



## TICP – Episode 53 – Suicide Prevention: Reflecting on an award-winning campaign (Season 6, episode 05)

Katie [00:09]

This episode of The Internal Comms Podcast is brought to you by the AB IC Health Check. This is a brand new, free online tool for evaluating your internal comms activities. Now, you've probably seen – you've probably used – these online diagnostic tools before. Let's be honest, they can be a little lightweight, rather rudimentary, not always worth the effort of completing. We wanted the AB IC Health Check to be genuinely useful. So, we designed it to be thorough. How does it work? The tool takes you through a series of questions in six categories: insight and understanding, strategy and planning, channels, content, measurement, and professional development. Now my advice is, don't rush through these questions. Make time to sit down, with a drink of your choice, and work through your answers. You'll need a good 15 minutes. At the end, once you've entered your details, your bespoke report will land automatically in your inbox. This will give you an assessment of where you are today in terms of your internal comms activities. Plus, the report will be packed with insight, advice, and practical hints and tips for what to do next, whether you're ahead of the game or just starting out. So what are you waiting for, head over to AB Comm – A B C O double-M – .co.uk forward slash health (<https://abcomm.co.uk/health/>). Get a free, fresh, expert assessment of your work and take your internal comms to the next level. That website address again. AB Comm – A B C O double-M – .co.uk forward slash health.

Welcome to The Internal Comms Podcast with me, Katie Macaulay. The aim of this show is to inform, inspire, and generally energise the internal comms profession, all in an effort to help organisations improve the way they communicate with their people. Now, a few weeks ago, I had the privilege of judging the National Health Service's Communicate Awards. These celebrate the amazing work of communication teams across the UK's public health sector. And, I should add, many of these teams are doing amazing work with very limited human and financial resources. The judges in my category, Internal Comms, saw an impressive array of work. But there was one standout winner: a bold campaign dealing with a sensitive yet vitally important issue. The campaign is called Check-In, and its goal is suicide prevention. And all of us as judges felt that it had no doubt saved lives.

According to the World Health Organization, more than 700,000 people die to suicide every year. That's one person every 40 seconds. Suicide is a complex issue in much of the world. It is a hidden, stigmatised tragedy that many of us find hard to even talk about. But the Check-In campaign is designed to change that. It was launched for the 100,000 colleagues of the West Yorkshire and Harrogate Health and Care Partnership here in the UK. This partnership represents a diverse range of public sector, community, charity, and voluntary bodies, all involved in health and social care. So, what can we learn from this exceptionally effective campaign? I asked two of its chief architects, Karen Coleman and Naomi



Sutcliffe, to share their insights and experience of designing, planning and delivering this campaign. Now it's worth saying the campaign's resources are all publicly available. The links you need are in our show notes at [AB comm.co.uk forward slash podcasts that's A B C O double-M](https://abcomm.co.uk/podcasts/) (<https://abcomm.co.uk/podcasts/>), and indeed you'll hear Karen invite you to still with pride in the show.

So a quick word about my two guests. Karen has spent a 25-year career in marketing communications. She has delivered strategic communication and engagement strategies for CEOs, politicians, executive boards, government departments, and business executives. This award-winning comms professional has formal training in marketing, media, public relations, and is proud to be the Associate Director for Communication Engagement for the West Yorkshire Health and Care Partnership.

Naomi Sutcliffe qualified as a nurse 27 years ago, and has amassed a wealth of experience in the mental health sector. In more recent years, she's moved away from frontline nursing to more overarching project support in suicide prevention. She also undertakes incident investigations for the National Health Service. And she'll explain more about that part of her job in this show.

Now, even if suicide prevention is not on your comms agenda, I hope Karen and Naomi's advice and insight is helpful to you as you consider your approach to designing, testing, and delivering your next campaign. So, without further ado, here's Karen and Naomi.

**Katie [06:17]**

So, Karen and Naomi, welcome to The Internal Comms Podcast. It is an absolute pleasure to have you here. So, to help listeners get to know you both a little bit better, Karen, why don't we start with you? You are the Associate Director for Communication and Engagement for West Yorkshire Health and Care Partnership. What does that role actually involve, in practice?

**Karen [06:49]**

Yes, so I'm really privileged actually, to work in that role. I feel very proud to be part of West Yorkshire Health and Care Partnership. And what the partnership is, it's made up of organisations such as the NHS, all the councils across Yorkshire, health watches, some of the community social enterprise sectors, lots and lots of charities, hospices, the list is endless. Anything you can think of to do with health and social care tasks are part of our collaborative effort across the Partnership.

**Katie [07:18]**

Wow. So how many people, then, could that be in total?

**Karen [07:22]**



At present there's 2.4 million people living across West Yorkshire, and 20% of them are people from ethnic minority community. So we're really, really proud to be part of a rich and diverse community. So, we at least employ over 100,000 colleagues working across, in hospitals, in councils, in the village community sector, hospices, all them things I've just talked about. But of course, on top of that, is our unpaid carers, so they're really super important. People who look after loved ones every day of the week. And there's about 325,000 carers across West Yorkshire, and then of course the volunteer sector and all them volunteers. So we're huge. We're a big Partnership, very big Partnership.

**Katie [08:08]**

That's massive. Talk to me a little bit about your background and experience because I noticed how well qualified you are. You have a BSc in Behavioural Sciences and an MSc in Marketing. I think both marketing and behavioural sciences are of interest in terms of disciplines to IC pros, because there's much we can learn from both of those fields. How does this expertise influence the approach you take to your work?

