already. Regarding materials that target the adult/older adults, this can still be a challenge since most adults, especially the older adults, cannot even read Hmong. Lots of Hmong adults/older adults listen to Hmong radio and watch shows like Hmong TV, so I would use these avenues to get the information out vs. written materials.” (Workgroup Member)
Approximate Translation from Hmong to English

A loved one’s pain isn’t always visible

The first warning signs of the call for help are available, but are not always easy to see. If you see only one of these signs, reach out to provide help in time.

Warning signs to cautiously look for:

- Talking about wanting to die or suicide
- Feeling hopeless, discouraged, trapped
- Giving away possessions to others
- Preparing themselves for death
- Misconduct or Reckless behavior
- Anger
- Increased drug or alcohol use
- Withdrawal/does not want to participate in any gathering
- Changes in sleep
- Sudden mood changes
- No sense of purpose
---Post Card---

<table>
<thead>
<tr>
<th>Hmong</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cov kev qhia pom ua ntej (Warning Signs) ntawm lawv txoj kev hu kom pab yeej muaj nyob rau ntawv, tabsis tsis yog ib qho ib txwm yooj yim pom. Yog tias txwm koj tsuas yog pom ib qhov kev qhia no xwb los, xub cev tes mus pab ua ntej.</td>
<td>The first warning signs of the call for help are available, but are not always easy to see. If you see only one of these signs, reach out to provide help in time.</td>
</tr>
<tr>
<td>Cov Kev Qhia Pom Ua Ntej (Warning Signs) uas Yuav Ua Zoo Saib:</td>
<td>Warning signs to cautiously look for:</td>
</tr>
<tr>
<td>* Tham hais txog xav tuag los yog txo txoj sia</td>
<td></td>
</tr>
<tr>
<td>* Mloog tsis muaj txoj kev cia siab, tag kev, tws kev</td>
<td></td>
</tr>
<tr>
<td>* Muab cov khoom tseem ceeb pub rau lwm tus</td>
<td></td>
</tr>
<tr>
<td>* Npaj tus kheej rau txoj kev tuag</td>
<td></td>
</tr>
<tr>
<td>* Coj tsis tus</td>
<td></td>
</tr>
<tr>
<td>* Kev npau ntaws</td>
<td></td>
</tr>
<tr>
<td>* Muaj siv yeeb tshuaj los yog dej cawv ntxiv</td>
<td></td>
</tr>
<tr>
<td>* Tsis xav ua dabtsi/tsis mus koom lwm tus li</td>
<td></td>
</tr>
<tr>
<td>* Txhawj heev thiab siab tsis tus li</td>
<td></td>
</tr>
<tr>
<td>* Kev pw hloov</td>
<td></td>
</tr>
<tr>
<td>* Cwj pwm hloov tam sim ntawd</td>
<td></td>
</tr>
<tr>
<td>* Yeej tsis paub muaj lub hom phiaj</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Talking about wanting to die or suicide</td>
</tr>
<tr>
<td></td>
<td>• Feeling hopeless, discouraged, trapped</td>
</tr>
<tr>
<td></td>
<td>• Giving away possessions to others</td>
</tr>
<tr>
<td></td>
<td>• Preparing themselves for death</td>
</tr>
<tr>
<td></td>
<td>• Misconduct or reckless behavior</td>
</tr>
<tr>
<td></td>
<td>• Anger</td>
</tr>
<tr>
<td></td>
<td>• Increased drug or alcohol use</td>
</tr>
<tr>
<td></td>
<td>• Withdrawal/does not want to participate in any gathering</td>
</tr>
<tr>
<td></td>
<td>• Changes in sleep</td>
</tr>
<tr>
<td></td>
<td>• Sudden mood changes</td>
</tr>
<tr>
<td></td>
<td>• No sense of purpose</td>
</tr>
</tbody>
</table>

---Tent Card---

<table>
<thead>
<tr>
<th>Hmong</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thov hu rau the National Suicide Prevention Lifeline ntawm 1.800.273.8255</td>
<td>Please contact the National Suicide Prevention Lifeline 1.800.273.8255</td>
</tr>
<tr>
<td>Lawv muaj cov neeg pab muab tswv yim uas paub hais lus Hmoob yuav nrog nej sib tham 7 hnub ntawm ib hli tiam, 24 teev txhua hnub.</td>
<td>They have counselors available that can help you 24 hours a day, 7 days a week.</td>
</tr>
</tbody>
</table>
PAIN ISN’T ALWAYS OBVIOUS

By recognizing the warning signs of suicide, knowing how to start a conversation and where to turn to for help, you have the power to make a difference—the power to save a life.

WARNING SIGNS TO LOOK FOR:

- Talking about wanting to die or suicide
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Reckless behavior
- Anger
- Increased drug or alcohol use
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

www.suicideispreventable.org
National Suicide Prevention Lifeline: 1.800.273.8255
Tent card

Know the Signs >> Find the Words >> Reach Out

Cov kev qhia pom ua ntej (Warning Signs) ntawv lawv txoj kev huk kom pab yeej muaj nyob rau ntawv, tabsis tsis yog ib qho ib txwm yooj yim pom. Yog tias txawm kaj tsuas yog pom ib qhov kev qhia no xwv los, xub cev tes mus pab ua ntej.

