

WITH HELP, THERE'S HOPE

**RESOURCES FOR SAFE SUICIDE
REPORTING IN THE MEDIA**

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Buenas yan Hafa Adai!

Thank you for your service as a local media professional. The work you continuously do is instrumental in ensuring our community receives current news and updates regarding the state of our island. How you report the news and connect with the public shapes public perception regarding various issues.

We offer you this tool kit to provide you with information with regards to safe messaging in suicide reporting. The Guam Focus on Life team has curated this information to provide you with accessible, easy to use tips and best practices for reporting on suicide. We hope you will find this information helpful as you report on this sensitive issue.

You have assisted Guam Behavioral Health and Wellness Center in amplifying conversations regarding mental health and we hope these conversations continue.

Please do not hesitate to contact the Guam Focus on Life Team should you have any questions or concerns.

Un Dangkolo Na Si Yu'os Ma'ase

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A M E R I C A N
ASSOCIATION OF SUICIDOLOGY

SUICIDE

REPORTING RECOMMENDATIONS

MEDIA AS PARTNERS IN SUICIDE PREVENTION

DEVELOPED IN CONJUNCTION WITH:
THE OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
NATIONWIDE CHILDREN'S HOSPITAL
OHIO UNIVERSITY'S E.W. SCRIPPS SCHOOL OF JOURNALISM



INTRODUCTION

Journalists have a difficult task when making decisions about how to report on suicide. There is a tension between generating a visible, consequential story on suicide and avoiding elements that may contribute to an increase in suicides among vulnerable individuals, referred to as suicide contagion. (1) As the public increasingly turns to social media to access news, it has never been more important for journalists and developers of online content to consider how they are portraying suicide. The increased capacity of social media users to share information rapidly to a broad audience means that getting a story right the first time is essential. However, journalists are often tasked with gathering facts and reactions from many sources with very little time to create a story. Making suicide reporting guidelines widely available and accessible is a critical step to ensure that more stories include safe and effective messaging on suicide. (2)

These guidelines provide updates from previously published national and international

suicide reporting guidelines, along with updated recommendations for reporting on suicide using social media. They are not intended to limit press freedom but rather serve as an evidence-based resource for effective reporting on suicide. They are grounded in the principles of journalism ethics (3,4) and suicide prevention. (2) The goals of these guidelines are to support journalists in creating effective news stories that inform the public and increase awareness about suicide and its complexities, while reducing risk of additional suicides. Ideally, these stories will also provide resources and a sense of hope to those experiencing suicidal thoughts and behaviors. Adoption of these guidelines will reduce the risk of suicide for those vulnerable to suicide contagion and allow journalists the freedom to tell stories that make a difference. (5,6,7) Suicide reporting guidelines should be provided to all journalists, news editors, website providers, bloggers, virtual communities, and users of social media to ensure widespread adoption. People reporting on suicide have the power to change public

perspectives, reduce prejudice and discrimination around suicide, and save lives with the implementation of these guidelines.

Many adults and an even larger percentage of youth now get their news from social media sources (e.g., Facebook, Twitter, Reddit and Tumblr), (8) and nearly all major news outlets have a strong social media presence. There are considerable differences in how news is transmitted via social media as compared to traditional media, and unfortunately, there are gaps in research related to how these differences impact audiences. News stories are now far more often “shared” or “retweeted” between users than before, and a story can reach thousands or even millions of viewers in an ever-decreasing amount of time. Now more than ever, news is a co-created experience, with the audience generating or adding to stories, posting comments and pictures, and sharing information. There is more accessibility to information, as well as interaction with those who create the stories.

A concern stemming from such a free exchange of information is that non-journalists who share stories may not be trained in verifying sources, journalism ethics, or practices that inadvertently increase a public health risk.⁹ Graphic or sensationalistic reporting is reinforced through increased clicks, likes, and shares, resulting in increased readership/viewership of dangerous stories. Moreover, social media stories tend to be short, often lacking nuance associated with complex major public health issues such as suicide. When media outlets and individual social media users fail to use best practices for suicide reporting, the result can be an increase in suicides, especially among adolescents and young adults.¹⁰

Other new challenges specific to social media reporting of suicide that can increase suicide contagion are:

- Graphic multimedia coverage in the form of videos, photographs, images, and the reactions of those close to the deceased.
- Ease of sharing graphic multimedia (e.g., using Facebook Live to stream suicidal behavior).
- Short, sensationalized stories with overly simplistic explanations for a person’s struggles with suicide (e.g, cyberbullying or breakup “cause” suicide).
- Unmonitored, relatively anonymous online comments may involve excessively negative and judgmental reactions (e.g., trolling) towards families and communities.
- Pro-suicide websites and chat groups that encourage suicidal behavior, pacts, or use of specific methods.
- Images and stories stripped of their context that go viral (i.e., shared rapidly by many people), driven primarily by the interest of the internet community rather than whether the story has a positive or negative impact on the public.
- Online content remains in cyberspace indefinitely. The potential for online articles, photos/videos, and social media comments that contribute to suicide contagion to remain accessible for many years increases their harmful effects.

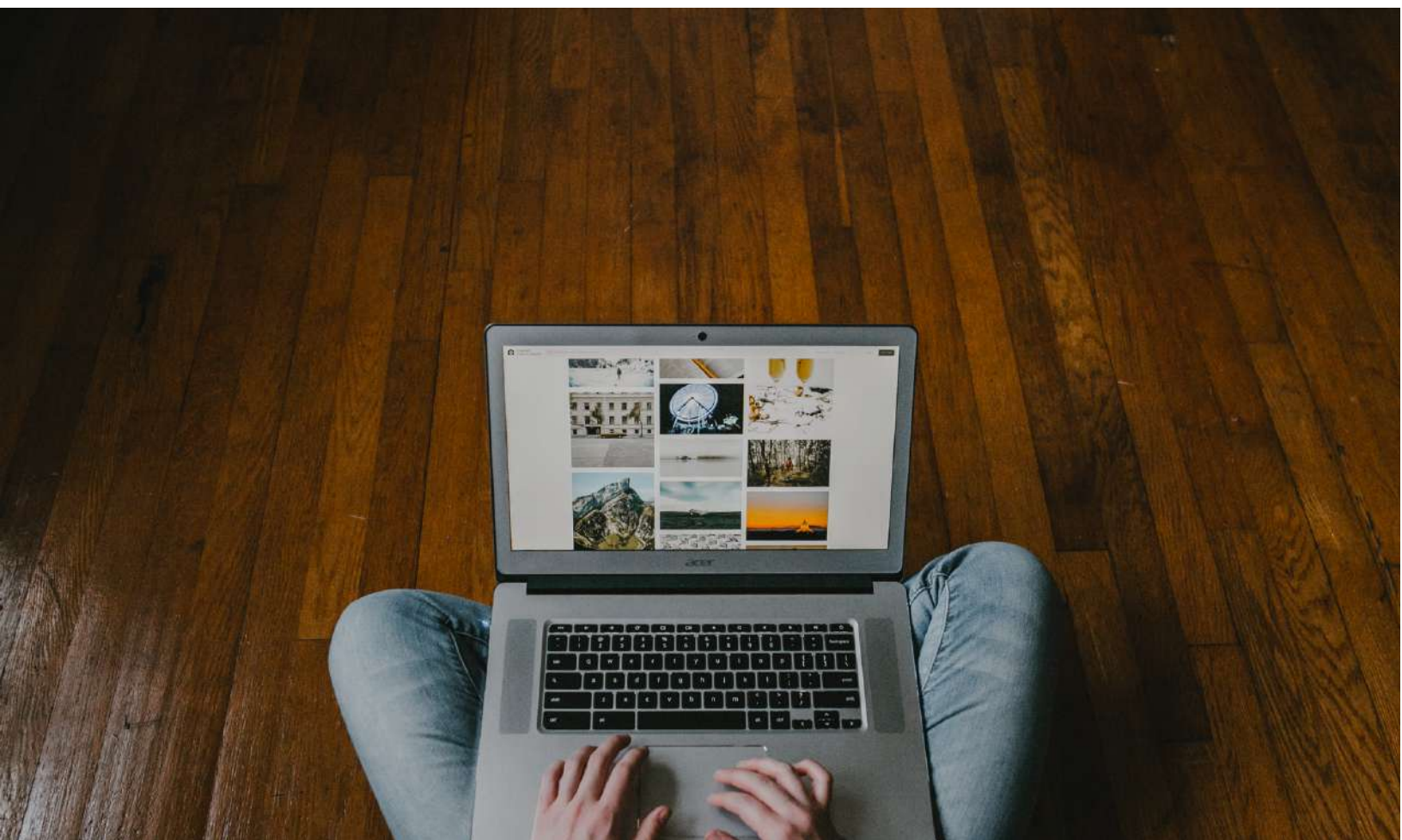
These challenges make it vital that online coverage of suicide follows up-to-date suicide reporting guidelines. With respect to training and dissemination, guidelines should be shared with journalism students and other disciplines that may be involved with stories about suicide. Extended and abbreviated suicide reporting guidelines should be accessible and include at-a-glance reference cards or checklists for reporters. Providing extended educational

formats such as workshops for media professionals and web-involved lay people for the ethical reporting of suicidal behavior will be beneficial (e.g., Dart Center for Journalism and Trauma, Poynter). (11) Email Chris Maxwell at the American Association of Suicidology (cmaxwell@suicidology.org) for additional resources and materials.

Four major areas should be considered when engaging in safe yet effective suicide reporting:

- 1) Limiting Suicide Contagion
- 2) Story Formulation
- 3) Appropriate Language
- 4) Providing Suicide Prevention Resources

The following sections offer strategies and recommendations to ensure that reporting practices balance the demands facing journalists with public health standards regarding suicide.



