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Preventing suicide: a resource for media professionals

Update 2023



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Foreword

Suicide is a serious global public health problem that demands our attention. Current research indicates that the prevention of suicide, while feasible, involves a series of activities that range from provision of the best possible conditions for bringing up our children and young people, through accurate and timely assessment of mental health conditions and their effective management, to the restriction of the means of suicide – and more. Although suicide has often been discussed as only a mental health-related issue and/or only a biomedically-based issue, suicide is complex and multifaceted and needs to be addressed accordingly. Appropriate dissemination of information, provision of resources and awareness-raising are essential elements in successful suicide prevention. Responsible reporting about suicide is also a critical component in suicide prevention. Various cultural, local/regional, age- and gender-related issues need to be taken into account in efforts aimed at preventing suicide.

This is the fourth version of *Preventing suicide: a resource for media professionals* and is the product of continuing collaboration between the World Health Organization and the International Association for Suicide Prevention (IASP). This update represents a link in a long and diverse chain involving a wide range of people and groups – including health professionals, media professionals, educators, social agencies, governments,

Suicide is **complex and multifaceted** and needs to be addressed accordingly.



legislators, social communicators, law enforcers, religious leaders, people with lived experience of suicide, and the families and communities who are committed to suicide prevention. WHO’s *LIVE LIFE: an implementation guide for suicide prevention in countries*¹ further demonstrates the importance of the role of the media in suicide prevention.




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1 LIVE LIFE: an implementation guide for suicide prevention in countries. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240026629>; accessed 8 May 2023).

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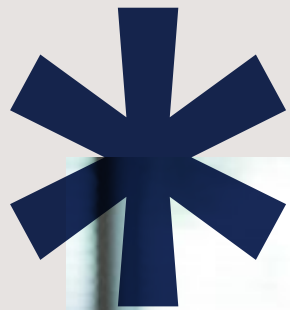
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WHO would like to thank the University of Edinburgh for the financial support.

The collaboration of IASP with WHO on activities related to suicide prevention is greatly appreciated. This resource is being disseminated widely in the hope that it will be translated and adapted to local situations, which is a prerequisite for its effectiveness. WHO welcomes comments and requests for permission to translate and adapt the resource.



Quick reference guide: **responsible reporting on suicide**

Widely disseminated stories of death by suicide are often followed by more suicides in the population, while stories of overcoming a suicidal crisis can lead to fewer suicides. Media professionals are encouraged to focus on presenting stories of people who overcome difficulties following a suicidal crisis while also following the Dos and Don'ts in this resource when reporting on suicide.



 Dos



Do provide accurate information about **where and how to seek help** for suicidal thoughts and suicidal crises.



Do recognize that media **professionals may themselves be affected** when covering stories about suicide.



Do apply particular caution **when reporting celebrity suicides**.



Do educate the public with the facts about suicide and suicide prevention based on accurate information.

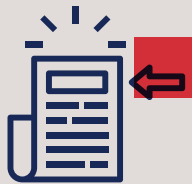


Do report stories of how to cope with life stressors and/or suicidal thoughts and the importance of help-seeking.



Do apply **caution when interviewing** bereaved family members or friends or persons with lived experience of suicide.

 Don'ts



Don't use **sensational language** in headlines.



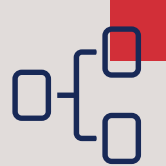
Don't describe the **method used**.



Don't name or provide details about the site/location.



Don't report the details of suicide notes.



Don't oversimplify the reason for a suicide or reduce it to a single factor.



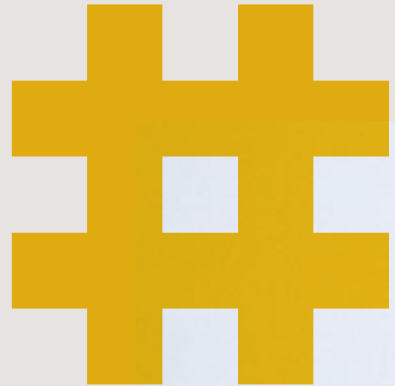
Don't use photographs, video footage, audio recordings, or digital or social media links.



Don't use language/content which sensationalizes, romanticizes or normalizes suicide, or that presents it as a viable solution to problems.



Don't position suicide-related content as the top story and **don't unduly repeat** such stories.



Introduction

Suicide is a major public health problem with far-reaching social, emotional and economic consequences. It is estimated that there are currently more than 700 000 suicides per year world-wide, and each suicide directly affects many more people. Media professionals have been instrumental in shaping cultural narratives that improve the health of populations across the world.

The factors that contribute to suicide and its prevention are complex and not fully understood. However, there is overwhelming and ever-increasing evidence that the media can play a significant role in either enhancing suicide prevention efforts or weakening them. The media may provide useful educational information about suicide or may spread misinformation and perpetuate myths about it. Crucially, depending on their content and overarching narrative, media reports about suicide can increase the risk of further deaths by suicide or can help to provide information that may prevent other suicides from occurring.

On the one hand, vulnerable persons (such as those with a history of suicide attempts or thoughts, or those exposed to suicide) are at an increased 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, makes suicide appear to be normal or perpetuates wide-

The media can play a significant role in either **enhancing suicide prevention efforts** or **weakening them**.

The effect of media reports on increasing the number of suicides is referred to as **“suicide contagion”** and the **“Werther effect”**.

ly-held myths about suicide. The risk is particularly pronounced if the story involves the suicide of a person who had high social status, such as a celebrity, or someone who can easily be identified with, such as a person of the same age, gender or ethnicity. Reports about suicide that lead to subsequent suicides are often repeated over a longer period. The effect of media reports on increasing the number of suicides is referred to as “suicide contagion” and 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). The publication of Goethe’s novel was followed by a number of suicides.

If media professionals ultimately consider a suicide to be sufficiently newsworthy that it must be reported, the Dos and Don’ts in this resource are designed to mitigate and minimize the risk of the Werther effect. Media professionals are encouraged always to include information about where to seek help, pointing readers and viewers of their reports to recognized suicide prevention services (e.g. health facilities, crisis lines) that are available, ideally on a 24-hours a day/7 days a week (24/7) basis. Because not all countries or communities have accessible 24/7 suicide prevention services, the media could include international services that are largely accessible to people around the world. The inclusion of such information also applies to the reporting of non-fatal suicidal behaviours or coroners’ court cases following a suicide.