Cov Kev Qhia Pom Ua Ntej (Warning Signs) uas Yuav Ua Zoo Saib:
- Tham hais txog xav tuag los yog txo txoj sia
- Mloog tsis muaj txoj kev cia siab, tag kev, taws kev
- Muab xawv muaj pow ceeb pow, zov.
- Npaj txoj kev lua.
- Coj tsiab, tag kev.
- Kev npi xab ceeb pow.

Pain isn’t always obvious. By recognizing the warning signs of suicide, knowing how to start a conversation and where to turn to for help, you have the power to make a difference—the power to save a life.

WARNING SIGNS TO LOOK FOR:
- Talking about wanting to die or suicide
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Reckless behavior
- Increased drug or alcohol use
- Increased appetite or weight gain
- Sleeping more or less
- Withdrawing from friends
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose
- Anger

If you are concerned, ask the question:
“Are you thinking about hurting yourself?”

If you think they are, please talk to them alone, do not be afraid.

Visit suicidepreventionlifeline.org or call 1-800-273-TALK (1-800-273-8255) for more information.

Txoj Kev Mob Yeej Ib Txwm Yuav Tsis Pom Tau
Tsoj Kev Mob Yeej Ib
Txwm Yuav Tsis Pom Tau

Cov kev qhib pom ua ntej (Warning Signs) ntawm lawv tsoj kev hu kom pab yeej muaj nyob rau ntawv, talsis tsis yog ib qho ib txwm yooj yim pom. Yog tias txawm kaj tsuas yog pom ib qho iv kev qhib no xwb los, xub ceev tes mus pab ua ntej.

Cov Kev Ohnja Pom Un Miej (Warning Signs) ues Yuaw Un Zoo Saih:
- Tham hais boog xaw tue loo yov bo boj sai
- Mboog tsis muaj tsoj kev cia siab, tig kev, tis kev
- Mueab cov hloom tseem ceeb pub au u hwm tus
- Npaj tis hkeej mu tsoj kev tuaw
- Coj tis tus
- Kew apan ntaus
- Muaj sir yeeb tshuaj los yov dej cawv ntawv
- Tsis xaw un dubtis/tsis mus hoom hwm tus li
- Tshawj hees thiab siab tis tus li
- Kew pw hloow
- Cov pum hloow fam sim rtaawd
- Yeej tis paub muaj lub hom phiej

Know the Signs >> Find the Words >> Reach Out
Customized materials for Los Angeles County

Know the Signs >> Find the Words >> Reach Out
# Appendix B: TV ad Storyboard

<table>
<thead>
<tr>
<th>Client</th>
<th>Hmong National Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campaign</td>
<td>Suicide Prevention: Know The Signs</td>
</tr>
<tr>
<td>Length</td>
<td>60 seconds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VIDEO</th>
<th>AUDIO (Hmong)</th>
<th>English Translation</th>
</tr>
</thead>
</table>
| 1 Helper: Mid age woman  
Role: Mother of young female in crisis | Kuv tus nbxhais muaj qhov kev chim sai sai, zoo li luag lwm tus nbxhais thiab. Tabsis nws ho tham txog kev tuag thiab hais tias yuav tsis muaj leej twg khes txog nws li yog hais tias nws tuag lawm. | My daughter has this very fast anger like other young girls her age, but she also talks about death in that there will be no one who cares about her if she dies |
| 2 Helper: Mid age male  
Role: Close Friend of the man in crisis | Kuv tus phooj ywg tau qhia rau kuv hais tias nws muaj kev nyuaj siab heev. Nws mloog zoo li nws tag txoj hau kev lawm. | My dear friend told me that he is stressed and overwhelmed, he felt hopeless |
| 3 Postcard Still & Onscreen texts  
| Cov kev qhia pom ua ntej ntawm laww txoj kev hu kom pab yeej muaj nyob rau ntawd, tabsis tsis yog ib qho ib txwm yooj yim pom. Yog tias txawm koj tsuas yog pom ib qhov kev qhia no xwb los, xub cve tes mus pab ua ntej. | Pain isn't always obvious |
| | By recognizing the warning signs of suicide, knowing how to start a conversation and where to turn to for help, you have the power to make a difference - the power to save a life |
| 4 Still Photos & Onscreen texts  
(warning signs) | Cov kev qhia pom ua ntej uas yuav ua zoo saib:  
Kev pw hlov, Muaj siv yeeb tshuaj los yog dej cavw ntxv, Txhawj heev thiab kev txhawj ntxhaj, Npaj tus kheej rau txoj kev tuag thiab Yeej tsis paub muaj lub hom phiay | Other warning signs to look for: |
| | Changes in sleep, Increased drug or alcohol use, anger or anxiety, putting affairs in order and no sense of purpose. |
| 5 National Suicide Prevention, logos, website & contact information on screen | Yog kjo los sis koj paub ib tug txheeb ze, phooj ywg uas xav txog kev bxo nws bxo jia, thov hu rau qhov National Suicide Prevention Lifeline ntawm 1-800-273-8255 los sis, ntaus ntaww mus rau www.suicideispreventable.org | If you or you know a relative or friend who think about suicide, please do not hesitate to call the National Suicide Prevention Lifeline at 1-800-273-8255. For more information visit www.suicideispreventable.org |
Appendix C: Your Voice Counts Discussions

Welcome! Please respond to this post.