SECTION 1

LIMITING *SUICIDE* CONTAGION

Tips and
Recommendations

Suicide contagion is the process by which one or more suicides increase the risk of suicidal behavior in others.¹⁰ When an unusually high rate of suicides occurs in a specific region or across a specified period of time, it is called a suicide cluster. Research suggests that certain ways of reporting on suicide can contribute to imitative suicides or suicide clusters. Contagion effects are likely to occur when someone perceives increased benefit of suicide after being exposed to suicidal behavior of others directly or through media coverage. (7, 10)

Contagion effects are greatest when suicide is viewed as a means to achieving a goal such as escaping unbearable pain or receiving recognition by way of a strong community response following death. Notably, deaths of celebrities have the strong potential to contribute to suicide contagion due to the frequency and depth of reporting, as well as the likelihood that the public feels they can identify with such well-known individuals. (13)

To minimize contagion effects, it is highly recommended to avoid exact details on location and method of suicide. The term “hotspot” should also be avoided because it trivializes the suicide death and may encourage future suicides at that site. (14) Photos and videos of the location and method of death or grieving family and friends should be avoided. It is acceptable to share the time and place of memorial services, but avoid publishing photos or videos or elaborating on what happened at the service. Avoid posting a suicide note or reporting the content of the note; this may increase identification with a motivation for suicide. (15)

Suicide contagion is responsible for up to 5% of all suicides, and adolescents are more susceptible to imitative suicide than adults. 13 Adolescents are more easily influenced by peer behavior, and when they are in crisis, they may romanticize suicidal behaviors of peers or view community grief reactions to a friend’s suicide as something they might want for themselves. Therefore, stories about youth or popular celebrities who die by suicide require even more sensitive reporting.

Journalists should consider the following elements of the story to reduce suicide contagion:

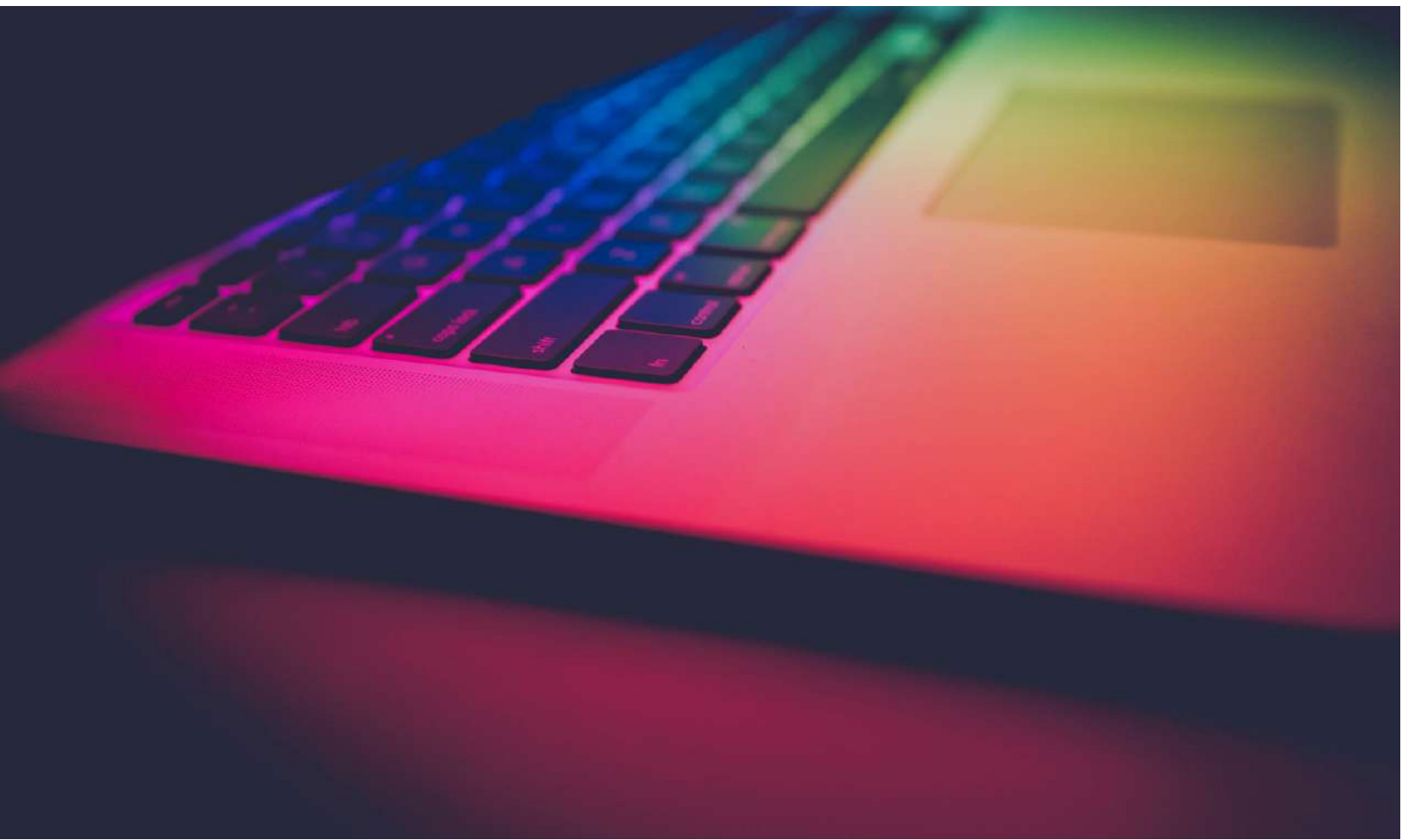
Recommendations for Limiting Suicide Contagion

- Cover the story in a non-sensationalistic, sensitive way that respects the individual who died by suicide and those surviving this painful loss.
- If you decide to include narrative that could cause intense emotional distress, use the phrase “Content Warning” or use a visual cut so that users can click to read additional material after a neutral description of the article.

- If images are used, choose images that show the individual who died by suicide engaging in life rather than clutching his/her/their head, depressed and/or disheveled.
- Suicide is complex. Be sure to avoid single-cause explanations. Certain events or factors can precipitate a suicide, but there are almost always multiple underlying causes.
- Limit the audience’s exposure to grieving family and friends and memorial services.
- Link to suicidology.org/suicidereporting so that these guidelines are readily available when others share or retweet your story.
- Review all links and embedded material to avoid potentially harmful online content, such as prosuicide websites or social networks. Such sites can include detailed descriptions of suicide methods harmful to vulnerable people and distressing for bereaved families.
- Avoid suggesting that a suicide achieved results or was a noble end.
- Avoid oversimplified, dramatic headlines (e.g., “Desperate man plummets from bridge after being fired”) or front page placement.
- Avoid use of sensationalistic or intentionally provocative terms to make up for limited space in a tweet or Instagram caption (e.g., “Deadly love: Breakup leads distraught woman to Amtrak train suicide”).
- Avoid providing information or sharing images on the exact details of location and methods.
- Avoid language that romanticizes the act of taking one’s life.
- Avoid speculation about an individual’s thoughts and feelings leading up to the suicide.
- Avoid publishing the content or image of a suicide note, final text, or final social media post.

- Avoid referencing social networking sites used to eulogize or memorialize someone who died by suicide.
- Refrain from using words like “inexplicable,” “unavoidable” or “without warning” to describe a suicide death.
- Avoid using the term “hotspot” when discussing an accumulation of suicidal acts at a certain location. Use “frequently-used locations” instead.





SECTION 2

FORMING *YOUR* STORY

The Why and
the How

A journalist can choose to formulate a story about suicide in many ways: a tragic event that has devastated a community; the unpredictable or dangerous behavior of a person battling a mental health condition (not advised); or the loss of an individual who struggled with profound emotional pain but was unable to access potentially life-saving resources. A journalist's story formulation has the power to influence public perception regarding suicide. Research suggests that the manner by which a suicide is described can either increase or decrease the risk of vulnerable individuals to engage in suicidal behavior. (16)

All reports on suicide should incorporate a view of suicide as a preventable form of death and a major public health issue. Suicide is the 10th leading cause of death in the United States and the second leading cause of death among teens and young adults age 15-34; (17) yet, because of mental health discrimination and common misconceptions, the public has an incomplete and inaccurate picture of suicide.

Accurate, humanizing depictions of those who have died by suicide will increase awareness about the prevalence and impact of suicide across the lifespan. (12) Furthermore, a well-formulated story informs readers that suicide is a complex, often preventable loss that impacts communities in profound ways. (15) When there is a suicide death, it is important to inform readers that most individuals who die by suicide struggled with depression or another mental health condition, provided clues that they were considering ending their lives, and typically made efforts to reduce the suffering they were experiencing. It is important to describe the person who lost his/her/their life in a way that captures who they were without dwelling on the specific act of suicide. (13) Sometimes, however, stories about a suicide death focus on the details of the death and characterize those who struggle with mental health issues either as fragile or violent. In fact, people with a mental health condition are more likely to be victims than perpetrators of violence. (18) When suicide reporting mirrors the reporting of criminal behaviors, it makes it less likely that those in need will seek lifesaving treatment. By increasing awareness and providing accurate information, effective suicide reporting reduces the likelihood that other vulnerable individuals will attempt suicide. (5)

Recommendations for Story Formulation

- Consider the purpose of the story and how the narrative will impact your audience.
- Avoid reporting that aims to captivate readers by the graphic or sensationalistic nature of a suicide; the method of suicide or the death itself should not be the foundation of the story.
- Frame suicide as determined by multiple factors rather than the result of a single cause.

- Frame suicide as a largely preventable form of death and a major public health issue.
- Underscore that there are community prevention strategies and resources that can prevent future suicides, rather than suggesting that one individual or group is to blame for a suicide.
- Develop the story with consideration that the family of the person who died by suicide is grieving and may be struggling with intense feelings of sadness and guilt.
- Do not report on a suicide as criminal behavior.
- Consult mental health professionals, preferably suicide prevention experts, to support the audience's understanding of suicide risks and warning signs. (For consultation or to be connected with a suicide prevention expert in a specific area, you can email Chris Maxwell – cmaxwell@suicidology.org.)



SECTION 3

FINDING THE RIGHT LANGUAGE

How We Talk About
Suicide Matters

Journalists are aware that the precise use of language is critical in shaping public perceptions, and there is a clear need for increased awareness and a healthy dialogue about suicide. How the media depicts suicide is instrumental in framing public discourse. (2) Unlike many other forms of death, suicide carries the weight of social stigma and shame, which can lead to discrimination and prejudice against people with mental health conditions.

