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# A Guide to Communicating Research in Plain Language

Developed by Everymind and Roses in the Ocean



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# Background

This guide was created by Everymind in collaboration with Roses in the Ocean as part of the LIFEWAYS Project.

The LIFEWAYS Project is a national suicide prevention initiative led by The University of Melbourne and supported by several universities and organisations, including [Everymind](#) and [Roses in the Ocean](#). The project is funded by the Australian Government Department of Health, Disability and Ageing, and aims to strengthen suicide prevention research and translate findings into policy and practice.

Everymind is dedicated to the prevention of mental health concerns and suicide and has been delivering successful mental health and suicide prevention programs for almost 35 years.

Roses in the Ocean is Australia's national lived experience of suicide organisation, and exists to save lives and reduce emotional distress and pain.

Including people with lived and living experience of suicide in the leadership, design, delivery, interpretation and translation of research helps to strengthen the evidence and evaluation of suicide prevention activities ([National Suicide Prevention Strategy](#) Critical enabler 13, action 13b.)

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## Why is plain language important?

Translating research into plain language is key to ensuring it has a real-world impact. When findings are communicated simply, without unnecessary jargon, they are easier to understand. If research is understandable, it is more likely to be used in policy or practice, rather than just read by other researchers.

## What does moving research into policy and practice mean?

When we talk about policy and practice, we mean how research is used in the 'real world' and not just in academia.

- *Policy* refers to decisions made by governments and organisations that shape priorities, funding and systems for suicide prevention.
- *Practice* refers to actions in everyday settings – the programs, services and actions of professionals, organisations and communities to prevent suicide.

# The role of lived experience of suicide

Embedding lived experience in suicide prevention makes sure approaches are practical, relevant and effective. This is no different in suicide prevention research. People with lived experience should be involved throughout the research cycle, from defining research questions to sharing outcomes and implementing findings in policy and practice.<sup>1,2</sup>

The research world is changing and starting to recognise lived experience as a legitimate form of evidence in suicide prevention.<sup>3,4</sup> This is an important step forward to ensure the voices of people with lived experience are included in all suicide prevention initiatives.

Involving people with lived experience in communicating research outcomes helps to:

1. **Increase the impact in policy and practice:** When research is interpreted and communicated through a lived experience lens, it provides a more complete picture. It helps to deepen understanding of the people and issues being studied and highlights factors that may have been overlooked by researchers.
2. **Validate lived experience expertise:** Supporting people with lived experience to reflect on research findings helps to shift who 'gets' to interpret and share research findings away from researchers and toward people with lived experience. This aims to increase recognition of lived expertise as a valid form of evidence.

It is important that organisations support paid participation when accessing the knowledge and expertise of people with a lived and living experience in their work. Paid participation recognises the specialised contributions that can only be made by people who have lived experience of suicide.

## Looking after yourself

Being involved in suicide prevention and sharing your lived experience of suicide can be both meaningful and rewarding. It may also feel challenging or uncomfortable at times.

It may help to:

- Avoid reviewing potentially distressing material at the end of the day or when you are already feeling overwhelmed.
- Pace the work over several sittings rather than reading everything at once.
- Take regular breaks and notice how the material is affecting you.
- Plan something grounding or enjoyable afterwards, such as going for a walk, listening to music or connecting with someone you trust.

[Life in Mind A Guide to Self-Care](#)

[Mindframe Our Stories Matter guidance on sharing lived and living experiences of suicide publicly](#)

# Understanding research

Research helps to give a better understanding of the world around us. People have always learned from observing, reflecting and sharing knowledge with each other. Research is a structured approach for creating new knowledge. It helps us ask questions, test ideas, and find out whether what we think is happening matches reality.

The research cycle commonly involves: <sup>1</sup>

- Deciding what to research
- Deciding how to conduct the research
- Conducting the research
- Sharing the results
- Deciding what to research next.

Research is shaped by history, culture and power. Many of the approaches used have been developed in Western settings and reflect Western ways of thinking about knowledge and evidence.<sup>5</sup> Research has also been used to control or extract information from communities, rather than benefit them. This creates a significant power imbalance between researchers and the people and communities being studied.

Recognising this power imbalance is key to shifting the narrative that research is conducted *on* people with lived experience of suicide, rather than *by* or *with* people with a lived experience of suicide.

## Types of research

Research is often grouped into three different categories:

1. **Quantitative research:** Uses numbers as measurement.
2. **Qualitative research:** Focuses on stories, words and meanings.
3. **Mixed-methods research:** Uses both quantitative and qualitative methods, often used together to get a fuller picture of what's happening and why.