**YOUR VOICE COUNTS**

**WORKGROUP DISCUSSION**

Welcome! Please respond to this post.

Anna_YourVoiceCounts
October 22, 2013 - 11:09 AM

Hi all, my name is Hanli and I'm currently a part-time student and full-time sailor in the United States Navy. My job mainly focuses on low-exposure and anti-terrorism force protection. In my free time, I volunteer as a sexual assault advocate and help raise awareness for suicide prevention and intervention. I look forward to working with you all.

Students
October 23, 2013 - 6:09 AM

Hello! My name is Liang Yang. I recently graduated from UCSC last June with a B.A. in Political Science. I currently work for the University of California, Los Angeles, which is a research institution, and I research various issues. I'm passionate about mental health awareness and prevention. I'm looking forward to working with you all.

Yang
October 23, 2013 - 10:09 AM

Hello everyone, my name is Liang Yang and I'm from San Diego. I recently received a B.A. in education and community work. It's this year for my M.S.W. I have worked closely with the Lesbian Association of San Diego as well as the Lesbian Students Association of San Diego. I've been active in youth development, policy, community organizing, and leadership. I look forward to working with you all.

Jhong
August 29, 2013 - 10:09 AM

Greetings! My name is Jhong Chang. I work at the Oakland Asian Health Service in Oakland, which is a primary care clinic providing primary care to Asian and Pacific Islander communities. I provide comprehensive mental health services to children in Sacramento County. I'm excited to be a part of this project and meeting everyone in the group.

May Yu
August 29, 2013 - 11:09 AM

Hello everyone, my name is May Yu. I am in charge of the Vietnamese population in Butte/Yuba Counties. We do a variety of things here, including providing direct mental health services, outreach, prevention & stigma reduction, education/consultation, whatever supports the mental health. I look forward to meeting all of you.

Mary Yu
August 29, 2013 - 11:09 AM

Hello everyone. My name is Mai Yu, I am a licensed therapist with Butte-Yuba Hi County Mental Health. I run and manage the Butte-Yuba Hi County Mental Health Outreach Center out of Marysville to provide mental health services to the Butte-Yuba population. I do a variety of things out here, including providing direct mental health services, outreach, prevention & stigma reduction, education/consultation, whatever supports the mental health. I look forward to meeting all of you.

Randy_EOC
August 29, 2013 - 10:09 AM

Welcome everyone! I will be facilitating this workshop with Jhong. I am really looking forward to getting started! Please let me know if you have any questions about the email I sent to you on August 26th.

McChy
August 29, 2013 - 10:10 AM

Hello everyone. My name is Cindy Che and I'm with Oakland Public Relations & Marketing. We work closely with community-based organizations throughout California in the API communities to do outreach. CALMESA is one of our clients with whom we are currently working on a campaign to advocate for the need of mental health services. We look forward to meeting everyone in this workshop.

May Yu
August 29, 2013 - 10:10 AM

Hello everyone. My name is Mai Yu. I am currently with the Southeast Asian Assistance Center in Sacramento. We provide interpreting and translation services for Sacramento County's mental health providers as well as have a community health navigation program serving the Vietnamese and Hmong community. I am looking forward to meeting everyone in the group.
Notes from our September 26 webinar and discussion questions

WORKGROUP DISCUSSION

Notes from our September 26 Webinar and Discussion Questions

Desiree JEC

Thank you to those who were able to participate in our first webinar on September 26th. Below are some notes we took from the discussion. We would really like to hear from all of you, especially those of you who were not able to be at the webinar, about your thoughts on these questions, so please respond to the questions in bold by commenting here.

Know the Signs, Find the Words, Reach Out

How do suicide awareness, or not discussed (in the Asian community)? Suicide is not generally discussed in a serious way, and there are stigmas around it that prevents people from talking about it openly, especially in more traditional cultures. Especially the older generation might say things like “It’s going to be hard to discuss, so people around them often don’t talk seriously about how they think about it.” Because of this, people aren’t aware of the signs or how to look for someone who is really in trouble.

What are the issues about suicide that make it “taboo” or difficult to discuss?

The “Hmong” campaign is designed to reach helpers of those who may help. Who are the most likely helpers in the Hmong community? There has been a shift in the last few years and people are more willing to seek help for mental health issues, especially young people. However, younger people may not be comfortable in bringing issues up to elders, and they are more likely to be helped for peers. Many communities have groups that can be helpful for outreach, such as after school programs or women’s circles. It would be important to have focus groups for youth, especially at the middle school level, but not to discuss the older generation, which would perpetuate this isolation. It might be helpful to look at the strategies that have been used for domestic violence outreach and education for models. Are there more thoughts on who are the most likely helpers in this community?

What materials would be helpful for outreach?

Having something visual in hand will remind people that there is help and hope, such as a magnet or a flash card with a phone number on it. Brochures would also be helpful if there is a room to include information about the warning signs, what to do, where to go for help, and getting the materials in Hmong language would be important, especially for older members of the community.

What are some additional thoughts?

