

Mental Health, Substance Use and 9-8-8: Suicide Crisis Helpline – Advertising Concept Testing

Health Canada

Final Report

December 2023

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Ce rapport est aussi disponible en français.

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This public opinion research report is based on 24 online focus groups that Quorus completed between November 27 and December 5, 2023. Focus groups spanned the country and consisted of a variety of target audiences. The sessions lasted approximately 90 minutes. All participants were informed the research was for the Government of Canada. A total of 169 individuals participated in this study.

Cette publication est aussi disponible en français sous le titre : Santé mentale, consommation de substance et 9-8-8 : ligne d'aide en cas de crise de suicide – Test de concepts publicitaires

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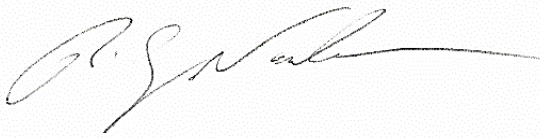


Political Neutrality Statement

I hereby certify as Senior Officer of Quorus Consulting Group Inc. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the [Policy on Communications and Federal Identity](#) and the [Directive on the Management of Communications - Appendix C](#).

Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed:

A handwritten signature in black ink, appearing to read "Rick Nadeau", is written over a light gray, textured rectangular background.

December 22, 2023
Rick Nadeau, President
Quorus Consulting Group Inc.

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Executive summary

Background

Adverse mental health outcomes, substance use related harms, and death by suicide are significant public health issues affecting peoples of all ages and backgrounds across Canada:

- **Mental health and substance use:** while recent data suggests that 69% of Canadians believe the country is in a mental health crisis, historical data has found that the mental health of Canadians has been in decline before the pandemic, as well as after.^{1,2} In early 2023, about four in 10 people in Canada rated their mental health as bad and at least 64% report having friends/family with experiences related to mental health (e.g., depression, anxiety, thoughts of suicide, etc.).^{3,4,5}
- **Suicide and self-harm:** everyday, an average of 12 people die by suicide in Canada.⁶ As of 2020, this translates to over 3,800 intentional self-harm (suicide) deaths in Canada.⁷ Earlier research also found that suicide was the ninth leading cause of death among people in Canada and the second leading cause of death among individuals aged 15 to 34, notably 2SLGBTQI+ youth.^{8,9}

A national ad campaign is planned to address this growing public health issue. It will aim to generate awareness and interest among people in Canada in various stages of seeking mental health, substance use, and suicide prevention support to interact with free resources, services, and supports compiled on Canada.ca/mental-health, including the new 9-8-8 Suicide Crisis Helpline.

¹ Canadian Mental Health Association (2023). [New data reveals that 87% of people living in Canada want universal mental health care.](#)

² HC and PHAC. SPB data – internal.

³ 30% rated their mental health as average, while 12% rated their mental health as bad or very bad. The “average” rating is placed in the bottom three as part of a standardized scale in academic research. Together, average, bad and very bad make up the “total bad” rating.

⁴ HC (2022). COVID-19 tracking survey: Wave 18. Health Canada. COVID-19 Tracking Survey: Wave 20. Data collection from Jan. 12 to 30, 2022, p. 19

⁵ CAMH, Talk Suicide Canada, and Innovative Research Group (2023). Talk Suicide Canada brand awareness and 988 research – Survey results June 2023 Draft Report.

⁶ Statistics Canada (2022). <https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-key-statistics-infographic.html>.

⁷ Statistics Canada (2022).

⁸ PHAC (2023). [Suicide in Canada.](#)

⁹ Statistics Canada (2022). <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310039401>.

Research objectives

The objective of the research was to test the creative concepts for the advertising campaign to determine, based on the following specific goals, which concept resonated most with the target audiences.

Specifically, the goal was to:

- Determine if the content is:
 - clearly understood by the audiences;
 - credible, relevant and of value to the audiences;
 - appealing and appropriate to the audiences;
 - memorable in the minds of the audiences;
 - able to motivate the audiences to take intended actions.
- Compare content options to select the best language and presentation of key messages to the target audiences
- Elicit suggestions for potential changes to ensure the messages and products resonate with the target audiences
- Identify preferred sources and methods of receiving information on the subject of mental health, substance use, and suicide prevention supports from the Government of Canada

Methodology

The research methodology consisted of 24 online focus groups with individuals in Canada (“participants”). The focus groups were held between November 27 and December 5, 2023, and included individuals from across the country. Focus groups were segmented by six target audiences: parents and caregivers of children between the ages of 10 and 18, youth and young adults aged 15 to 34, Indigenous peoples, members of the 2SLGBTQI+ community, members of racialized communities, and men aged 35+. Each focus group session lasted approximately 90 minutes. Participants were informed upfront that the research was being conducted on behalf of Health Canada and they each received an honorarium of \$125 for their participation. In total, 169 individuals participated in the research.

Research results

Three advertising concepts were tested with participants:

- A. “Out of frame,” featuring a social media post or image in the foreground, while in the background, a person who appears to be struggling with mental health is shown. Different variations of this concept were shown across target audiences.
- B. “Honest answer,” featuring a common response to the question “how are you” while a more honest answer revealing mental health struggles is “read between the lines.” Different variations of this concept were shown across target audiences.
- C. “Bigger,” an ad showing the sentence “Left untreated, mental health issues can grow” written in a balloon-style font. One variation of Concept C (Bigger) was tested with all target audiences.

The concepts are available in the detailed results section of the full report.

The order in which the concepts were shown was randomized. Details on the order of concepts shown per session are available in the appendix in the Moderator’s Guide.

Before seeing the concepts, participants were provided the following information:

- The concepts are draft versions and not yet finalized.
- If the Government of Canada decided to move forward with any of the concepts, they would be professionally produced. The concept would be the type of advertising one might see on digital or traditional media such as social media, websites or television.
- Although the concepts presented are static images, the finished version would include animation. When presenting each concept, the moderator explained what the animation would be and, depending on the concept, simulated some of the animation by zooming in and out of the static image as they provided the explanation.
- Participants were reminded that depending on where they see these ads, they would be able to click on them to get more information.

It should also be noted that, unless otherwise indicated, most feedback and reactions were very consistent across the various target audiences involved in this research.

Concept A – Out of Frame

For this concept, a variation unique to each target audience was tested. Across the groups, Concept A received moderate to positive scores when asked to provide an initial rating.

Those who liked the concept appreciated and understood that the image that one might present to others, often through social media, hides or misrepresents reality.

Participants also appreciated the visual aesthetics of the concept, especially when compared to the much more text-focused approach used in the other two concepts. The combination of an impactful image and a strong headline helped catch participants' attention and effectively deliver the message.

The focus on social media was said to be relatable to younger participants, however it was less relatable to certain participants (especially older ones) who do not use social media much if at all.

Those who did not like Concept A as much mostly struggled with the effort needed to understand how the image "in frame" related to the rest of the concept outside the frame.

As noted above, many also felt that the imagery in general was not sufficiently impactful or representative of someone who is struggling. Without a more obvious visual link to mental health, some felt they would not pay attention to the ad.

As much as participants liked the headline, those who liked the overall concept a bit less felt that the character in their concept was not always in the background and that this weakened the effectiveness of the overall concept.

Concept B – Honest Answer

For this concept, a variation unique to each target audience was tested except for parents/caregiver and for racialized individuals who shared the same concept. Overall, Concept B received moderate scores.

Those who liked the concept enjoyed the simple approach. The small print "inner dialogue" was liked by many and was seen as accurate and relevant as well as intriguing. The "voiceover" approach and first-person perspective were appreciated. Participants felt that the concept reflected how things can look different beyond the surface and that how people portray

themselves or how they initially and often automatically tell others about how they are feeling may not actually reflect how they are truly feeling.

Those who did not like Concept B as much felt that while the idea was good, it lacked visual appeal. Specifically, the font and backgrounds used lacked creativity and were a bit bland. Some participants did not enjoy the text-only approach and would prefer to see some visuals. Others felt that the small text was not relatable to them as it appeared too focused on specific experiences or scenarios.

Concept C – Bigger

For this concept, all audiences were shown the same concept, followed by an alternative-coloured version. Across the groups, Concept C received moderate scores.

Those who liked the concept felt the message was clear and straightforward. The message that mental health issues can worsen or grow if not treated was deemed to be true and to many, relatable. In the English groups, many liked the directness of the words “get help now” which implied a sense of urgency in the message and gently reminded the reader not to suppress mental health issues.

From a visual perspective, many felt that the font worked well with the message and was eye-catching and creative. Several participants could imagine how the concept could be creatively portrayed as an animation with popping balloons/letters.

Those who did not like Concept C as much felt that the creative aspect seemed a bit childish (specifically the balloon-style font) considering the serious and important topic. As well, many felt the words “left untreated” got lost among the other text. More visuals rather than text-only would be appreciated for this concept.

When participants were asked to consider the alternative version which contained a blue background, reactions were mixed. Some felt that the blue background was more eye-catching and provided more contrast whereas the black and white was more boring. On the other hand, some preferred the black and white concept, suggesting that the blue seemed a bit more childish and lacking seriousness.

Final concept comparison

Overall, the concept most often chosen as the winning concept was Concept A (Out of Frame), with the other two concepts tied in second place at quite some distance.

Concept A was particularly appealing to youth and young adults, Indigenous Peoples, members of the 2SLGBTQI+ community, parents and caregivers, and men aged 35 and older. Additionally, many suggested that they would switch their votes from Concept B or C when asked to consider the alternate version of Concept A.

Concept B (Honest Answer) and Concept C (Bigger) were also chosen by a fair number of participants as their top choice. Concept B was particularly appealing to Indigenous Peoples where it often was in a virtual tie with Concept A.

Concept C (Bigger) tended to be selected more as the preferred concept by members of racialized communities, by parents and caregivers, and by members of the 2SLGBTQI+ community.

Feedback on the mental health resources promoted in the concepts

Many participants agreed that they would remember the 9-8-8 phone number.

The website would have much less recall as it did not have a memorable URL. However, participants suggested that they would probably use Google and search “mental health Canada” in order to find the website if they needed to.

Many participants understood that the new 9-8-8 helpline would be intended for more immediate, urgent help and for suicide prevention, while the website would be useful for long-term planning or non-urgent mental health and substance use matters.

A few participants felt that the approach of sharing both resources was a bit confusing once they noticed that the 9-8-8 helpline was intended for situations of crisis whereas they figured the website and phone number would serve the same objective.

Participants felt that the advertisements should make it clear that the helpline is secure and confidential, particularly as there are those who instinctively feel that anything associated with the Government of Canada may not be.

Qualitative research disclaimer

Qualitative research seeks to develop insight and direction rather than quantitatively projectable measures. The purpose is not to generate “statistics” but to hear the full range of opinions on a topic, understand the language participants use, gauge degrees of passion and engagement and to leverage the power of the group to inspire ideas. Participants are encouraged to voice their opinions, irrespective of whether or not that view is shared by others.

Due to the sample size, the special recruitment methods used, and the study objectives themselves, it is clearly understood that the work under discussion is exploratory in nature. The findings are not, nor were they intended to be, projectable to a larger population.

Specifically, it is inappropriate to suggest or to infer that few (or many) real world users would behave in one way simply because few (or many) participants behaved in this way during the sessions. This kind of projection is strictly the prerogative of quantitative research.

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Detailed Results

Research purpose and objectives

Adverse mental health outcomes, substance use related harms, and death by suicide are significant public health issues affecting peoples of all ages and backgrounds across Canada:

- **Mental health and substance use:** while recent data suggests that 69% of Canadians believe the country is in a mental health crisis, historical data has found that the mental health of Canadians has been in decline before the pandemic, as well as after.^{10,11} In early 2023, about four in 10 people in Canada rated their mental health as bad and at least 64% report having friends/family with experiences related to mental health (e.g., depression, anxiety, thoughts of suicide, etc.).^{12,13,14}
- **Suicide and self-harm:** everyday, an average of 12 people die by suicide in Canada.¹⁵ As of 2020, this translates to over 3,800 intentional self-harm (suicide) deaths in Canada.¹⁶ Earlier research also found that suicide was the ninth leading cause of death among people in Canada and the second leading cause of death among individuals aged 15 to 34, notably 2SLGBTQI+ youth.^{17,18}

A national ad campaign is planned to address this growing public health issue. It will aim to generate awareness and interest among people in Canada in various stages of seeking mental health, substance use, and suicide prevention support to interact with free resources, services, and supports compiled on Canada.ca/mental-health, including the new 9-8-8 Suicide Crisis Helpline.

