

## Guidelines for Reporting on Suicide

### Introduction:

Crisis Services Canada (CSC) provide national suicide prevention and support coast to coast to coast to the People of Canada via its national Canada Suicide Prevention Service (CSPS).

The CSPS service is focused on providing suicide prevention and support to the people of Canada. We assembled best practices and recommendations geared to media and other organizations with suggested guidelines and practices on how to report and comment on suicide activities, whether in the media, social media sites or internal communiques.

These guidelines may be updated in the future as our data tracking and reporting capabilities expands leveraging our statistical data from providing coast to coast to coast suicide prevention and support services to the people of Canada.

### **Policy Position Reference 1: Extract from The Canadian Psychiatric Association (CPA) 2017 Policy Paper**

<https://journals.sagepub.com/doi/full/10.1177/0706743717753147>

CPA Recommendations for Traditional Media Coverage:

1. Health reporters, not crime reporters, are best positioned to cover suicides.
2. Reports should generally avoid details of suicide methods, especially when unusual or novel methods are involved.
3. Emergency resource links should be included in all articles that deal with suicide.

#### **Recommendations for Social Media Coverage:**

As described in the full paper, this is largely uncharted territory in Canada and throughout the world. The recommendations below are meant to be a starting point, with the intention that future iterations of the CPA policy paper will refine and expand on them with input from social media organizations.

The CPA recommends:

1. A novel collaboration between Canadian mental health professionals and social media organizations. Just as journalists are the experts in their area and must take a leadership role in responsible reporting of suicide, those best positioned to address suicide on social media are the designers of the social media sites themselves.
2. In replicating efforts that have been successful with the traditional media, the CPA and mental health professionals should organize meetings, symposia, and forums to address the topic of suicide collaboratively with social media stakeholders.
3. Social media organizations consider the degree to which they might be used as a platform for suicide prevention.

#### 4. Specific efforts may include:

- Providing information and resources to people who make suicide-related queries or posts;
- Including “panic buttons” that allow for rapid access to crisis services/hotlines;
- Providing mechanisms for users to report if they are concerned about someone with the possibility for rapid intervention; and
- Moderating forums that frequently include suicide-related postings and making sure to remove inappropriate posts.

### Recommendations for Dissemination of Guidelines

Evidence from other countries suggests that media guidelines work best when there is ongoing collaboration between suicide prevention experts, journalists, journalism schools, and public health policy experts.

CPA recommends:

1. Ongoing collaboration between journalists and mental health professionals, acknowledging scientific evidence and the autonomy of journalists;
2. All journalism schools include teaching of how to report responsibly and respectfully on the topic of suicide, including attention to issues related to ethics and social justice;
3. Media training for mental health professionals who are likely to be called on to comment on suicide in the press; and
4. Education for policy-makers and other prominent figures who may be asked to comment publicly on the topic of suicide.

### Conclusions and Future Directions:

These recommendations mainly rely on data from large, natural experiments, which must be interpreted with a note of caution. Nevertheless, the weight of evidence suggests that certain types of media reporting, particularly those that glamourize suicide or a person who has died by suicide, can and do influence some people to die by suicide.

Similarly, reporting that describes people overcoming suicidal crises and finding other solutions may encourage help seeking and more adaptive coping strategies. Further high-quality research is needed to identify which putatively harmful and protective elements of media reports mediate risk and confer benefit, respectively.

More studies on the influence of media reporting in Canada and the impact of social media on suicide are also needed.

The Canadian Psychiatric Association and mental health professionals across Canada are committed to helping the media make informed decisions about when and how to report on suicide. These efforts will ideally involve collaborative partnerships among all stakeholders, including mental health professionals, members of the media, individuals with lived experience, and all those touched by suicide. These ongoing collaborations, and future efforts that also include social media platforms, will provide the best opportunity to address this important issue.

**Table 1. Factors for Journalists and Editors/Producers to Consider Before Covering Suicide-Related Content**

1. Weigh the story’s newsworthiness and the public’s need to be informed with potential harm related to contagion.
  - Be familiar with your organizational guidelines relating to reporting on suicide;
  - If the decision is to proceed with coverage, plan and/or discuss how harm might be minimized;
  - Seek advice from suicide prevention experts; (such as Crisis Services Canada)
  - Be especially cautious when reporting on celebrity or youth suicide deaths, as these currently have the strongest evidence for contagion; and
  - Consider how a vulnerable person may identify with the suicidal behaviour/people depicted and consider steps that might minimize this.
2. Consider the impact of the report on:
  - Those thinking of suicide or potentially at-risk for suicide;
  - Those bereaved by suicide, including attention to respect for their privacy and grief;
  - The journalist who is reporting the story;
  - Consider the appropriate approach/format;
  - Suicide reporting should generally be done by health reporters rather than other journalists (e.g., crime reporters), as they are best positioned to contextualize the issue within the broader topic of mental health; if other journalists do report, they should at least consult with guidelines and/or health reporter colleagues;
  - Where possible, long-form reporting is recommended, as it allows journalists the opportunity for nuanced discussion and may avoid presenting the causes of suicide in an overly simplistic fashion.