More outreach and education are necessary, but it is important that the “people” is from the community. Clan leaders could be helpful for more traditional communities. Ratio is important for reaching larger numbers of people. Churches are good places to start, but so are organizations who focus on family and community. Community-based organizations often have very limited resources, so materials should not be expensive or free to screen out. What are your comments on those ideas, and what are some other ideas?

Any other suicide resources or programs that might be useful to people could be used for the Outreach Center for New America (Fremont) and Sacramento Area Hmong Saima campaign. Any other ideas about where we might look for good examples of materials reaching the Hmong community? There have to be related to suicide prevention.

What culturally specific services might be promoted on these materials? For example, the Suicide Prevention Lifeline offers a 24-hour, 7-day a week access to trained counselors, however Hmong speaking callers may need to use a call interpreter to access these services. If you would recommend another service to promote? Remember that these materials will be distributed statewide.

Thank you for your input, we look forward to seeing your responses and moving forward with this project!

PRIVATE FEEDBACK

4 comments

POST COMMENT

PRIVATE TOPIC

blog

November 3, 2013 - 2:06pm

What are the issues about suicide that make it “taboo” or difficult to discuss?

- Generational
  - It would be harder for a younger individual to address an elder who may be exhibiting symptoms
- Gender
  - Due to the already stratified gendering of the community, it may be more challenging for women to address the issue with an individual if it is an older and a male elder
- Family dynamics/communication
  - It may additionally be difficult for an in-law to address the issue to his/her in-law (married into family)
- Other stigma and solution
  - The stigma about the topic of suicide
    - What does this mean in the context of the individual? A small individual? Someone who’s a deficient in self, thus the individual has suicide ideation, etc.
    - Bad karma—bad person, bad moral character
  - The stigma about the topic of the family and clan
    - What does it mean if your brother has suicide ideation? Hmong community is a group-oriented society that some meaning is derived from group interaction. This may cause internal pressures for individuals to not speak out for sale of their family honor/face and thus prevent the individual from really seeking the support they need.

Are there more thoughts on who are the most likely helpers in this community?

- Participatory: changing the message of suicide
  - It is important that the community has indeed been attempting to do this shifting of the perception of suicide. Through more education, the community has been for a lack of more accurate, normalizing suicide, thus enabling others to feel less stigma about and seek help.
- Operationalize the campaign
  - Just like how the President does a state of the union address, if a few organizations could take suicide as a time for year, to educate, to bring awareness, I would how many of an impact it would then make. Definitely, training advocates of a wide age range to help with putting out the message.

What materials would be useful for outreach?

What are some additional thoughts?

- Making the pamphlets for the youth very youth friendly, making the catchy, smart and cool
  - Example: I love books, campaigns done by the breast cancer awareness folks
  - Used a slogan that many people identified with because it was light enough but yet, pointed at a serious cause
- Using social media to help promote and bring awareness to the youth
  - FB would be ideal
Know the Signs >> Find the Words >> Reach Out

about this campaign and its related efforts. MS has televised speaker series and many clinical professionals come to talk about their health promotion and their roles linking with the Hmong community.

3. In regards to material, a magnet may be more beneficial to the whole community as it can easily be accessible to a refrigerator. Hmong families have tight knitted ties, thus food in a central area to bring families together to celebrate milestones and/or traditional events. Sacramento County also put out a small yellow double-fold wallet sized card that is given to agencies. Clinicians in the agencies hand-out these cards to susceptible patients who are at risk for suicide. This is the most accessible form as it is small and can be carried anywhere. On the card, I usually put “I speak Hmong” so if a patient has a crisis and I am not available, they can hand this card to an emergency personnel which helps the crisis center/hospital to access an interpreter while the patient is hospitalized.

4. There are Hmong student organizations at all the colleges in Sacramento. Many are willing to collaborate on future events that bring out more health forums and do prevention efforts. They also have access to Alshmi who are trained medical professionals. UC Davis in Health and UC Davis in Health Education are both pioneers who host a day community fairs, are usually at Hmong New Year promoting their organizations. There are licensed clinicians (Mental Health, Psychologist, Social Workers) at the colleges who do crisis assessments, and it would be beneficial if they are aware of resources if Hmong college students need support as well.

In regards to Church/Congregational families, it would be more beneficial to talk to the pastor of a larger Hmong church community and build an alliance. He is open and apt to share the demographics and how to reach this population. When an established church already has a big congregation, the smaller churches are invited to come gather and support such events as well. Pastor can provide an open invitation to other Hmong churches in the locales, and if there is a big event (conferences, weekend seminars, day events) the church coordinators are likely to promote the event as well. Specific doctor’s offices also specialists in providing care to the Hmong communities. They would also benefit from receiving suicide prevention info in terms of outreach (putting brochures, magnets, etc.) in their office.

5. Existing Resources in Sacramento, and families can initiate to contact/access: 1) My Sister’s House is an organization in Sacramento that specializes in the API communities affected by domestic violence and mental health issues. They have a Hmong speaking person on staff, and do know of my work in the community. 2) Wellness House has a 24-hour Suicide Line at 916-568-3111, and 800-273-8255. There is a 24-hour parent support line too at 508-281-3000. 3) Sacramento.org is a free internet-based catalog that provides info on community programs. 4) Frank Street Sheet provides the most up to date community programs. 5) Men are also now open to receiving support, and our clinic refers them here: http://sacramentoresource-directory.org (http://sacramentoresource-directory.org) (http://sacramentoresource-directory.org). 6) No comment.