Research objectives

The objective of the research was to test the creative concepts for the advertising campaign to determine, based on the following specific goals, which concept resonates most with the target audiences.

Specifically, the goal was to:

- Determine if the content is:
 - clearly understood by the audiences;

¹⁰ Canadian Mental Health Association (2023). [New data reveals that 87% of people living in Canada want universal mental health care.](#)

¹¹ HC and PHAC. SPB data – internal.

¹² 30% rated their mental health as average, while 12% rated their mental health as bad or very bad. The “average” rating is placed in the bottom three as part of a standardized scale in academic research. Together, average, bad and very bad make up the “total bad” rating.

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- credible, relevant and of value to the audiences;
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- Identify preferred sources and methods of receiving information on the subject of mental health, substance use, and suicide prevention supports from the Government of Canada

Detailed research results

Concept presentation context

Before seeing the concepts, participants were provided the following information:

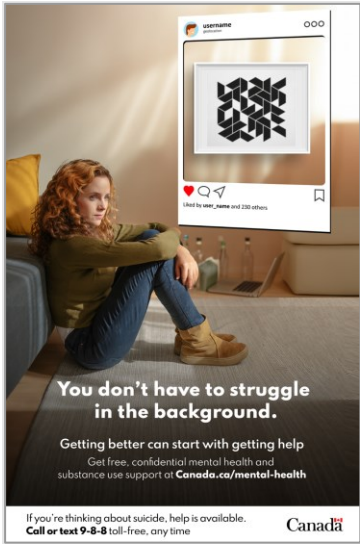
- The concepts are draft versions and not yet finalized.
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- Although the concepts presented are static images, the finished version would include animation. When presenting each concept, the moderator explained what the animation would be and, depending on the concept, simulated some of the animation by zooming in and out of the static image as they provided the explanation.
- Participants were reminded that depending on where they see these ads, they would be able to click on them to get more information.

A total of three concepts were tested. For Concept A (Out of Frame) and Concept B (Honest Answer), variations of the concept were shown to each target audience whereas one variation of Concept C (Bigger) was tested with all target audiences. The order in which the concepts were shown was randomized from group to group. Details on the order of concepts shown per session are available in Appendix B, in the Moderator's Guide.

It should also be noted that, unless otherwise indicated, most feedback and reactions were very consistent across the various target audiences involved in this research.

Concept A – Out of Frame

For this concept, a variation unique to each target audience was tested. For youth and young adults, a first variation was tested in the first session, after which a second variation was designed and tested in the remaining three sessions. For all sessions on and after November 29, the second variation designed for youth and young adults was also shown as an alternate “scenario” to all other target audiences. In those sessions, the initially-designed variation was always presented and discussed first, after which the alternate scenario was shown as a visual contrast to obtain quick feedback and to stimulate ideas for additional visual content.

Youth/Young adults 16 to 34 (variation 1)	Youth/Young adults 16 to 34 (variation 2)
<p data-bbox="428 800 581 821">* tested in group #3</p>  <p data-bbox="380 1224 634 1268">You don't have to struggle in the background.</p> <p data-bbox="380 1283 634 1329">Getting better can start with getting help Get free, confidential mental health and substance use support at Canada.ca/mental-health</p> <p data-bbox="347 1356 570 1381">If you're thinking about suicide, help is available. Call or text 9-8-8 toll-free, any time</p> <p data-bbox="607 1356 667 1381">Canada</p>	<p data-bbox="857 789 1409 831">* tested in groups #5, 19 and 23 and as alternative variation in all other groups with all audiences starting Nov 29</p>  <p data-bbox="1008 1224 1263 1268">You don't have to struggle in the background.</p> <p data-bbox="1008 1283 1263 1329">Getting better can start with getting help Get free, confidential mental health and substance use support at Canada.ca/mental-health</p> <p data-bbox="976 1356 1198 1381">If you're thinking about suicide, help is available. Call or text 988 toll-free, any time</p> <p data-bbox="1235 1356 1295 1381">Canada</p>

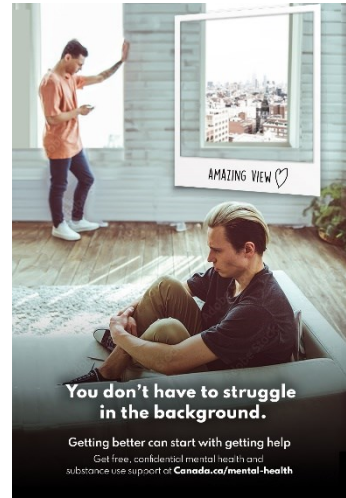
Indigenous Peoples



If you're thinking about suicide, help is available.
Call or text 988 toll-free, any time

Canada

2SLGBTQI+ individuals



If you're thinking about suicide, help is available.
Call or text 9-8-8 toll-free, any time

Canada

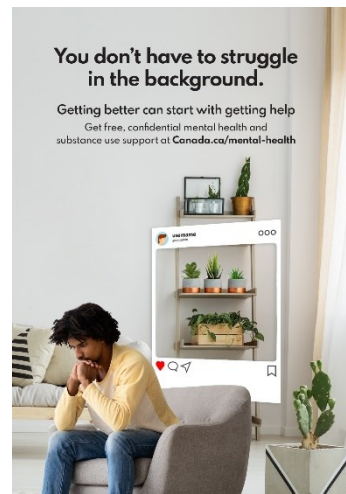
Parents/Caregivers



If you're thinking about suicide, help is available.
Call or text 9-8-8 toll-free, any time

Canada

Racialized individuals



If you're thinking about suicide, help is available.
Call or text 9-8-8 toll-free, any time

Canada



General reactions

Across the groups, Concept A received moderate to positive scores when asked to provide an initial rating.

This concept was liked most by youth and young adults, men 35 and older, and racialized individuals. It should be noted that the ratings provided by participants are based on the version of Concept A specifically designed for their target audience. The appeal of this concept increased among youth and young adults after the less-hopeful second variation was introduced, and this is reflected in the scores this audience provided in three of the four sessions since the original version was replaced. The appeal of Concept A also increased across all other target audiences on and after November 29 when the second variation was tested, even among men 35 and older and racialized individuals who also appreciated the original designs for this concept. The impact of the alternate version of Concept A on overall concept preferences is further demonstrated later in the report when final votes are discussed.

Those who liked the concept appreciated and understood that the image that one might present to others, often through social media, hides or misrepresents reality.

"I did like it because it. I mean, I think it shows the fakeness that people put online and then it shows that there's more realness behind it a lot of the times. So that's why I gave it an 8."

Female, 37, Western Canada, Parents/Caregivers

“I think I'd relate to it. Most people only share good things, including myself.” Female, 16,
Atlantic Canada, Youth/Young adults

Participants also appreciated the visual aesthetics of the concept, especially when compared to the much more text-focused approach used in the other two concepts. For many, the combination of an impactful image that includes a person or people and a strong headline (You don't have to struggle in the background) helped catch their attention and effectively deliver the message. Being able to clearly see “struggle” through visual elements of the concepts were especially valued if they were easily noticed – this is largely why the second version of the concept for youth and young adults was so widely praised. Key ingredients such as a facial expression, solitude, messiness, a physical demonstration of struggle and hints of substance or alcohol use were key strengths if seen and key weaknesses if not easily noticed. For many, the starker the contrast between what is “in frame” and what is “out of frame”, the better.

“I've heard of this referred to as the depression room, where I get into a bit of a slump and the room is a bio-hazard – it's not clean, it's not hygienic. You don't have the energy or the means to do anything about it. This is a light depression room, but it still gets the idea of it across. It shows more of the emotion than the last one did.” Female, 24, Atlantic Canada, Indigenous

The impact of the headline was also seen as a strength for some participants, but only if the individual struggling was literally “in the background” in the image used. This was best executed in the second concept designed for youth and young adults and in the concepts for parents/caregivers and for men 35 years of age and older.

Some, especially youth and younger adults, also liked that the concept put social media in focus as a contributing factor to mental health issues. This target audience was most inclined to feel this concept was “relatable.” In the execution, it was also important that the social media aspect was immediately recognizable as such. That said, this focus did make the concept somewhat less relevant to participants, especially older ones, who do not use social media much if at all.

Additionally, other design elements were seen as strengths. Participants generally felt that the resources were noticeable and that the overall design seemed professional and polished. The sub-text stating “Getting better can start...” was considered proactive, motivating and does not overpromise on a specific solution or outcome.

The approach was considered to lend itself nicely to a campaign featuring different scenarios. As well, there was some appreciation for the fact that the people featured looked “normal”, and that someone does not need to look like their life is in chaos for them to be struggling in some

way, and in fact often try to look as “normal” as possible to hide their struggles. This in some ways made the concept more relatable and inclusive.

Those who did not like Concept A as much mostly struggled with the effort needed to understand how the image “in frame” related to the rest of the concept outside the frame. These would be participants who did not immediately understand the basic concept that “reality is not what we show others” through social media, pictures, etc. It also included individuals who did not like the choice of image being selected for the “in frame” part of the visual – for instance, many criticized a focus on mundane items such as plants, a frame on a wall, a croissant sandwich, etc. They would often say that this is not typically what people would post on social media. In the end, many of these participants were left with the impression that they needed to overthink to understand something that needs to be easy to grasp since the ad would be shown on media channels such as social media.

[« The ad is eye-catching. It is modern. But at first glance, it makes you think... IKEA is the first thing that came to my mind, because of the plants. »] - Female, 33, Quebec “La publicité attire l’œil. Elle est moderne. Mais à un premier plan de vue, ça fait penser un peu...c’est IKEA qui m’est venu en tête avec le concept des plantes.”

As noted above, many also felt that the imagery in general was not sufficiently impactful or representative of someone who is struggling – owing to the creatives using stock imagery at this early stage in their development. While it could be assumed, many participants also felt that it could be made more obvious. This was especially the case with parents/caregivers and Indigenous participants, but also for some racialized individuals and men 35 years of age or older. Without a more obvious visual link to mental health, some felt they would not pay attention to the ad.

As much as participants liked the headline, those who liked the overall concept a bit less felt that the character in their concept was not always in the background and that this weakened the effectiveness of the overall concept. In the variation shown to 2SLGBTQI+ participants, the fact that two individuals were featured in the visual caused confusion since participants could not easily decipher who “was in the background”. In the end, this compelled some participants across all target audiences to suggest that perhaps the headline should read “You don’t have to struggle alone” and some of the 2SLGBTQI+ participants specifically to suggest removing one of the characters.

“I do kind of understand where they're trying to go, but I just think the execution didn't hit the mark for me. [...] He shouldn't be in the foreground if they're talking about “You don't have to

struggle in the background” - the background here, actually that’s the part that’s showing the positivity.” Male, 37, Ontario/Nunavut, Racialized individuals

Some also felt the concept focused too much on mental health exclusively and did not adequately capture struggles related to substance or alcohol use. On this matter, many appreciated the new approach taken to the youth and young adults concept because it lends itself nicely to featuring pill and alcohol bottles on the messy table. Many of those commenting on other variations of Concept A also made suggestions to integrate alcohol somewhere in the scenery, such as a glass of wine in the mother’s hand in the concept for parents/caregivers, or a brown paper bag in the hands of the father in the concept for men 35 years of age or older.

As much as an image can immediately capture someone’s attention, the choice of image can alienate members of the target audience or leave them feeling they are not part of the target audience. For instance, this sentiment came through among men 35 years of age or older who do not have children or who are not married, and among female parents/caregivers who felt that the kitchen shown in their concept was not very realistic, especially for someone who is struggling with their mental health. Similarly, male parents/caregivers could not easily relate to the female character in their concept.