**Table 2. Recommendations for Potentially Harmful Elements of Media Reporting that Should Be Avoided and Potentially Helpful Elements to Include:**

Avoid	Include
<ol style="list-style-type: none"> <li>1. Prominent coverage, including                             <ul style="list-style-type: none"> <li>• front page/lead story coverage</li> <li>• prominent photos of the deceased or loved ones or people engaged in suicidal behaviour</li> </ul> </li> <li>2. Graphic or sensational depictions</li> <li>3. Excessive detail, including                             <ul style="list-style-type: none"> <li>• details or photos of the method and/or location; particularly avoid reporting novel or uncommon methods</li> <li>• glorifying or glamourizing either the person or the act of suicide in a way that might lead others to identify with them</li> <li>• the content of suicide notes</li> </ul> </li> <li>4. Repetitive or excessive coverage<sup>a</sup></li> <li>5. Inappropriate use of language, including                             <ul style="list-style-type: none"> <li>• the word “suicide” in the headline</li> <li>• “commit” or “committed” suicide<sup>b</sup></li> <li>• “successful/unsuccessful” or “failed” attempts</li> </ul> </li> <li>6. Simplistic or superficial reasons for the suicide</li> </ol>	<ol style="list-style-type: none"> <li>1. Appropriate language (e.g., “he died by suicide” or “her suicide death”)</li> <li>2. Reporting that reduces stigma about mental disorders/ seeking mental healthcare, and that challenges common myths about suicide                             <ul style="list-style-type: none"> <li>• refer to research linking mental disorders with suicide</li> <li>• highlight that mental disorders are treatable and therefore that suicide is preventable</li> <li>• highlight the tragedy of suicide (i.e., describe it in terms of a lost opportunity for someone suffering to have received help)</li> <li>• seek advice from suicide prevention experts and consider including quotes on causes and treatments</li> </ul> </li> <li>3. Alternatives to suicide (i.e., treatment)</li> </ol>

<p>(i.e., suicide as arising from a single cause or event, such as blaming social media for suicide)</p> <p>7. Portraying suicide as achieving results and solving problems</p> <ul style="list-style-type: none"> <li>do not describe suicidal behaviour as quick, easy, painless, certain to result in death, or relieving suffering/ leading to peace (“in a better place”)</li> </ul>	<ul style="list-style-type: none"> <li>include community resource information, such as websites or hotlines, for those with suicidal thoughts</li> <li>where possible, list or link to a list of options including reaching out to a trusted family or community member, speaking to a physician or health care provider, seeking counselling/talk therapy, calling a hotline/911, or going to a nearby emergency department</li> <li>where possible, cite examples of a positive outcome of a suicidal crisis (i.e., calling a suicide hotline)             <ol style="list-style-type: none"> <li>embed emergency resource links/banners (for online content)</li> </ol> </li> </ul> <p>4. Information for relatives and friends, such as</p> <ul style="list-style-type: none"> <li>warning signs of suicidal behaviour</li> <li>how to approach, support and protect a suicidal person</li> </ul>
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### **Policy Position Reference 2: The World Health Organization (WHO) offer recommendations for the responsible reporting of suicide.**

#### **Their recommendations include:**

- Take the opportunity to educate the public about suicide;
- Avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems;
- Avoid prominent placement and undue repetition of stories about suicide;
- Avoid explicit description of the method used in a completed or attempted suicide;
- Avoid providing detailed information about the site of a completed or attempted suicide;
- Word headlines carefully;
- Exercise caution in using photographs or video footage;
- Take particular care in reporting celebrity suicides;
- Show due consideration for people bereaved by suicide;
- Provide information about where to seek help; and
- Recognize that media professionals themselves may be affected by stories about suicide.

For full details, check out [http://www.who.int/mental\\_health/prevention/suicide/resource\\_media.pdf](http://www.who.int/mental_health/prevention/suicide/resource_media.pdf) (2008)

#### **For further information contact:**

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