POST NEW COMMENT

YOUR NAME:  


Know the Signs >> Find the Words >> Reach Out
Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

WORKGROUP DISCUSSION

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?

Who is at highest risk? Should we target our materials?

Know the Signs >> Find the Words >> Reach Out

PRIVATE RESEARCH

Who is at highest risk? Should we target our materials?
Radio ads are an excellent source of outreach for the older Hoong generation as there are several popular Hoong programs airing on KATT 1450 in Sacramento. However, if the idea is to educate the young in hopes of reaching the elderly then radio may not be the right choice since the majority of listeners are seniors. I think a better idea is to create TV ads using Hoong teens and young adults. We can promote the ad on platforms that the younger generations visit most like social media sites and YouTube. We can also run the ad on Crossing TV, a local station which airs Hoong news and entertainment programs throughout Sacramento, Stockton and Fresno.

I agree that the data is too broad. There’s not enough research specifically in this area for the Hoong so it’s difficult to pinpoint who is most at risk in the Hoong community. With this said though, I think it’s a good idea for the project to target the elderly/adults because this group tends to have less access and awareness (Hoong children and younger adults generally have more access to outside resources since they speak English and can navigate the different systems, there are also other suicide prevention efforts in English that may reach out to them already). Regarding materials that target the elderly/adults, this can be a challenge in the most adequate manner, especially the elderly, cannot even read Hoong. Loss of Hoong by elderly/adults listening to Hoong radio and watching shows like Hoong TV, etc, would use these avenues to get the information out re: written materials. One of the unique things we do have at Sutter Valley Mental Health for prevention and early intervention of mental health illness is recruit and educate Hoong Traditional Leaders about mental illness, signs, and symptoms so they can help reduce the stigma and be a referral/safe point for at risk pictures something like creating a network of Hoong clan leaders and elders and educating them about suicide prevention so they can take the info and reach out to everyone else...or maybe even more effective would be to reach out to parents so they would at least know the signs and know how to talk to each other, their parents, and their kids about suicide. There would be culturally appropriate resources if a value that one should listen to, respect, and do all we are told by our parent, clan leader and elders. I really think Hoong people don't talk much about suicide, not because it’s hard to, but because they don’t know how. Older adults talk about suicide all the time, but they downplay it or all too casually, and so it may not seem serious when it really is. And when people do talk about serious suicide, the other person don’t really know how to listen and talk to them to get help.

Thank you for your comment. It’s a lot of hard work and coordination working with Hoong older adults so I really appreciate the feedback. Through the years of working with the Hoong adults and mental health, I’ve found that we must get really creative to find overlap ad/or build bridges between the traditional mental health 'box' and the Hoong mental health 'box' since the concepts of wellness are different, especially for traditional Hoongs.
What are your thoughts on these suggested materials?

WORKGROUP DISCUSSION

What are your thoughts on these suggested strategies?

- Based on a model by Sutter Health Mental Health, it was suggested to create a network of Hmong clinicians, elders and educators about suicide prevention so they can take the info and reach out to everyone else.
- There was a number of Hmong Access radio shows and Hmong radio stations all over California and several of you suggested that radio might be an excellent source to reach the older Hmong generations as there are several popular Hmong programs (e.g., on OAM 102.5 in Sacramento).
- I do not believe that we have enough resources to create a TV spot, but I wanted to include it for discussion. A suggestion was to create TV ads using Hmong teens and young adults and to promote the ads on platforms that the younger generations most like social media sites and YouTube and to run them on Closing TV, a local station which airs Hmong news and entertainment programs throughout Sacramento, Stockton and Fresno.
- One participant stated: Hmong Youth would be most beneficial because they are leaders of tomorrow. If a youth is identified and referred for services in Sacramento County, their family (parents, adult siblings) are involved to assimilate the situation and this is an optimistic time to educate everyone about suicide. I wanted to note that we are developing an online ed campaign reaching 10-15 youth specifically, so we might not need to duplicate these efforts. If we did want to focus on Hmong youth, we would have to brainstorm about ways we can reach them through the state.

PRIVATE FEEDBACK

7 COMMENTS POST COMMENT 
[COMMENT FRAME]

MAY YING
February 18, 2012 - 2:29AM
I favor all of the options presented because of how we are tackling this issue. Suicide is a norm in the Hmong community but mental health and prevention education is a new concept and methodology. We don't know what will take off but one thing is for sure, we have to begin to plant these seeds for the community to get involved and receive information. If we waste precious time in the limited resources that is available, I would take the time to work with the youth first and then the elders. Therefore, if we can continue to work with youth programs within the schools we have these usually are a support structure and thus moving on to work with the school counselors. I think we can build these aims in the future.