Other notable weaknesses for Concept A included:

- For concepts featuring a social media post, it was suggested by some that there is too much focus on social media, which weakens the concept among those who are less active on social media, or it suggests that the main message is to reduce use of social media to improve one’s mental health
- The website and the telephone number are not given enough attention or are not prominent enough, especially the new 9-8-8: Suicide Crisis Helpline telephone number

In the end, few seemed to feel that the concept they were shown accurately reflects mental health, substance use and suicide in Canada. Although the second version of the youth and young adult concept succeeded the most on this front, most felt that the concepts seemed more focused on mental health and less on substance use and suicide. Adding bottles or glasses of alcohol, recreational drugs, pills, etc., would help increase how well the concept could address substance use. Many also felt that the concept would better reflect all three areas by making all the resources, including the 9-8-8 number, more prominent.

That said, not all participants were convinced that the concept should try to address all three issues together. There were concerns raised in some groups that the ad suggests that the three issues are necessarily linked, whereas they feel that they can often be separate issues. Others

felt that it was trying to do too much, which could result in the audience being confused or not remembering either of the resources. Future ad campaigns could consider treating these subjects in separate creatives and/or as separate campaigns.

Perceived main messages

Many participants felt that the main message was to bring to their attention that help for mental health is available in general or that “we” (the Government of Canada) are here to help. Others also sensed that the main message was to help them appreciate that what is shared with the world, especially through social media, does not always reflect what is really happening behind the scenes and that people should seek help rather than pretend or hide. Some also felt that the main message encouraged people to seek help if they need it and to not struggle “in the background” or alone. A few other interpretations of the main message included:

- Social media dependence is an issue or the cause of mental health issues
- People should not think they are the only ones suffering
- Getting better can start with getting help
- Nature or the world is beautiful, but life can be challenging (Indigenous participants)

Perceived calls to action

For the most part, participants felt the concept was encouraging people to get help or seek out resources if it was needed. Many others felt the concept was alerting them to the fact that resources such as a website and a telephone number are available. Otherwise, participants felt the ad was encouraging them to step out from the background or the shadows, to be genuine and to focus on self-care.

Participants were asked for suggestions on how they would change their concept to better convey a sense of urgency and to encourage people to seek help early. Suggestions included the following:

- Edit or add to the headline to read:
 - « N’attendez pas de souffrir en arrière-plan. »
 - « Vous n’avez pas à souffrir en arrière-plan d’un mal petit ou grand. »
 - Add to the headline the words: « N’attendez pas. » / “« N’attendez plus. »

- Modifying the second sentence to read:
 - “Getting better can start with getting help now.”
 - « N’attendez pas. Aller mieux peut commencer par chercher de l’aide. »
 - « Aller mieux peut commencer maintenant en cherchant de l’aide. »
- Replace the second sentence with:
 - “Mental health problems can grow” (use the statement from Concept C)
 - “Your mental health should be at the forefront”
- Replace the headline with: “We are here to help you with your struggles”
- Add somewhere on the ad the following:
 - « Vous n’avez pas à garder ça tout pour vous »
 - « Ça ne se passera pas tout seul. »
 - “Get help before it gets worse”
 - “Call now” / “Call today” / use language like “now” or “any time” / “any time, 24 hours a day, 7 days a week, 365 days a year”
 - “Don’t wait”
 - “Talk to someone”
- Make 9-8-8 more inclusive – don’t just focus on suicide

Additional audience-specific comments and suggestions

In addition to the general comments outlined above, the following comments regarding visual elements or text were received for each audience-specific variation.

Youth and young adults

In the groups with youth and young adults aged 16-34, when shown the first variation of the concept, participants felt that the concept could be improved by making the background appear messier, as some felt that it felt too clean and stages. Additionally, some suggested that the main character could be shown in bed or on public transportation.

The following suggestions were made for other variations of this concept:

- In frame: show people in a club having fun / out of frame: after the fun, it is “back to normal”
- In frame: a happy selfie / out of frame: we see the person being sad
- In frame: a happy group picture with friends gets posted / out of frame: we then see them drive away alone, sad

Men 35 years of age or older

Some participants in the groups with men aged 35 and older felt that the 9-8-8 number was not very noticeable.

From a visual standpoint, it was suggested that the animation could show the man returning back into the frame.

The topic of divorce was said to be an important challenge for this target audience.

In groups with this target audience, the following suggestions were made for other variations of this concept:

- In frame: Guy at a celebration, birthday party, social event, at a restaurant, at work / out of frame: same guy alone
- In frame: at a sporting activity where we see some teammates having fun / out of frame: another off to the side
- In frame: party scene / out of frame: an outsider drinking alone
- In frame: tourists in a beautiful part of town / out of frame: a drug addict on the street with a syringe
- In frame: family photo / out of frame: show a father in more distress, perhaps with a bottle in a bag and/or with his head down
- a vacation picture; a day at the beach; show a good day; a family gathering; sports, a parent with their kids at the rink

Indigenous peoples

Regarding the visuals, some felt that the person should be more clearly sad and struggling. It was suggested that this could be done by showing the person’s face and body language, so it is easier to see that he is in distress.

Additionally, participants in this target audience agreed that the image should look more like a social media post on a smartphone rather than a polaroid picture.

Other suggestions regarding the visuals included:

- Showing an outgoing person, in a crowd, who is silently struggling on the inside
- Show a selfie with “fishy lips” as the social media post
- Show a mom wrangling her kids for a perfect family picture, getting the perfect snap, then the mess around it and the mom being sad

Regarding the text elements of Concept A, Indigenous participants felt that the ad should promote that the resources can be used by someone they know. There was interest in using the text from Concept B instead and using the word “healing”. It was also suggested to make the phone number more prominent

In groups with this target audience, the following suggestions were made for other variations of this concept:

- In frame: kids at a park having fun / out of frame: parent slumped over
- In frame: group at a party / out of frame: see a loner (could apply to a scene at work as well)

2SLGBTQI+ individuals

Participants from the 2SLGBTQI+ community shared several areas where the concept could improve from a visual standpoint.

Firstly, it was suggested that the concept should make it more obvious that the image is a social media post on a smartphone, such as by including a number of “likes”. The image was said to look more like a polaroid picture.

Among this target audience, many felt that the visuals of the ad should show more contrast between real life and the posted life. Some of the suggestions on how this could be done included:

- Show a messier room
- Show someone who clearly has substance use issues
- Show a mother in bed and a child trying to get them to come out and play
- One person in distress is better / remove the person by the window / one person only, on his phone posting a picture of himself or him in a group being happy but meanwhile he is on his couch being sad, or he gets into bed and is visibly sad after he posts the picture
- Insert some alcohol bottles in the décor to depict more anguish

- The one person in distress should be the one on his phone

Participants felt that the visual does not necessarily have to show two men or a same-sex relationship in order to appeal to the 2SLGBTQI+ community. They felt that it would be better if it had broader appeal

Additionally, it was suggested to replace the text “in the background” with “in silence” or “alone”.

When considering potential variations of this concept, the following suggestions were made:

- In frame: a nice apartment and see two hands together/ out of frame: a less tender scene or a more serious scene is taking place
- In frame: a happy couple at dinner with friends and family / out of frame: it’s actually a video being watched and those watching are miserable
- In frame: a selfie

Parents / caregivers

In groups with parents and caregivers, participants thought that the concept should show a greater sign of struggle in the overall visual. Some suggested showing a messy background, messy counters, things you would not post in Instagram, a work-related scene or kids running around.

Some also felt that the idea of a “before and after” of trying to get a curated family photo could fit well with this concept.

From a text standpoint, participants thought that the words “free” and “anytime” should be more prominent

When shown the alternative option for concept C, the following suggestions were made:

- Show kids instead of plants in the frame
- The text reads better on the darker background
- Add pill bottles on the table

In groups with this target audience, the following suggestions were made for other variations of this concept:

- In frame: a happy mom / out of frame: a sad, struggling mom
- In frame: a glass of wine /out of frame: a few empty bottles, with one tipped over
- In frame: a child doing an activity / out of frame: a father looking stressed
- In frame: a father driving a car with a nice scenery around them / out of frame: chaos in the car

- In frame: a social event, such as a party, an outing, a family meal / out of frame: a sad person alone
- In frame: kids in a schoolyard / out of frame: a kid alone in their room, hoodie over their head playing video games
- In frame: the same crab-shaped snack / out of frame: more chaos in the background
- In frame: character is in a group photo smiling / out of frame: same person alone with their problems
- In frame: kids on a soccer pitch / out of frame: a parent on the sideline, on the couch, in bed
- In frame: kids looking cute on the couch / out of frame: mom looking disheveled and not feeling well
- In frame: on a trip / out of frame: mom and/or dad worrying about work, paying the bills, etc.

Racialized individuals

In groups with racialized individuals, participants offered several visual suggestions.

A possible animation idea was suggested to show the character responding to a text asking how they are doing – they start by typing “it is not going well” then deletes this before sending and types “it is going well.”

Additionally, it was suggested that the social media post should show a high number of “likes” and a caption.

Other suggestions for visual improvements included:

- Show more clutter, a messier room
- The “out of frame” part of the ad could be darker to contrast with the bright, happy post
- The main character could be on his phone
- Show distress on the person’s face
- Show bills stacked up on a table
- Add a (happy) family picture to the wall

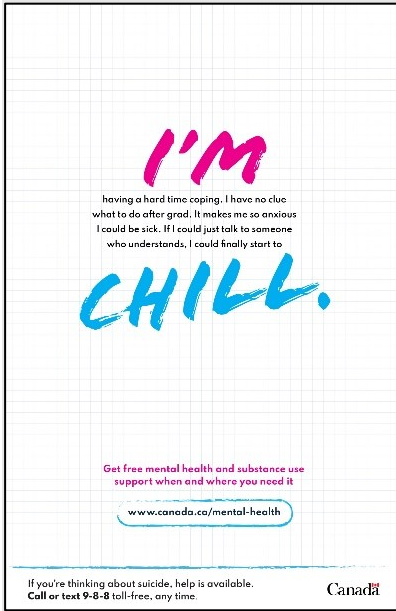
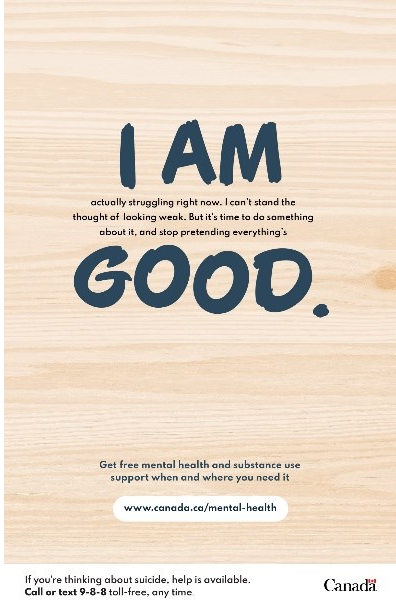
In groups with this target audience, the following suggestions were made for other variations of this concept:

- In frame: part of the house that looks great / Out of frame: bills stacking up; chaos
- In frame: a (smiling) selfie / Out of frame: not smiling, alone
- In frame: having fun / out of frame: person in bed, the room is a mess

- In frame: a highlight reel or a group photo / out of frame: the character is not part of the group, perhaps on the couch alone
- Other ideas for what could be in frame:
 - luxurious items
 - with friends / with fake friends
 - family pet
 - kids
 - a nice scenery / on vacation
 - show the character having a good time / partying
 - a fun Boomerang

Concept B – Honest Answer

For this concept, a variation unique to each target audience was tested except for parents/caregiver and for racialized individuals who shared the same concept.

Youth/Young adults 16 to 34	Men aged 35+
	
Indigenous Peoples	2SLGBTQI+ individuals

I FEEL

surrounded by sadness. Like I can't turn to my family because they're suffering too. Sometimes, I just need someone to talk to, and tell me that it's going to be

OK.

Get free mental health and substance use support when and where you need it

www.canada.ca/mental-health

If you're thinking about suicide, help is available. Call or text 9-8-8 toll-free, any time. **Canada**

Never been better.

my true self until now. But I'm always worrying about what people are thinking or saying about me, about how I look. I thought I could do this on my own, but I think I need help to feel

better.