Despite being one of the leading causes of death across the lifespan, many misconceptions exist about suicide that are often reinforced by the types of language used across all forms of media. Decisions around word choice are highly relevant when reporting on suicide. Specific terminology can either reinforce stereotypical notions, myths, and misconceptions of depression and suicide, or they can frame suicide as a largely preventable public health problem. (22)

For example, commonly used phrases associated with suicide serve to criminalize or imply moral failings (i.e., “commit suicide”). (13) Other terms promote misconceptions that individuals who attempt suicide are selfish or attention-seeking. Such descriptions ignore evidence that most people who die by suicide struggle in considerable pain for years to stay alive. Using terms like “failed attempt” or a “successful suicide” also add to existing mental health discrimination. (12) Evidence suggests that although a suicide attempt is associated with increased risk for death by suicide, 90% of people who attempt suicide do not die by suicide; (23) on the contrary, they often live meaningful lives through support, effective treatments, and the development of healthy coping skills.

Poor word choice can also contribute to misinformation about the internal experiences of individuals who are suicidal. (15) Describing individuals who are suicidal as defective, insane, or “crazy” is marginalizing and harmful. When inappropriate language is used, it may confirm fears of those struggling with suicidal thoughts that they are misunderstood, inadequate, or alone. Many individuals struggle silently with suicidal thoughts without seeking the support of effective treatment, in part because of prejudicial language used to describe suicide. (13) Journalists have considerable power to reframe public perceptions about people who are suicidal by using compassionate language that combats harmful stereotypes. (15)

Recommendations for Appropriate Language

- Recognize that appropriate terms used for those who die by suicide and those affected by a suicide death change over time; always use currently accepted terms.
 - Do not use the term “committed suicide.” The use of “committed” is no longer acceptable because of its strong

association with moral failing or criminality. Instead, use objective terms such as “died by suicide,” “suicide death,” “took his/her/their life,” or “suicide attempt.”

- Do not frame suicide in terms of successful completion or failure. Do not say suicide attempts were “successful” or “failed,” or that a suicide was “completed.”
- Do not use terms such as “cry for help” or suggest suicide was a bid for attention.
- Do not describe suicide as a selfish act.
- Avoid sensationalistic phrasing such as “suicide epidemic” or “skyrocketing suicide rates.” Use “increasing rates” instead.
- Do not share stories that imply mental health conditions cause violence, or that individuals who take their own lives are prone to unpredictable acts of aggression towards others.
- If retweeting or sharing a link, look at the entirety of the content before passing it along and confirm that all sources and links contain reliable information.
- When a story about suicide is posted, it may captivate individuals in crisis who identify with the story.
- Some readers may post comments indicating they are in crisis or may share concerning content. Consider monitoring comments that could contribute to suicide contagion.
 - Monitor for hurtful messages or messages from those who may be in crisis.
 - Consider a strategy or policy for removing grossly inappropriate/insensitive posts



SECTION 4

RESOURCES RESOURCES *RESOURCES*

Providing Suicide
Prevention Resources

One of the main contributors to suicide is the individual's experience of hopelessness, burdensomeness, isolation, and the belief that there is no end to his/her/their unbearable emotional distress. (24) Stories that suggest suicide was inevitable or inexplicable are largely inaccurate and may contribute to suicide contagion. Conversely, it is possible to report on suicide in a way that cultivates hope by increasing awareness of available supports for those who struggle with suicidal thoughts or behaviors. (6) Some readers may be distressed when reading a story about suicide; providing information about easily accessible resources and helpful treatment options should be included in every story.

When reviewing a story with suicide prevention in mind, a journalist should be able to answer "yes" to the following questions:

1) Does the story suggest that suicide is often preventable?

- 2) Does the story encourage help-seeking if someone is struggling with suicidal thoughts?
- 3) Does the story provide information about immediately accessible crisis resources? (13)

Journalists have the capacity to shape the conversation about suicide, and they can use social media to amplify key messages of hope and recovery. Even though the suicide itself is tragic, how the community chooses to respond to it can influence the likelihood of a future suicide or suicide cluster. Stories that describe ways individuals in crisis have coped effectively with suicidal thoughts and found meaning in their lives have been shown to reduce suicide contagion. (6) It is helpful to highlight that there are a variety of peer, professional, and community resources available.

Well-developed stories about suicide can reduce misinformation, increase compassion, increase awareness of coping tools, and provide pathways to recovery. Journalists can combat hopelessness and change public perceptions about the inevitability of suicide. Increasing the availability of stories about real people who struggle with suicide but find meaning and value in life despite these struggles is a powerful suicide prevention strategy. (5,6,7)

Regardless of the reporting approach, all stories about suicide should include easily accessible local and national/international crisis and suicide prevention resources. (6,12,15,25) Studies have shown the effectiveness of telephone crisis services and hotlines (e.g., National Suicide Prevention Lifeline) for those at risk for suicide. (26,27) Additional resources include crisis chat options and crisis text services. Suicide prevention resources are also available to specific vulnerable populations including veterans and youth who identify as LGBTQ. We have included a template below so that it is

easy for journalists to help vulnerable individuals access timely crisis support.

Recommendations for Providing Suicide Prevention Resources

- Include the message that those recovering from a suicide attempt or loss can find support and effective treatments for depression.
- Highlight protective factors that lower the risk of suicide and coping strategies that can be used by those managing a suicidal crisis.
- Include specific examples of individuals who developed effective strategies or engaged in effective treatment to manage suicidal thoughts.
- All stories about suicide should include a template like this, including local resources:

If you're feeling suicidal, please talk to somebody. You can reach the National Suicide Prevention Lifeline at 1-800-273-8255; the Trans Lifeline at 877-565-8860; or the Trevor Project at 866-488-7386. Text "START" to Crisis Text Line at 741-741. If you don't like the phone, consider using the Lifeline Crisis Chat at www.crisischat.org.

- Increase public awareness about how to identify individuals at risk for suicide by reserving space for a description of suicide warning signs and risk factors, or include a hyperlink.
- Cover community efforts to prevent suicide and how the community plans to move forward following a suicide such as:
 - Describing suicide prevention efforts or programs in schools that promote awareness and support for those displaying warning signs of suicide.
 - Describing how the community is providing immediate support and guidance for bereaved friends and family members to help them adjust to the loss of a loved one.
 - Describing how the community plans to provide ongoing support and treatment for those who are vulnerable to suicide with links and phone numbers to local agencies.



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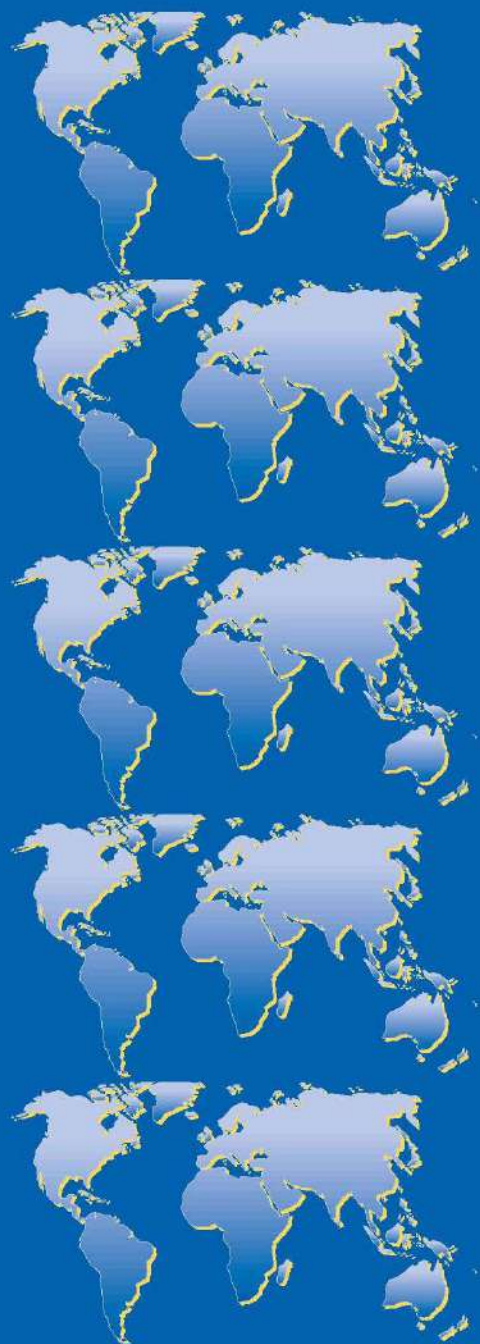
talk the talk

checklist for writing about and reporting on suicide



As media professionals, we know how powerful words can be. When reporting on suicide, using the right words and tone can encourage readers and viewers to seek help for themselves or get involved in supporting others. By contrast, sensationalistic or graphic reporting can be dangerous for those who are experiencing thoughts of suicide, and may reduce the likelihood that they'll seek help. Before submitting your story on a suicide death, check that you did the following:

- Use preferred language (e.g. "died by suicide" or "took his/her own life;" not "committed suicide").
- Use objective, non-sensationalistic language to describe the suicide death.
- Exclude details about method, location, notes or photos from the scene.
- Focus on life of the person rather than the death and method.
- Frame suicide as a preventable form of death.
- Indicate that suicide is always caused by multiple factors.
- Convey that suicidal thoughts and behaviors are not weaknesses or flaws and can be reduced with support and treatment.
- Ensure all links contain reliable information.
- Include a list of suicide warning signs and local resources for those in crisis.



Preventing suicide A resource for media professionals Update 2017



World Health
Organization



Preventing suicide: a resource for media professionals

Update 2017



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Foreword

Suicide is a serious global public health problem that demands our attention but preventing suicide is no easy task. Current research indicates that the prevention of suicide, while feasible, involves a whole series of activities, ranging from provision of the best possible conditions for bringing up our children and young people, through accurate and timely assessment of mental disorders and their effective treatment, to the environmental control of risk factors. Appropriate dissemination of information and awareness-raising are essential elements in the success of suicide prevention. Cultural, age- and gender-related variations need to be taken into account in all these activities.

In 1999 the World Health Organization (WHO) launched its worldwide initiative for the prevention of suicide. This booklet is the second revised version of one of the resources prepared which are addressed to specific social and professional groups that are particularly relevant to the prevention of suicide. The revised booklet is the product of continuing collaboration between WHO and the International Association for Suicide Prevention (IASP). It represents a link in a long and diversified chain involving a wide range of people and groups, including health professionals, educators, social agencies, governments, legislators, social communicators, law enforcers, families and communities.

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The collaboration of IASP with WHO on its activities related with suicide prevention is greatly appreciated.