**Karen [08:39]**

So, the first thing I'd like to say really is I'm learning every day. I'm learning every single day. You might look at some of my qualifications, you know, you might think, oh, they're really impressive. But actually, it's my experience that I've got with working with colleagues over about 30 years now in communications and marketing that really makes the difference. So because I come from a, more of a psychology, sociology background, which was my first degree, I'm very keen that we don't do anything without research or insight at the heart of what we do, and then you wrap that up with a marketing communications perspective, when you look at a, campaign or messaging, and you make sure that at the heart of that, is that insight. Because without that insight, and just, it's just guesswork, isn't it? I like to think that we're very evidence based. You know, we put people's feelings and emotions at the heart of all we do, and to be able to do that we need to test that.

**Katie [09:29]**

Right. I am going to come back to all of that, because I think that's vital. And it's the reason this particular campaign has been so successful, I think. But we'll come back to that in a moment because I'd love to get Naomi's input, at this stage. You have a really intriguing job title, Lead Serious Incident Investigator and Patient Safety Support. Go on, tell me... What, tell me about that roll. Your background. What does this mean in practice?

**Naomi [10:00]**

The job in itself is one of the unfortunate aspects of kind of what might actually happen. And when people come in contact with health service, sometimes things don't always go very well. Sometimes, sadly, we, um, people die. And we will lose people who are under the care of NHS Trust. So, for over a



decade or more now, there's obviously a desire to learn lessons, from instances where people have come to harm, or there has been a death while somebody has been under the care of the Trust. So, the Serious Incident Investigator is someone who will investigate the care and service that has been delivered to a person. Normally, these are individuals who are currently receiving care or have been in recent receipt of care of NHS Trusts. So that's the job in itself. But my background actually is a mental health nurse. So background, I've been doing that job for, what, 27 years now. And what brought Karen and I together was I was actually doing two days a week as a secondment into the regional work for suicide prevention. And I was Project Support at that particular time.

**Katie [11:04]**

I just want to ask one follow-up question here. Because it strikes me that you are on the very sharp end of something in the corporate world, we talk about quite a lot. But often, somebody hasn't actually come to harm, but we do do lessons learned, you know, we do do that investigation of what could we have done better? What can we learn? From your perspective, what's the key to success, to get learnings out of a difficult incident?

**Naomi [11:36]**

The biggest keys to success that I have found when in this particular role is actually engagement with families. So it's very, very similar to what Karen was, you know, reflecting on is actually having the individuals who have, who have lived that experience, really. The complexities that come with something such as, you know, an event such as a suicide, they're multifactorial, there is never a case of being able to put your finger on, on one thing. But the biggest thing about anything that I do in my job is that they are, these are people. And it was somebody's brother or somebody's sister or someone's mum, though, you know that's, that's passed. And what we, certainly my Trust and organisation do, is take a lot of time to listen to families, to hear the questions that they've obviously got about the care and the treatment that their loved one or family member or friend, you know, received while they were under the care of our Trust.

And I would say that they are the questions that are the best if there is such a thing as a best question, because they move beyond what we in our industry are so used to hearing and the language that we're so used to communicating with. Well they're just, you know, they're people. They're just people who love the person that died. And they usually do pose the best questions, because they are questions that aren't in keeping with what we're usually used to, they stretch us. And they make us think differently about things and they make us look at whether or not we are fully inclusive and whether, you know, we're thinking about things beyond that, that task or that role and responsibility.

**Katie [13:06]**



It's making me think, actually, that when we do it in the corporate world, we should be asking some of the questions, because, should come directly from our hearts, not just our heads maybe, about what we've experienced. Thank you for that, Naomi. So, let's talk about this Check-In campaign, this award-winning Check-In campaign, which stole the show in the category that I was lucky enough to judge. To get into this, it would be great to understand what led up to Check-In. I read an article recently, I think it was figures published by the National Office, the statistics that show in your region. So, Yorkshire and Humber, you had the highest suicide rate in England between 2017 and 2019. Plus suicide statistics amongst healthcare professionals, I mean, they're shocking. Particularly female nurses but, I mean, you can tell me more about this. Can you just talk to me about the catalyst for this campaign? What led up to it?

**Naomi [14:09]**

Yeah, I would say that what you've read, obviously, is tragically true. And that, but we obviously have had a West Yorkshire-wide suicide prevention strategy that was launched in 2017. And what we were looking at then obviously was a collective, a number of years of the, the understanding around individuals who've come to die by suicide across our region. And that driving force to want to understand who our people are, and how they are coming by dying by suicide, the things that influence you know, those, you know, those numbers. But ultimately, those numbers are not just numbers, those are people. And we want to understand more about those people and what we can do to obviously prevent harm to suicide. In, in keeping with obviously looking at this and the connection to the Check-In campaign was obviously the Office for National Statistics will quite often look at background of individuals including ethnicity and obviously age and, and basically they've got the information to hand, data isn't always consistent. Occupation. And obviously the occupation element is, is the focus of the campaign because we're looking at incidents around suicide within doctors, medical professions, and certainly incidents of suicide amongst nurses. Tragically, we've kind of always known that they're, they are high-pressured jobs, they're high-demanding jobs. They're unsociable jobs that cover day and night, they can be high-paced jobs with high adrenaline behind them as well. So, all of these factors do obviously contribute to making, um, people within the health industry, but beyond the health industry, as well, a little bit more vulnerable. We're exposed to a lot more trauma, I think, in terms of what we hear and what we witness, and what had the, the individual's story, stories that we encounter.

The statistics that we obviously use, the evidence base that comes from that, a lot of that comes from the National Confidential Inquiry into Suicide and Homicide. And they did a report in 2020, particularly around the, the incidence of suicide in nurses. And they go back six years looking at the, the occupation, profession, and identifying that nurses, female nurses, particularly had a much higher rate of suicide by occupation in comparison to other females. There's something like 71%, so there was another, you know, near 30% of males as well in the industry. And doctors are two to four times more likely as well to die by suicide. But I think the challenges lie beyond, obviously, they need to be kind of focused in the



prevention, the upstream, you know, what impacts people to unfortunately come by ending their life through suicide.