Get free mental health and substance use support when and where you need it

www.canada.ca/mental-health

If you're thinking about suicide, help is available. Call or text 9-8-8 toll-free, any time. **Canada**

Parents/Caregivers; Racialized individuals

IT'S ALL GOOD.

just so overwhelming. Work, family, I can't keep up, let alone get ahead. It feels like the cards are stacked against me. Maybe talking to someone would do me some

GOOD.

Get free mental health and substance use support when and where you need it

www.canada.ca/mental-health

If you're thinking about suicide, help is available. Call or text 9-8-8 toll-free, any time. **Canada**

General reactions

Overall, Concept B received moderate scores.

This concept performed best in groups with Indigenous Peoples followed by men aged 35 and older.

Those who liked the concept enjoyed the simple approach. The small print “inner dialogue” was liked by many and was seen as accurate and relevant as well as intriguing. The “voiceover” approach was also appreciated, particularly because it made the ad more accessible. Some also mentioned enjoying the first-person perspective. Participants felt that the concept reflected how things can look different beyond the surface and that how people portray themselves or how they initially and often automatically tell others about how they are feeling may not actually reflect how they are truly feeling.

The concept was thought to work well as a poster, for example at a bus stop or subway platform where people would have time to read it.

Those who did not like Concept B as much felt that while the idea was good, it lacked visual appeal. Specifically, the font and backgrounds used lacked creativity and were a bit bland. Some also felt that there was too much text in the middle section. Some participants did not enjoy the text-only approach and would prefer to see some visuals. Others felt that the small text was not relatable to them as it appeared too focused on specific experiences or scenarios.

Since the concept does not immediately reference mental health and there are no images, there were concerns that this concept would not perform well on social media as many people scroll with their phones muted or will not take the time to read the small font as the text-only approach is not as eye-catching.

“If this was coming up in my feed and I'm looking through, I'd see “It's all good” and I just keep moving on. So, you've already lost me.” – Male, 52, Atlantic Canada,
Parents/Caregivers

Some other suggestions included:

- Put more emphasis on resources available (particularly the phone number) by making them larger and moving them higher up
- Emphasize that resources are free and confidential

- Reference mental health sooner
- Change the wording to say “feel better” rather than “feel good”
- Use an image of a person smiling while thinking about what the text reads
- Do not reference specific types of struggles, rather keep it broad so that it applies to a wider audience
- Change the sentence that sends the message that talking to someone is (always) the solution – it was seen to overpromise and over-simplify mental health struggles
- Use a phrase such as “It’s all good” through a text message while the longer text is in a handwritten font in a diary.

Perceived main messages

Participants felt that the main message was reminding the audience that many people struggle with mental health issues even if they do not talk about it. It reminded the audience that the way they are feeling is normal and they should not be ashamed. The ad was seen as encouraging individuals to express their feelings and not feel that they have to suppress things if they are struggling. As well, participants felt that Health Canada was saying they are there for support and there are resources available.

Perceived calls to action

The call to action was said to be to seek help if you are struggling by using the provided government resources. Some felt that it told the audience to stop and think about how they are really feeling.

Additional audience-specific comments and suggestions

Youth/Young adults 16 to 34

Several participants in the groups with youth and young adults aged 16-34 felt that the message was relatable, particularly the idea of not knowing what the future holds.

On the other hand, while some could relate to the mention of graduation, many in this age bracket could not and thus felt that it was too focused on a younger audience.

[« I like the idea that from afar, things seem good, but when we get up close, some things are hidden. Personally, I cannot relate since I am not a student. »] - Male, 33, Quebec,

young adult aged 16-34 *“J’aime le concept que de loin on a l’impression que ça va bien mais que quand on se rapproche, il y a des trucs cachés. Mais moi ça ne me parle pas en tant que personne qui n’est pas étudiant.”*

In the English groups, the phrase “I’m chill” received mixed reactions, with some enjoying it while others felt that it did not reflect the way they would speak. It also lacked seriousness to some.

A few did not like that the concept implied that just talking to someone about mental health could resolve these issues.

Some suggestions for alternative text included replacing graduation with burnout, work, finances, job loss, uncertainty of where to go in life, personal relationships (family, love, friends, etc.), or substance use/alcohol.

Indigenous Peoples

Many Indigenous participants felt that this concept was relatable. Some could resonate to the message about family and intergenerational trauma, while others mentioned connecting with the feeling of being ashamed about their struggles and feeling like they could not talk about these issues with others.

Despite several participants connecting with the specific experiences mentioned, some felt that the message could be broadened so that it connects with a broader audience. It was suggested that the concept could add text such as “I feel like I can’t talk to anyone” / “I don’t have anyone to talk to,” which would give it a broader appeal.

Some were concerned that the message conveyed a false promise that talking to someone would make things okay as they felt that the available resources might not deliver as promised.

The visual aspect of the concept received mixed reactions. Some enjoyed the colour overall look and feel while others felt that there could be improvement. The use of the colour orange was suspect to some to be potentially targeting Indigenous Peoples, which others felt this was singling them out as the only ones who are suffering.

Members of the 2SLGBTQI+ community

The overall message resonated with many participants who belong to the 2SLGBTQI+ community.

The headline was thought to be catchy and attention grabbing as most people do not relate to the phrase “never been better” which might intrigue them to read on.

“I kinda feel the same way about it being like intriguing when it says never been better, because if I was watching it I would be like, well... they're gonna tell me how I can be better, and I'd like to be better. So let's see where it goes and what happens.” – Male, 44, Atlantic Canada, member of the 2SLGBTQI+ community

However, the additional text received some mixed feedback. Many felt that the words “never been myself until now” seemed disconnected with the rest of the text and the overall message as the “until now” part does not imply a mental health struggle (but rather the opposite, or a resolution of something that they may have struggled with in the past). Additionally, there was some criticism over the use of the words “how I look,” with the focus on vanity being said to be very specific to a small (younger) audience or it turning participants off as they were not sure they agreed with the general idea that self-esteem was a big issue. It was suggested that “how I look” could be removed and left at “worrying about what people are thinking or saying about me.”

Some suggestions for alternative text included: addiction, financial issues, work-life balance, world or political issues, life direction, the environment, fake news, polarized and aggressive opinions, or marital abuse.

Parents and caregivers

Among the groups with parents and caregivers, some participants enjoyed Concept B and found it relatable. The text-only approach was said by some to pull them in; however others found this approach to be boring and suggested that some visuals could be added.

Some suggestions for alternative text included interest rates, inflation, cost of living, personal finances, social media pressures (feeling you need to keep up) and uncertainty of their kids’ future.

Members of racialized communities

While many participants who were from racialized communities enjoyed the message and could resonate with it or found the concept appealing, they also offered some criticism.

Some participants felt that the overall visual appeal was lacking and could use more colour. It was also said to benefit from having an image of a person included.

Additionally, it was brought up that the phrase “cards stacked against me” (in the English version) may be confusing to those who do not speak English as their first language.

Some suggestions for alternative text included work-life balance, personal relationships, meeting family expectations, financial struggles, paying bills, cost of living, interest rates, access to healthcare or staying healthy.

Men aged 35 and older

Participants in the groups with men aged 35 and older reacted fairly positively to the overall message conveying how someone might really feel below the surface. The call to action “time to do something about it” was appreciated.

While the reference to pretending things are good was relatable to men, the reference to feeling vulnerable was not received as positively. Some explained that saying “I’m good” is more of a habitual thing rather than a concern about appearing vulnerable.

[« *It’s not necessarily vulnerability that brings you to say, ‘I am well’, it’s just simpler. »] –
Male, 35, Quebec, Men aged 35+ “*Ce n’est pas nécessairement la vulnérabilité qui t’apporte à dire « je me sens bien » mais plutôt c’est juste plus simple.*”*

Some also suggested that the text could be more direct and simply read as: “Tu ne te sens pas bien?” rather than being subtle and indirect. Additionally, some did not like the words “I can’t stand the thought of looking weak”.

Visually, the wood paneling background seemed weird and irrelevant to some; they suggested that it looked like an ad for a hardware store.

Some suggestions for alternative text included the mention of work or stress.

Concept C – Bigger

For this concept, all audiences were shown the same concept, followed by an alternative coloured version:

Regular version	Alternative version
 The poster features a white background. At the top, the text "Left untreated" is centered. Below it, the words "MENTAL HEALTH ISSUES CAN GROW" are stacked in a large, bold, black, rounded font. At the bottom, there is a dark grey box with the text "Get help now and start the healing." in white. Below this box, there is small text: "Free, confidential mental health and substance use support at Canada.ca/mental-health" and "If you're thinking about suicide, help is available. Call or text 9-8-8 toll-free, any time". The Canada wordmark is at the bottom right.	 The poster features a light blue background. At the top, the text "Left untreated" is centered. Below it, the words "MENTAL HEALTH ISSUES CAN GROW" are stacked in a large, bold, black, rounded font. At the bottom, there is a dark grey box with the text "Get help now and start the healing." in white. Below this box, there is small text: "Free, confidential mental health and substance use support at Canada.ca/mental-health" and "If you're thinking about suicide, help is available. Call or text 9-8-8 toll-free, any time". The Canada wordmark is at the bottom right.

General reactions

Across the groups, Concept C received moderate scores.

This concept was liked most by members of racialized communities, parents and caregivers and members of the 2SLGBTQI+ community.

Those who liked the concept appreciated the clear, straightforward and easy to understand nature of the message. Participants felt that they did not need to think about what the concept was trying to say, as the topic was clearly about mental health. The message that mental health issues can worsen or grow if not treated was deemed to be true and to many, relatable.

“It was straightforward, right to the point. It says what it means. Mental health issues can grow. So, if you're struggling or are feeling that way, you get help now and right below. I thought it was clear, concise.” – Male, 52, Atlantic Canada, Parents/Caregivers

In the English groups, many liked the directness of the words “get help now” which implied a sense of urgency in the message and gently reminded the reader not to suppress mental health issues. There was also some appreciation of the use of the word “healing.”

“The tagline: Get help now and start the healing. The healing is what definitely got to me.”

– Male, 37, Ontario, member of a racialized community

From a visual perspective, many felt that the font worked well with the message and was eye-catching and creative. Several participants could imagine how the concept could be creatively portrayed as an animation with popping balloons/letters.

Those who did not like Concept C as much felt that the creative aspect seemed a bit childish or gimmicky considering the serious and important topic. Others said that the idea of “healing” was over-promising and not realistic given that many mental health issues are not something that needs to be or can be healed, but rather are something that people learn to live with.

“It implies that mental health is treatable in the sense that it will go away. Mental health issues are many and some can go away and many never go away.”

– Male, 67, Western Canada, Indigenous Person

Some participants felt that, from a visual standpoint, colour and images were lacking and overall seemed cheesy or bland. This made the concept less memorable and less likely to stand out from other ads about mental health. Specifically, the balloon style font and colours used were said by some to be childish and not very appealing, and reminded some of other ads they had seen that used this type of metaphor or letter type. As well, many felt the words “left untreated” got lost among the other text or were not connected properly to the main text. More visuals rather than text-only would be appreciated for this concept.

A few of the youth/young adults felt that the concept was trying to target a younger audience, which was seen as less relevant.

Some other suggestions included:

- Instead of mentioning suicide in this ad, there should be a separate campaign for that topic as it is deserving of its own focus.
- There should be more emphasis on the resources being free and confidential.
- The word “grow” could be changed since it has a positive connotation.
- The message could be phrased more positively, such as “with treatment, mental health issues diminish.”
- The first-person approach from Concept B could be used to engage the audience instead of using a general statement.

- The call to action could be more prominent and simply say “get help now.”

Overall, feedback for Concept C was quite consistent across the target audiences.

Perceived main messages

Participants felt that the main message was that mental health issues may start small, but they can grow to be much larger and more urgent. Furthermore, the message alluded to the idea that individuals need to recognize when they are struggling. Some felt the Government of Canada was telling the audience that they have support for them.

Perceived calls to action

The call to action was said to be that individuals should not wait as issues could get extreme if they fester or build up. It informed the audience about available resources provided by the government and encouraged those suffering to seek the help that they require as soon as possible.

Consideration of alternate version

When participants were asked to consider the alternative version which contained a blue background, reactions were mixed. Some felt that the blue background was more eye-catching and provided more contrast whereas the black and white was more boring. A few suggested that adding colour such as red in the font could further improve the visual appeal.