On the other hand, there is increasing evidence from research that the dissemination of stories about overcoming a suicidal crisis and seeking help also leads to imitative behaviour and consequently can prevent suicide. Responsible reporting about suicide prevention ought therefore to educate the public about how thoughts of suicide or self-harm can be addressed. This may encourage persons who are having thoughts of suicide or self-harm to take alternative action and may inspire a more open and hopeful dialogue in general.

The protective effects of responsible media reporting about suicide have been referred to in the scientific literature as the “Papageno effect”. This effect is named after the character Papageno in Mozart’s opera *The Magic Flute* who became suicidal when he feared he had lost his love but was reminded of alternatives to suicide at the last moment by people in his life and subsequently chose a more positive route of action. Whenever media professionals develop a story about suicide prevention, it is therefore important to emphasize coping with adversity and paths to survival rather than to focus solely on suicidal behaviours and actions. Proactive reporting of stories

of hope and recovery are currently regarded as contributing to a reduction in suicidal behaviours and an increase in help-seeking.

This resource applies to new media (i.e. online, digital and social media) as well as more traditional (legacy) media (i.e. print, broadcast by radio or television). The ways in which the media work have changed considerably in recent years and boundaries between traditional and new media have become increasingly blurred. As a consequence, the ways in which we are exposed to suicide via the media have grown increasingly complex and dynamic. A specific characteristic of new media is that information can spread very quickly and, therefore, is more difficult to monitor and control. Despite the differences between new media and traditional media, findings from research with a sole focus on the effects of traditional media on suicidal behaviour can help inform suicide prevention initiatives in new media. Likewise, lessons learned about the potential role of new media in increasing or preventing suicidal behaviour can also help inform suicide prevention initiatives in traditional media. The approach of this resource is based on current research into reporting on suicide in the field of traditional

media. New media are addressed throughout, but further studies will be needed to add a larger component on new media in the future.

This resource summarizes current evidence on the impact of media reporting of suicide, and provides information for media professionals about how to do this reporting, recognizing that there are times when decisions will be made to report on a given suicide because of its newsworthiness. The resource makes suggestions about how best to ensure that such reporting, whether in traditional or new media, is accurate, responsible and appropriate. Further, the resource highlights increasing evidence that reporting focused on survival and resilience can help prevent suicide.

This resource acknowledges that the reporting and portrayal of suicide in various types of media differ both within and between countries. There are cultural, and in some cases legal, differences between countries regarding what it is appropriate to report. This resource provides guiding principles about media reporting that apply across cultures; however, media professionals are strongly encouraged to work with their local suicide prevention communities

and to draw on local media reporting guidelines and cultural standards, if available, when discussing this topic. Flooding a community with suicide-related media reports – whether proactive, help-seeking, educational or in response to a suicide or cluster of suicides – can also have a negative impact on the community and should be avoided when possible. Experts in the areas of suicide prevention and media reporting are active around the globe, as evidenced by the number of international experts who have contributed to this resource. They are ready, available and willing to work with media professionals to ensure that the reporting of suicide is responsible and accurate and that messaging avoids posing a risk to vulnerable persons. In some countries, national guidelines for the reporting of suicide have been incorporated into codes of practice for media professionals.

The purpose of the resource is two-fold: First, it offers guidance in terms of Dos and Don'ts when specific suicides are reported. Second, it offers advice on stories about suicide prevention and mental and emotional well-being, which can be introduced proactively into the media and can focus on coping, hope and recovery rather than on suicidal acts.

The primary audience for this guide comprises professionals working directly in the media – including journalists, news directors, editors, copy editors, photographers and videographers. Journalism schools may also find the resource beneficial as a key item of curricula for future media professionals. Secondary audiences who will benefit from knowing and using the resource include all other stakeholders who communicate and message or speak publicly about suicide and suicide prevention, as well as those working in new media.

A summary of considerations for new 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 shows or stage plays. However, the core principles of this resource also apply to these media types. For related specific information, see the WHO resource *Preventing suicide: a resource for filmmakers and others working on stage and screen*.² Reporting on mass killings and homicidal bombings is addressed in Annex 2. An overview of the scientific literature on media impacts can be consulted in Annex 3, and Annex 4 provides common myths and facts about suicide.

The primary audience for this guide comprises professionals working directly in the media – including **journalists, news directors, editors, copy editors, photographers and videographers.**

² Preventing suicide: a resource for filmmakers and others working on stage and screen. Geneva: World Health Organization; 2019 (<https://www.who.int/publications/i/item/preventing-suicide-a-resource-for-filmmakers-and-others-working-on-stage-and-screen>; accessed 8 May 2023).



Scientific evidence on the impact of media reporting of suicide on suicidal behaviour

Media reporting as a risk factor for suicidal behaviour

News stories may teach people about suicide in ways that lead to imitation. News stories in the media aimed at informing the public may change behaviour positively or negatively. The same is true for health outcomes, including suicide, as more than 100 research studies worldwide (chiefly conducted in high-income countries) have investigated the link between media reporting and suicide with consistent findings.

Systematic reviews of these studies have consistently drawn the same conclusion: that media reports about people who die by suicide can lead to subsequent, additional, suicidal acts.

Media reports about people who die by suicide **can lead to subsequent, additional, suicidal acts.**

These reviews also conclude that imitative suicidal behaviour is more likely under some circumstances than others, as noted below:

- Repeated coverage and high-impact/high-profile stories are most strongly associated with imitative 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. In effect, such stories can inadvertently function as celebrity endorsements of suicidal behaviour and it is known that celebrity endorsements can have an impact on behaviour of the public.
- Specific subgroups in the population (such as young people, persons with mental health conditions, people with a history of suicidal behaviour, minorities, and those bereaved by suicide) are particularly vulnerable to engaging in imitative suicidal behaviour.

- The risk of imitation 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 so that the reader or viewer identifies or over-identifies with the featured person on the basis of the details included in the story.