This resource is being widely disseminated in the hope that it will be translated and adapted to local conditions which is a prerequisite for its effectiveness. Comments and requests for permission to translate and adapt the resource will be welcome.

Alexandra Fleischmann

Department of Mental Health
and Substance Abuse
World Health Organization

Ella Arensman

President
International Association for Suicide
Prevention

Responsible reporting on suicide: quick reference guide

Dos

- Do provide accurate information about where to seek help
 - Do educate the public about the facts of suicide and suicide prevention, without spreading myths
 - Do report stories of how to cope with life stressors or suicidal thoughts, and how to get help
 - Do apply particular caution when reporting celebrity suicides
 - Do apply caution when interviewing bereaved family or friends
 - Do recognize that media professionals themselves may be affected by stories about suicide
-

Don'ts

- Don't place stories about suicide prominently and don't unduly repeat such stories
 - Don't use language which sensationalizes or normalizes suicide, or presents it as a constructive solution to problems
 - Don't explicitly describe the method used
 - Don't provide details about the site/location
 - Don't use sensational headlines
 - Don't use photographs, video footage or social media links
-

Introduction

Suicide is a major public health problem, with far-reaching social, emotional and economic consequences. There are approximately 800 000 suicides a year worldwide, and it is estimated that at least six people are directly affected by each suicide death.

The factors contributing to suicide and its prevention are complex and not fully understood, but there is increasing evidence that the media can play a significant role in either enhancing or weakening suicide prevention efforts. Media reports about suicide may minimize the risk of imitative (copycat) suicide or increase the risk. The media may provide useful educational information about suicide or may spread misinformation about it.

On the one hand, vulnerable individuals are at risk of engaging in imitative behaviours following media reports of suicide, particularly if the coverage is extensive, prominent, sensational, explicitly describes the method of suicide, and condones or repeats widely-held myths about suicide. The risk is particularly pronounced when the person who died by suicide had a high social status and/or can easily be identified with. Reports about suicide that trigger subsequent suicides are often repeated over a longer period. The effect of media reports on increasing suicides is referred to as the “Werther effect”, named after the title character in Goethe’s novel *The sorrows of young Werther*, who dies by suicide when faced with the loss of his love.

On the other hand, responsible reporting about suicide may help to educate the public about suicide and its prevention, may encourage those at risk of suicide to take alternative actions and may inspire a more open and hopeful dialogue in general. Stories demonstrating help-seeking (positive coping) in adverse circumstances may strengthen protective factors or barriers to suicide and thus contribute to its prevention. Media reports about suicide should always include information about where to seek help, preferably from recognized suicide prevention services that are available on a 24/7 basis. Protective effects of responsible media reporting about suicide have been referred to in the scientific literature as the “Papageno effect”, named after the character Papageno in Mozart’s opera *The magic flute*, who becomes suicidal when he fears he has lost his love, but is reminded of alternatives to suicide at the last moment and subsequently chooses an alternative route of action.

Media recommendations need to be tailored to traditional media as well as digital media and should aim to reach as many people as possible about suicide prevention. A specific characteristic of digital media is that information can be spread very quickly and, thus, is more difficult to monitor and control. Despite the differences between digital media and more traditional media, findings from research on the effects of traditional media on suicidal behaviour can help inform suicide prevention initiatives in digital media. Conversely, lessons learned about the potential role of digital media in the increase or prevention of suicidal behaviour can help inform suicide prevention initiatives in traditional media.

This resource booklet briefly summarizes the current evidence on the impact of media reporting of suicide, and provides information for media professionals about how to report

on suicide, recognizing that there are times when a suicide will need to be reported on the grounds of its newsworthiness. The booklet makes suggestions about how best to ensure that such reporting is accurate, responsible and appropriate. It is applicable to both traditional and digital media reporting.

This resource booklet acknowledges that the reporting of suicide and its portrayal in various media types differ within and across countries. There are cultural differences in terms of what is appropriate to report and how information about a given suicide is accessed. While this booklet is designed to provide guiding principles about media reporting that apply across cultures, media professionals are encouraged to work with their local suicide prevention community and to draw on local media reporting guidelines, if available. Suicide prevention experts in the area of media reporting are active around the globe, as evidenced by the number of international experts who have contributed to this booklet. They are ready, available and willing to work with media professionals to ensure that reporting of suicide is responsible and encourages accurate messaging and avoids posing a risk to vulnerable persons. In some countries, guidelines for the reporting of suicide have been incorporated into codes of conduct for the press.

The booklet is designed for media professionals working in print, broadcast and online media. Most of the recommendations are relevant to reporting across all media, but some relate specifically to print media or digital media. A brief summary of considerations for digital media can be found in Annex 1. It is beyond the scope of this resource to address issues which are specific to websites, films, television soap operas or stage plays. For related information, see resources of the Entertainment Industry Council (<http://www.eiconline.org/>). Reporting on mass shootings and terrorism is addressed in Annex 2.

Scientific evidence of media impacts on suicidal behaviour

Reporting as a risk factor of suicidal behaviour

Over 100 investigations have been conducted into imitative (copycat) suicides (i.e. suicides that appear to be directly related to media reports about one or more suicides). Systematic reviews of these studies have consistently drawn the same conclusion: media reporting of suicide cases can lead to subsequent, additional, suicidal behaviours. These reviews also conclude that copycat suicidal behaviour is more likely under some circumstances than others. In particular, repeated coverage and high-impact/high-profile stories are most strongly associated with copycat behaviour. The effect of a report about a suicide on subsequent suicides is greater when the person described in the story is a celebrity and is held in high regard by the reader or viewer. Particular subgroups in the population (such as young people, people suffering from mental illness, persons with a history of suicidal behaviour or those bereaved by suicide) are particularly vulnerable to engaging in imitative suicidal behaviour. The risk is most pronounced when the characteristics of the person who died by suicide and those of the reader or viewer are similar in some way and when the reader or viewer identifies with the featured person. Additionally, the content of stories also plays an important role: stories that confirm or repeat myths about suicide or that include a detailed description of a particular method of suicide are more likely to result in copycat suicides. However, media reports about suicides written in accordance with media guidelines show strong potential to help prevent suicide and do not usually trigger further suicides.

Positive impacts of reporting

Whereas there is a relatively long history of research on the harmful effects of media reports about suicide, in the last few years more and more research has focused on the potential benefits of responsible media reporting about suicide. Media reports on persons who were in adverse life circumstances but who managed to cope constructively with their suicidal thoughts have been associated with decreases in suicidal behaviour. Further studies suggest that educative media portrayals featuring how to cope with suicidal thoughts may help reduce suicidal behaviour.

A more detailed overview of the scientific literature on media impacts is provided in Annex 3.

Responsible reporting

Provide accurate information about where to seek help

Information about support resources should be provided at the end of all stories about suicide. The specific resources should include suicide prevention centres, crisis helplines, other health and welfare professionals, and self-help groups. Information about where to seek help should include services that are recognized in the community as being of high quality and accessible 24/7, if available. These resources should provide access to support for persons who are distressed or prompted to consider suicide as a result of the story. The address or contact information of listed resources should be checked regularly to ensure that it is accurate. However, providing a long list of potential resources can be counter-productive; therefore, only a limited number of resources (e.g. one phone number and one website) should be provided.

Educate the public about the facts of suicide and suicide prevention, without spreading myths

There are many misconceptions about suicide. Research has shown that media reports that repeat these myths are more likely to trigger imitative behaviour. Studies have also shown that the public tends to recall the myths in “myths versus facts” stories in the media. Some of the most common myths and facts about suicide are listed in Annex 4. Consequently, it is preferable to lead with facts about suicide. Apart from carefully researching facts when discussing suicide, it is always helpful to report on how to prevent suicide, to include the message that people who are suicidal should seek help, and to indicate how to access that help.

Report stories of how to cope with life stressors or suicidal thoughts, and how to get help

Providing personal narratives of people who managed to cope with adverse circumstances and suicidality may help others in difficult life situations to adopt similar positive coping strategies. Stories that integrate educative materials explaining how to get help when faced with seemingly insurmountable difficulties are also encouraged. These stories typically feature specific ways adopted by others to overcome their suicidal thoughts, and highlight what can be done to get help if one is suicidal.

Apply particular caution when reporting celebrity suicides

Celebrity suicides are considered newsworthy and it is often considered to be in the public interest to report them. However, such reports are particularly likely to induce copycat suicides in vulnerable persons. Glorifying a celebrity's death may inadvertently suggest that society honours suicidal behaviour and thus may promote suicidal behaviour in others. For this reason, special care should be taken when reporting celebrity suicides. Such reports should not glamourize the suicide or describe the suicide method in detail. A focus on the celebrity's life, how he or she contributed to society, and how their death negatively affects others is preferable to reporting details of the suicidal act or providing simplistic reasons for why the suicide occurred. Additionally, care should be taken when reporting a celebrity's death when the cause of death is not immediately known. Media speculation about suicide as a possible cause of a celebrity's death can be harmful. It is more appropriate to wait for the cause of death to become known and to research the

specific circumstances carefully. As noted above, reports should always include information about access to support resources for those who are, or might become, distressed or suicidal due to the death.

Apply caution when interviewing bereaved family or friends

The views of persons who have experienced a loss from suicide can be a very valuable resource for educating others about the realities of suicide. However, several key considerations should be taken into account when collecting such information and including it in a media report about suicide. There needs to be caution when involving family, friends and others who are grieving over an acute loss and who might be in a crisis situation. A decision to interview someone who has been bereaved by suicide should never be taken lightly. Such persons are at increased risk of suicide or self-harm while they are dealing with their grief. Respect for their privacy should take precedence over writing a dramatic story. In some countries, journalists are guided by a code of conduct when undertaking such interviews.

It is important for media professionals to recognize that, as part of their investigations, they may gain knowledge about a suicide or the deceased that witnesses and/or the bereaved do not have. The publication of such material could be harmful to those who are bereaved by the suicide. Reporters also need to carefully consider the accuracy of any information received from the bereaved during an interview because their recall of specific memories, statements or behaviours of the suicide may be clouded by acute grief.