Suicide prevention research can also be grouped by the type of research:<sup>6</sup>

- **Assessment studies:** Studies assessing or classifying suicide risk.
- **Epidemiological studies:** Exploring things like rates, risk and protective factors
- **Intervention studies:** Exploring the effectiveness of interventions, issues and approaches, practice guidelines.
- **Evaluation studies:** Looking at the evaluation of policies, programs or services.
- **Biological research:** Looking at the brain, the body and genetics.
- **Social science studies:** Focusing on things like society, history, the arts and media.

Suicide research may also focus on:<sup>6</sup>

- **Suicidal behaviour:** Such as suicidal thoughts, attempts or deaths.
- **Groups disproportionately impacted by suicide,** which includes but is not limited to: Aboriginal and Torres Strait Islander peoples, transgender, non-binary and gender diverse people, people with diverse sexual

identities, cisgender men, people from culturally and linguistically diverse, migrant and refugee backgrounds, young people, neurodivergent people and older people.

- **Settings:** Such as schools, workplaces, healthcare settings, communities and online spaces.

Review papers are another common type of research, such as systematic reviews, meta-analyses, scoping reviews, narrative reviews and rapid reviews. These papers combine findings from existing research to give a big-picture summary of what we currently know about a topic. For example, they might explain how suicidal thoughts are linked to mental health conditions, or what factors increase or reduce risk for a particular group.

Review studies, especially systematic reviews, are often considered strong evidence because of how they're run. They often have strict methods, and looking at findings from multiple studies helps to be more confident in the findings. Review papers can have a strong influence on policy decisions, clinical practice and future research. However, people with lived experience are rarely involved in writing or shaping these reviews, including reviews focused on suicide.

## Sharing research outcomes

Once research is conducted, it needs to be shared so others can learn from it and use it in policy, practice and future research.

Academic journals are a common platform for sharing research outcomes. Before publication in an academic journal, the research is 'peer-reviewed'. This means other experts in the field critique the work, provide feedback and recommend whether it should be published.

However, sharing research in academic journals has its limitations. Academic articles are often written in technical language and may be behind paywalls. This makes them difficult for people who aren't affiliated with a university or research institution to access.

To reach a wider audience, research can be summarised or 'translated' into other forms, such as plain language summaries, guidelines, frameworks, checklists or implementation tools. It can also be shared through presentations, infographics, videos, podcasts, journal clubs, webinars and social media. These approaches make research easier to understand, highlight key findings, and make sure the knowledge reaches the people who can put it into action.

## What is a plain language summary?

A plain language summary is a short explanation of research that avoids technical language and jargon. Its purpose is to make research easy to understand for people who are not experts.

A summary should explain:

- **What the research was about:** The questions the researchers asked or the problem it looked at.
- **How the research was conducted:** The approach taken to answer the research question.
- **What the research found:** The main results or key messages.
- **Why it matters:** What the findings mean for policy and practice and importantly, why this matters for people with a lived experience of suicide.

# Finding a journal article

Journal articles can be found in online databases such as [Google Scholar](#), [PubMed](#) and [Scopus](#). These platforms let you search by different keywords or authors.

When looking at articles, you may notice that some articles are behind a paywall, while some are published 'open access'. Open access articles are freely available to read and download without a subscription or institution login.

## Reading a journal article

Reading a journal article may seem overwhelming at first. They often follow a similar structure, which can be read in smaller, more digestible pieces. Common headings include:

- **Abstracts:** A summary at the start of a journal article, giving an overview of the sections below.
- **Introduction:** Explains the background and why the study was conducted.
- **Methods:** Describes how the study was conducted.
- **Results:** Presents the findings of the study.
- **Discussion:** Explains what the results mean and why they matter.

While journal articles are written in a set order, it does not always make sense to read them from start to finish. We suggest reading in this order:

### 1. First impressions: Reading the title and abstract

Starting with reading the **title** and **abstract** will help you understand what the article is all about. The abstract will give you an idea of the article's story: the aim of the study, what was done, key findings, and what the results mean. At this stage, you're not looking for the fine details, just the general 'feel'.

At this point, you may have an idea if the journal article is relevant to you or if you want to read more.

### 2. Understanding the big picture: The introduction and discussion

Reading the **introduction** will provide a deeper understanding of the study's background and explain why the researchers conducted the study. The final paragraph of the introduction usually clearly states the study's aim and any research questions or predictions of what the study will find (commonly called hypotheses).

The **discussion** helps to understand the main findings and why they matter. The opening paragraph will usually describe the study's aim and recap key findings from the results. In more complex research, the discussion may present the results in a more understandable way. This section of a paper will also cover how the results relate to existing research, implications for policy and practice, and any limitations to be mindful of.