MAY YING
February 18, 2012 - 3:29AM
I favor all of the options presented because of how we are tackling this issue. Suicide is a norm in the Hmong community but mental health and prevention education is a new concept and methodology. We don't know what will take off but one thing is for sure, we have to begin to plant these seeds for the community to get involved and receive information. If we waste precious time in the limited resources that is available, I would take the time to work with the youth first and then the elders. Therefore, if we can continue to work with youth programs within the schools we have these usually are a support structure and thus moving on to work with the school counselors. I think we can build these aims in the future.

I think the data is too broad to generalize to the Hmong community. This has always been a problem in California, especially since we have such large and diverse Asian and Pacific Islander community.

I think when we had that one year with so many youth suicide in Fresno, there was something that was passivated but it’s been a few years and I do not recall any specific study that came out of it. I wonder if anyone is from Fresno in the group that could shed light on the event in Fresno and where they are now?

Having worked with Hmong youth and adults over the last 10 years, I have anecdotal examples as a frame of reference. Through the Hmong Women and Men groups, the kids - mostly middle and high school students, suicide was a major concern. The concern came out of the various discussions on race, identity, inter-generational conflicts with parents and a changing Hmong culture. Mental health was also a major concern which was evident through dialogues and social media postings. The kids were concerned enough to put together a mini-project talking about suicide.

When I was at Healthy Start, working with school social workers, teachers, parents and students, a majority of the kids that were referred for services had some form of suicide ideation manifested in the arts, through cutting, and disclosing to the social worker.

Older adults are difficult to gage but again, anecdotally, we see it in the media where multiple murders, suicides have been committed. But within the last six months, there must have been at least three murder-suicides that happened. Of course, these are not specific to California, but it’s more in the Midwest but it still happened in the Hmong community. For more information on this, perhaps looking at local women shelters or the Asian Pacific Islander Health Forum.

It is broad data and I honestly don’t think that Hmong teenagers/adults contemplating suicide would share those kinds of thoughts openly. I think it’s even more rare for an adult to.

If I had to guess, I think that the middle- and old-aged Hmong population, such as the Vietnamese war veterans and those that are disabled and don’t speak English, are at highest risk for suicide. Many veterans suffer from PTSD and are uncertain of where to seek help, so they don’t. Middle-aged immigrants have a hard time finding work due to the language barrier, and they have an even harder time acclimating.

So I think that Hmong teenagers are at high risk for suicide because of acculturation and the psychological clash it creates between the families and cultures and elders, and following cultural norms and beliefs that are taught in school and society. Relationship issues and mental health are also big factors.

I don’t have any studies or sources, but I can Google scholar it and get back to you. ->
prioritize due to the limited resources that is available, I would take the aim to work with the youth first and then the adults. Therefore, we can continue with youth programs within the schools were there currently a support structure and then moving on to work with the AII and council, I think we can build on those aims in the future.

Jana_SocialM4e... November 1, 2013 - 6:26pm
Thank you, this is helpful!

j_kang.hk November 3, 2013 - 9:53pm
Hi all, in other words and efforts this as a school-wide suicide prevention campaign, radio ads (or not strictly) would be a lot better. Not all cultures are independent and their ads that are specific geared towards the Ether, youth, etc and the ads can run all throughout the day throughout the campaign. For example in France, the Hmong radio station is "Ban" which is for Hmong products on 4 pm to 6 pm. Another highlight is that many Hmong families can listen to the radio programs online. They do not need the phone. TV ads would also be as effective and families can watch this channel online here too: http://www.hmongnetwork.com/index.php action.php

Thanks for clarifying that there is an API Youth outreach campaign already in place.

myung October 31, 2013 - 8:58am
Another thought... I really liked the approach the was used recently to raise awareness in the Hmong community about domestic violence, but I don't know how feasible it is to do something like that for suicide prevention. I felt it was effective in getting the message out in the community because it seemed to get people talking about the issue (even the Hmong community) by using the internet. The key, I think, was the fact that this was a band for the forum that happened in the Hmong community across the country was pretty controversial and well known to everyone in the community. The Hmong community is so close knit and news spread so easily and fast via word of mouth and new social media. (ps, if only we could spread good information on suicide prevention that easily and fast).

Jana_SocialM4e... October 31, 2013 - 11:42am
Can you provide a little more background on the approach?

myung November 4, 2013 - 12:09am
I don't know the details to how the forums were organized or set up, which is why I wondered how feasible it is. You don't know if anyone has more info? All I know is there was a DV tragedy in the Hmong community where a husband murder his wife. The case became well known, and spread in the Hmong community. I think because controversy emerged about who should arrange and pay for the funeral expenses based on Hmong cultural traditions. I raised attention to DV issues on the Hmong community and also sparked a nationwide effort in the Hmong community to reduce DV. Forums were held in different countries during the memorial service for Fa Nau to raise DV awareness and bring light to some Hmong cultural beliefs and traditions that may perpetuate DV. Hmong DV hotline info was given at the forum. I didn't attend but clients came back and told me about the hotline, which made me feel that the efforts have at least helped raise awareness about the hotline and get people talking in the right direction. The people who I know attended the forum in Soto attended though, not because they wanted to learn about DV, but because it was a memorial service dedicated to this girl that they've heard so much about and because it was put together by Hmong leaders they were familiar with (it sounded to me to be the same group who put together efforts to support Gen. Vang Fox when he was in jail... for this effort, I was thinking maybe piggy back on recent suicides in the Hmong community to raise suicide prevention awareness. There was something circulating on Facebook about a Hmong girl committing suicide in Denver not too long ago. I didn't click on the link because it appeared to be a video of the actual suicide. I heard she was the daughter of a famous Hmong singer. Here's a quick link: googled up on Fa Nau's Vae http://www.wn.com/home/audience/Domestic-violence-in-Hmong-community.html. There are also clips of Hmong news coverage highlighting some of the DV stories that were told in the forums on Youtube. (that was circulating on Facebook as well) - try Hmong Domestic Violence search on Youtube.
Workgroup Update