In instances where reporting is not related to a recent loss, people who have managed to cope with loss due to suicide and want to contribute to a media story can be an important resource for increasing awareness and providing viable options for others on how to cope with similar circumstances. However, even if the actual loss occurred a long time ago, it is important to remember that talking about past experiences with suicide may trigger painful memories and emotions. Persons bereaved by suicide who volunteer to speak with the media may be unaware of the potential personal consequences of widespread public dissemination of detailed private information; therefore, this should be discussed with the individual beforehand, and steps should be taken to protect their privacy. Whenever possible, the bereaved should be shown reports containing their personal accounts prior to publication in order to allow corrections or other changes before publication.

Recognize that media professionals themselves may be affected by stories about suicide

Preparing a story about a suicide may resonate with media professionals' own experiences. The effect can occur in all settings, but may be particularly pronounced in small, close-knit communities where media professionals have strong local connections. There is an obligation on media organizations to ensure that necessary supports – such as debriefing opportunities and mentoring arrangements – are in place for media professionals. Individual media professionals should not hesitate to seek help if they are negatively affected in any way.

Do not place stories about suicide prominently and do not unduly repeat such stories

Prominent placement and undue repetition of stories about suicide are more likely to lead to subsequent incidents of suicidal behaviour than more subtle presentations. Newspaper stories about suicide should ideally be located on the inside pages, towards the bottom of the page, rather than on the front page or at the top of an inside page. Similarly, broadcast stories about suicide should be presented in the second or third break of television news, and further down the order of radio reports or online posts, rather than as the lead item. Caution should be exercised regarding the repetition or updating of the original story.

Do not use language which sensationalizes or normalizes suicide, or presents it as a constructive solution to problems

Language that sensationalizes suicide should be avoided. For example, it is much better to report on “increasing suicide rates” than on a “suicide epidemic”. When reporting on a suicide, the use of language that conveys the message that suicide is a public health problem and identifies risk factors, combined with a message about the prevention of suicide, can help to educate the public about the importance of suicide prevention.

Language that misinforms the public about suicide, normalizes it or provides simplistic explanations for a suicide should also be avoided. Apparent changes in suicide statistics should be verified, as they may signal temporary fluctuations rather than statistically reliable increases or decreases. Out-of-context use of the word “suicide” – such as, for instance, “political suicide” – may serve to desensitize the public to its gravity. Terms like “unsuccessful suicide” or “successful suicide”, implying that death is a desirable outcome, should not be used; alternative phrases such as “non-fatal suicidal behaviour” are more accurate and less open to misinterpretation. The phrase “committed suicide” implies criminality (suicide remains a criminal offence in some countries) and unnecessarily increases the stigma experienced by those who have lost a person to suicide. It is better to say “died by suicide” or “took his/her life”.

Do not explicitly describe the method used

Detailed description and/or discussion of the method should be avoided because this will increase the likelihood that a vulnerable person will copy the act. In reporting an overdose, for example it could be harmful to detail the brand/name, nature, quantity or combination of drugs taken, or how they were obtained.

Caution should also be exercised when the method of suicide is rare or novel. While use of an unusual method may appear to make the death more newsworthy, reporting the method may trigger other people to use this method. New methods can spread easily via sensationalist media reporting – an effect that can be accelerated via social media.

Do not provide details about the site/location

Sometimes a location can develop a reputation as a “suicide site” – e.g. a bridge, a tall building, a cliff or a railway station or crossing where suicidal acts have occurred.

Particular care should be taken by media professionals not to promote such locations as suicide sites by, for instance, using sensationalist language to describe them or overplaying the number of incidents occurring at that location. Similar caution is necessary when reporting about suicides or suicide attempts in educational settings or specific institutions, particularly those for vulnerable individuals (e.g. prisons and psychiatric units/hospitals).

Do not use sensational headlines

Headlines serve the purpose of attracting the reader's attention by giving the essence of the story in as few words as possible. The word "suicide" should not be used in the headline, and explicit reference to the method or site of the suicide should be avoided. If headlines are written by other media professionals than those working on the main text, the author of the main text should work with the headline writer to ensure that an appropriate headline is selected.

Do not use photographs, video footage or digital media links

Photographs, video footage or social media links of the scene of a suicide should not be used, particularly if reference is made to specific details of the location or method. In addition, great caution is required in the use of pictures of a person who has died by suicide. If images are used, explicit permission should be obtained from family members. These images should not be prominently placed and should not glamorize the individual or the suicidal act. Research shows that pictures associated with suicidal acts can be reactivated by vulnerable readers later, such as during a personal crisis, and may then trigger suicidal behaviour. Coordination of editorial work on text and pictures is recommended, as individuals responsible for the text are sometimes not responsible for the use of images. Suicide notes, final text messages, social media posts and emails from the deceased individual should not be published.

Sources of reliable information

Sources of reliable statistics and other information about suicide should be used by media professionals when reporting about suicide. Government statistics agencies in many countries provide data on their annual suicide rates, usually by age and sex. WHO Member States report mortality data, including suicide, to WHO (http://www.who.int/healthinfo/mortality_data/en/). Data and statistics should be interpreted carefully and correctly.¹

Media professionals should seek advice from local suicide prevention experts when preparing stories about suicide. These experts can help interpret data about suicide, ensure that reports about suicide avoid increasing the risk of copycat suicide, dispel myths about suicidal behaviour, and provide useful information about recognizing and helping persons who are thinking about taking their own lives.

National or regional suicide prevention organizations often have specific contact details for the media. Many countries have associations that provide information about suicide. Some of these associations also have a role in suicide prevention, offer support to people who are experiencing suicidal thoughts or have been bereaved by suicide, provide advocacy services, and/or foster research about suicide. The International Association for Suicide Prevention (IASP) is the international equivalent of these associations. The IASP website (<https://www.iasp.info>) includes useful background information for media professionals preparing stories on suicide, including lists of suicide prevention services and media guidelines for reporting on suicide from several countries. Leading experts, suicide prevention services and public health organizations have also developed best practice recommendations for reporting on suicide in multiple languages (<http://www.reportingonsuicide.org>).

¹ Some caution should be exercised in making international comparisons of rates, because countries have different legal regulations and procedures which may influence the way in which deaths are identified, certified and recorded as suicides.

Annex 1.

Considerations for digital media

Nowadays people obtain their information from a much broader range of sources than they did in the past, and there is increasing overlap between traditional media and online media. The Internet has become an important platform for information and communication about suicide, especially among young people and persons at high risk of suicide. This booklet can be used for media reporting in both traditional and digital media. However, there are additional challenges with regard to reporting on suicide in digital media and managing potential suicidal content online. Specific guidelines have been created in recent years to address these challenges.

It is important to avoid the hyperlinking of suicidal material in social media. Video or audio footage (e.g. emergency calls) or social media links to the scene of a suicide should not be used, particularly if the location or method is clearly presented. In addition, great caution is necessary when using pictures of a person who has died by suicide. Search engine optimization efforts need to be carefully balanced against the use of harmful wording, particularly when it comes to writing the headline. As is true for traditional media, data visualizations should be carefully checked to prevent the exaggeration or sensationalization of statistics about suicide. Adequate policies should be established by the managers of media platforms for dealing with potentially suicidal content in the comments sections of digital media, such as online newspapers or print newspapers' websites, and for timely responses to content relating to suicide.

A set of best practices for online technologies (<http://www.preventtheattempt.com>) has been developed to serve small, medium-sized and large organizations and companies with online representations. Basic, mid-level and advanced-level recommendations are offered about how to integrate online resources with interactive components for suicide prevention. Basic recommendations include: the provision of a help centre with information on supportive resources and Frequently asked questions (FAQ) on suicide, policies on how to respond to potentially suicidal users, regulations on the involvement of law enforcement, timeliness of responses to suicidal content, and information on where to refer potentially suicidal individuals.

Another set of recommendations has been developed for bloggers (<https://www.bloggingonsuicide.org>) by Suicide Awareness Voices of Education (SAVE). These recommendations are based on the content of guidelines for traditional media, highlighting safety concerns that are frequently encountered in blogs and how to deal with them.

Annex 2.

Reporting on mass shootings and terrorism

Research on the imitative effects of media reports about mass shootings and terrorism is not as extensive as research on the copycat effects of media reports about suicides. However, there is some evidence that sensationalist reporting about killings can trigger further homicidal actions. These incidents typically receive considerable media attention, and may or may not include self-directed violence after, or as part of, the murder(s). If such an event includes suicide, it should not be described as a suicide attack or suicide bombing because this magnifies the negative labelling of suicidal behaviour. Referring to such events as “homicidal bombings” or “mass killings” would be more appropriate because the main purpose of these acts is to kill others; only some of the perpetrators may actually be suicidal. In reporting these killings, it is important to remember that the perpetrator may not be suicidal and may not have a mental illness; most mass shootings are not committed by persons with a diagnosed mental disorder. An international expert team lead by Suicide Awareness Voices of Education (SAVE) has developed recommendations (<https://www.reportingonmassshootings.org>) for reporting such events – including reducing the media attention on the perpetrators, because such emphasis can potentially lead others to identify with them and be inspired by them to commit similar acts.

Annex 3.

Overview of the scientific literature on media impacts

Harmful media impacts

The earliest evidence of the impact of the media on suicidal behaviour was provided in the late 18th century when Goethe published *The sorrows of young Werther*, in which Werther shoots himself because he falls in love with a woman who is beyond his reach. The novel was implicated in a spate of suicides across Europe. Many of those who died by suicide were dressed in a similar fashion to Werther and adopted his method or were found with a copy of Goethe's book. Consequently the book was banned in several European countries.

The evidence for imitative suicidal behaviours occurring in response to the reporting or portrayal of suicide remained anecdotal until the 1970s when Phillips (1) published a study which retrospectively compared the number of suicides that occurred in the months in which a front-page article on suicide appeared in the United States press with the number that occurred in the months in which no such article appeared. During the 20-year study period, there were 33 months during which a front-page suicide article was published, and there was a significant increase in the number of suicides in 26 of those 33 months. Imitation effects were also found by Schmidtke & Häfner (2) after the broadcast of a television series.