On the other hand, some preferred the black and white concept, suggesting that the blue seemed a bit more childish and lacking seriousness, comparing it to something that could be seen on a high-school poster. The blue colour did not seem appropriate for an advertisement targeting individuals who are already struggling. The black and white version was said to convey a more serious tone without being depressing.

Discussion of resources

The side-by-side layout of the mental health resources was thought to be best in this concept.

Overall, the resources included in the concept were considered “good to have.” Some felt that they could see themselves visiting the website or seeking a self-assessment.

Final concept comparison

After evaluating each concept separately, a brief discussion was held to identify which concept participants felt was the most effective.

While preferences varied slightly across the individual target audiences, overall, the concept most often chosen as the winning concept was Concept A (Out of Frame), with the other two concepts tied in second place at quite some distance. This concept was particularly appealing to youth and young adults, Indigenous Peoples, members of the 2SLGBTQI+ community, parents and caregivers, and men aged 35 and older.

Moreover, when participants were asked to consider the alternative version of Concept A rather than the primary one they had been shown, in all groups and across segments, several participants said that they would switch their vote from Concept B or C to this alternate Concept A, mainly because they felt it was better executed than the original and because it spoke more to them and to the topic of mental health struggles.

Concept B (Honest Answer) and Concept C (Bigger) were also chosen by a fair number of participants as their top choice. Concept B was particularly appealing to Indigenous Peoples where it often was in a virtual tie with Concept A.

Concept C (Bigger) tended to be selected more as the preferred concept by members of racialized communities (chosen more often among this group than Concept A), by parents and caregivers (in a virtual tie with Concept A among this group), and by members of the 2SLGBTQI+ community (a close second after Concept A).

Those who chose Concept C were asked specifically why they preferred it. Among those who preferred Concept C, the concept was generally praised for being simple, straightforward and demonstrating a sense of urgency.

Participants who selected Concept C as their top choice often felt that the reference to mental health was immediately apparent, and they felt that the message and idea that these issues can “grow” was simple to understand, did not require the audience to overthink, and is both important and true. It was said to have more of a sense of urgency in the call-to-action text, which encourages the audience to seek care or use the presented resources as soon as they can. In the English groups, it was pointed out that they particularly appreciated the directness of the words “get help now” and the connection they felt to the term “healing” in text. Those who preferred Concept C also felt that it was relevant to a broader audience, which was often felt to a lesser extent with the other two concepts.

Visually, the concept was said to be appealing as the image was not overly busy but rather “short and sweet” and worked well with the animation. While some felt that the black and white concept was stark and eye-catching, the blue background was also appealing for many. Some who preferred this concept also shared that it had the best layout of the information about mental health resources with the side-to-side text easy to see and the bolded website and phone numbers featured prominently next to each other.

Feedback on the mental health resources promoted in the concepts

Participants were also asked about the mental health resources that were shared in the concepts (the website as well as the new 9-8-8: Suicide Crisis Helpline).

Many participants agreed that they would remember the 9-8-8 phone number. If the number was shared a lot across various messages from the government, participants suspected that this would increase recall and the number would become part of most people’s consciousness, similar to 911 or the number of the Kids Help Phone.

The website would have much less recall for a few reasons. For most, it was not seen as a memorable URL (not short or punchy or different from other Government of Canada websites), and the inclusions of the forward slash and the hyphen compounded this idea. However, several participants suggested that they would probably use Google and search “mental health Canada” in order to find the website if they needed to.

As well, many participants could see themselves sharing these resources with a friend, although they would not necessarily share the advertisements themselves. Most of these participants explained that they would likely explore the resources themselves before sharing them as they would want to feel equipped to discuss it and would want to know what they were referring their friends to. Because of this, there were requests for more information about the 9-8-8 number, such as how it works, who is on the other side of the line, and what type of information or help one could expect to get.

Some participants suspected that including two types of resources provides flexibility to those who are struggling, as some may not feel comfortable directly speaking to a person they do not know, while others may need that type of support, may appreciate sharing anonymously with someone they don’t know, or would not be able to effectively use a website to navigate the system. A few also imagined scenarios where the text option would benefit someone in a mental health crisis who was unable to talk on the phone (for example, if they had kids nearby, or if they were at school or at work). It was suggested that the website should include a chat function for receiving support for individuals who are not comfortable talking but do not enjoy texting.

Many participants understood that the new 9-8-8 helpline would be intended for more immediate, urgent help and for suicide prevention, while the website would be useful for long-term planning or non-urgent mental health and substance use matters and may include things such as mental health tips and lists of provincial or regional resources. Some perceived that the website may be more for caregivers or supporters of those with mental health issues while the phone number would directly serve those suffering from a mental health issue. A few participants felt that the approach of sharing both resources was a bit confusing once they noticed that the 9-8-8 helpline was intended for situations of crisis whereas they figured the website and phone number would serve the same objective. Here again, there was some ask for more information about the 9-8-8 phone number and what type of help it would provide, by whom, and how.

[« The question I always ask myself about those numbers dedicated to urgencies is: Is my situation urgent enough to call that number? Is the person at the other end going to really care? Will I annoy them? »] – Male, 35, Quebec, Men aged 35+ “La question que je pose toujours avec ces numéros-là, qui sont vraiment dédiés à l’urgence, c’est : Est-ce que mon cas est assez urgent pour appeler ce numéro-là? Est-ce que la personne que j’ai en face de moi, est-ce qu’elle va vraiment m’avoir à cœur? Est-ce que je vais pas la déranger?”

Participants felt that the advertisements should make it clear that the helpline is secure and confidential, particularly as there are those who instinctively feel that anything associated with the Government of Canada may not be. There were also some who suggested that 9-8-8 should receive its own advertisement campaign to build more awareness without being “clouded” by the message about the website. It was suggested that an awareness campaign should try to reach kids and young adults so that it would become part of the Canadian psyche, much as 9-1-1 or the Kids Help Phone numbers are.

There were a few concerns shared regarding these resources. A few shared concerns or were skeptical about the fact that the Government of Canada is behind the resources as they recalled their own negative experiences with other government services. Some felt that they would not necessarily turn to a federal website if they required mental health support but instead would seek a local resource. There were also concerns over how substance use disorders and addiction may fit into the resources as it seems unclear whether these types of issues would warrant a call or whether the 9-8-8 phone number would be appropriate for people struggling with substance use issues, whether acute (i.e., overdose situations) or chronic. It was sometimes suggested that this part of the message should not be included because it begged more questions than that it gave useful information.

Feedback on alternative calls to action

After discussing the advertising concepts, participants were asked to provide feedback on two alternative calls to action referencing the 9-8-8 helpline. Version 1, below, was the one used in all the concepts during the discussion, while Version 2 was discussed as an alternative approach:

Version 1:

If you're thinking about suicide, help is available.
Call or text 9-8-8 toll-free, any time.

The logo for Canada, featuring the word "Canada" in a serif font with a small Canadian flag icon above the letter 'a'.

Version 2:

If you are in an emotional or suicidal crisis,
call or text 9-8-8

The logo for Canada, featuring the word "Canada" in a serif font with a small Canadian flag icon above the letter 'a'.

The second approach was preferred by most participants. Those who preferred the second approach believed it came off as more inclusive as it broadens the scope of who can call the helpline from only those thinking about suicide to include also those in an emotional crisis. It was said to encourage individuals to seek help earlier. The language was also considered more direct and often appreciated because it was shorter. Particularly, some said that “toll-free” was antiquated and should not be mentioned.

Alternatively, those who preferred Version 1 often liked the explanatory language used, (help is available) and liked that it was clear that the helpline is free and can be used any time. These participants often would like to this language used in Version 1 added to Version 2. Those who preferred this original version also said that they felt the phone lines should be kept for those who needed it most and that by broadening the scope as suggested in Version 2, it may not be able to effectively help those who needed it the most. Some who preferred Version 1 stated that they would prefer Version 2 if the word “crisis” could be softened, such as using the word “distress” or similar.

General feedback on mental health-related issues and resources

Time permitting, the discussions closed on a general exploration of mental health-related topics, including mental health resources.

While not explicitly explored with participants, some alluded to their own past and present mental health struggles, or of those of their loved ones. For many, there is or would be little hesitation in finding and using mental health resources if they felt they needed support.

However, the notion of stigma and ego or emotional state getting in the way of seeking help was brought up a few times.

[« I tried to get information about mental health support, but I was afraid of what others would think about me. I told myself, wow, someone might see me there and think I am stressed. If I say I am anxious, what will people think of me? »] – Female, 42, Quebec, member of a racialized community “J’ai parfois tenté de me renseigner pour des soutiens en santé mentale mais j’avais eu peur du regard des autres. Je me suis dit ‘wow, on va peut-être me voir là et penser que je suis en train de stresser.’ Si je dis que je fais de l’anxiété, quel est le regard qu’on va apporter sur moi.”

That being said, only very few participants said that they had at some point in their lives thought about looking for resources for their mental health struggles but had then decided not to do so. The few participants who spoke of having this experience mostly said that this was in their early 20s when they were in university, and that at that time, they felt that they should just “power through” or “take the lows with the highs” rather than reaching out or finding more information.

Wait times and access to mental health services in Canada were often mentioned as barriers to receiving mental health care, especially in more rural and remote areas. This would deter some participants from even looking for help altogether.

[« Waiting lists are very long in the public system. »] – Female, 47, Quebec, member of a racialized community “Les listes d’attentes sont tellement longues dans le public.”

Cost was also brought up as a barrier in some groups. Those who had employer-provided mental health resources often said those were more accessible and they would try to go there first.

When discussing using the 9-8-8 phone number as a resource, there was some sense that if they were in crisis, participants would potentially call, but that it would likely not be their first way of seeking help. In this context, some shared views about the pros and cons of speaking to someone they did not know and who did not know them, versus building a relationship with a mental health professional in a more traditional therapy setting. There was also a sense that

participants wanted to know more about how the service works and what they could expect when calling before feeling comfortable using it.

While many said they had no questions or concerns about the help line, there were specific questions and concerns about confidentiality or tracking of personal information, user-friendliness, wait times and employee training and competencies. It was suggested that if primary caregivers or other mental health professionals in the community would provide their patients with information about the phone number and the website, this could help provide legitimacy and assuage some doubts people might have.

Some said that they would typically not seek help with their mental health from the federal government, while others said that the fact that this was a government-run service legitimized it for them. These participants often also expressed appreciation for the federal government putting their money where their mouth is on this topic, and they applauded the launch of the service.

The hopes or expectations for the service for it to be effective included that there would be a quick response time, whether by phone or text, that both modes would be answered by live responders, and that assistance would be local. It was also brought up that responders should be trained in cultural sensitivity or provide services tailored to certain groups, such as language minorities and Indigenous Peoples. There was also the hope that the whole service would be and would remain free, rather than quickly referring callers to a service that would be expensive.

Generally, participants hoped that they would be speaking to a mental health expert or trained therapist rather than to someone who would serve as a referral system. In a number of groups, participants asked whether there was a connection between 9-8-8 and 9-1-1, and whether emergency services would be called if it became apparent that a caller was either inflicting or close to inflicting self-harm or harm to others.

Typically, when told a bit more about how the service is designed and how it works, it met these expectations.

Methodology

All research work was conducted in accordance with the professional standards established by the Government of Canada Public Opinion Research Standards, as follows:

Quorus was responsible for coordinating all aspects of the research project including working with Health Canada in designing and translating the recruitment screener and the moderation guide, coordinating all aspects of data collection logistics, including participant recruitment, providing the online focus group platform and moderating all focus groups and delivering required reports at the end of data collection. The research approach is outlined in greater detail below.

Target audience and sample frame

The target audience for this research study consisted of Canadians from the following regions:

- Atlantic Canada (English)
- Quebec (French)
- Ontario/Nunavut (English)
- Western Canada (Prairies/NWT/BC/Yukon) (English)

Six groups were held in each region, with one group dedicated to each of the following segments:

- Youth and young adults 16 to 34
- Indigenous Peoples (First Nations, Metis and Inuit)
- Individuals who identify as a member of the 2SLGBTQI+ community
- Parents/caregivers of children 10-18
- Individuals who identify as racialized
- Men aged 35+

In the design of the recruitment screener, specific questions were inserted to clearly identify whether participants qualified for the research program and to ensure, where applicable, a good representation by age, region, gender, ethnicity.