Dear Workgroup members,

As we continue with the development of suicide prevention materials for the Framing community we recently partnered with The Framing National Development organization in Framno to select the best media options to reach this community, purchase media, and develop and test all the necessary content for the media options (radio and/or TV). In addition, this organization will facilitate a focus group with Framing community members to review the media script and suicide prevention outreach test card as well as distribute and share the Framing suicide prevention outreach card and other printed materials during outreach activities and make them available to organizations in the state reaching the Framing community.

We are excited about this partnership and look forward to sharing these materials with you soon.

Thank you.
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>County</th>
<th>Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheng Veu</td>
<td>Reach Out</td>
<td>San Francisco</td>
<td>I’ve identified with the LGBTQ community since my freshmen year of high school and believe I can contribute and offer input on material targeting LGBTQ youth. I was also raised in a household and community that spoke predominantly Hmong and understand the cultural and social hardships that arise with learning and speaking English as a second language.</td>
</tr>
<tr>
<td>Hazel Mouayang</td>
<td>US Navy</td>
<td></td>
<td>I would like to help others who may be struggling with issues that I may have dealt with in the past. Recently, I have volunteered with organizations such as Reach Out, CalMHSA, Human Rights Campaign, and other local non-profit organizations. As an active member in the LGBTQ community, I like to promote fairness and equality for all. I am of Hmong descent and although I can’t read the language, I do speak it. With my knowledge and overall experience, I know I will play a crucial role in this team. I also am a Sexual Assault Prevention and Response Advocate for my command.</td>
</tr>
<tr>
<td>Cindy Cha</td>
<td>Solsken Public Relations &amp; Marketing</td>
<td>Sacramento</td>
<td>I’ve been involved with the CalMHSA (California Mental Health Services Authority) campaign for the past year, working closely with members in the Lao, Hmong and Cambodian communities to help reduce stigma and discrimination. Our goal is to develop and implement common strategies and programs that can help the community reduce stigma and discrimination against mental health. We’re working with community based organizations throughout the state by holding public mental wellness forums and providing qualified guest speakers to educate the communities. I’m interested in participating in this workgroup because it will put me in a better position to connect further with the community and work more closely with them whether through the mental health campaign or suicide prevention campaign. I read and write Hmong and can converse effectively as well.</td>
</tr>
<tr>
<td>Jenny Chang, LMFT</td>
<td>Dignity Health Medical</td>
<td>Sacramento</td>
<td>I am a licensed mental health practitioner in Sacramento. I am the primary clinician for the Hmong/Southeast Asian clients, and have developed cultural competency skills to gain an alliance to working with this very underserved and underserved community. I have also co-authored various journal articles about SE Asian mental health issues as well. I recently spoke on the Mental Health Forum at Southeast Assistance Center about the Hmong &amp; Depression.</td>
</tr>
<tr>
<td>Lang Fang</td>
<td></td>
<td>San Diego</td>
<td>I am bilingual and bicultural in Hmong. I am a mental health professional who has worked with refugee youth and families for over a decade. I believe that my experiences and insight will help the workgroup to be linguistically and culturally response to our diverse community.</td>
</tr>
<tr>
<td>May Ying, MSW Executive Director</td>
<td>Southeast Asian Assistance Center</td>
<td>Sacramento</td>
<td>I am a licensed therapist with Sutter-Yuba Bi-County Mental Health. I run and manage the Hmong Outreach Center out in Marysville to provide mental health services to the Hmong population in Sutter/Yuba Counties. We do a variety of things out here, including providing direct mental health services, outreach, prevention &amp; stigma reduction, education/consultation...whatever supports Hmong mental health.</td>
</tr>
</tbody>
</table>

**Know the Signs >> Find the Words >> Reach Out**
Appendix E: Focus Group Protocol and Consent Form

Focus Group Protocol

Introduction/Welcome

Introduction statement for the group: (Thank everyone for being present):

We want to welcome you to today’s focus group. The purpose of today’s meeting is to review materials to reach the Hmong community with information about suicide prevention. We will review media scripts (TV and radio) as well as outreach materials (tent card and magnet) in Hmong to reach the helpers, meaning someone who is in a position to recognize warning signs and offer support, NOT the person at-risk.

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

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

Background

Campaign background: The materials that will be created for the Know the Signs campaign are part of statewide efforts to prevent suicide and are funded by counties through the Mental Health Services Act.

SECTION 1: Discussion about Suicide Prevention

1) If you were concerned that a friend or family member is having thoughts of suicide, what information do you need to help you support a friend you are concerned about?
2) If you were having thoughts of suicide, who do you think would notice warning signs and reach out to you? A family member? A close friend?
3) What is the best way to reach the Hmong community members with this type of information? (For example, TV, radio, posters in a local store, brochures at church, community workshop or other.)