### Karen [16:49]

I think it's important to note there, Katie as well, is that, this isn't just a death that impacts on people working in health and social care. When we actually brought together public health consultant, consultants, specialists in public health alongside people like Naomi, it was a wide range of factors. And there was a lot of target groups, and we could have actually targeted this campaign. So, for example, we know that some people in manual transition work who work away from home and drink, sometimes gamble, sometimes their suicide rates are higher. And we know that rural communities like farmers, in at the height of that, then they they have that on their mental health and their concerns about their finances. And so there's some numbers there. It was really important, actually, that we brought everybody together to actually look at who we're going to target, because this isn't a one-size-fits-all approach, really, because it impacts on so many.

So, what was really interesting to me was that this was post-Covid, you know, the original work around this. And when we took our plan to our big executive group who covers all the health and social care sectors, we gave them a choice, if you like, of a target group of people across West Yorkshire, because our suicide rates are high, of who would they like us to target this piece of work at? And you know, we're all very bold and very, very brave and we're all very clear. Let's start with staff. Let's start with staff. So we brought together an inside group made of people like suicide prevention specialists, people from Samaritans, and public health colleagues, colleagues from councils, colleagues from Healthwatch, who all brought their experience of suicide into one place. And as that project group developed, it was such an amazing group of people, we wanted to test what their needs were, and their own thoughts were on that. And so we did a sector and focus groups and insight groups with health and care colleagues from across all sectors in West Yorkshire. That includes, some of them included care home workers, some included doctors, some of them included nurses, and then people who work in councils. And we did a very focused use of work to ask them their views and experience of suicide. And what we tend to find really when we look back from that was those who attended the focus group actually had been impacted by suicide, or had had moments in their lives where it's been something that had actually crossed their mind.

And, and, you know, even today, you know, when you look at some of the findings from that report, I still catch my breath. I still catch my breath. Because we're all living and working alongside people. Where these feelings of suicide are everyday reality for a lot of people we walk past in the street, we talk to in a pub. You know, we, you know, we speak to in meetings, and we would never know it. We would never know it. And, and I think that was the momentum behind this campaign.



**Katie [19:56]**

It kind of opened up the conversation to realise, Oh my goodness me this, this is actually a really serious problem.

**Karen [20:03]**

Absolutely Katie, and so part of that was when they did, because what we like to do is, we don't want to waste the main bit on a duplicate effort, and we certainly don't want to evoke distress or emotion or feelings in people. So what we actually did was we had a set of, we asked our organization – have you ever asked in your organisation, your colleagues if they feel suicidal? Now, we talk about wellbeing a lot, and we talk about good mental health, and we talk about exercise, keeping fit and healthy. But have we ever been bold enough to actually ask the question when we know colleagues are struggling: are you feeling suicidal? When we got that little bit of insight back, no. Very few. Very few ask that question. And, um, and this is why training alongside the campaign is super important. Because we don't want to open up that question without people understanding what they can do to help people they work with.

**Katie [20:58]**

Yes. Well, I know you have several objectives for this campaign. But normalising the conversation was a really important objective at the heart of this campaign, wasn't it. To normalise the conversation around suicide and give people the language, permission, the confidence to actually ask that question you've just asked, am I reading that right?

**Karen [21:20]**

Yeah, and I think a lot of people, you know, we work alongside people to offer care and support to others. People I work with, you know, they're caregivers, and they're often caretakers. So, yeah, normalising the conversation, you're putting the emphasis on looking out for each other, checking on each other was very much at the heart of the campaign.

**Katie [21:41]**

So you mentioned there this diverse team of people that came together. Naomi, I know you were part of that team. Can you talk to me what it was like, being part of that team? And, I mean, as someone who's sort of specialised in the mental health field, did you actually find yourself learning things that you didn't know? Or was it just reinforcing experiences that you'd already had and your knowledge you already had?

**Naomi [22:07]**

I think you, you never stop learning. I'm with Karen on that one. And, and for me, the biggest part of my entire life has always been learning from individuals. You know, it's been a privilege to work in the mental health industry. And I've, you know, every single person that I have ever supported, when, you know, even



when I was frontline, and the nursing element taught me something. You know, you learn something about yourself, you learn something about your attitudes, what you bring to the table, your values, your beliefs, all of these, you know, these things impact, unconsciously, on how we perceive ourselves to be and the world around us to be. I think the biggest element of, kind of, the beautiful element of kind of being involved in a campaign that is in terms of Karen's is that you have somebody who, as dynamic and as driven as Karen is, that sheer determination really to bring as many different people from as many different backgrounds with, you know, multiple experiences around something such as sensitive suicides. Because it is a sensitive topic, undoubtedly, and everybody is always very much aware of the language that you use when you're talking about a loss to suicide. And, particularly in our industry, because we are using the Office of National Statistics, we talk about data, but they you know, behind that one, that one in that number is a person. Behind the title of an occupation is a sister that you know, that's been, that's been lost to suicide. So yeah, I mean, being part of this was, was, was really, it was really interesting. It brought multiple different perspectives. And as a professional, you get stuck, I think, in listening to the language that is automatically used within your roles and responsibility. When you bring somebody to the table who's actually just, you know, they're, they're a person. They live at an address, the same as we all do, but they just, you know, they've lost somebody three years ago to suicide. Then there's a difference. There's a listening element involved in this project, you know, that really makes you stand up really makes you want to kind of be present at all time, and be mindful to how you're, you're projecting your thoughts and your ideas back on somebody.

**Katie [24:13]**

Connecting you in a deeper way to the objectives of what you're doing.