Since Phillips' study, over 100 other investigations into imitative suicides have been conducted. Collectively, these studies have strengthened the body of evidence in a number of ways. First, they have used improved methodologies. For example, Wasserman (3) and Stack (4) replicated the findings from Phillips' original study and extended the observation period, using more complex time-series regression techniques, and considered rates rather than absolute numbers of suicide. Second, these studies have examined different media. For instance, Bollen & Phillips (5) and Stack (6) examined the impact of suicide stories that were given national coverage on television news in the USA and found significant increases in suicide rates following such broadcasts. Furthermore, although most of the early studies were conducted in the USA and considered suicide only, later studies broadened the scope to Asian and European countries and included a focus on suicide attempts. For example, studies by Cheng et al. (7, 8), Yip et al. (9) and Chen et al. (10) demonstrated increases in suicides and suicide attempts following the news coverage of celebrity suicides in China (Province of Taiwan and Hong Kong SAR), and the Republic of Korea, respectively. A study by Etzersdorfer, Voracek & Sonneck (11) reported similar results following coverage of a celebrity suicide in the largest Austrian newspaper, with increases in suicides being more pronounced in regions where distribution of the newspaper was greatest. More recent studies also assessed the characteristics of the content of media reports before assessing media effects. This is reflected in studies by Pirkis and colleagues that differentiated various types of media reports on the basis of differences in content (12). They found that repetitive stories reporting suicide methods and reinforcing public misconceptions about suicide were associated with subsequent increases in suicides. Notably, Gould and colleagues found that youth copycat suicides were more likely to be triggered by newspaper stories that were more prominent (i.e. front-page placement or inclusion of a picture), more explicit (i.e. with headlines containing the word "suicide" or specifying the method used), more detailed (i.e. including the deceased's name, the details of the method, or the presence of a suicide note), and reporting on suicide death rather than suicide attempt (13).

Systematic reviews of studies in the area of media and suicide have consistently reached the same conclusion: media reporting of suicide can lead to subsequent increases in suicidal behaviours (14-17). These reviews have also observed that the likelihood of an increase in suicidal behaviours varies as a function of the time after the news report, usually peaking within the first three days and levelling off by about two weeks (5, 18), but sometimes lasting longer (19). The increase is related to the amount and prominence of coverage, with repeated coverage and high-impact stories being most strongly associated with imitative behaviours (10, 11, 20-22). Such behaviours are accentuated when the person described in the story and the reader or viewer are similar in some way (22, 23), or when the person described in the story is a celebrity and is held in high regard by the reader or viewer (3, 4, 7, 9, 22, 24). Sensationalist or glamourized reporting on suicides of entertainment industry celebrities appears to be associated with the greatest increases in subsequent suicides (25). Combined evidence across studies has shown that the average increase in suicide rates in the month subsequent to sensationalist news media reporting on a celebrity suicide is 0.26 per 100 000 population, but the estimated effect is even more pronounced for reports on the suicides of entertainers (0.64 per 100 000 population) (25). Media effects also depend on the characteristics of the audience. Some subgroups in the population (young people, people suffering from depression, and persons who identify with the deceased) seem especially vulnerable and are therefore more likely to show increased rates of suicidal thoughts or imitative suicidal behaviours (18, 26-29). Overt description of suicide by a particular method often leads to increases in suicidal behaviour employing that method (10, 30-33).

Protective media impacts

There is also some evidence regarding the potential for the media to exert a positive influence. This evidence comes from studies which considered whether best-practice media reporting of suicide could lead to a reduction in the rates of suicide and suicide attempts. Etzersdorfer and colleagues showed that the introduction of media guidelines on the reporting of suicides on the Vienna subway resulted in a reduction in sensational reporting of these suicides and, in turn, a 75% decrease in the rate of subway suicides and a 20% decrease in the overall suicide rate in Vienna (34-36). The repeated distribution of these guidelines resulted in an improvement in the quality of reporting about suicide and a reduction in the Austria's national suicide rate, with the positive impact most pronounced in regions with strong media collaboration (37). Studies from Australia, China, Hong Kong SAR, Germany and Switzerland have similarly shown that media guidelines were positively related to the quality of reporting on suicide. However, the effectiveness of media guidelines depends on their successful implementation (38, 39). Experience from several countries – including Australia (<http://www.mindframe-media.info>), Austria (<http://www.suizidforschung.at>), China, Hong Kong SAR (<http://www.csrp.hku.hk/media/>), Switzerland (<http://www.stopsuicide.ch>), the United Kingdom (<http://www.samaritans.org/media-centre/>) and the USA (<http://www.reportingonsuicide.org>) – provide important insights on the implementation of media guidelines, which could be instructive for other countries.

Further evidence of a possible suicide-protective effect of certain media reports comes from a study by Niederkrotenthaler and colleagues, who found that a specific class of articles that focused on positive coping/mastery of crises was associated with decreases in suicide rates in

the geographical area where the published media reports reached a large proportion of the population (21). This protective media potential has been labelled the Papageno effect after the character in Mozart's opera *The magic flute* who considers suicide but changes his plan when reminded of alternatives to dying. Following this first study on the Papageno effect, some other studies have identified protective impacts by media materials that address constructive coping and provide information on suicide prevention (28, 38, 40).

Overall, reviews of media and suicide find that, while there is evidence for both beneficial and harmful impacts of the media on suicide prevention, most research to date has focused on the harmful impacts (17).

Digital media

The very little research that is yet available about the impact of suicide-related depictions online suggests that both protective and harmful effects are possible. Digital media are considered a potentially valuable resource for persons in need of help when suicidal because online media sites are easily accessible and are often used by young people. Persons at risk for suicide frequently report feeling less alienated when using social media and sometimes report that their online activities have reduced suicidal thoughts. This is particularly the case for activities on websites and message boards that offer constructive help and actively avoid normalizing or condoning suicidal behaviour.

However, the potential to normalize suicidal behaviours, the access to images about suicide and suicide methods, and the creation of communication channels that can be used for bullying and harassment are of major concern (41, 42). There are also pro-suicide sites that describe the specifics of different suicide methods, encourage suicidal behaviour, or recruit individuals for suicide pacts. An increasing number of case studies indicate that message boards can serve as a tool for learning about suicide methods, and can promote suicidal behaviour in vulnerable persons.

Conclusion

There is strong support for the contention that sensationalist media reports about suicide can lead to subsequent additional suicidal behaviours (suicides and suicide attempts). These time-limited increases in suicides are not simply the early occurrence of suicides that would have happened anyway (if this were the case, they would be followed by a commensurate decrease in suicide rates); they are additional suicides that would not have occurred in the absence of the inappropriate media reporting.

Studies of the potential protective effects of responsible media reporting of suicide have started only quite recently and the evidence for the benefits of this type of reporting is currently emerging.

Media professionals should exercise caution in reporting on suicide, balancing the public's "right to know" against the risk of causing harm.

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Annex 4.

Myths and facts about suicide

MYTH Talking about suicide is a bad idea and can be interpreted as encouragement.

FACT Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give a person other options or the time to rethink his/her decision, thereby preventing suicide.

MYTH People who talk about suicide do not mean to do it.

FACT People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.

MYTH Someone who is suicidal is determined to die.

FACT On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively by drinking pesticide, for instance, and die a few days later, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.

MYTH Most suicides happen suddenly without warning.

FACT The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course, some suicides occur without warning. But it is important to understand what the warning signs are and look out for them.

MYTH Once someone is suicidal, he or she will always remain suicidal.

FACT Heightened suicide risk is often short-term and specific to the situation. While suicidal thoughts may return, they are not permanent and a person with previous suicidal thoughts and attempts can go on to live a long life.

MYTH Only people with mental disorders are suicidal.

FACT Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by suicidal behaviour, and not all people who take their own lives have a mental disorder.

MYTH Suicidal behaviour is easy to explain.

FACT Suicide is never the result of a single factor or event. The factors that lead an individual to suicide are usually multiple and complex, and should not be reported in a simplistic way. Health, mental health, stressful life events, social and cultural factors need to be taken into account when trying to understand suicidal behaviour. Impulsivity also plays an important role. People with a mental illness, which may influence a person's ability to cope with life stressors and interpersonal conflicts, are more likely to be at risk of suicide. However, mental illness alone is insufficient to explain suicide. Almost always, it will be misleading to attribute a suicide to a specific event such as failure in an examination or breakdown of a relationship. In circumstances where the death has not yet been fully investigated, it is inappropriate to report premature conclusions about causes and triggers.

MYTH Suicide is an appropriate means of coping with problems.

FACT Suicide is not a constructive or appropriate means of coping with problems, nor is it the only possible way to manage severe distress or to deal with adverse life circumstances. Stories about individuals with a personal experience of suicidal thoughts who managed to cope with their difficult life situations can help to highlight viable options for others who might currently be contemplating suicidal behaviour. Suicide also has a devastating impact on family members, friends and entire communities, often leaving them wondering whether there were signs they may have missed, and feeling guilty, angry, stigmatized and/or abandoned. Reports of suicide that explore some of these complex dynamics in a sensitive way, without blaming grieving survivors, can help educate the public about the need to provide appropriate support to persons bereaved by suicide.

Preventing suicide: a resource series

1. A resource for general physicians
2. A resource for media professionals
3. A resource for teachers and other school staff
4. A resource for primary health care workers
5. A resource in jails and prisons
6. How to start a survivors group
7. A resource for counsellors
8. A resource at work
9. A resource for police, firefighters
and other first line responders
10. A resource for suicide case registration
11. A resource for non-fatal suicidal behaviour case registration



**World Health
Organization**

Department of Mental Health and Substance Abuse

WHO/MSD/MER/17.5

Best Practices and Recommendations for Reporting on Suicide

Media Plays an Important Role in Preventing Suicide

1. Over 100 studies worldwide have found that risk of contagion is real and responsible reporting can reduce the risk of additional suicides.
2. Research indicates duration, frequency, and prominence are the most influential factors that increase risk of suicide contagion.
3. Covering suicide carefully can change perceptions, dispel myths and inform the public on the complexities of the issue.
4. Media reports can result in help-seeking when they include helpful resources and messages of hope and recovery.

Partner Organizations

These recommendations were established using a consensus model developed by SAVE. The process was led by SAVE and included leading national and international suicide prevention, public health and communication's experts, news organizations, reporters, journalism schools and internet safety experts. Collaborating organizations include:

American Association of Suicidology • American Foundation for Suicide Prevention • American Psychoanalytic Association • Annenberg Public Policy Center • Associated Press Managing Editors • Canterbury Suicide Project – University of Otago, Christchurch, New Zealand • Centers for Disease Control and Prevention • Crisis Text Line • Columbia University Department of Psychiatry • ConnectSafely.org • International Association for Suicide Prevention Task Force on Media and Suicide • Medical University of Vienna • National Alliance on Mental Illness • National Institute of Mental Health • National Press Photographers Association • The Net Safety Collaborative • National Suicide Prevention Lifeline • New York State Psychiatric Institute • The Poynter Institute • Substance Abuse and Mental Health Services Administration • Suicide Awareness Voices of Education • Suicide Prevention Resource Center • Vibrant Emotional Health

Recommendations: Following these recommendations can assist in safe reporting on suicide.