SECTION 2: Tent Card and Magnet Feedback

The language on the materials was created by May Ying Ly and Phen Ly from the Southeast Asian Assistance Center in Sacramento and we welcome your input to pass on to them.

In 10 words or less, what are these materials about?
Who are these materials trying to speak to? Who are they relevant for?
What are these materials asking you to do?
Are the designs appropriate for the Hmong community?
All of the information is in Hmong. Is this appropriate?

SECTION 3: Review TV and Radio script

Handout copies of the TV and radio scripts and give participants a few minutes to read the scripts:

In 10 words or less, what is the TV spot about?
Who is it trying to speak to? Who is it relevant for?
What is it asking you to do?
Segment 1: (Male in 30s as helper of other male): Is this the appropriate person to recognize warning signs in another man? Is the statement believable and “real”?
Segment 2: (Female as helper of teen/young adult daughter): Is this the appropriate person to recognize warning signs in a youth? Is the statement believable and “real”?
Segment 3: (Son as helper of older adult): Is this the appropriate person to recognize warning signs in an older adult? Is the statement believable and “real”?

*Thank everyone for participating and hand out gift cards*
Know the Signs Campaign
Consent to Participate in Focus Group

You have been invited to participate in a focus group to inform materials for the statewide suicide prevention social marketing campaign Know the Signs. The campaign is funded through counties by the voter approved Mental Health Services Act (MHHSA) (Prop 63) and administered by the California Mental Health Services Authority (CalMHSAS). You were selected as a possible participant because you are Hmong and speak Hmong.

PURPOSE
The purpose is to help us understand how we can reach the Hmong community with information about suicide prevention and to offer feedback on printed materials.

PROCEDURES
If you choose to participate, you will be asked to participate in a group discussion about the outreach needs in your community and about the appropriate strategies to reach members of your community. This type of group meeting is called a focus group. The focus group will last about 1 and 2 hours. The focus group will not be audio-taped and no identifying information will be collected. There are no right or wrong answers to the questions that will be asked in the group; the important thing is for you to share your experience and opinions.

POTENTIAL RISKS AND DISCOMFORTS
We ask that you share only as much information as you wish. Other people in the focus group discussion will know what you say.

POTENTIAL BENEFITS
Your answers will help the Know the Signs campaign to develop culturally appropriate outreach materials for the Hmong community. You will receive no direct benefit from being in the focus group although you will be compensated for your time.

COMPENSATION FOR PARTICIPATION
You will receive a gift for being in the focus group that is worth approximately $25 in value. If you decide to leave before the focus group is over, you will still receive the gift.

CONFIDENTIALITY
Your identity will be unknown. We will not disclose any information that can be identified with you, nor connect your name to any information we present.

PARTICIPATION AND WITHDRAWAL
Your decision whether or not to participate will not affect any services you now receive or will receive from the Hmong National Development. If you decide to participate, you are free to discontinue participation at any time. You may choose not to answer questions that you do not want to answer. The facilitator may withdraw you from this meeting if circumstances arise which in the opinion of the presenters warrant doing so. If this happens, you will still receive the gift for being in the focus group.

QUESTIONS
If you have any questions or concerns about the focus group please feel free to ask now. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights, or remedies because of your participation in this focus group.

Your signature indicates that you have read the information provided above and have decided to participate. You can keep a copy of this form.

Name of Participant __________________________ Signature of Participant __________________________ Date __________
Appendix F: Recruitment Flyer

Know the Signs >> Find the Words >> Reach Out

Pain Isn’t Always Obvious

Suicide Is Preventable

Workgroup Participants Needed
Contact: Jana Sczepanski-Jana@yoursocialmarker.com - 858 740 4381.

The Know the Signs suicide prevention social marketing campaign is looking for workgroup participants to assist in the development of culturally and linguistically competent materials. Please recommend yourself, a colleague or community member. Responsibilities include:

- An estimated time commitment of 10-15 hours between July 1, 2013 and September 30, 2013.
- Participation in one-on-one phone calls with campaign team members.
- Participation in conference calls as needed.
- Provide input and review creative materials.
- Assist with the development of a distribution plan.

We are looking for approximately 5-8 participants in each workgroup. Participants who are selected will be compensated for their time with a $300 stipend.

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Title (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization (if applicable):</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

Briefly describe your qualifications for this workgroup and why you are interested in participating:

We are looking for individuals with experience working with or conducting outreach to these different groups. Please mark which of these 11 workgroup(s) you are interested in:

- African American
- API Youth
- LGBTQ Youth
- Low literacy Spanish-speaking individuals.

Workgroups for the development of materials reaching individuals who speak these languages:

- Vietnamese
- Tagalog
- Cantonese/Mandarin
- Hmong
- Khmer
- Korean
- Lao

The Know the Signs campaign is part of statewide efforts to prevent suicide, eliminate stigma about mental illness and improve student mental health. The Know the Signs suicide prevention social marketing campaign prepares Californians to prevent suicide by encouraging them to know the signs, find the words to offer support to someone they are concerned about and reach out to local resources.