In addition to the general participant profiling criteria noted above, additional screening measures to ensure quality respondents include the following:

- No participant (nor anyone in their immediate family or household) was recruited who worked in related government departments/agencies, nor in advertising, marketing

research, public relations, or the media (radio, television, newspaper, film/video production, etc.).

- No participant acquainted with another participant was knowingly recruited for the same study, unless they were recruited into separately scheduled sessions.
- No participant was recruited who had attended a qualitative research session within the past six months.
- No participant was recruited who had attended five or more qualitative research sessions in the past five years.
- No participant was recruited who had attended a qualitative research session on the same general topic as defined by the Researcher/Moderator in the past two years.

Description of data collection procedures

Data collection consisted of online focus groups with individuals in Canada. Each focus group lasted approximately 90 minutes.

For each focus group, Quorus recruited 8 participants with the goal of achieving 6-8 participants per session. All individuals who participated in a focus group received an honorarium of \$125.

Participants invited to participate in the focus groups were recruited by telephone through random digit dialing of the general public as well as through the use of a proprietary opt-in database.

The recruitment of participants followed the screening, recruiting and privacy considerations as set out in the *Standards for the Conduct of Government of Canada Public Opinion Research—Qualitative Research*. Furthermore, recruitment respected the following requirements:

- All recruitment was conducted in the participant's official language of choice, English and French, as appropriate.
- Upon request, participants were informed on how they can access the research findings.
- Upon request, participants were provided Quorus' privacy policy.
- Recruitment confirmed each participant had the ability to speak, understand, read and write in the language in which the session was to be conducted.
- Participants were informed of their rights under the *Privacy and Access to Information Acts* and ensure that those rights were protected throughout the research process. This included: informing participants of the purpose of the research, identifying both the sponsoring department or agency and research supplier, informing participants that the

study will be made available to the public in 6 months after field completion through Library and Archives Canada, and informing participants that their participation in the study is voluntary and the information provided will be administered according to the requirements of the *Privacy Act*.

At the recruitment stage and at the beginning of each focus group, participants were informed that the research was being conducted for the Government of Canada and Health Canada. Participants were informed of the audio/video recording of their session and of the presence of Health Canada observers. Quorus ensured that prior consent was obtained at the recruitment stage and before participants began their focus group.

All sessions were conducted in the evening after regular business hours. The research team used the Zoom platform to host and record focus group sessions (through microphones and webcams connected to the moderator and participants electronic devices, such as their laptop, tablet or smartphone) enabling client remote viewing.

A total of 24 online focus groups were conducted across Canada between November 27 and December 5, 2023.

Date	Time (EST)	Region	Segment	Language	Number of participants
November 27, 2023	4:00 PM	Atlantic Canada	Parents/Caregivers	English	7
	6:00 PM	Ontario/Nunavut	Men 35+	English	7
	8:00 PM	Western Canada	Youth/Young adults 16 to 34	English	7
November 28, 2023	5:00 PM	Ontario/Nunavut	2SLGBTQI+ individuals	English	7
	5:00 PM	Quebec	Youth/Young adults 16 to 34	French	6
	7:00 PM	Quebec	Men 35+	French	8
	8:00 PM	Western Canada	Parents/Caregivers	English	5
November 29, 2023	5:00 PM	Quebec	Racialized individuals	French	8
	7:00 PM	Quebec	Parents/Caregivers	French	5
	8:00 PM	Western Canada	Men 35+	English	7
November 30, 2023	5:00 PM	Ontario/Nunavut	Racialized individuals	English	6
	8:00 PM	Western Canada	2SLGBTQI+ individuals	English	8
	5:00 PM	Quebec	Indigenous Peoples	French	6
	7:00 PM	Quebec	2SLGBTQI+ individuals	French	7
	9:00 PM	Western Canada	Racialized individuals	English	8
December 2, 2023	1:00 PM	Ontario/Nunavut	Parents/Caregivers	English	8
	3:00 PM	Atlantic Canada	Men 35+	English	7
	10:00 AM	Atlantic Canada	Racialized individuals	English	7

Date	Time (EST)	Region	Segment	Language	Number of participants
	4:00 PM	Atlantic Canada	Youth/Young adults 16 to 34	English	8
December 4, 2023	5:00 PM	Atlantic Canada	2SLGBTQI+ individuals	English	8
	7:00 PM	Ontario/Nunavut	Indigenous Peoples	English	7
December 5, 2023	4:00 PM	Atlantic Canada	Indigenous Peoples	English	7
	6:00 PM	Ontario/Nunavut	Youth/Young adults 16 to 34	English	8
	8:00 PM	Western Canada	Indigenous Peoples	English	7
TOTAL: 169					

Qualitative research disclaimer

Qualitative research seeks to develop insight and direction rather than quantitatively projectable measures. The purpose is not to generate “statistics” but to hear the full range of opinions on a topic, understand the language participants use, gauge degrees of passion and engagement and to leverage the power of the group to inspire ideas. Participants are encouraged to voice their opinions, irrespective of whether or not that view is shared by others.

Due to the sample size, the special recruitment methods used, and the study objectives themselves, it is clearly understood that the work under discussion is exploratory in nature. The findings are not, nor were they intended to be, projectable to a larger population.

Specifically, it is inappropriate to suggest or to infer that few (or many) real world users would behave in one way simply because few (or many) participants behaved in this way during the sessions. This kind of projection is strictly the prerogative of quantitative research.

Appendices

Appendix A: Recruitment Screener

Specifications

- Recruit 8 participants per group, for 6 to 8 to show
- Participants to be paid \$125
- 24 online focus groups will be conducted with Canadians in the following four locations:
 - Atlantic Canada (English)
 - Quebec (French)
 - Ontario/Nunavut (English)
 - Western Canada (Prairies/NWT/BC/Yukon) (English)
- 6 online groups will be held with participants in each region, with one group for each of the following segments:
 - Youth and young adults 16 to 34
 - Indigenous Peoples (First Nations, Metis and Inuit)
 - Individuals who identify as a member of the 2SLGBTQI+ community
 - Parents/caregivers of children 10-18
 - Individuals who identify as racialized
 - Men aged 35+

NOTE 1: As participants may qualify for multiple sessions, recruitment should prioritize lower incidence segments first.

NOTE 2: All participants should be 18 years of age or older except for those recruited for “Youth and young adults 16 to 34” where the lowest age can be 16.

All times are stated in local area time unless specified otherwise.

Group 1 Parents/Caregivers November 27 5:00 pm AST Atlantic Canada	Group 2 Men 35+ November 27 6:00 pm EST Ontario/Nunavut	Group 3 Youth/Young 16 to 34 November 27 5:00 pm PST Western Canada (SK/MB/AB/BC/NWT/YK)	Group 4 2SLGBTQI+ individuals November 28 5:00 pm EST Ontario/Nunavut
Group 5 - FRENCH Youth/Young 16 to 34 November 28 5:00 pm EST Quebec	Group 6 - FRENCH Men 35+ November 28 7:00 pm EST Quebec	Group 7 Parents/Caregivers November 28 6:00 pm PST Western Canada (SK/MB/AB/BC/NWT/YK)	Group 8 - FRENCH Racialized individuals November 29 5:00 pm EST Quebec
Group 9 - FRENCH Parents/Caregivers November 29 7:00 pm EST Quebec	Group 10 Men 35+ November 29 6:00 pm PST Western Canada (SK/MB/AB/BC/NWT/YK)	Group 11 Racialized individuals November 30 5:00 pm EST Ontario/Nunavut	Group 12 2SLGBTQI+ individuals November 30 5:00 pm PST Western Canada (SK/MB/AB/BC/NWT/YK)
Group 13 - FRENCH Indigenous Peoples November 30 5:00 pm EST Quebec	Group 14 - FRENCH 2SLGBTQI+ individuals November 30 7:00 pm EST Quebec	Group 15 Racialized individuals November 30 6:00 pm PST Western Canada (SK/MB/AB/BC/NWT/YK)	Group 16 Parents/Caregivers December 2 1:00 pm EST Ontario/Nunavut
Group 17 Men 35+ December 2 4:00 pm AST Atlantic Canada	Group 18 Racialized individuals December 2 11:00 am AST Atlantic Canada	Group 19 Youth/Young 16 to 34 December 2 5:00 pm AST Atlantic Canada	Group 20 2SLGBTQI+ individuals December 4 6:00 pm AST Atlantic Canada
Group 21 Indigenous Peoples December 4 7:00 pm EST Ontario/Nunavut	Group 22 Indigenous Peoples December 5 5:00 pm AST Atlantic Canada	Group 23 Youth/Young 16 to 34 December 5 6:00 pm EST Ontario/Nunavut	Group 24 Indigenous Peoples December 5 5:00 pm PST Western Canada (SK/MB/AB/BC/NWT/YK)

Questionnaire

A. Introduction

Hello/Bonjour, my name is [NAME] and I am with Quorus Consulting Group, a national public opinion research company. We're planning a series of online discussion groups on behalf of the Government of Canada with people in your area. Would you prefer to continue in English or French? / Préférez-vous continuer en anglais ou en français?

[INTERVIEWER NOTE: FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH, "Malheureusement, nous recherchons des gens qui parlent anglais pour participer à ces groupes de discussion. Nous vous remercions de votre intérêt." FOR FRENCH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN ENGLISH, PLEASE RESPOND WITH, "Unfortunately, we are looking for people who speak French to participate in this discussion group. We thank you for your interest."]

[INTERVIEWER NOTE 2: IF SOMEONE IS ASKING TO PARTICIPATE IN FRENCH/ENGLISH BUT NO GROUP IN THIS LANGUAGE IS AVAILABLE IN THIS AREA, TALK TO YOUR SUPERVISOR. EFFORTS WILL BE MADE TO INCLUDE THEM IN A GROUP IN THEIR PREFERRED LANGUAGE IN THE NEAREST TIME ZONE TO WHERE THEY LIVE. ONE-ON-ONE INTERVIEWS CAN ALSO BE ACCOMMODATED AS THE NEED ARISES.]

As I was saying – we are planning a series of online discussion groups on behalf of the Government of Canada with people in your area. The research will focus on getting your reactions to concepts and materials being considered for an advertising campaign related to mental health, substance use, and suicide prevention. The groups will last up to 90 minutes (one and a half hours) and people who take part will receive a cash gift to thank them for their time.

Participation is completely voluntary. We are interested in your opinions. No attempt will be made to sell you anything or change your point of view. The format is a group discussion held using the online web conferencing platform Zoom, led by a research professional with about six to eight other participants invited the same way you are being invited. The use of a computer or a tablet (not a smartphone) in a quiet room is necessary for participation, as the moderator will be gauging reactions to concepts and materials.

All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy, including the Privacy Act, legislation of the Government of Canada, and relevant provincial privacy legislation.

1. Before we invite anyone to attend, we need to ask you a few questions to ensure that we get a good mix of people in each of the groups. This will take 5 minutes. May I continue?

Yes	1	CONTINUE
No	2	THANK/DISCONTINUE

B. Qualification

2. Do you, or any member of your immediate family, work for...? **[READ LIST]**

...a marketing research, public relations, or advertising firm?	1
...the media (radio, television, newspapers, magazines, etc.)?	2
...the federal or provincial government?	3
...a legal or law firm?	4

IF YES TO ANY, THANK AND TERMINATE

3. Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

Yes	1	
No	2	GO TO Q7

4. When did you last attend one of these discussion groups or interviews?

Within the last 6 months	1	THANK & TERMINATE
Over 6 months ago	2	

5. Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?

RECORD: _____

THANK/TERMINATE IF RELATED TO MENTAL HEALTH/SUICIDE/HEALTH CANADA

6. How many discussion groups or interviews have you attended in the past 5 years?

Fewer than 5 1

Five or more 2 **THANK & TERMINATE**

7. We are looking to include people of various ages in the group discussion. May I have your age please? **RECORD AGE:** _____

RECRUIT A MIX OF AGES IN EACH GROUP, NOTING SPECIFIC AGE REQUIREMENTS IN SOME GROUPS.