Additionally, the content of news reports also plays an important role: stories that perpetuate myths about suicide (e.g. the wrong belief that suicides are inevitable), that glorify or glamorize a death by suicide, or that include a detailed description of a particular method and/or location of suicide are more likely to result in imitative suicides and suicide attempts. This is because such stories may inadvertently promote suicidal behaviour and/or model how to carry it out. However, media reports about suicides written in accordance with media guidelines show strong potential to help prevent the imitation effects described here and do not usually lead to further suicides.

Positive impacts of reporting on suicide prevention, hope and recovery

Historically, most suicide-related reporting has focused on the dissemination of stories of death and therefore most research in the area has typically focused on and identified the effects of these reports. A variety of media reports in recent years has led to more research into the potential benefits of different kinds of responsible media reporting that could promote suicide prevention – particularly stories of hope and recovery that describe how to manage suicidal crises and cope with adversity. A number of studies have shown that media reports about people who experienced difficulties in their lives but who managed to cope constructively with their suicidal thoughts are associated with small reductions in suicidal ideation among vulnerable audiences. Emerging evidence also suggests that such stories are associated with decreases in suicidal behaviour and increases in help-seeking. These studies suggest that educative media portrayals featuring how to cope with suicidal thoughts, profiling support organizations and resources, and sharing information from those with lived experience, may help to reduce the likelihood of people thinking about suicide or acting on such thoughts and may increase the likelihood that they will reach out for help if they are struggling with their own crises.

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

Educative media portrayals featuring how to cope with suicidal thoughts, **may help to reduce the likelihood of people thinking about suicide or acting on such thoughts.**

Responsible reporting on suicide: Dos and Don'ts for media professionals



Do provide accurate information about where to seek help for suicidal thoughts and suicidal crises

Information about support services should be provided at the end of the news story or, even better, at the beginning of all stories about suicide. The specific services might include suicide prevention centres, crisis lines (including for specific subgroups of the population), health and welfare professionals, or self-help groups. Information about where to seek help should point to services that are recognized in the community as being of high quality and, if available, are accessible 24/7. These services typically provide access to support for people who experience emotional distress or consider suicide, possibly as a result of a news

story. The contact details of listed services should be checked regularly to ensure that they are accurate. Only a limited number of services should be mentioned, because a long list of potential services can be overwhelming, is more likely to be omitted by the news outlet in brief news reports or leads the audience to not know which service to seek out.



Do educate the public with the facts about suicide and suicide prevention based on accurate information

There are many misconceptions about suicide. Some of the most common myths (and facts that show them to be myths) about suicide are listed in Annex 4. Research has shown that media reports that repeat these myths are more likely to lead to imitative behaviour. Studies have also shown that the public tends to recall the myths rather than the facts in “myths versus facts” stories in the media. Consequently, it is preferable to lead with facts about suicide and avoid including myths whenever possible. Apart from carefully researching facts when discussing suicide, it is always helpful to report how to prevent suicide, to include the message that people who are suicidal should seek help, to indicate how they can access that help, and to encourage community members to reach out to help others. Seeking advice from suicide prevention experts, who also may have expertise in media guidelines and communications, along with persons who have lived experience, is encouraged in order to ensure that the information disseminated is accurate.



Do report stories of how to cope with life stressors and/or suicidal thoughts and the importance of help-seeking

Providing personal narratives of people who found ways to navigate through and cope with adverse circumstances and overcome suicidal thoughts may help others in difficult life situations to adopt similar positive coping strategies.

News stories that integrate educative materials which explain how people can find help when faced with seemingly insurmountable difficulties are encouraged. These stories typically highlight what a person can do to obtain help when suicidal. It is also helpful to report stories about how some people have reached out to support others in crisis as examples of ways in which everyone can be involved in suicide prevention. It is important to use links to direct the audience to suicide prevention organizations, crisis lines and other support organizations.



Do apply particular caution when reporting celebrity suicides

Celebrity suicides are considered newsworthy and reporting them is often considered to be in the public interest. However, these reports are strongly linked to suicide deaths among vulnerable readers or viewers. Glorifying a celebrity's death may inadvertently suggest that society honours or even encourages suicidal behav-

our and therefore may promote suicidal behaviour in others. For this reason, special care is needed when reporting celebrity suicides.

Reports should not describe the suicide method or location, and should not glamorize the suicide in any way. A focus on the celebrity's life, how they contributed to society, and how their death negatively affects others is preferable to reporting details of the suicidal act or providing simplistic reasons why the suicide occurred. Media professionals are strongly encouraged to position the celebrity death as a preventable tragedy. Additionally, when reporting a celebrity's death when the cause of death is not yet known, it is more appropriate to wait until the cause of death is known and to research the specific circumstances carefully, while also noting the complexity of suicide. Responsible reports always include information about how to access resources and support for persons who are, or might become, distressed or suicidal.



Do apply caution when interviewing bereaved family members or friends or persons with lived experience of suicide

The views and experiences of people who have lost someone to suicide are critical for educating others about the realities of suicide. However, several important issues should be considered when interviewing bereaved persons. A decision to interview someone who has been bereaved by suicide should never be taken lightly. Family members, friends, relatives and others who are experiencing intense grief over an acute loss may be in crisis situations themselves, which may hinder their ability to provide accurate information. Research also indicates that some survi-

vors of suicide loss may themselves be at greater risk of suicide. Interviews with children who lost a parent to suicide should always and by all means be avoided. Respect for their privacy should take precedence over writing a dramatic story. In some countries, journalists are guided by a code of conduct when conducting interviews with bereaved family or friends.

It is important for media professionals to recognize that, during their investigations, they may gain knowledge about a suicide or the deceased that the bereaved persons do not have. Interviewees should not be approached at all until enough time has passed to reasonably assume they know their friend/loved one has died by suicide. In addition, it must be remembered that the publication of sensitive information could harm those who are bereaved by the suicide. Reporters need to consider carefully the accuracy of any information provided by the bereaved during an interview because their recall of specific memories (the “halo effect”), hindsight bias and/or statements or behaviours at the time of the suicide may be clouded by acute grief. In the case of broadcasting, pre-recording of interviews with the bereaved may allow for sensitive information to be edited out.