AVOID...	INSTEAD...
✗ Describing or depicting the method and location of the suicide.	✓ Report the death as a suicide; keep information about the location general.
✗ Sharing the content of a suicide note.	✓ Report that a note was found and is under review.
✗ Describing personal details about the person who died.	✓ Keep information about the person general.
✗ Presenting suicide as a common or acceptable response to hardship.	✓ Report that coping skills, support, and treatment work for most people who have thoughts about suicide.
✗ Oversimplifying or speculating on the reason for the suicide.	✓ Describe suicide warning signs and risk factors (e.g. mental illness, relationship problems) that give suicide context.
✗ Sensationalizing details in the headline or story.	✓ Report on the death using facts and language that are sensitive to a grieving family.
✗ Glamorizing or romanticizing suicide.	✓ Provide context and facts to counter perceptions that the suicide was tied to heroism, honor, or loyalty to an individual or group.
✗ Overstating the problem of suicide by using descriptors like “epidemic” or “skyrocketing.”	✓ Research the best available data and use words like “increase” or “rise.”
✗ Prominent placement of stories related to a suicide death in print or in a newscast.	✓ Place a print article inside the paper or magazine and later in a newscast.

Checklist for Responsible Reporting

- ❑ **Report suicide as a public health issue.** Including stories on hope, healing, and recovery may reduce the risk of contagion.
- ❑ **Include Resources.** Provide information on warning signs of suicide risk as well as hotline and treatment resources. At a minimum, include the National Suicide Prevention Lifeline and Crisis Text Line (listed below) or local crisis phone numbers.
- ❑ **Use Appropriate Language.** Certain phrases and words can further stigmatize suicide, spread myths, and undermine suicide prevention objectives such as “committed suicide” or referring to suicide as “successful,” “unsuccessful” or a “failed attempt.” Instead use, “died by suicide” or “completed” or “killed him/herself.”
- ❑ **Emphasize Help and Hope.** Stories of recovery through help-seeking and positive coping skills are powerful, especially when they come from people who have experienced suicide risk.
- ❑ **Ask an Expert.** Interview suicide prevention or mental health experts to validate your facts on suicide risk and mental illness.

Reporting Under Unusual Circumstances

A mass shooting where a perpetrator takes his or her life is different from an isolated suicide. Recommendations for reporting on mass shootings can be found at reportingonmassshootings.org.

A homicide-suicide is also different from an isolated suicide. The circumstances are often complex in these incidents, as they are in suicide. To minimize fear in the community, avoid speculation on motive and cite facts and statements that indicate that such events are rare. Show sensitivity to survivors in your interviews and reporting. Highlight research that shows most perpetrators of homicide-suicide have mental health or substance use problems, but remind readers that most people who experience mental illness are nonviolent.

Crisis Resources to Include in Stories



The National Suicide Prevention Lifeline is a hotline for individuals in crisis or for those looking to help someone else. To speak with a certified listener, call **1-800-273-8255**.



Crisis Text Line is a texting service for emotional crisis support. To speak with a trained listener, text **HELLO to 741741**. It is free, available 24/7, and confidential.

Helpful Side-Bar for Stories



Warning Signs Of Suicide

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings



What to Do

- Do not leave the person alone
- Remove any firearms, alcohol, drugs, or sharp objects that could be used in a suicide attempt
- Call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**
- Take the person to an emergency room, or seek help from a medical or mental health professional

For more information and examples of best practices when reporting on suicide, visit ReportingonSuicide.org/Recommendations

Framework for Successful Messaging

Created by the National Action Alliance for Suicide Prevention as part of its focus to Change the Conversation about suicide and suicide prevention

The Framework is a comprehensive web-based resource that outlines four critical issues to consider when messaging to the public about suicide.

» All messages should consider four key elements: **Strategy, Safety, Positive Narrative, and Guidelines**

Positive Narrative

means “promoting the positive” in some form, for example, by

- Sharing resources
- Telling real stories of help-seeking, giving support, coping, or resilience
- Describing action steps the audience can take
- Featuring program successes, new research, or how people are making a difference.

Safety is avoiding content that is unsafe or undermines prevention.



Safety

Strategy involves planning and focusing messages, so they are as effective as possible. Includes

- Integrating communications with other efforts
- Defining clear goals
- Understanding the audience
- Identifying a “call to action”
- Providing resources for taking action.

Strategy



Positive Narrative



Guidelines

Guidelines

means using any specific guidance or best practices that apply.

Learn more at SuicidePreventionMessaging.org.

Framework for Successful Messaging

Created by the National Action Alliance for Suicide Prevention as part of its focus to Change the Conversation about suicide and suicide prevention

» **Sign On and
Take Action!**



» **Make a Commitment**

Sign on to the *Framework* to indicate your commitment to developing messages that are strategic, safe, convey a positive message, and follow available guidelines.

» **Support Your Commitment with Action**

Use the *Framework* and the resources as a guide when developing all of your public messaging.

- Use your voice to contribute to a Positive Narrative about suicide, one that emphasizes solutions and action as opposed to describing the problem in unsolvable terms.
- Create a set of standards or policies to guide messaging across all of your efforts. For example, decide that as a matter of policy, you will not forward or repost news articles that include potentially unsafe content.
- Spread the word about the *Framework* and the media recommendations (reportingonsuicide.org) (for news and entertainment media) to colleagues and contacts who are communicating to the public about suicide.
- Submit examples of messaging that illustrate the *Framework* so they can be added to the Examples Gallery on the *Framework* website.
- Recommend additional resources to be added to the Guidelines section of the *Framework* website, which provides a listing of best resources for key messaging areas.

Learn more at SuicidePreventionMessaging.org.



SUICIDE And Social Media

A tipsheet for parents and providers



A M E R I C A N
ASSOCIATION OF SUICIDOLOGY

suicidology.org | info@suicidology.org

TAKING THE FIRST STEP

Mental health, non-suicidal self-harm, and suicide themes on social media continue to be an issue both youth and adults face on a daily basis. Experts recognize that youth engagement with social media includes positive and negative aspects and our goal is to help maximize the benefits while reducing any potential harm. Parents need to have tools for these conversations. As such, AAS has teamed up with physicians and subject matter experts to put together this list for anyone to help youth who come in contact with this digital content.

TIPS FOR ADULTS

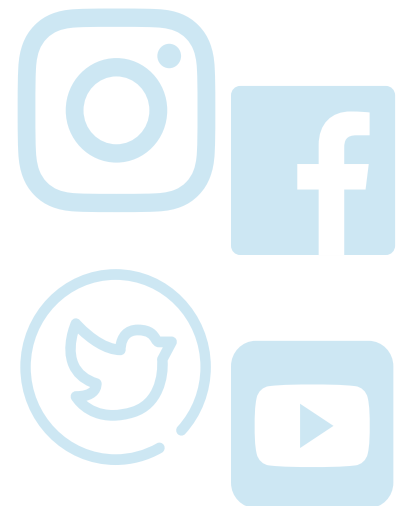
- As digital immigrants, parents should educate themselves about current social media trends and uses. What apps and websites are popular with youth? Which platforms are children in the household using and how many accounts do they have? Which platforms do they use to talk with their friends and which ones are more for recreation?
- Parents should monitor their child's access to and use of the internet and social media. When, why and how much monitoring depends on their child's developmental stage and mental health status.
- We don't believe it's good for anyone to be constantly consuming images of violence, self-directed or upon others.
- Some children are going to be more vulnerable than others.
- Parents and pediatricians should be asking youth, especially vulnerable youth, about their digital lives, their experiences with social media, and how it impacts their daily lives.

TIPS (CONT.)

- If a healthcare/behavioral healthcare provider is performing a crisis intervention safety plan, asking about digital lives/social media use should absolutely be included as a component.
- Youth report enjoyment and a sense of connection from social media engagement. When exploring their digital lives, it is just as important to explore the positive aspects as any potential negative effects.
- When in doubt, clinicians, parents, teachers or other caregivers should be willing to consult with experts or mental health professionals. AAS has dozens of expert members willing to provide consultation on a number of these topics.
- As parents and physicians take increasingly active roles in suicide prevention, we also ask that social media platforms join us on a larger scale in preventing suicide across the globe. AAS is proud to have cross-industry members of our Technology and Innovations Committee, which is available for consultation and advisory capacities.

PARENTAL CONTROL TOOLS

- Cell phone plan carriers – Typically mobile carriers (AT&T, Sprint, Verizon, etc.) provide free parental control options that can limit the amount of time spent on social media, what platforms teens can access, and what hours they can be online
- Hardware – There are dozens of products that allow a parent or care provider to turn on, disable, throttle or put time limits on WiFi access in the house or on individual devices.
- Internet filters – Most internet service providers allow you to filter content to limit access to age-restricted images or access to specific social media sites.



An important component of these tools is monitoring and adapting use. Depending on household use of internet and social media, especially in potentially concerning uses, some boundaries may need to be expanded, enforced, or relaxed.

RECOMMENDATIONS FOR BLOGGING ON SUICIDE

The following is meant to assist bloggers in blogging about suicide safely, maximize the effectiveness of the communications and reduce the risk of harmful effects of unsafe messaging on suicide. The information included has been shortened from it's original version which can be found at www.bloggingsuicide.org.

Blog Strategy

- Set a goal for your blog post.
- Determine your audience.
- Address specific actions your audience can take (if any).
- Measure your blog post results. Did you meet your blog post goal?

1

Writing Safe Content

- Avoid using data and phrases that may overstate the problem of suicide like "suicide epidemic" or "skyrocketing."
- Do not depict or use images showing methods of suicide, self-harm and/or violence.
- Suicide is complex. Do not try to attribute a suicide death to one single reason or cause.
- Avoid words like "successful," "unsuccessful," or a "failed attempt" to describe suicide. Instead use "died by suicide," "completed," or "killed him/herself."
- Include prevention hotlines and resources, warning signs, and other prevention-focused information.
- Do not include personal details of the person who has died by suicide. Use the person's story to talk about prevention, coping, and how to seek help.