INDIVIDUALS AGED 16 AND 17 YEARS OF AGE WILL BE ELIGIBLE ONLY FOR GROUPS WITH YOUTH/YOUNG ADULT 16 TO 34.

8. What is your gender identity? [If you do not feel comfortable disclosing, you do not need to do so] **[DO NOT READ LIST]**

Male 1

Female 2

Prefer to self-describe, please specify: _____ 3

Prefer not to say 4

WITH THE EXCEPTION OF ALL MALE GROUPS, AIM FOR 50/50 SPLIT OF MALE AND FEMALE, WHILE RECRUITING OTHER GENDER IDENTITIES AS THEY FALL

IF "OTHER", PRIORITIZE FOR 2SLGBTQI+ GROUPS

9. We want to make sure we speak to a diversity of people. Do you identify as any of the following? *SELECT ONE*

An Indigenous person that is, First Nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians 1

A member of a racialized community (other than an Indigenous person) 2

None of the above 3

IF YES TO "INDIGENOUS", PRIORITIZE FOR INDIGENOUS GROUPS

10. [ASK ONLY IF Q9=2] What is your ethnic background?

RECORD ETHNICITY: _____

RECRUIT A MIX OF ETHNICITIES IN RACIALIZED GROUPS

11. Are you the parent or guardian of at least one child between 10 to 18 years of age?

- | | |
|----------------------------|---|
| Yes – a parent or guardian | 1 |
| No (not a parent/guardian) | 2 |

IF YES, PRIORITIZE FOR PARENT/CAREGIVER GROUPS

12. [ASK ONLY IF Q11=1] How important are the topics of mental health, substance use and suicide prevention to you personally? Would you say...[READ LIST]

- | | |
|----------------------|---|
| Very important | 1 |
| Somewhat important | 2 |
| Not very important | 3 |
| Not important at all | 4 |

13. [ASK ONLY IF Q11=1] How would you describe your level of interest in learning more about support resources related to mental health, substance use and suicide prevention for yourself personally or for close friends and immediate family? Would you say...[READ LIST]

- | | |
|-----------------------|---|
| Significant interest | 1 |
| Some interest | 2 |
| Not very interested | 3 |
| Not interested at all | 4 |

FOR GROUPS WITH PARENTS/CAREGIVERS, RECRUIT A MINIMUM OF 3 PARTICIPANTS PER GROUP WHO ANSWER Q12=1 OR Q13=1

14. Do you identify as a member of the 2SLGBTQI+ (Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex) community?

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |

IF YES, PRIORITIZE FOR 2SLGBTQI+ GROUPS

15. Do you currently live in... **[READ LIST]**

A city or metropolitan area with a population of at least 100,000	1
A city with a population of 30,000 to 100,000	2
A city or town with a population of 10,000 to 30,000	3
A town or rural area with a population under 10,000	4

FOR EACH GROUP, RECRUIT A MIX OF INDIVIDUALS WHO LIVE IN A CITY OR TOWN WITH A POPULATION OF AT LEAST 30,000 AND THOSE WHO LIVE IN SMALLER TOWNS/RURAL

16. Participants in group discussions are asked to voice their opinions and thoughts. For these focus groups, participants will be asked to review and discuss potential advertising materials related to mental health, substance use, and suicide prevention. How comfortable are you in voicing your opinions in an online group discussion with others? Are you... **READ OPTIONS**

Very comfortable	1	MIN 5 PER GROUP
Fairly comfortable	2	
Not very comfortable	3	THANK & TERMINATE
Very uncomfortable	4	THANK & TERMINATE

17. Do you have access to a stable internet connection, capable of sustaining a 90-minute online video conference?

Yes	1	
No	2	THANK & TERMINATE

18. Participants will be asked to provide their answers through an online web conferencing platform using a computer or a tablet (**not a smartphone**) in a quiet room. It is necessary for participation, as the moderator will be gauging reactions to advertising concepts and materials. Is there any reason why you could not participate? (No access to computer or tablet, internet, etc.) If you need glasses to read or a device for hearing, please remember to wear them.

Yes	1	
No	2	SKIP TO INVITATION

19. Is there anything we could do to ensure that you can participate?

Yes	1	
No	2	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

20. What specifically? [OPEN END]

INTERVIEWER TO NOTE FOR POTENTIAL ONE-ON-ONE INTERVIEW

RECRUITER NOTE: WHEN TERMINATING AN INTERVIEW, SAY: *“Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours.”*

C. INVITATION TO PARTICIPATE

21. I would like to invite you to participate in an online focus group session where you will exchange your opinions in a moderated discussion with other Canadians in your region. The discussion will be led by a researcher from the national public opinion research firm, Quorus Consulting. The session will be recorded but your participation will be confidential. The group will be hosted using an online web conferencing platform, taking place on [DAY OF WEEK], [DATE], at [TIME]. It will last 90 minutes (one and a half hours). People who attend will receive \$125 to thank them for their time.

Would you be interested in taking part in this study?

Yes	1	
No	2	THANK & TERMINATE

22. The discussion group will be video-recorded. These recordings are used to help with analyzing the findings and writing the report. The results from the discussions will be grouped together in the research report, which means that individuals will not be identified in anyway. Neither your name nor your specific comments will appear in the research report. Is this acceptable?

Yes	1	
No	2	THANK & TERMINATE

23. There will be some people from Health Canada and/or the Government of Canada, and other individuals involved in this project observing the session. They will not take part in the discussion and they will not know your name. Is this acceptable?

Yes 1

No 2 **THANK & TERMINATE**

24. Thank you. Just to make sure, the group will take place on **[DAY OF WEEK]**, **[DATE]**, at **[TIME]** and it will last 90 minutes (one and a half hours). Following your participation, you will receive \$125 to thank you for your time. Are you interested and available to attend?

Yes 1

No 2 **THANK & TERMINATE**

To conduct the session, we will be using a screen-sharing application called **Zoom**. **We will need to send you by email the instructions to connect.** The use of a computer or tablet (**not a smartphone**) in a quiet room is necessary since the moderator will want to show material to participants to get their reactions – that will be an important part of the discussion.

We recommend that you click on the link we will send you a few days prior to your session to make sure you can access the online meeting that has been setup and repeat these steps at least 10 to 15 minutes prior to your session.

As we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, **you cannot send someone to participate on your behalf** - please call us so that we can get someone to replace you. You can reach us at **[INSERT NUMBER]** at our office. Please ask for **[INSERT NAME]**.

So that we can contact you to remind you about the focus group or in case there are any changes, can you please confirm your name and contact information for me? **[READ INFO AND CHANGE AS NECESSARY.]**

First name _____

Last Name _____

Email _____

Day time phone number _____

Night time phone number _____

Thank you!

If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse THANK & TERMINATE

Appendix B: Moderation Guide

Script is for all sessions unless otherwise indicated.

Introduction to Procedures (15 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
 - Thanks for attending.
 - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of the Government of Canada.
 - Today we will be talking about different concepts for advertisements that the Government of Canada is thinking about producing. The advertising campaign relates to mental health, substance use, and suicide prevention. Given the sensitive nature of the subject, I would like to remind everyone that your participation is voluntary, and you should feel free to step back from the conversation if you feel uncomfortable. I will remind you all again when we reach that point in the discussion.
 - The discussion will last approximately 90 minutes.
 - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
 - A discussion group is a “round table” discussion, meaning we will discuss something and everyone has an equal chance to express an opinion. We will also be asking you to answer survey questions from time to time to help guide the discussion.
 - My job is to facilitate the discussion, keeping us on topic and on time.
 - Your job is to offer your opinions on the concepts I’ll be showing you tonight/today. Your honest opinion is valued – I am not the one who developed the concepts I’ll be showing you tonight so please feel free to share what you like and what you think might need improving.
 - There are no right or wrong answers. This is not a knowledge test.
 - Everyone’s opinion is important and should be respected.
 - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other Canadians.
 - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. If you are not speaking, I would encourage you to mute your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!

- I will be sharing my screen to show you some things.
- We will be making regular use of the chat function. **[MODERATOR EXPLAINS HOW TO ACCESS THE ZOOM CHAT FEATURE DEPENDING ON THE DEVICE THE PARTICIPANT IS USING]**. Let's do a quick test right now - please open the chat window and send the group a short message (e.g., Hello everyone). If you have an answer to a question and I don't get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project
- Explanations.
 - Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name. Please do not provide any identifiable information about yourself.
 - The final report for this session, and others, can be accessed through the Library of Parliament or Library and Archives Canada's website once it's posted.
 - Your responses will in no way affect your dealings with the Government of Canada.
 - The session is being audio-video recorded for report writing purposes / verify feedback. These recordings are stored for up to 6 months and then destroyed.
 - Some of my colleagues involved in this project are watching this session and this is only so they can hear the comments first-hand.

Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.

Any questions?

INTRODUCTIONS: Let's go around – please tell us your name and a little bit about yourself, such as where you live, who lives with you, what you do for a living, etc.
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Ad Concept Setup (5 minutes)

Let's now turn our attention to the draft advertising concepts being considered by the Government of Canada. I want to emphasize that these concepts are drafts at this stage and have not been finalized.

I'm going to show you three ad concepts that are currently being considered by the Government of Canada. The ads will either be static images or a few may have some animation and they would eventually be on social media or on websites you might visit and they could appear on television.

For the concepts, here is what we will be looking at:

- The concepts you will see may be adapted to other formats, like video and audio.
- All versions of the ad will direct audiences to a website and/or a helpline

What you will see is not what the final product will look like. Your input from tonight will help improve them and adapt them for several different audiences. If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally-produced with an advertising agency.

I just want to remind everyone that the advertising concepts relate to mental health, substance use, and suicide prevention. While we have tried to minimize any potential risks and discomfort, due to the sensitive nature of the topic, if at any time you feel uncomfortable or uneasy giving your opinion, please feel free not to answer any of the questions asked or step away. We are putting in the chat free resources, services, and supports you are welcome to use anytime, anywhere:

MODERATOR TO PROVIDE LIST OF RESOURCES IN CHAT:

Government of Canada: <https://www.canada.ca/mental-health>

Talk Suicide Canada: www.talksuicide.ca OR 1-833-456-4566

The Hope for Wellness Helpline: <https://www.hopeforwellness.ca/>

Wellness Together Canada: <https://www.wellnesstogether.ca/en-CA>

FOR INTERNAL USE ONLY:

Concept A = OUT OF FRAME

Concept B = HONEST ANSWER

Concept C = BIGGER

Group 1_S4:	A	B	C
Group 2_S6:	B	C	A
Group 3_S1:	C	A	B
Group 4_S3:	A	C	B
Group 5_S1:	B	A	C
Group 6_S6:	C	B	A
Group 7_S4:	A	B	C
Group 8_S5:	B	C	A
Group 9_S4:	C	A	B
Group 10_S6:	A	B	C
Group 11_S5:	B	C	A
Group 12_S3:	C	A	B
Group 13_S2:	A	C	B
Group 14_S3:	B	A	C
Group 15_S5:	C	B	A
Group 16_S4:	A	B	C
Group 17_S6:	B	C	A
Group 18_S5:	C	A	B
Group 19_S1:	A	B	C
Group 20_S3:	B	C	A
Group 21_S2:	C	A	B
Group 22_S2:	A	C	B
Group 23_S1:	B	A	C
Group 24_S2:	C	B	A

****CONCEPT CONTENT TO BE SPECIFIC TO EACH TARGET AUDIENCE**

- S1 Youth and young adults 16 to 34
- S2 Indigenous Peoples (First Nations, Metis and Inuit)
- S3 Individuals who identify as a member of the 2SLGBTQI+ community
- S4 Parents/caregivers of children 10-18
- S5 Individuals who identify as racialized
- S6 Men aged 35+

Concept and Potential Variation Evaluation (15 mins/concept = 45 mins)

This is the first advertising campaign concept – it is called Concept A/B/C. **MODERATOR SHOWS THE CONCEPT VARIATION BEING TESTED FOR THE SPECIFIC TARGET AUDIENCE SEGMENT.**

1. **[CREATIVE]** In the chat box, how would you rate this creative concept on a scale from 1 to 10, where 10 is the best score possible?
 - **EXPLORE AS NEEDED:** Why did you give it this rating? Tell me more about your initial thoughts and feelings of the concept.
2. Based on your rating, what did you like and dislike about this concept?
3. **[MAIN MESSAGE]** What do you think is the main message of this concept? ...what is it trying to tell us?
4. **[CALL TO ACTION]** What do you think this concept is trying to get us to do... whether right now or later?
 - Would this approach motivate you to do anything in particular?
 - **PROBE:** Does the tone of the ad motivate you to take any specific actions... such as seeking more information or sharing the message with others?
5. How well do you think this concept accurately represents the present-day issues surrounding mental health, substance use, and suicide in Canada?
6. How well do you think this concept shows that help, support, and recovery are possible?
7. **[IMPROVEMENTS]** What would you change about the concept to make it more appealing?
8. **[ASK FOR CONCEPTS A AND B]**
 - What suggestions do you have for different images (i.e., scenes, scenarios) to make it appeal to you?
 - What suggestions do you have for different text in the ad to also make it more relevant to you?