In instances where reporting is not related to a recent suicide (e.g. when people who have learned how to live and cope with loss due to suicide and want to contribute to a media story) people's experiences can help raise awareness and provide strength and viable options to others who are struggling to navigate through and cope with similar circumstances. However, when reporting about an actual suicide or suicide attempt that occurred a long time ago, it is important to remember that talking about past experiences with suicide may bring painful memories and emotions to the surface. People who have been bereaved by suicide or have lived experience of it and volunteer to speak with the media may be unaware of the potential

personal consequences of widespread public dissemination of detailed private information. For this reason, this should be discussed with the interviewee beforehand and steps should be taken to protect their privacy. Whenever policies and time make it possible, interviewees should be shown reports containing their personal accounts prior to publication in order to allow for corrections or changes to be made before publication.



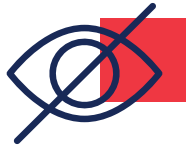
Do recognize that media professionals may themselves be affected when covering stories about suicide

Preparing a story about a suicide can occur in all settings but it may be particularly pronounced in a small, close-knit community where media professionals have strong local connections. Media organizations are obliged to ensure that necessary supports – such as debriefing opportunities and mentoring arrangements – are in place for media professionals. Just like members of the general public, individual media professionals should be encouraged to seek help from the relevant services if they are negatively affected in any way. Media organizations should consider regular, proactive training on how to report responsibly on suicide while also ensuring their own well-being. Experts can support media professionals affected by their work on suicide.



Don't position suicide-related content as the top story and don't unduly repeat such stories

Prominent placement and unnecessary repetition of stories about suicide are more likely to lead to subsequent incidents of suicidal behaviour than more subtle presentations. Newspaper stories about suicide are ideally located on the inside pages, in the centre of the page, rather than on the front page or at the top of an inside page, and digital reports should likewise not be positioned prominently. Similarly, broadcast news stories about suicide can be presented in the second or third break of television news, and further down the order of radio reports, rather than as the lead item. All teasers or promotions, whether within or outside actual newscasts, should be reviewed by journalists using the Dos and Don'ts included in this document. Caution is needed before repeating the original story even if updated information becomes available; excessive volumes of content on the same suicide-related event should not be published or broadcast. Online news media should not include a public “comments” function turned on for stories about a particular suicide. If there is a way to comment, there should be a system to monitor and manage online comments related to suicide reports. Live blogs of an unfolding high-profile suicide story should be avoided because the sensational nature of the suicide may cause an inadvertent risk to others. In particular, there should not be a news update to alert the public to the specific method of suicide used.



Don't describe the method used

The greatest area of concern with regard to media reporting on suicide is when the reporting includes a discussion, image or description of a suicide method. These approaches are harmful and should be avoided whenever possible because they increase the likelihood that a vulnerable person will imitate the act. In reporting a suicide, it could be harmful to give details about the nature, quantity or combination of drugs taken or how they were obtained. For instance, the media should not publish the brand name of a drug used in suicide.

Caution is also needed when the method of suicide is rare or unusual. While use of an unusual method may appear to make the death more newsworthy, reporting the method may lead other people to try it. New methods can spread easily as a result of sensationalist media reporting – an effect that can be accelerated via social media. However, if a decision is made to include a suicide method in the reporting, it is best to do this only once, and in the centre of the story, rather than in a headline, opening paragraph, nut graph or other prominent part of the story. Such reporting should always be done in terms that are as general as possible.



Don't name or provide details about the site/location

Just as details on the suicide method can lead some people to imitate a suicide, details on the location of a suicide can have a similar effect. 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 level crossing where deaths by suicide or suicide attempts have occurred. It is crucial not to promote such locations by, for instance, displaying images of them, naming them, using sensationalist language to describe them or overplaying the number of incidents occurring at them. The reason is that imitational acts of suicide have followed reports that include well-known locations. Similar caution is necessary when reporting about suicides or suicide attempts in educational settings or specific institutions (e.g. prisons, mental health facilities).

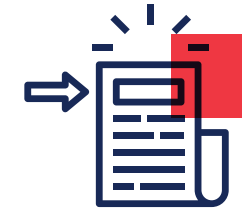


Don't use language/content which sensationalizes, romanticizes or normalizes suicide, or that presents it as a viable solution to problems

The use of language that sensationalizes suicide is discouraged. For example, it is far preferable to report on “increasing suicide rates” than on a “suicide epidemic”. A description that conveys the message that suicide is a public health problem, combined with a message about the prevention of suicide, can help to educate the public.

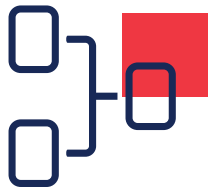
Language that misinforms the public about suicide, normalizes suicide (i.e. makes it appear that suicide is a common reaction to life's circumstances) or provides simplistic explanations for it, should also be avoided. It is preferable to use phrases such as “suicide attempt” or “death by suicide” because they are less open to misinterpretation and they contribute to destigmatization of suicide. This is important because stigma is a form of discrimination and

results in people avoiding help-seeking. Apparent changes in suicide statistics must be verified as they may indicate temporary fluctuations rather than statistically reliable increases or decreases. Consequently, it is important to report on trends related to suicide rather than instances or moments in time series data. Out-of-context use of the word “suicide” – such as “political suicide” – may serve to desensitize the public to the seriousness of suicide. Terms like “unsuccessful suicide” or “successful suicide”, which imply that death is a desirable outcome, should be avoided. The phrase “committed suicide” implies criminality (suicide was historically criminalized in many countries and remains a criminal offence in some countries today) and unnecessarily increases the stigma experienced by those who have lost a person to suicide. It is better to say/write “died by suicide” or “took one’s life”.



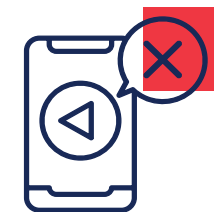
Don't use sensational language in headlines

Headlines serve the purpose of attracting the reader’s attention by giving the essence of the story in as few words as possible. Responsible reporting of suicide omits references to the method or site of the suicide and does not use the word “suicide” in a headline (exceptions to this could be an article about suicide prevention where the word “prevention” is used in the headline). If headlines or scripts are written by media professionals other than those working on the main text, the author of the main text could work with the headline writer to ensure that an appropriate headline is chosen. Colleagues with responsibility for headlines should be encouraged to use non-sensational language. Caution should also be used in reports on suicide prevention media campaigns to avoid or minimize the use of the word suicide in the headline, as it further sensationalizes the issue.