2

Monitoring Your Blog Comments

- Check comment section regularly.
- Do not ignore suicidal threats.
- Take action against rude, derogatory, or discriminatory comments.
- Avoid arguing in the comments section.
- Steer conversation back on topic when necessary.
- Choose a comment thread that works best for you and your readers.

3

Talking With the Media

Personal Story:

- Be sure your blog post is appropriate for a larger, broader audience before speaking with the media.
- Share hopeful insights gained from personal experience and how treatment can work.
- Follow the same safety guidelines found in the "Writing Safe Content" section of this document.
- Ask the journalist conducting the interview to include help resources in their article.
- Share the *Recommendations for Reporting on Suicide* (reportingsuicide.org) with the media.

General Suicide Information:

- Refer the reporter or journalist to speak with an expert.
- Avoid spreading misinformation. If you do not know the answer, be honest and say so.
- Ask to review the article before publication.

4

Personal Safety and Privacy

- Only disclose the personal details you feel comfortable letting others know about.
- Before publishing, disclose personal details privately to those it may impact negatively.
- Be sensitive to the needs of others involved in your story.
- Be respectful to those who may still be experiencing grief or trauma from a suicide event.

5

The Recommendations for Blogging on Suicide are a project of Suicide Awareness Voices of Education (SAVE) and were developed with the guidance and expertise of an international advisory panel of experts and bloggers. You can find the full version of this document and a complete list of contributors and references at www.bloggingsuicide.org.



Suicide among Guam's youth is significantly higher than in the United States. In 2017, 22% of all suicide deaths on Guam were individuals ages 10-24, approximately 26% of the island population.

The Guam Focus on Life Program (GFOL) Program aims to increase suicide prevention, intervention and postvention skills among direct service providers and natural helpers, to break the stigma of suicide on mental health and help-seeking, and to improve the standards of suicide-safe care for at risk youth ages 10-24.

Guam received the GLS suicide prevention grant in 2009-2015, which built awareness in the community about suicide and capacity among youth-serving organizations and direct service providers to respond to youth identified with suicide ideation and behaviors. Over 4,000 gatekeepers were trained in intervention skills. Youth were being referred to community-based mental health care; however, an effective continuity of care was lacking. There is still a need to improve the transitions between service providers to ensure positive patient outcomes through suicide-safer care and after care.

The heavy emphasis on indicated prevention strategies focused efforts mostly on individuals with active suicidal thoughts and behaviors and missed opportunities for early identification of individuals who are experiencing grief, by natural helpers who have immediate influence and access to promote help-seeking behaviors. Guam Behavioral Health and Wellness Center, the single state agency for mental health and substance use, will use the 2019 GLS funds to expand and improve selected prevention strategies, to include these missed opportunities.

GOAL 1

Youth and young adults (age 10-24) who are experiencing grief and feelings of pain and loss, or having suicidal thoughts and behaviors openly seeks help from natural helpers and appropriate behavioral health service

KEY OBJECTIVES:

- 1) 100 natural helpers will be trained each year to identify and refer individuals experiencing grief and feelings of loss and pain to appropriate services.
- 2) By 2024, Guam's revised Youth Suicide Strategic Preventional and Intervention Plan for a suicide-safer community will incorporate epidemiological inferences based on qualitative data offered by individuals with lived experience, including youth and adult survivors of loss and suicide attempts.
- 3) In Years 2-5, three evidence-based programs will be implemented that normalize positive coping skills and increase help-seeking behavior among youth screened as "at risk" from Guam's public school system, emergency departments, psychiatric in-or-out-patient units, and other child and youth support organizations.

GOAL 2

Guam Behavioral Health and Wellness Center GBHWC, the island's mental health agency, transform its culture and services to achieve excellence in providing patient safety and safer suicide care.

KEY OBJECTIVES:

- 1) By 2024, GBHWC's ability to address the seven core elements of suicide-safer care in its approach to behavioral health services, based on the Zero-Suicide Framework (ZSF), will reach at least a target rating of "4=Near Comprehensive Practices are in Place".
- 2) By 2024, GBHWC will have tracked a 4-year implementation record of its Zero Suicide Plan.
- 3) By 2024, GBHWC, as a member of the National Suicide Prevention Lifeline (NSPL) network, will operate a local suicide prevention lifeline that will receive at least 70% of NSPL calls from the island.

GOAL 3

Guam's service providers operate in an integrated system of care that safely responds to individuals at risk for suicide.

KEY OBJECTIVES:

- 1) By 2024, Guam will have a 30-person Suicide Prevention Task Force that includes representatives from direct youth-serving providers, first responders, and community members like individuals with lived experience, including survivors of loss, survivors of suicide attempts, youth, and families, which work towards processes and protocols within and among organizations that are suicide-safer and integrated to other services.
- 2) By 2024, at least 75% of key direct service staff from GBHWC, and as identifies by Guam Memorial Hospital (GMH), Division of Child Protective Services/Foster Care System (CPS), Guam Department of Education (GDOE), University of Guam's Isa Psychological Center (UOG-Isa), Guam Community College's Law Enforcement, Allied Health, and Human Services Academies (GCC) and Department of Youth Affairs (DYA) are trained to identify, screen, refer, treat and follow-up on individuals experiencing grief and feelings of loss and pain, or having suicidal thoughts and behaviors.
- 3) By 2024, GBHWC, as a member of the National Suicide Prevention Lifeline (NSPL) network, will operate a local suicide prevention lifeline that will receive at least 70% of NSPL calls from the island.



ANNUAL REPORT 2020-2021

BACKGROUND

In January 2020, the Guam Focus on Life Program (GFOL) was awarded a 5-year grant under the 2019 GLS State/Tribal Youth Suicide Grant.

PRIMARY GOALS

- 1) To increase suicide prevention, intervention, and postvention skills among direct service providers and natural helpers in Guam
- 2) To break stigma on mental health and help seeking
- 3) To improve the standards of suicide-safe care for at risk youth ages 10-24

PROGRAM STRENGTHS



Establish partnerships with UOG and GCC to improve services and to support program initiatives

Fellowship program at UOG • Develop policy & procedure at GCC • Identify factors, barriers, and supports among Chamorro and Micronesian youth



GBHWC success with NSPL led to a crisis hotline for access to immediate services locally

Asset to island community for individuals in need of local services beyond the life of the grant project



Adapt to teleworking and finding alternate ways to reach the targeted populations in the community

GFOL team is resourceful, has strong leadership, and committed staff amidst pandemic • Connections continued progress to reach goals

CONCLUSION

The GFOL team is actively involved with their community partners to increase awareness of signs of suicide and suicide prevention and break the stigma of receiving mental health services.

Funded by SAMHSA Grant #H79SM082116

GOAL 1

Youth and young adults (10-24) who are experiencing grief and feelings of pain and loss, or having suicidal thoughts and behaviors openly seek help from natural helpers and appropriate behavioral health services.

HIGHLIGHTS

- Trained 23 natural helpers using evidence-based programs
- 1,647 participants in 21 outreach activities and over 39,900 people reached
- 4 graduate fellowships awarded at the University of Guam to conduct research on individuals with lived experience

GOAL 2

Guam Behavioral Health and Wellness Center (GBHWC), the island's mental health agency, transforms its culture and services to achieve excellence in providing patient safety and safer suicide care.

HIGHLIGHTS

- Zero Suicide Framework (ZSF) plan developed for Year 2
- GBHWC administrators were introduced to ZSF
- Granted membership in National Suicide Prevention Lifeline (NSPL)

GOAL 3

Guam's service providers operate in an integrated system of care that safely responds to individuals at risk for suicide.

HIGHLIGHTS

- Trained 63 direct service providers to transform the delivery of services to youth and young adults islandwide

ANNUAL REPORT
DIGITAL PORTFOLIO

Follow the link
or Scan QR code



<https://sites.google.com/view/guam-focus-on-life-report>

PEACE TRAININGS

LivingWorks START

The START training was created as a response to the COVID-19 physical distancing measures implemented around the world. From the same developers as well-known suicide prevention trainings (ASIST and safeTALK), START teaches trainees to recognize when someone is thinking about suicide and connect them to help and support. This is a virtual, 90-minute training that can be accessed independently.

safeTALK

Suicide Alertness for Everyone – Tell, Ask, Listen and Keepsafe prepares individuals 15 and older to identify persons with thoughts of suicide and connect them to suicide first aid resources. A safeTALK-trained suicide alert helper will be better able to: move beyond common tendencies to miss, dismiss or avoid suicide; identify people who have thoughts of suicide; apply the TALK steps (Tell, Ask, Listen and KeepSafe) to connect a person with suicide thoughts to suicide first aid, intervention caregivers.

ASIST

ASIST is an important part of national and regional prevention strategies worldwide; one that Guam has found to be valuable for helping caregivers learn suicide first aid by recognizing the risks and learning how to intervene and prevent the immediate risk of suicide. ASIST is reportedly the most widely used suicide intervention model in the world and features the only full model of the suicide intervention process.

Connect Suicide Postvention Training

Goal is for communities to become competent and confident to respond to suicidal incidents across the lifespan. Trained individuals will use a community-based approach for early recognition, skill-building, and to promote healing and reduce risk after a suicide. The Connect Suicide Prevention Program is a comprehensive ecological approach that uses evidence-supported protocols and training to improve skills for suicide prevention, intervention and postvention (after a suicide death). Training participants gain skills on how to respond and access services and supports and help to ensure a safety net for individuals at risk.

**For more information or registration
contact staff@peaceguam.org**

OTHER RESOURCES

Guam Behavioral Health and Wellness Center

<https://gbhwc.guam.gov/>

Suicide Prevention Messaging

<https://suicidepreventionmessaging.org>

Suicide Reporting Toolkit

<https://www.suicidereportingtoolkit.com/>

SAMHSA

<https://www.samhsa.gov/>

American Association of Suicidology

<https://suicidology.org/>

National Alliance on Mental Illness

<https://www.nami.org/>

National Institute of Mental Health

<https://www.nimh.nih.gov/>

Suicide Awareness Voices of Education

<https://save.org/>

World Health Organization

<https://www.who.int/>