Most Effective Ad Concept (5 minutes)

We have seen and discussed three (3) concepts for the advertising campaign, as well as potential variations on each of them. I would like to show you the concepts again for a final exercise.

MODERATOR SHARES ALL CONCEPTS AGAIN REPEATING THE LETTERS FOR EACH CONCEPT.

1. Which is the one (1) advertising concept that you think is the most effective? The one that you would want the Government of Canada to produce. Type your selection in the chat and we'll discuss.
2. Some of you chose Concept C - what *exactly* made it better than the other two concepts?
3. The concept promotes two types of resources: a website and a 988 number that you can either call or text. If you saw the ad you prefer the most, would you remember the website or helpline?
 - And would you be motivated to also share this information with someone struggling with their mental health? Why or why not?
 - Why do you think there are these two resources? Do the concepts suggest they serve different purposes?
 - **IF NEEDED:** In what kinds of circumstances would the website be used? ...and what about the 988 number?
 - If Health Canada wants to encourage people who are going through a crisis or feeling suicidal to use the 988 number, does one of the three concepts convey this better than the others?
4. I'd like to get your reaction to a different approach to the part of the concepts that focuses on the 9-8-8 number. On your screen, version #1 is what we've seen so far in the concepts. If we now also consider versions #2, which of the two approaches would you prefer for the concept you selected as the best? Go ahead and type the number in the chat. **MODERATOR SHOWS TWO VERSIONS ON THE SCREEN AND COLLECTS VOTES IN THE CHAT**
 - **VERSION 1 (STATUS QUO):** If you're thinking about suicide, help is available. Call or text 988 toll-free, any time.
 - **VERSION 2:** If you are in an emotional or suicidal crisis, call or text 988

General Feedback on Mental Health-Related Issues (20 minutes)

[EXPLORE IN ALL GROUPS TIME PERMITTING]

Before we finish tonight's session, I want to ask you about your mental health or that of someone you know.

1. What are some of the ways you take care of your own mental health?
2. What, if anything, makes it challenging to take care of your mental health?
 - **Probe:** What would make it easier?
3. How many of you here have ever been concerned about the mental health of someone you know?
 - Did you talk to them about it? Why / Why not?
 - Did you feel like you knew how to support them?
4. Have you ever intended to look for information on the types of mental health resources, services, and supports... but didn't? Why / Why not?
5. How easy or difficult is it for you to find reliable and credible information on the types of mental health resources, services, and supports that are available?
 - If you've never searched for these types of resources before, what would be your expectations?
6. How would you describe the quality of online mental health, substance use or suicide prevention resources?
 - In what ways do these online resources fall short of what might be needed?
7. Support can come in different shapes and sizes depending on what you might need at the time:
 - How interested would you be in tips to manage your mental health?
 - How interested would you be in information on all of the services and supports available to you to manage your mental health?
8. Would you feel comfortable reaching out for support if you felt you were struggling with your mental health?

- Would you feel comfortable reaching out to a friend or family member? Why or why not?
9. Would you call/text 988 for yourself if needed? Why or why not?
- **PROBE AS NEEDED:** Would you have any particular concerns or expectations if you were to call/text 988?
 - If you knew someone who may be struggling with suicidal thoughts, would you call/text 988? Why or why not?

Wrap-up (1 minute)

I would just like to wrap up by reminding everyone that if you or someone you know is going through a crisis and needs support, please know that there are mental health resources you can consult. I will provide you with some of these resources in the chat again now. We will also send an email to each one of you after the group with this list of resources as well as additional numbers that you can call or text.

MODERATOR TO PROVIDE LIST OF RESOURCES IN CHAT:

- Government of Canada: <https://www.canada.ca/mental-health>
- Talk Suicide Canada: www.talksuicide.ca OR 1-833-456-4566
- The Hope for Wellness Helpline: <https://www.hopeforwellness.ca/>
- Wellness Together Canada: <https://www.wellnesstogether.ca/en-CA>

The Government of Canada is currently working with the Centre for Addiction and Mental Health on the implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress. **[If before November 30]** The number is not live in Canada yet. It will launch on November 30, 2023.

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

Appendix C: French Draft Concepts

Concept A:

Youth/Young adults 16 to 34 (variation 1)

* tested in group #3



Vous n'avez pas à souffrir en arrière-plan.

Aller mieux peut commencer par chercher de l'aide.
Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances au Canada.ca/sante-mentale.

Si vous pensez au suicide, de l'aide est disponible.
Appelez ou textez au 9-8-8 sans frais en tout temps.

Canada

Youth/Young adults 16 to 34 (variation 2)

* tested in groups #5, 19 and 23 and as alternative variation in all other groups with all audiences starting Nov 29



Vous n'avez pas à souffrir en arrière-plan.

Aller mieux peut commencer par chercher de l'aide.
Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances au Canada.ca/sante-mentale.

Si vous pensez au suicide, de l'aide est disponible.
Appelez ou textez au 9-8-8 sans frais, à tout moment.

Canada

Indigenous Peoples



LAC KLUANE, 2022

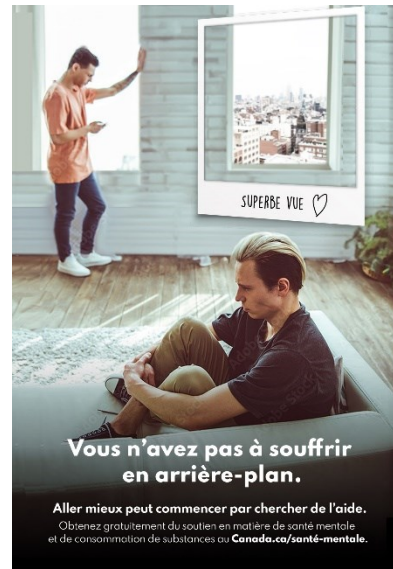
Vous n'avez pas à souffrir en arrière-plan.

Aller mieux peut commencer par chercher de l'aide.
Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances au Canada.ca/santé-mentale.

Si vous pensez au suicide, de l'aide est disponible.
Appelez ou textez au 9-8-8 sans frais en tout temps.

Canada

2SLGBTQI+ individuals



SUPERBE VUE

Vous n'avez pas à souffrir en arrière-plan.

Aller mieux peut commencer par chercher de l'aide.
Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances au Canada.ca/santé-mentale.

Si vous pensez au suicide, de l'aide est disponible.
Appelez ou textez au 9-8-8 sans frais en tout temps.

Canada

Parents/Caregivers



Vous n'avez pas à souffrir en arrière-plan.

Aller mieux peut commencer par chercher de l'aide.
Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances au Canada.ca/santé-mentale.

Si vous pensez au suicide, de l'aide est disponible.
Appelez ou textez au 9-8-8 sans frais en tout temps.

Canada

Racialized individuals



Vous n'avez pas à souffrir en arrière-plan.

Aller mieux peut commencer par chercher de l'aide.
Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances au Canada.ca/santé-mentale.

Si vous pensez au suicide, de l'aide est disponible.
Appelez ou textez au 9-8-8 sans frais en tout temps.

Canada

Men aged 35+

Vous n'avez pas à souffrir en arrière-plan.

Aller mieux peut commencer par chercher de l'aide. Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances au Canada.ca/sante-mentale

Si vous pensez au suicide, de l'aide est disponible. Appelez ou textez au 9-8-8 sans frais, à tout moment.

Concept B:

Youth/Young adults 16 to 34

plus ou moins ces temps-ci. Je ne sais pas quoi faire après mes études. Ça me donne tellement d'anxiété que je me sens malade. Si seulement je pouvais parler à quelqu'un qui me comprend, je pourrais enfin commencer à me sentir

Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances quand et où vous le souhaitez.

www.canada.ca/sante-mentale

Pour du soutien en cas de crise suicidaire, appelez ou textez au 9-8-8.

Men aged 35+

en détresse en ce moment. Je ne supporte pas l'idée de paraître vulnérable, mais il est temps de faire quelque chose et d'arrêter de prétendre que tout va

Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances quand et où vous le souhaitez.

www.canada.ca/sante-mentale

Pour du soutien en cas de crise suicidaire, appelez ou textez au 9-8-8.

Indigenous Peoples

2SLGBTQI+ individuals

JE SUIS

triste. J'ai l'impression que je ne peux pas en parler aux membres de ma famille parce qu'ils souffrent eux aussi. Des fois, j'aurais juste besoin de quelqu'un à qui en parler pour entendre que tout va être

OK.

Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances quand et où vous le souhaitez.

www.canada.ca/sante-mentale

Si vous pensez au suicide, de l'aide est disponible.
Appelez ou textez au 9-8-8 sans frais en tout temps.

Canada

Je n'ai jamais été

moi-même jusqu'à présent. Je me préoccupe toujours de ce que les autres pensent ou disent de moi à propos de mon apparence. Je pensais pouvoir m'en sortir, mais je pense que j'ai besoin d'aide pour me sentir

mieux.

Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances quand et où vous le souhaitez.

www.canada.ca/sante-mentale

Si vous pensez au suicide, de l'aide est disponible.
Appelez ou textez au 9-8-8 sans frais en tout temps.

Canada

Parents/Caregivers; Racialized individuals

TOUT VA BIEN.

de travers : le travail, la famille. J'arrive pas à suivre, encore moins à avancer. J'ai l'impression que la chance n'est pas de mon côté. Peut-être que parler à quelqu'un me ferait du

BIEN.

Obtenez gratuitement du soutien en matière de santé mentale et de consommation de substances quand et où vous le souhaitez.

www.canada.ca/sante-mentale

Si vous pensez au suicide, de l'aide est disponible.
Appelez ou textez au 9-8-8 sans frais en tout temps.

Canada

Concept C:

Regular version	Alternative version
<p data-bbox="407 333 591 361">Sans traitement,</p> <p data-bbox="315 384 691 737">LES PROBLEMES DE SANTE MENTALE PEUVENT GROSSIR</p> <p data-bbox="358 783 651 804">Demandez de l'aide pour commencer à guérir.</p> <p data-bbox="358 808 505 856">Du soutien gratuit et confidentiel en matière de santé mentale et de consommation de substances au Canada.ca/sante-mentale</p> <p data-bbox="526 808 646 856">Si vous pensez au suicide, de l'aide est disponible. Appelez ou textez au 9-8-8 sans frais, à tout moment.</p> <p data-bbox="591 869 678 898">Canada</p>	<p data-bbox="1036 333 1219 361">Sans traitement,</p> <p data-bbox="943 384 1320 737">LES PROBLEMES DE SANTE MENTALE PEUVENT GROSSIR</p> <p data-bbox="984 772 1276 793">Demandez de l'aide pour commencer à guérir.</p> <p data-bbox="984 808 1130 856">Du soutien gratuit et confidentiel en matière de santé mentale et de consommation de substances au Canada.ca/sante-mentale</p> <p data-bbox="1151 808 1271 856">Si vous pensez au suicide, de l'aide est disponible. Appelez ou textez au 9-8-8 sans frais, à tout moment.</p> <p data-bbox="1216 869 1304 898">Canada</p>