Don't oversimplify the reason for a suicide or reduce it to a single factor

It is inaccurate to imply that one factor alone causes a person to take his or her own life. Suicide always involves many factors and occurs when accumulated factors go wrong at the same time for a person. Although the given reason may be a significant factor affecting the person’s well-being, each suicide occurs within a complex and unique set of personal circumstances. For instance, it would be inaccurate to report that any persons killed themselves because of the break-up of a relationship. Highlighting simplified reasons for suicide increases the chances that vulnerable persons with similar experiences may identify with the person who has died, and this may in turn increase their suicidal thoughts and feelings.



Don't use photographs, video footage, audio recordings, or digital or social media links

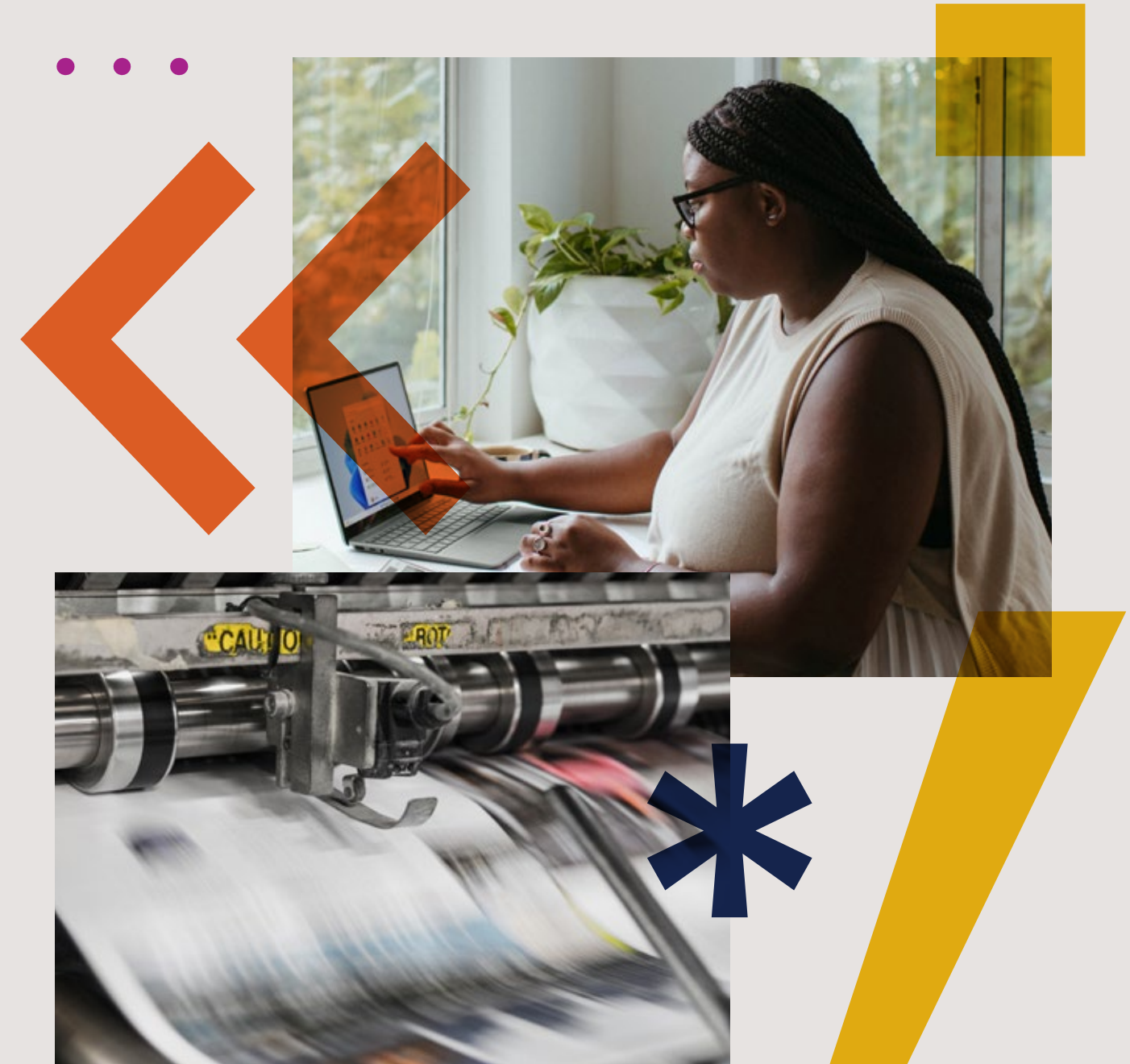
The use of photographs, video footage, audio recordings or social/ digital media links of the scene of a suicide is discouraged, particularly if such media indicate a specific suicide method or location. In addition, great caution is required in the use of pictures of a person who has died by suicide. If images of people who are not widely known are used, explicit permission from family members is needed. These images should not be

placed prominently and should avoid glamorizing the person or the suicidal act. Research has shown that pictures associated with suicidal acts can be reactivated from memory by vulnerable readers later – such as during a personal crisis – and may then lead to suicidal behaviour. Coordination of editorial work on text and pictures is important, as persons responsible for the text are sometimes not responsible for the use of images.



Don't report the details of suicide notes

Suicide notes, final text messages and similar texts – including any “last” social media posts or emails from the deceased – should not be published or broadcast. Even if such texts may be in the public domain, the audience for an online/print article or broadcast piece will be different from the original viewers or recipients of the information. Reporting on the details of a suicide note can have the effect of romanticizing or glorifying a suicide. It may also increase the risk of an individual identifying with the person who has died and can be distressing for the person's family and friends.





