May 2025 revisions to “Public Health and Ecological System Approaches to Educating the Public about Suicide: Implementation and Evaluation of a Podcast on Suicide Prevention”

Reviewer 1 Revisions	**Response**
Introduction: ● Clearly written. May want to add a statement or two about the need to prevent suicide (are they on the rise?), dispelling myths, etc. to make the rationale for the podcast stronger.	● Cited WHO global suicide rates among young people aged 15-34 and stigma/taboo as a major barrier to seeking treatment ● Emphasized the accessibility and discretion of a podcast compared to other forms of intervention ● Cited WHO suicide rates among young people aged 15-29 ● Brain hijack is unique because: ○ Cross-disciplinary voices ○ Narrative style that combines expert insight with real-life experiences ○ Four-phase quality assurance process ○ Emphasis on dispelling myths
Formation of the Podcast Title: ● Please explain or describe what Google Jamboard is. Given that this is a process evaluation and a “how to” in some ways, that would be helpful information for other academics interested in developing a podcast.	● Added brief description ● Jamboard is now discontinued
Literature review: ● Clearly written. However, I do not think the A, B, C in subheadings is APA format. Check journal standards. ● The last sentence “The current paper seeks to present the findings from the Brain Hijack podcast episodes to the public with the intent to expand awareness of suicide prevention.” – are you sure this is the purpose? This makes it sound like the purpose of this article is to inform about podcast topics. Are you not also evaluating by describing the reach? Are you also assessing effectiveness too? (Ok if not. What I am trying to say is make the purpose clear).	● Changed to APA 7th ed. Level 3 subheadings ● Clarified goal of outlining development, implementation, and evaluation of podcast ● Discussed exploration of podcast format as useful means for disseminating emerging research in the mental health field
Materials and methods: ● It is clear how the podcast was reviewed for quality. However, this wouldn’t be “Methods” as typically understood in research. This is still about developing and disseminating the podcast.	● Respectfully, the team has decided to keep this section as is, but include the additional recommendations below.
Results & Discussion:	● Respectfully, the team has decided to keep this

● Okay. Now I think I understand what is happening and the reason for confusion. It seems like you (and the research team) are evaluating this podcast for quality (e.g., content aligns with CDC's recommendations) and its reach (how many people listened, etc. If I am correct, then you need to re-organize this paper and make above purpose clear. See my suggestion below.	section as is, but include the additional recommendations below.
Introduction Literature Review: ● End with Research Purpose or Research Question (and why BrainHijacks was selected for analysis) BrainHijacks: About the Podcast (so, describe the podcast here for context) ● Developing the title ● Producing content & quality review ● When podcast went live; how many episodes produced thus far ● *Were you part of developing the podcast? If so, that should be clear.*	● Respectfully, the team has decided to keep this section as is, but include the additional recommendations below.
Methods: ● Discuss that you all used 6 episodes for analysis o Why just the 6? Were those the only ones available? Could be why they did not cover the 6th pillar per CDC recommendations ● Discuss how data was analyzed (seems like content analysis) ● Discuss the framework for analysis: CDC's Pillars for content, dispelling myths, and holistic approach (is what I gather) ● Discuss how you obtained "reach" (publically available?)	● Each episode was made publicly available and promoted through CSTS social media including YouTube, Facebook, and Twitter, press releases, and CSTS distribution emails to colleagues. ● The Brain Hijack team conducted a content analysis of the 6 most robust episodes that best captured the Center for Disease Control's (CDC) Six Core PIllars of Suicide Prevention model (see Figure 1).
Results: ● Integrate your discussion findings with each figure. Just makes more sense. ● Keep focus on the extent to which content aligns with your framework (e.g., content, dispelling myths, and holistic approach). ● I do not see why figure 5 (e.g., the name)	● Added results from discussion section to Figure 3 and included why the name Brain Hijack was selected in Figure 5:

is relevant.	
Discussion: ● Keep this high-level; Main ideas ● Discuss limits to this study/evaluation ● Recommendations for practice/research	● Kept high level and added recommendations for practice/research.