**Karen [24:18]**

When you give your focus search, we're really keen not to make people more distressed. After the focus suit finished, and the conversation ended. So, we actually brought people who come from Samaritans so they would stay on the call after, and they'd be their to talk to afterwards in a confidential way. And then, then another project member brought from platform law. And which is obviously platform law is on a train station which is one of the highest areas of suicides, and he came in and he brought tremendous insight, tremendous insight. These small grassroots community organisations really know their stuff. Really know their stuff don't they.

**Naomi [25:03]**

Yeah, fascinating. Fascinating, and privileged to work with them.

**Katie [25:05]**

What's your advice, Karen, to, sort of, other comms teams? In terms of gaining insight? How do you gather insight? How do you get the best insight? Are there any kind of hints, tricks tips for this?





**Karen [25:20]**

I think it's, to me, it's all about co-production. And we often in marketing turn and talk about co-produced, co-created, but are we really co-producing? Are we really co-creating a campaign that puts people at the heart of that? And we're not big a corporate business, you know, we have limited resources. It's public sector money, we have to be super careful with that, it's taxpayers' money. So, to me, really, it's all about getting that co-production right from the beginning. Getting the right expertise in the room with the relevant expertise and skills, obviously, making sure that people are talking from their own viewpoint and those who've actually been in crisis in their life really. So, I think, at the very beginning, it's about getting your, all your evidence together, looking at what you already know, where there are gaps and testing. Testing, testing, testing, all the time. You know, right from the key messages, we heard right through to the campaign visuals right through to going back checking again. It, does this make sense to you? Just have we done a good job of trying to get over what you really wanted is to say at the heart of it? And yes, so to me, it's all about co-production, but meaningful co-production.

**Katie [26:33]**

Yeah, delivering on that promise. So, did you – did you go back to use those groups again and again in that testing? Is that how you did it?

**Karen [26:42]**

Yeah, we went back, we developed the messages together. From the insight in the focus groups, the campaigns also went back out to the focus groups, which is bigger than the project group. We tested that much wider with our comms working in communication with our leadership group, making sure people felt comfortable about what we were doing. We set up a website and lots of resources. We also made sure that people knew what local help was available, what help was available within their own organisations and at a West Yorkshire level. For example, with staff mental health and wellbeing, there's a lot of resources and there's a lot of support out there. But part of that I think was really a big push, when we launched on Time to Talk Day in February 2021. The big push for us was getting people training, giving everybody that little bit of insight and help to be able to hopefully prevent suicide. And we heard stories like that, you know, didn't we Naomi? We heard stories that how – you know, how people were really pleased with, took the training, 20 minutes, you know, female suicide training. All you have to do is just be able to help spot the signs. And then we heard people say that they'd use that training and they wouldn't have done the training if we hadn't have done the Check-In campaign.

**Katie [27:59]**

Do you want to talk to that, Naomi, in terms of the, the impact you think the campaign has had?



### Naomi [28:05]

I would hope that it will continue to grow. I don't think that this is the, you know, that there's something that, that you can kind of just tick a box and say, Oh, we've done that. That's brilliant, you know, the ambition is that we get the message out, but actually 20 minutes and Zero Suicide Alliance training, can help, can help save a life. It's a short element of somebody's time to take out, it's well validated, you know, really well rated 20 minutes training programme. And what its aim is, is to highlight, you know, the, where you might be able to see or notice change in somebody and actually how you broach that, you know, that conversation. And what Carol was talking about in terms of kind of like, having the people around the table kind of working towards this campaign, wasn't just about raising the awareness and kind of saying, No, you know, we really want to raise the awareness of suicide and the risk of suicide in all of us. What we actually want to do is raise that awareness, but we want to kind of give you something as well. So that's, do the training and, and these are the resources. Because I think quite often in the deepest of people's despair and distress, it can feel as if there is nothing else out there, it can feel as if everything is hopeless, and is worthless, and that there's nowhere you can go and there's no one who will listen. And I think fundamentally, behind the back of this, it was to make sure that people knew that actually there was always help available. Always. And sometimes people need a helping hand. So just by actually doing that training and actually recognising that something might be different, there's a little bit of change in there, ultimately to break down that fear of asking that question. Because I do think that there is still unfortunately a stigma attached to, to suicide, and there's fear attached to actually having a conversation with you know, with somebody around suicide such as if I mentioned suicide is it going to put the idea in their head? They're already distressed, I wouldn't want to be responsible for that. And yet actually everything, such as the Zero Suicide Alliance, but although internationally recognised training programmes, I've done a lot of work about demystifying that. That you will not create the idea of suicide in somebody by asking, Are you suicidal? Much more clear and direct questioning with somebody as well, I've noticed that, you know, there's something different, something changed and you're not your usual self. It helps really kind of open that dialogue. It helps watch and observe how individuals might interact with somebody. And there's a lot, so kind of like on scenarios in the training programme as well, such as the taxi driver having a conversation with a young woman who's in the back of the cab, who's come without a bag or a purse or anything personal, or a jacket or a coat, you know? And then how he broached that conversation about, are you, are you really okay? Are you really okay? I'm worried about you. That we all, it doesn't matter does it, what role or responsibility we've got or whether or not we're just people passing somebody by on the streets, have an opportunity to perhaps provide an intervention that might save a life. And that's the message behind the training. And certainly, it's fundamentally the message behind the Check-In campaign, irrespective of whether or not it's about people working in and across our industry.

### Karen [31:08]



Yeah, and I think what was really helpful Katie, you noted about, this has got to be embedded within organisations. It's not just to be a campaign, it's to become the normal part of working alongside. And so what was really important for us is that we have HR conversations and we have organisational development conversation, especially with the organisations like big hospitals who employ thousands of staff, and our big councils who employ thousands of staff. They have HR, they have organisational development, to be able to get into these resources, these prompts, these things that we can all do. Much more than just the training. How they embed that, and make this the reality of their inductions, and PDRs and, and then want to go on to normal conversation.