Reporting on suicide prevention: proactive reporting on stories of survival and suicide prevention

The proactive reporting of stories of survival and suicide prevention has many benefits. If a story features educational information on how to recognize suicidal ideation (i.e. when someone has thoughts of suicide) or other warning signs, or explains how to obtain help for suicidal thoughts – and if the narrative focuses on hope and recovery without featuring suicide deaths – the reporting may help to strengthen resilience and prevent suicide. There are many examples of persons who have worked through a suicidal crisis or other adver-

sity, and have coped with it, and who want to share their stories of coping strategies, hope and recovery with a wider audience. Stories featuring such experiences show the greatest potential for suicide prevention and are strongly encouraged in prevention reporting – even within reports about people who have died by suicide. If the focus is on one specific person it is important to avoid inadvertently promoting a heroic or miraculous status for the individual concerned because this may seem to be out of reach for readers and viewers in crisis. It

is important to show that there are varied stories of living with suicidal thoughts, and finding a way forward to a life that is fulfilling after a suicide attempt. Stories that feature multiple persons who have coped with crises can help readers and viewers with diverse backgrounds to identify with and relate to multiple stories. Many national and regional suicide prevention programmes and nongovernmental organizations offer media contacts with individuals with personal experience who might be willing to share their stories. For instance, reports on World Suicide Prevention Day (10 September) provide a good opportunity for the media to educate the public on suicide prevention activities and resources.

Sources of reliable information

When reporting about suicide it is important to seek reliable sources of suicide statistics and other information about suicide. Where available, data on annual suicide rates may be obtained from government statistics agencies, health ministries and/or national police departments. Members of the general public may not readily understand rates of suicide, so these should be explained in ways that help the audience to appreciate the data more fully. WHO Member States report mortality data, including data on suicide, to WHO.³ WHO releases global health estimates, including for suicide.⁴

Data and statistics should be interpreted carefully and correctly.⁵

Media professionals can benefit from collaboration with 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 imitative suicide, dispel myths and misconceptions about suicidal behaviour, and provide useful information about how to recognize and help people who are thinking about taking their own lives.

³ WHO mortality database. Geneva: World Health Organization (<https://www.who.int/data/data-collection-tools/who-mortality-database>, accessed 8 May 2023).

⁴ Global Health Estimates: life expectancy and leading causes of death and disability. Global Health Observatory data. Geneva: World Health Organization (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates>, accessed 8 May 2023).

⁵ Some caution should be exercised in making international comparisons of rates. Countries have different procedures and legislative frameworks which may influence the way in which deaths are identified, certified and recorded as suicides, resulting in different quality of the data.

Suicide prevention organizations often have specific contact details for the media.

National or regional suicide prevention organizations often have specific contact details for the media. In many countries there are associations that provide information about suicide. Some of these associations also have a role in suicide prevention, offering support to people who are experiencing suicidal thoughts or have been bereaved by suicide, providing advocacy services and/or fostering research into suicide. The International Association for Suicide Prevention (IASP) is the international equivalent of these associations. The IASP website⁶ 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 and training for reporting on suicide in several languages.^{7,8}

⁶ The International Association for Suicide Prevention (website). Washington (DC): International Association for Suicide Prevention (<https://www.iasp.info>; accessed 8 May 2023).

⁷ Recommendations for reporting on suicide. Reporting on suicide (website) (<https://reportingonsuicide.org>, accessed 23 May 2023).

⁸ Responsible reporting on suicide for journalists. Baltimore (MD): Johns Hopkins University (<https://www.coursera.org/learn/responsible-reporting-on-suicide-for-journalists>, accessed 8 May 2023).

Annex 1. Specific considerations for online, digital and social media

Today people obtain their information from a much broader range of sources than they did in the past. There is increasing overlap between traditional media and new media, and virtually all media today are networked digitally. The Internet has become an important platform for information and communication about suicide, especially among young people and others who may be vulnerable. This resource can be used for reporting in traditional and online, digital and social media. However, there are additional challenges with regard to reporting on suicide in non-traditional media and in managing potential suicidal content online. Specific guidelines have been created in recent years to address these challenges. It is important to avoid hyperlinking (i.e. linking to different pages or information by clicking on a highlighted word or image) of suicidal material in social media.

Spreading and sharing stories of suicide should be actively discouraged. Instead, posting of stories of prevention (specifically, stories about persons who have been able to cope with suicidal thoughts and loss to suicide) should be actively encouraged. There is some evidence that helpful digital media are often shared more frequently than sensational content.⁹ 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 the footage. 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 writing the headline. As is true for traditional media, data visualizations should be carefully checked to prevent exaggeration or sensationalization of suicide statistics or of an individual suicide. Managers of media platforms can establish policies for dealing with potentially suicidal content in the comments sections of digital media, such as websites of online news services or print newspapers, and for timely responses to content relating to suicide.

A set of best practices for online technologies¹⁰ has been developed to serve small, medium-sized and large organizations

and companies with online presence. 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 answers to frequently asked questions 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 persons.

Another set of recommendations has been developed for bloggers.¹¹ 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. Furthermore, “#chatsafe” guidelines targeting young people have been developed with the aim of equipping young people to have suicide-related conversations that are safe.¹²

Interviews with children who lost a parent to suicide **should always and by all means be avoided.**

⁹ Sumner SA, Burke M, Kooti F. Adherence to suicide reporting guidelines by news shared on a social networking platform. *PNAS*. 2020;117(28):16267–72.

¹⁰ Reidenberg D, Wolens F, James C. Responding to a cry for help: best practices for online technologies. Facebook, Google/YouTube, Microsoft, National Suicide Prevention Lifeline, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Tumblr, Twitter, Wordpress and Yahoo (<http://www.topreventtheattempt.com>, accessed 8 May 2023).

¹¹ Recommendations for blogging on suicide. Bloomington (MN): Suicide Awareness Voices of Education (<https://www.bloggingonsuicide.org>, accessed 8 May 2023).

¹² #chatsafe. Parkville, Australia: Orygen (<https://www.orygen.org.au/chatsafe>, accessed 8 May 2023).

Annex 2. Reporting on mass killings and homicidal bombings

Research on the imitative effects of media reports about mass killings (whereby the person who carries out a mass shooting then takes their own life) and/or homicidal bombings as acts of terrorism is not as extensive as research on the imitative effects of media reports about suicides. However, there is some evidence that sensationalist reporting about killings can cause others to imitate the act. Furthermore, these reports tend to stigmatize individuals with suicidal thoughts – e.g. if a report uses suicidal experiences (which are common across any population) to explain violent behaviours such as terrorist attacks which are extremely rare.