Reviewer 2 Revisions	**Response**
Abstract: The abstract is too general and does not clearly present key findings or implications of the podcast's impact. Consider summarizing concrete results, such as audience reach, effectiveness, or engagement metrics which needs more specificity.	● Added sentence about aiming to promote a culture shift and making the topic feel more approachable
Introduction: While the introduction sets up the topic well, it lacks a clear research gap as justification. The paper should explicitly state: *Why is this research needed? What specific gap does Brain Hijack fill compared to existing mental health podcasts?*	● Cited WHO suicide rates among young people aged 15-29 ● Brain hijack is unique: ○ Cross-disciplinary voices ○ Narrative style that combines expert insight with real-life experiences ○ Four phase quality assurance process ○ Emphasis on dispelling myths
Podcast formation section: The process of selecting the title is described in detail, but there is little explanation for *why* "Brain Hijack" was ultimately chosen beyond it capturing attention. Does the name align with public health messaging or suicide prevention strategies?	We do already say this in the manuscript ● "The name "Brain Hijack" was chosen as it reflects what happens when the brain is flooded with radically new information or intense emotions, something the podcast hoped to achieve in its listeners."
Review of scientific literature: The literature review presents useful data, but it is largely descriptive rather than critical. Some areas lack synthesis—how do these studies relate to each other? Example: The discussion on mental health podcast listeners lacks nuance. While it states that people with lower education benefit the most, it does not explore *why* or what this means for podcast design. The paper acknowledges a lack of research on long-term podcast effectiveness but does not propose potential methodologies for future studies. What measures could be implemented to track sustained impact? While the paper discusses the impact of *Brain Hijack*, it does not present original data (e.g., listener feedback, audience engagement metrics, or knowledge retention surveys). Incorporating qualitative or quantitative data would significantly strengthen the study's claims.	● Addressed below in recommendations for improvement section.

Limitations section Needs a stronger critical lens–While it highlights the lack of research on suicide-related podcasts, it does not critique potential ethical concerns or challenges in discussing suicide prevention via podcasts. Example: *Could podcasts inadvertently trigger vulnerable individuals? Are there risks in presenting suicide prevention in an informal format?*	• Expanded limitations section to include lack of formal study design (control group, randomization, quantitative data) • Suggested how related studies might build off of this paper
Recommendations for improvement: • Critically analyze how studies relate rather than simply summarizing them. Address long-term effectiveness with potential research strategies. Incorporate original data (if available) on Brain Hijack's reach and impact. Critically examine potential risks of using podcasts for suicide prevention. • The description of the review process is thorough, but it may help to briefly outline the specific roles of each organization (e.g., what MHNRN specializes in vs. what CSTS focuses on). • Ensure consistency in terminology like **i**n some places, the description alternates between "Brain Hijack team" and "SPC" or "CSTS colleagues." Keeping the language consistent would help clarity.	• Studies on podcasts have shown that they can increase awareness and behavioral intentions Brain Hijack is a multi-Demensional approach to suicide prevention with more than a dozen individual podcast sessions. To be most effective a listener could benefit from listening to the entire series of podcasts and learn about an entire range prevention strategies to preventing suicide. Topics range from peer support to accessing a crisis line to safe messaging to lethal means safety. Data on reach and impact is provided elsewhere in the manuscript. The risks of using podcasts for suicide prevention is that people may not have the resources they need while listening. However, this is mitigated by a resource list of helping resources that are provides on our homesite- csts-USU • Added brief description of MHNRN, CSTS, USU, and HJF.
Results section expansion: The descriptions of Figures 1–5 provide a solid overview, but more direct explanation of key takeaways from the figures would strengthen the section. For example, for Figure 3, explicitly stating how many myths were addressed or providing examples of specific myths covered in the podcast could be helpful. The results mention that Brain Hijack did not cover "Strengthen Economic Supports." It may be helpful to briefly explain why this pillar was missing or if there are future plans to include it.	• Added to Figure 3: Number of myths addressed and provided a couple of examples. • Added to Figure 1: Brain Hijack plans to address this topic in potential future episodes.