I think what was one of the big successes for me was that, you know, we talk about big organisations, and big HR departments. But, for example, a lot of care homes are very small, the family-run some of them. But yet some of the success, the real success that we experienced in the evaluation, actually came from the care home sector. And what they did was they'd really embrace all the resources, you know, all the promotional banners, all that contact details. You know, they really took them and made them their own, and adapted them locally to suit their local care home staff. And you know, with the help of organisations like Healthwatch going in there all the time. So, we're thinking it's easy for us to see the success of, you know, the bigger organisation yet some of the real success comes down from much smaller organisations. And we have well over 300 organisations to support this. And lots of organisations, actually, my favourite was one in France, there's one in France, who's adopted the campaign materials. And my other favourite was the Welsh Ambulance Service. And also down in Dorset, a bid to have a service down in Dorset. So, and that's what's great about the materials, you can take and make them your own. These are things we can all do. They're not just, not just relevant for the health and social care. They're relevant for everyone.

**Katie [33:20]**

We've talked a little bit about the importance of being evidence based, of lived experience and getting that insight and going back and testing and testing again. Talk to me a little bit about your approach to objective setting for campaigns and for this campaign, because I think we've touched on this, but it'd be good to understand how you approach setting an objective for a campaign because there's so many things you could have done with this campaign and all the campaigns, Karen, that you've run over the years. You must have thought, Well, there's 17 different objectives I can hit here. How do you hone down and decide what your objective actually should be?

**Karen [33:54]**

And I think there's always a little bit of mission creep, isn't there in any campaign development. You start up with an objective or a target audience, then you talk through and then want another target audience. And then they want another objective. And I think he, he, to anything that we've tried to do together, is that very clear who the target audience is. And then we think about the target audience,



and then we think about the objective and how we're going to actually reach that target audience. And we don't, we don't delve deeper. You know, and the amount of careful people and, you know, Naomi will remember. Do you remember, Naomi? We used to have conversations. What about veterans? And, of course, veterans is so important, but and then, and then, What about this target group? And you've got to be in the nicest possible way, you've got to try and steer that and keep us on the objective that we've got. We don't have, you know, unlimited resources, and we want to evaluate. So to me, objectives are about very clearly, who your target audience is, who you're going to reach what outcomes you want to get, and most importantly can we evaluate that? Because otherwise, it could be seen as wasting public money. And that's something we don't want to do. But most importantly, we're producing is, missing an opportunity to get it right if we diversify too far.

#### Katie [35:11]

Right. Yes, absolutely. By trying to please everyone, you end up pleasing no one that old problem. Let's briefly touch on evaluation, as you've just, as you've just mentioned it. As judges, we felt that it was very likely that you had saved a life through this campaign. But we felt that, and we knew nothing other than the materials you'd given us. Because we had to be objective in that way, and I had no experience of it directly. So, in some ways, asking for kind of return on investment seems a bit of the wrong question, because if you saved one life, surely it's got to have been worth it. But talk to me about how you decided to kind of structure measurement. And yeah, what were your targets I suppose for this campaign.

#### Karen [35:56]

You're almost crass, I think they're quite crass, and the stats around visitors to website, retweets, social media impressions, I think we all like to see them big numbers don't we. Because they're always impressive when you get into a million or 2 million, and it always makes you think, Ooh, we're reaching people, reaching people. But on a personal level, I think they're really super helpful, but I think they're quite crass. I don't really think they say what's truly going on behind the scene. Now the things that we did recently set up the website that so that anybody who came to the training was tracked from our website, and if they went on to do any, any form of the training, we could actually measure that. So, within the first couple of months, over 600 colleagues had took the training, so that, that was really helpful. And as Naomi was saying, you know, that various evidence that that training is really effective. So that was a good measurement for us. I think the other the other part of that was actually going back out to all these organisations, in different phases, and asking them for a partner evaluation. Do you know about it? What did you do with these campaign resources and material?

And so, you know, anybody who works in marketing comms, you know, everybody's super keen to get going with the campaign and then they may get a bit dulled after a few weeks don't they, then they don't fill evaluation in. So we nagged a lot. We nagged a lot. And we asked people to complete the, the phase one of the evaluation, about, and then phase two. So phase one was awareness, phase two is



educate. Is it making a difference? Phase three was, tell us the impact you're making. And phase four was the evaluation. So, we did a series of different evaluations. And what you got was that wonderful qualitative data that came to, when somebody's saying, a few people saying, I'm so glad I did the training, because I know, I know that they were at risk of taking their own life, you know, and lots of that, and lots of wonderful case studies. They're very brave people, very courageous people come and talk to us about how they've lost somebody they loved and how they'd done the training and how it had helped them move on. They knew that they could potentially save somebody like their brother, or their sister or their boyfriend.

**Katie [38:10]**

That's so interesting.

**Karen [38:14]**

So it's the qualitative stuff, I think, the project team are more interested in than the bigger numbers.

**Katie [38:19]**

Yeah, I always say the gold is in the qualitative. Naomi, do you want to add anything on in terms of what effectiveness looks like, as a clinician, how you measure effectiveness?