These incidents typically receive considerable media attention and may 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” (instead of “suicide bombings”)¹³ or “mass killings” (instead of “murder suicide”) would be more appropriate because the main purpose of these acts is to kill others – and only some of the perpetrators may actually be suicidal.

¹³ Khan MM, Hassan R, Goldney R. Homicide bombers: life as a weapon. *Asian J Soc Sci*. 2010;38(3):481–4.

In reporting these killings, it is important to remember that the perpetrator may not be suicidal and may not have a mental health condition. Most mass killings where the perpetrator dies by suicide are done by persons without a diagnosed mental health condition. Suicide Awareness Voices of Education (SAVE) has developed recommendations for reporting such events¹⁴ – including reducing the media attention on the perpetrators because such emphasis can potentially lead others to identify with them and be inspired to carry out similar acts.

¹⁴ <https://www.reportingonmassshootings.org>, accessed 8 May 2023.

Annex 3. Overview of the scientific literature on media impacts

Potentially harmful media impacts

Reviews of studies examining the impact of media reporting of suicide on subsequent suicidal acts find that, overall, there is evidence of both beneficial and harmful impacts of the media on suicide prevention, although most research to date has focused on the harmful impacts (1).

The earliest evidence of the impact of the media on suicidal behaviour comes from entertainment media and was provided in the late 18th century when Johann Wolfgang Goethe (an influential and world-renowned German poet, playwright, novelist and scientist) published his novel *Sorrows of young Werther*, in which the protagonist, Werther, takes his life because he

falls in love with a woman who is beyond his reach. The novel was subsequently 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 first evidence for imitative suicidal behaviours occurring in response to the reporting or portrayal of suicide remained anecdotal until the 1970s when Phillips (2) 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 press in the USA 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 (3) after the broadcast of a television series in Germany.

Since Phillips' study, over 100 other peer-reviewed studies have been conducted into imitative suicides. Collectively, these studies have strengthened the body of evidence of the imitative impact on suicide reporting in a number of ways. First, they have used improved methodologies. For example, Wasserman (4) and Stack (5) 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 (6) and Stack (7) 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. (8, 9), Yip et al. (10) and Chen et al. (11) 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. Findings from India suggest that, after sensationalist reporting on the suicide of a celebrity, Internet search queries for suicide methods that might precede suicidal behaviours showed a large increase (12). A study by Etzersdorfer, Voracek & Sonneck (13) 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.

A more recent study has shown that the sensationalist reporting on the suicide of famous actor and comedian Robin Williams was associated with a 10% increase in suicides (an excess of 1841 suicides) in the USA from August to December 2014 (14). Also, after media reporting on the suicides of famous fashion designer Kate Spade and celebrity chef Anthony Bourdain in June 2018, 418 more suicides than expected occurred in the subsequent two months in the USA (15). 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 (16). 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, in clusters of youth suicides, the first suicide case was often linked to 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 (17).

Systematic reviews of studies in the area of media and suicide have reached the same conclusion: media reporting of suicide can lead to subsequent increases in suicidal behaviours if the reporting is not consistent with best practices (1, 18–21). Combined evidence across high-quality studies has shown that the average increase in suicide rates within 1–2 months subsequent to sensationalist news media reporting on a celebrity suicide is 13%, and the effect on the suicide method portrayed is even larger (estimated at 30%), although findings may vary greatly depending on the specific suicide case (21). 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 (6, 22). However, sometimes the impact can last longer (23). The increase in suicidal behaviours is related to the amount and prominence of media coverage, with repeated coverage and high-impact stories being most strongly associated with imitative behaviours (11, 13, 24–26).

Such behaviours are accentuated when the person described in the story and the reader or viewer are similar in some way (26, 27), or when the person described in the story is a celebrity and is held in high regard by the reader or viewer (4, 5, 8, 10, 26, 28). Sensationalist or glamorized reporting on suicides of entertainment industry celebrities appears to be associated with the greatest increases in subsequent suicides (21, 29). Media effects also depend on the characteristics of the audience. Subgroups

in the population (young people, people suffering from depression or other mental health conditions, persons who experience suicidal ideation, bereaved persons, 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 (22, 30–33). Overt description of suicide by a particular method often leads to increases in suicidal behaviour employing that method (11, 21, 34–37).

Studies from Australia, Canada, China, Hong Kong SAR, Germany and Switzerland have similarly shown that, when implemented and adhered to, media guidelines were positively related to the quality of reporting on suicide. However, the effectiveness of media guidelines depends on their successful implementation (42–44). Experience from several countries – including Australia,¹⁵ Austria,¹⁶ China, Hong Kong SAR,¹⁷ Switzerland,¹⁸ the United Kingdom of Great Britain and Northern Ireland¹⁹ and the USA²⁰ – provides important insights into the implementation of media guidelines which could be instructive for other countries.

Positive effects of national media guidelines

There is also evidence regarding the potential for the media to reduce the risk of imitative suicide. This evidence comes from studies which considered whether best-practice media reporting of suicide could lead to a reduction in the risk of imitation 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 sensation-

al 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 (38–40). The repeated distribution of these guidelines led to an improvement in the quality of reporting about suicide and a reduction in Austria’s national suicide rate, with the positive impact most pronounced in regions with strong media collaboration (41).

15 Mindframe, Australia (www.mindframe.org.au, accessed 8 May 2023).

16 Wiener Werkstaette for Suicide Research, Austria (<http://www.suizidforschung.at>, accessed 8 May 2023).

17 Hong Kong Jockey Club Centre for Suicide Research and Prevention, China (Hong Kong SAR) (<https://www.csrp.hku.hk/media-coverage>, accessed 8 May 2023).