### 3. The finer details: The results and method

The **results** section describes exactly what the researchers found, but does not interpret them. Depending on the type of research, this section may be more technical and jargon heavy.

The **methods** section explains how the study was conducted. Who or what was studied? How many participants? When was the study conducted? Where did the research take place? What research design was used?

This section may also have information on how people with lived experience were involved in conducting the research. For example, the paper might describe a co-design process, a lived experience advisory group, or name authors with lived experience. This may include a 'positionality statement': this is where the authors describe how

their identity may be relevant to the research. For example, if they have lived experience expertise, professional experience, the theory they used, or other relevant identities, such as being LGBTIQ+ or neurodivergent.

The [Spectrum of Public Participation for lived experience of suicide](#) describes different levels of engagement. It ranges from lower levels (such as informing or consulting) to higher levels (collaboration and empowerment). The resource may be useful for considering:

- How were people with lived experience included in the research process?
- How meaningful was this engagement?
- What could be improved?
- What supported engagement or made this more difficult?

*Life in Mind* has a [glossary of terms](#), which explains technical language and research terms.

## Writing in plain language

Writing in plain language involves taking complex language and ideas and presenting them in easily understood terms so that more people can understand. This section outlines considerations for writing different sections of a plain language summary, including language and style.

### Phrasing the title as a question

The title of the plain language summary helps the audience decide if it is relevant to them. A title should concisely convey the main research question in simple language.

Where possible, the title should be worded as a question and be as short as possible.<sup>7</sup> Examples of journal article titles written in plain language are below.

| Original title                                                                                                       | Plain language title                                                           |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Feasibility Study for Identifying Suicide Clusters Using Real-time Coronial Data                                     | Can real-time suicide data support suicide cluster detection?                  |
| Evaluation of the StigmaWatch program’s impact on media portrayals of suicide and mental illness.                    | Is the StigmaWatch program effective in promoting responsible media reporting? |
| “I could hang up if the practitioner was a prat”: Australian men’s feedback on telemental healthcare during COVID-19 | What are men’s experiences of telemental health care?                          |

## Summarising the introduction

Explain the issue the research is trying to address. Some background information may be beneficial to include briefly, especially if it clearly links to why the researchers are conducting the study or why the research matters.

## Summarising the methods section

Briefly explain the methods. It is enough to cover:

- Who or what was studied?
- How many participants?
- When was the study conducted?
- Where did the research take place?
- What study design was used?

## Summarising results

Include an overview of the main findings and what the research told us. Depending on the study type, this might include key themes, differences between groups or changes over time.

Statistical terms should be avoided or explained. Dot-points can be used to list key findings. The start of the discussion section in the journal article may be useful for writing the results in plainer, less complex language.

## Summarising the discussion

Outline what the findings mean and why they are important for suicide prevention policy or practice. If the researchers mentioned significant limitations of the study or potential directions for future research, they can also be noted in this section.

## Providing your lived experience expertise

You could consider including a dedicated section for you to reflect on the research through a lens of lived experience of suicide expertise. This is intended to apply lived experience knowledge to the research, rather than sharing specific details of your own experience.

The reflection could include:

- If the findings feel applicable, relevant or meaningful.
- Reflections on how lived experience was embedded in the research.
- How findings could inform future suicide prevention efforts.
- Key messages that are different from or go beyond what the authors highlighted.
- Any barriers for people with lived experience you noted in the research (for example, language, stigma or systemic challenges).

| Example of personal disclosure                                                                                            | Example drawing on lived experience as expertise                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✗ <i>"When I was unwell, my own family did not know where to find help"</i>                                               | ✓ <i>"Research that frames family as a barrier can miss that, for many people, family is also the first place help is sought"</i>                                                                                                     |
| ✗ <i>"I had to repeat my story to several different clinicians, which I found distressing"</i>                            | ✓ <i>"Having to repeatedly explain experiences of suicidal distress can be exhausting and may discourage people from continuing to seek support"</i>                                                                                  |
| ✗ <i>"Talking to someone with similar experiences was what helped me feel understood"</i>                                 | ✓ <i>"Peer support can provide a sense of trust, connection and understanding that may not be available through clinical support alone"</i>                                                                                           |
| ✗ <i>"When I was struggling, I could not tell anyone because I was afraid of what it would mean for my family's visa"</i> | ✓ <i>"Research that treats low reported rates of suicidal thoughts as low risk can miss that, for many first-generation migrant men, disclosure carries consequences for the whole family. Silence may reflect fear, not safety."</i> |

Note: Examples in this table are illustrative and are not drawn from personal experiences.