**Naomi [38:34]**

I think from the perspective of this campaign, what it, what it really has done, and certainly I think, from my position as well, because obviously, I'm looking at the more tragic side of individuals who have accessed a health service. That's only part of my role. My other role is to support leadership and development around bereavements and creating a bereavement standard for our organisation that's looking at how all our staff, you know, communicate with, with families, when someone has been bereaved, it's also about looking at us as staff members and how we communicate with one another when somebody's had a bereavement. And in addition to that, a little bit of leadership in terms of the internal suicide prevention. So that's all about how we are helping to grow suicide awareness, looking at the training and the development needs of all our staff in our workforce. And in the middle of that our individuals, our staff members, and the impact and the effect that suicide can have on them either personally or professionally. So, I think what this campaign has done, certainly for me in the way that I've kind of then took, you know, the work wider, is, it's been at the heart of a lot of the conversations that we've had. It's opened up the communication amongst our professionals, now champions in our organisation about how we are, how we're feeling. I think it came at that time, around the pandemic, where actually everybody was, well, everybody was exasperated, not knowing what to do for the best for any one of us, doing the best to follow rules and guidance that was obviously coming down the line. And while trying to do a job with multiple barriers that were actually in place because of, you know, something such as Covid. So, the impact, the knock-on impact that that's obviously had, I think this



campaign has held central to us making sure that we are checking in with one another. And for me, that's the main, that's the biggest element that's been taken forward from the campaign. It's an easy go to resource, you know, if if you don't, if you're not sure, still, that somebody is saying that they're okay, but I'm not okay. It's a really good go to resource as well just check it out, you know, give somebody the responsibility and the ownership of the thing. There's self-care, they've given us multiple opportunities to talk to somebody out here. And this Check-In campaign resource is a really good place to start, take a look, see what what options you've got. And the other element by is, it works across anyone and everybody. So as a clinician, in the beginning, I was sharing it with, with my colleagues, my peers, and just saying actually, that it works for anybody. So if you've got somebody who's in front of you, and they're struggling, they're feeling suicidal, there's multiple resources on there. You can guide them to just to get them to check it out. It works for each and every single one of us whether we are a patient or professional or just, you know, human.

**Katie [41:20]**

I must ask because listeners are going to want to know how much of this I can, I can share, and that listeners can take a look at. Do you have to be a member of the NHS? Or how much of it will listeners be able to take a peek at?

**Karen [41:35]**

To me it's there, it's there to be shared. It's public services, public money. It's all about the ethos is to prevent somebody taking their own life and to prevent that pain and hurt that people live with for the rest of their lives, when they've lost a loved one. It's there to use, and I think that what's great about public sector services, and our partnership, you know, pinch with pride.

**Katie [41:59]**

Pinch with pride. The only question I've not really asked you about is that is the creative because there's, it's bold, it's striking, it doesn't pu- ah, I was going to say pull any punches. But you know what I mean? It's in your face. Did you explore other routes? Or was that a very obvious design choice?

**Karen [42:21]**

Oh gosh, Katie, it wasn't easy. And Naomi, it wasn't easy, was it? And I think we have endless conversations, endless conversations about what people wanted and what people didn't want. And people want a splash of colour, people wanted it black and white, because it's such an impactful colour. And I think you know that, that was, that's what's been great about really, because having such expertise and support from Naomi. Because the last thing you want to do is make a situation worse, she was checking all our wording, alongside Public Health and other consultants, checking everything to make sure that it was sensitive. But yeah, so the problem why I remember seeing it, and then, even now it makes me catch my breath. Because we don't pull any punches. At all. That, that was the intention.



We've never asked people questions before. We need to get our act together and actually get to the heart of where this is happening.

#### Naomi [43:23]

Yeah. Yeah. And it was a real steep task to go against the traditional colours of the NHS, and you know, and, you know, the way that these things are corporately done. But I completely agree with, with Karen, we, we needed it to be bold, we needed it to be a statement we didn't want it to be absorbed into, into, you know, the classic blue and white of the NHS. It needed to stand out on its own as a campaign designed to stand out on its own.

#### Karen [43:52]

And I think what you tend to find is wonderful initiative, wellbeing initiative, the mental health, wellbeing initiative is that, you know, they they do the most imaginative creative graphics, with lots of pictures to encourage people to keep well, to keep walking, to visit and talk to friends. And I think they do an excellent job of wellbeing. This isn't about wellbeing. This isn't about wellbeing. This is about people actually dying from suicide.

#### Katie [44:21]

Yes, you were differentiating it very clearly. But it comes down to what you said before about being very clear on the objective and had you tried to be all things in this campaign, you would have ended up with that kind of wishy washy a bit of everything. By honing it in, your creative then became stronger, which is really, I think, really interesting. Any hints and tips for listeners who are thinking, Oh, I'd love to go against our corporate branding. I'd love to be a bit different. How do I get permission to do that? Do you seek forgiveness afterwards? Don't wait for permission. Karen, what's what's your advice?

#### Karen [44:56]

I think that's an excellent question. And I'm in a very fortunate position, because I work for a Partnership. So, I'm employed by the NHS and very proud and but equally as proud to work for the Partnership, which is more than just the NHS. So that gives us a little bit of wiggle room a little bit of wiggle room really. But I have to say, you know, sometimes, just sometimes, you have to get your support, get the momentum behind it, get mobilising it. When people see the intention is good. And just actually go with it. Just go with it.

#### Katie [45:28]

Be brave. Yeah. I'm also thinking that this is because this topic, there is a taboo around this topic. It's a sensitive one. It's distressing for lots of different reasons. The organisations may have a problem they don't even know about. Naomi, would this possibly be true? That if you aren't asking these questions, and they're not coming up in the average wellbeing survey, and no one's actually having these proper



check ins, because they don't know how to unless they've been through the training you've discussed and had the awareness of it. Could it be that organisations might be having issues they don't even know that they've got? Would that be possible?