18 Stop Suicide, Switzerland (<http://www.stopsuicide.ch>, accessed 8 May 2023).

19 Samaritans, United Kingdom and Republic of Ireland (<http://www.samaritans.org/media-centre>, accessed 8 May 2023).

20 Recommendations for reporting on suicide, USA (<http://www.reportingonsuicide.org>, accessed 8 May 2023).

Suicide prevention reporting as a means to actively help prevent suicide — educational stories of hope and recovery

The first evidence of possible suicide-preventive effects of certain media reports came from a study by Niederkrotenthaler and colleagues. They found that reports which focused on positive coping with, or mastery of, crises were associated with decreases in suicide rates in the geographical area where these reports reached a large proportion of the population (25). 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, eight subsequent randomized controlled trials have identified protective impacts of media materials that address constructive coping and provide information on suicide prevention (45–48). As highlighted in a recent meta-analysis, such narratives of hope and recovery result in a small yet meaningful reduction in suicidal thoughts in vulnerable audiences, thus

demonstrating a positive, protective element in media reporting on suicide (48). Specific effects of narratives of recovery, which are frequently used in media campaigns on suicide resilience, have been identified for specific risk groups such as young people (47) and young LGBTIQ+ persons (46). Further, these stories may increase help-seeking for mental health problems (49, 50) and ultimately reduce suicides (50). In order to reach large audiences with stories of hope and recovery, entertainment media can provide opportunities to spread educative information and provide a basis for news reporters to take up preventive messages, thereby actively contributing to suicide prevention. This finding was shown in a 2021 study on associations of a song by Logic, a US hip hop artist. The song – 1-800-273-8255 – featured the telephone number of the US National Suicide Prevention Lifeline. During the 34-day period when the song received strong public attention on social media, there was an increase

of more than 9000 additional calls (+6.9%) to the Lifeline beyond what would have been expected on the basis of previous trends, and there were 245 fewer suicides (-5.5%) during the same period (50). Increases in help-seeking

intentions were also noted in men who watched a documentary (“Man Up”) featuring Australian men who speak about their gender roles, mental health and help-seeking (49).

Seeking information and communicating in new media

The very limited research that is yet available about the impact of suicide-related depictions online suggests that there are both protective and harmful effects. 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 avoid normalizing or condoning suicidal behaviour. Positive communications about coping with suicidal thoughts on a social media channel were found to be associated with fewer suicides

in a Canadian study, corroborating the potential for protective media online (51). Overall, work on the impact of social media following suicide indicates the potential for both suicide contagion and suicide prevention (52–53).

There are major concerns about the potential of new media to normalize suicidal behaviours, to provide access to images of suicide and suicide methods, and to create communication channels that can be used for bullying and harassment (52, 53). 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.

Educational stories of hope and recovery have shown evidence of **strengthening suicide prevention.**

Conclusion

There is clear evidence that certain types of media reports about suicide, and particularly about suicide by celebrities, can lead to subsequent additional suicides and suicide attempts. These time-limited increases in suicide 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 suicides). Rather, they are additional suicides that would not have occurred in the absence of the media reporting. Balancing the public’s “right to know” against the risk of causing harm is key to suicide prevention.

Educational stories of hope and recovery have shown evidence of strengthening suicide prevention. Media professionals who proactively write such stories can make a critical contribution to preventing suicide.

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Annex 4.

Common myths and facts about suicide

While myths are often used in educational or informational approaches to understanding subject matter, it is preferable to avoid using myths whenever possible. In “myths versus facts” stories the public tends to recall the myths rather than the facts, and the media report that repeat myths are more likely to lead to imitative behaviour.



 Myth:

Talking about suicide is a bad idea and can be interpreted as encouragement to take one’s own life.

 Fact:

Talking openly can give a person other options or the time to rethink his/her decision, thereby preventing suicide. It does not lead to someone taking their life.

 Myth:

People who talk about suicide do not really intend to do it.

 Fact:

A significant number of people contemplating suicide are experiencing emotional pain and distress, anxiety, depression and hopelessness and may feel that there is no other option. Speaking about suicidal thoughts and feelings needs to be taken seriously as some persons might proceed to act on their suicidal feelings.

 Myth:

Someone who is suicidal is determined to die.

 Fact:

On the contrary, studies suggest that people who are suicidal are often ambivalent about living or dying and they just want relief from their pain. Someone may act impulsively and die a few days later, even though they would have liked to live on. Access to emotional support at the right time may prevent suicide. Studies with individuals who have made near-fatal suicide attempts indicate that many of them are pleased later on that they survived.

 Myth:

Most suicides happen suddenly without warning.

 Fact:

Some suicides occur without warning; however, most have been preceded by warning signs, whether verbal (e.g. by saying “I will kill myself”) or behavioural (e.g. by buying the means to take one’s life). This is why it is important to know what the warning signs are and look out for them.

 Myth:

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

 Fact:

Acute suicide risk is often short-term and may be specific to a mix of factors that are significant for the person at the time. While suicidal thoughts may return, they are not permanent and a person who has previously thought about suicide or made a suicide attempt may not have these thoughts again. Frequently people do not take steps again to end their life.

 Myth:

Only people with mental health conditions are suicidal.

 Fact:

Many people who are suicidal do not have a mental health condition, and many people with mental health conditions do not have a wish to die. In suicidal crisis situations, many underlying and contributing factors need to be considered – such as acute emotional distress, chronic pain, experience of violence and social determinants.

 Myth:

Suicidal behaviour is easy to explain.

 Fact:

Suicidal behaviours are not easy to explain. They are never the result of a single factor or event. The factors that lead individuals to take their own life are multiple and complex and should not be reported in a simplistic way. Health, mental health, stressful life events, and social and cultural factors need to be considered when trying to understand suicidal behaviour.

 Myth:

Suicide is a way people use to cope with problems.

 Fact:

It is best not to portray suicide as a constructive or appropriate means of coping with problems. Stories about individuals with personal experience of suicidal thoughts and who managed to cope with their difficult life situations can help to highlight alternative options for others who might currently be contemplating suicidal behaviour.

Preventing suicide: a resource series

- A resource for general physicians
- A resource for media professionals
- A resource for teachers and other school staff
- A resource for primary health care workers
- A resource in jails and prisons
- How to start a survivors' group
- A resource for counsellors
- A resource at work
- A resource for police, firefighters and other first line responders
- A resource for suicide case registration
- A resource for non-fatal suicidal behaviour case registration
- A resource for establishing a crisis line
- A resource for pesticide registrars and regulators
- A resource for filmmakers and others working on stage and screen

For more information please contact:

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