## Language tips

Simple language is key to writing in plain English. Where possible:<sup>7</sup>

- Use everyday language. For example, writing people instead of *participants*.
- Avoid long words. For example, writing *size* instead of *magnitude*.
- Avoid jargon and complex words. For example, naming the intervention, control group or outcome, rather than using these terms. *"After six months, people who completed Men in Mind training were more confident in working with male clients, compared to those who did not complete the training"*.
- If a technical term is needed, it should be defined simply. For example, in an article on suicide and self-harm during opioid agonist treatment, using the term opioid is required. A sentence could be added to explain the term, *"Opioids are drugs that act on opioid receptors in the brain and are often known for their pain-relieving qualities"*.
- Avoid acronyms or abbreviations. This includes using phrases like *"for example"* or *"that is"* instead of e.g. or i.e.

## Writing style tips

Certain writing styles can also make text easier to read:<sup>7</sup>

- Use short paragraphs and sentences. Break up longer sentences into shorter ones. Dense text is hard to read, and incorporating white space helps to separate different parts of the summary.
- Use active voice. Write the sentence so that the subject does the action. For example, *"the researchers used thematic analysis to analyse the data"*, rather than *"the data were analysed using thematic analysis"*.
- Use bullet points to break up lists.

# Best practice communications

It is important to use safe and non-stigmatising language when communicating about suicide. When writing plain language summaries, it is important to be mindful of:

- Using safe, inclusive language. Journal articles may use terms that aren't preferred outside of academia or clinical settings. A common example of this is *"suicidal ideation"*, which can be written as *"suicidal thoughts"*.
- Presenting information from the journal article accurately. It is particularly important to maintain accuracy when rewriting in plain language.
- Not including details of specific methods and locations. Journal articles including these details are unlikely to be suitable for translation. If articles containing these details are translated, details about method or exact locations should not be included in public-facing communications.

Our words matter guidelines provide examples of preferred and problematic language when talking about:

- Mental health and wellbeing
- Distress
- Mental health concerns
- Clinical terms
- Suicide
- Self-harm
- Eating disorders
- Alcohol and other drugs.

The *Mindframe* resource, *Our stories matter: A guide for publicly sharing lived and living experience of suicide*, can support people sharing lived experience expertise. The resource was co-created by people with a lived and living experience of suicide, for people who have a lived and living experience of suicide.

# Further guidance

## Other useful resources

- [SHeLL Editor](#)
- [Life in Mind glossary of terms](#)
- [ALIVE network quick guides](#)
- [Guidance writing Cochrane plain language summaries](#)
- [Plain language Australia](#)
- [Our Words Matter](#)
- [Sharing lived and living experiences of suicide publicly](#)
- [Suicide prevention implementation hub – Lived experience information](#)

## Help-seeking information

### Support services

#### **Lifeline**

13 11 14 | Text 24/7 0477 13 11 14 | [lifeline.org.au](http://lifeline.org.au)

#### **13YARN**

13 92 76 | [13yarn.org.au](http://13yarn.org.au)

Aboriginal and Torres Strait Islander service 24/7

#### **Suicide Call Back Service**

1300 659 467 | [suicidecallbackservice.org.au](http://suicidecallbackservice.org.au)

#### **Beyond Blue**

1300 224 636 | [forums.beyondblue.org.au](http://forums.beyondblue.org.au)

#### **StandBy Support After Suicide**

1300 727 247 | [standbysupport.com.au](http://standbysupport.com.au)

#### **QLife**

1800 184 527 | [qlife.org.au](http://qlife.org.au)

LGBTIQ+ service available 3pm - midnight

#### **MensLine Australia**

1300 789 978 | [mensline.org.au](http://mensline.org.au)

#### **Youth**

**Kids Helpline** 1800 55 1800 | [kidshelpline.com.au](http://kidshelpline.com.au)

**headspace** 1800 650 890 | [headspace.org.au](http://headspace.org.au)

**ReachOut** [reachout.com.au](http://reachout.com.au)

#### **Other resources**

##### **Medicare Mental Health**

[medicarementalhealth.gov.au](http://medicarementalhealth.gov.au)

##### **SANE online forums**

[saneforums.org](http://saneforums.org) | 1800 187 263 (10am - 10pm)

##### **Embrace Multicultural Mental Health**

[embracementalhealth.org.au](http://embracementalhealth.org.au)

##### **National Alcohol and Other Drug Hotline**

1800 250 185

##### **Gambling Help Online**

1800 858 858 | [gamblinghelponline.org.au](http://gamblinghelponline.org.au)



**Life in Mind**



An **EVERYMIND** program

[lifeinmind.org.au](http://lifeinmind.org.au)

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