#### Naomi [46:10]

Of course it's possible, that, if you don't ask the question they knew, you know, you don't know what you're dealing with in terms of your workforce. And I certainly know because of all of the research that have taken place over decades now is that the, you know, the stigma around something such as a topic around suicide, is very well documented. People, you know, still continue to write about that stigma. And I can have conversations with individuals who have attempted to end their life and talk about feeling ashamed of, you know, even broaching that conversation, when there was somebody in front of them. So undoubtedly, the best way of opening up the knowledge within any organisation irrespective of the background of the organisation, is to start to have those conversations start to ask the question. If you are aware of the fact that people are reluctant to engage in conversations about seeking help and support, even if it's just about the fact that they're using alcohol to help them sleep at night, and then they've gotten into a terrible habit, because now they can't sleep without it. You know, there's so much of an opportunity of earlier interventions that might prevent a suicide. So fundamentally, yes, this campaign is around obviously opening up that topic of conversation around suicide. It's ultimately aimed at suicide prevention. But beyond that, I think any organisation can take, you know, some, some learning from the way that we've approached it to consider, Do they have a really good measure on the whole wellbeing of their workforce? And how are they measuring their wellbeing of the workforce? Does it come into their questionnaires – in the last six to 12 months, have you ever felt suicidal? I would be very admiring of any workforce that had that in their wellbeing questionnaire, I definitely would do. And to be honest, without having mine in front of us for the NHS, I don't know if that's a question that's asked. Definitely always focused on positive health or wellbeing and, you know, taking care of ourselves and eating well, and sleeping well, and exercise and things like that. Do we ever sit down and say, so you're doing all that, but these, have you felt suicidal? People can still do all that and still feel suicidal. You know, and it isn't always associated with a diagnosis or mental illness. You know, suicide can affect each and every single one of us.

#### Karen [48:31]

And I think what's important Katie, is that when we look to this campaign, people bring their whole selves to work. If they've got suicidal thoughts, it might not be because work is stressful work. It could be they've got lots of things going on in their life, that, that is affecting how they're feeling. But we don't, we don't put different hats on. We don't put professional hat on, the personal hat. We bring our whole selves to work and we take our whole selves back out of work, and it's all one. And so that's why it's truly important to have these, well, these wellbeing champions, champion the suicide prevention work. Because then they go out and they talk to friends, communities and family. And I've actually myself, you





know, since working with people like Naomi, I've actually asked them would they, you know, I know they're gonna, you know, after actually training, I've actually said to them are you feeling suicidal? And it's a really difficult thing to ask. But yet, it's a very empowering thing to ask as well.

**Katie [49:33]**

Yes, yes. Thank you for sharing that, Karen. No, I can absolutely imagine that. So, a sort of final question for you both. In terms of anyone, not necessarily just from this campaign, specifically, but your experience around sort of campaign design, development, implementation. Any sort of any experience, hints, tips, takeaways you'd like to share with the world wider comms community on campaigns in general and designing award winning campaigns?

**Karen [50:08]**

For me, it's about it's not a quick fix campaign. It has to be sensitively done. You need to have information checked by professionals who've got more insight than a comms person might have. And don't underestimate the time it takes to create a campaign. It takes months, it can take years. To keep testing the visuals and information. That your insight is absolutely king. And have people's personal suits at the heart of the campaign is actually queen. So I think, I think if you can take all that together and get your messaging around, and then it reaches your audience.

**Katie [50:43]**

Just, just to start picking up on some that you've said there about how long it can take to actually embed a successful campaign. I'm wondering whether this is a problem, why some campaigns come unstuck. Because, you know, we're given a timeline, we're given a budget, and, Oh, it's going to be all done in six weeks. Do you see that happening a little bit too much? Have you seen that, Karen, in your career, that it's just unrealistic expectations around timelines?

**Karen [51:09]**

Yeah. So you know, rather than years, I've had people say, Karen, we need a campaign, and we need to launch it on the, I don't know, the 1<sup>st</sup> March and actually it's the 20<sup>th</sup> February. I've seen that a lot. I've seen that a lot. So, well actually, you need some communication. So you don't need a campaign, you need some communications, because it's a big thing. I think as well, with this one, if I remember rightly Naomi, I think we started talking about this properly around the March, April time, we had to gather wants to depart from the leadership because they're, they're the people of CEOs leaving their organisation. And we then came into Covid, didn't we, in the March time. And then, and then actually, we had a lot of conversations, do we continue with Covid, have people got time for it? And actually, there were different CEOs, and then the host just said, Get on with it, we need it more really. And then actually, we didn't launch until February. And that's not unusual. I've worked on a lot of insight-driven campaigns, and it can take about 10 months, if you're truly co-creating, it takes a good 10 months. But



what that does tend to, is that, it enables you to engage and mobilise on a regular basis so that when you do get to the great day when you launch your campaign, it has so much energy and appetite for it that people are already voting.

**Katie [52:34]**

Yes, that's interesting. You've already got, as you say, kind of like, yeah, a task force out there mobilised and ready for it, you're not just launching it cold into the world and wondering what's going to happen.

**Karen [52:47]**

In any successful campaign that I've been privileged to work on, on side or as leader, we've always done it that way. It's always been inside.

**Naomi [52:55]**

I kind of probably have said it on more than one occasion really about Karen, but I actually do think that you know, having somebody who is as committed, and as passionate and as ultimately driven as Karen is, makes, that makes a massive difference. And she talks obviously very much about the people that you know, that have come around the table and supported the the level of success that this has got, but at every single meeting and every single email and every single checkup and check in with absolutely everybody, Karen is, is a formidable driving force. I honestly do think that success reigns on the back of somebody whose level of commitment and their passion and their desire. And you can't replicate that. You really can't. But the beautiful thing about having somebody at the helm who is like that, is that it's contagious. I mean, you know, and that, that energy in a topic that is as sensitive as suicide prevention, I, you know, it can't go unnoticed. To be passionate and driven about something where there is so much tragedy and so much pain. You think they what they call it, it's a juxtaposition, but it's the beautiful juxtaposition because you kind of need it. And you know, and it helps with the voice of the individuals who have been lost to suicide, and it helps raise the voice of those individuals who are continuing to survive that bereavement through a tragic loss such as suicide.

**Karen [54:23]**

She's too kind, too kind.

**Katie [54:25]**

Well, it begs the question then, Karen, where does your passion and energy come from? Is that just something that is innate? I always wonder when I hear about inspirational people, I don't think you can be inspiring unless you feel inspired. So, I wonder where your passion and inspiration comes from?

**Karen [54:45]**



I think, on any subject matters such as this – if you can't get the point, don't do it. If you can't get the point just don't do it. I think it helps. I work with such amazing colleagues who empower you to get on. To do the right thing. And you know, from the CEO, all the way down to my colleagues I work alongside in my comms team, I think it is inspiring. And I think a lot of it's about being emotionally invested, you know, having the empathy. I think just wanting to do even the smallest bit that you possibly can in order to really help somebody. And I also think, you know, my statement that people continue to say and use that I believe that success comes in cans. Success comes in cans. So I do what I can.

**Katie [55:50]**

Permission to I have that on a t shirt.

**Karen [55:55]**

I've got a big sign here, you'll see in my office here. And I have, I don't know if you can see, but you can see that you can see it's featured, it says Success comes in cans. I do what I can.

**Katie [56:07]**

I love it. You men- you mentioned your team there, I think listeners might be interested to hear how big or small your team is?

**Karen [56:14]**

Very, I do work too hard. Because actually, we have a digital manager, Ben, who's amazing. And then we have an engagement officer called Janette. And then what's great, you know, is that what really makes a difference is, across West Yorkshire, we have a massive comms and engagement network. Our comms and engagement networks work out in the hospitals in the council warehouse. So, what that helps us to do with a big network of about over 100 correspondents. So, when we've got a really important campaign, we all chip in and we all promote it, get behind it and share it. And without then nothing will be successful. It wouldn't reach anybody.

**Katie [56:48]**

One sup-, I'm sorry to keep asking these supplementary questions, but you've just touched on another topic. I know a lot of listeners are gonna have informal networks of comms champions, correspondents, whatever they call, whatever you call them. Any hints and tips on creating a successful network? Because not all of these networks work.

**Karen [57:11]**

They don't. They become sticky bun clubs don't they. And I used to, I used to say, I'm not going to any more sticky bun clubs, when you go along and you have a cup of tea, a sticky bun, but nothing comes out of it. You know, and I think, you know, I think it's about collaboration, asking people for their views and



thoughts. Putting things on the agenda, setting trust people that co-produce everything with that company engagement that we're facing everything, they're engaged or invested as much as they can be alongside running the hospital, or whatever they might be doing. And I think it's about caring. I think it's, you know, I have a little bottom drawer. I'd pick it up but it's a bit heavy. But I have a little bottom drawer, you know, is that where, I've been back and I just put a button in when I've been kind to somebody. And then, but then, the naughty side of me thinks, well, there's a button in there that I've put in for you. And now you need to put that button or that, that piece of chocolate back into my drawer because, you know, I've done you a little favour. But it starts with, you know, saying, my nana used to say, you know, Make a friend before you need one.

**Katie [58:15]**

So much wisdom coming out of this show. We sometimes ask people at the end of this show: If you had a billboard for millions to see what would you put on it? You've just given us seven answers and I haven't even asked you that question. This has been a fascinating conversation, guys. Thank you so much. I'm just conscious whether there's a question I didn't ask you that I should have done, or any final parting thoughts you want to share?

**Karen [58:43]**

I think the only thing for me to say is a big shout out to everyone from the project, right up to the leadership group, to the comms and engagement network because this one belongs to everybody.

**Katie [58:53]**

Naomi, any passing final thoughts?

**Naomi [58:57]**

Take care of yourselves. It's okay not to be okay. We are all human and we are all vulnerable in our own ways. And, and that's absolutely okay. Seek help. Reach out to somebody. And don't forget to ask. And when you do ask, Are you okay? Follow up with the second one. Are you really okay?

**Karen [59:19]**

What great advice. I think I'm filling up. I'm filling up, what great advice.

**Katie [59:24]**

Ladies, thank you so much for appearing on the show.

**Karen [59:28]**

Pleasure. Pleasure, Katie.



Naomi [59:30]

Thank you for having me. Thank you for inviting me. It's been great.

Karen [59:32]

It's been really helpful. And it's been great to work these cases.

Katie [59:38]

So that's a wrap for this episode of The Internal Comms Podcast. Listeners, you've been telling me for some time now that you'd like the transcripts to our shows. So, I'm delighted to say that these are now available. Head over to our website ABComm – A B C O double-M – .co.uk forward slash podcasts (<https://abcomm.co.uk/podcasts/>) where you can either read them online or you can download them as a PDF. And all the links to this show are also available there. If you're enjoying The Internal Comms Podcast, I would be very, very grateful if you could show your appreciation by leaving us a review on Apple Podcasts. This isn't just vanity metrics on my part, I promise. It's the way the algorithms work. So, more ratings mean we are more discoverable for other IC pros out there. Do stay tuned, because I would hate for you to miss my interview with Sally Susman, Executive Vice President and Chief Corporate Affairs Officer at Pfizer. Sally is going to share with us what it was like being part of Pfizer's vaccine development task force and crafting the company's message at such a historic time for the company. And let's be frank, I guess humanity in general. All that remains is to say a special thank you to all of those who reach out to me on LinkedIn and Twitter to say how much you're enjoying the show. I do appreciate every comment, and I do try to respond to everyone as well. And, before we close, I'd like to thank the producer of the show, John Phillips; our sound engineer, Stu; and my other talented colleagues at AB who make the show possible. So, until we meet again, lovely listeners stay safe and well and remember, it's what's inside that counts.