



Top 10 Tips for Reporting on Suicide

1. Do not use the word “committed”; instead, use “died by suicide” or “took his/her life”
2. Always provide helpline information – “If you are in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or contact the Crisis Text Line by texting TALK to 741741”
3. Do not include details or images of lethal means or method used, which can be triggering for those who are struggling and has shown to cause contagion
4. Do not refer to suicide as a “growing problem”, “epidemic”, or “skyrocketing” as this has shown to cause contagion
5. Exclude graphic depictions of a suicide death or glamorizing method used, avoid details about the location of death, and sharing notes left behind
6. Do not refer to a suicide attempt as “successful,” “unsuccessful” or as a “failed attempt”
7. Avoid reporting that a suicide death was “caused” by a single event, such as a job loss or divorce, since research shows no one takes their life for one single reason, but rather a combination of factors (which you can learn about at url afsp.org/signs) – reporting a “cause” leaves the public with an overly simplistic and misleading understanding of suicide
8. Convey that suicidal thoughts and behaviors can be reduced with the proper mental health support and treatment, and are not weaknesses or flaws
9. Use up-to-date suicide data – AFSP summarizes the most recent CDC data at afsp.org/statistics
10. Share the hopeful message that suicide is preventable in language, tone and images used; when in doubt, contact pr@afsp.org for more information or to talk to an expert



Los 10 consejos principales para informar sobre el suicidio

1. No utilice la palabra “cometió”; en su lugar, diga “falleció por suicidio” o “se quitó la vida”.
2. Proporcione siempre información sobre la línea de asistencia: “Si está atravesando una crisis, llame a la Línea Nacional de Prevención del Suicidio al 1-800-273-TALK (8255) o comuníquese con la línea de mensajes de texto en momentos de crisis enviando un mensaje con la palabra TALK al 741741”.
3. No incluya detalles ni imágenes del medio o método letal utilizado, ya que puede ser un factor desencadenante para aquellas personas con dificultades y se ha demostrado que causa el efecto de contagio.
4. No se refiera al suicidio como un “problema en crecimiento”, una “epidemia” ni “una problemática en aumento desenfrenado”, ya que se ha demostrado que esto causa el efecto de contagio.
5. Excluya las representaciones gráficas de la muerte por suicidio y no realce el método utilizado. Además, evite contar detalles sobre la ubicación de la muerte y compartir notas que dejó la persona.
6. No se refiera a un intento de suicidio como “cumplido”, “fallido” o “frustrado”.
7. Evite informar que una muerte por suicidio “se produjo” a causa de un solo evento, como la pérdida de un empleo o el divorcio, ya que las investigaciones demuestran que nadie se quita la vida por una causa única, sino que ocurre por una combinación de factores (de los cuáles puede obtener información en la URL afsp.org/signs). Informar una “causa” le brinda al público un entendimiento excesivamente simple y erróneo del suicidio.
8. Transmita que los pensamientos y los comportamientos suicidas pueden reducirse con el apoyo y el tratamiento de salud mental adecuados y que no son debilidades ni defectos.
9. Utilice datos actualizados sobre el suicidio: la AFSP resume los datos más recientes de los CDC en afsp.org/statistics.
10. Transmita el mensaje esperanzador de que el suicidio es prevenible con el lenguaje, el tono y las imágenes utilizados; en caso de duda, comuníquese con pr@afsp.org para obtener más información o conversar con un experto.

RECOMMENDATIONS FOR REPORTING ON SUICIDE

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafely.org, Emotion Technology, 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, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.



IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

Suicide Contagion or “Copycat Suicide” occurs when one or more suicides are reported in a way that contributes to another suicide.

References and additional information can be found at: www.ReportingOnSuicide.org.

INSTEAD OF THIS:



- Big or sensationalistic headlines, or prominent placement (e.g., “Kurt Cobain Used Shotgun to Commit Suicide”).
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms.
- Describing a suicide as inexplicable or “without warning.”
- “John Doe left a suicide note saying...”
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as “successful,” “unsuccessful” or a “failed attempt.”

DO THIS:



- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., “Kurt Cobain Dead at 27”).
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like “rise” or “higher.”
- Most, but not all, people who die by suicide exhibit warning signs. Include the “Warning Signs” and “What to Do” sidebar (from p. 2) in your article if possible.
- “A note from the deceased was found and is being reviewed by the medical examiner.”
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as “died by suicide” or “completed” or “killed him/herself.”



AVOID MISINFORMATION AND OFFER HOPE

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.



SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

MORE INFORMATION AND RESOURCES AT:

www.ReportingOnSuicide.org

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 in 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

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.



WHAT TO DO

If someone you know exhibits warning signs of suicide:

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

THE NATIONAL SUICIDE PREVENTION LIFELINE 800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local resources.



TIPS FOR REPRESENTING MENTAL HEALTH IN LANGUAGE & IMAGERY



In partnership with Getty Images, **Be Vocal: Speak Up for Mental Health** is helping to reframe how mental health is represented. Help us change the conversation by **using more mindful language and imagery**, while keeping in mind that individuals often have their own preferences about how mental health is discussed. While there is no “one-size-fits-all” standard, this document reflects general areas of consensus.



LANGUAGE

- **Use** non-judgmental “people first language,” describing people as individuals rather than defining them by their mental health conditions.^{1,2,3,4,5}

INSTEAD OF THIS^{2,3,4,5,6,7,8,9,10}

TRY THIS

“He is mentally ill”

“He is living with a mental health condition”

“She is schizophrenic”

“She has schizophrenia / She is living with schizophrenia”

“He is psychotic / disturbed / crazy”

“He is disoriented / hallucinating / experiencing symptoms of psychosis / experiencing psychosis”

“She is afflicted with / suffers from / is a victim of bipolar disorder”

“She is living with bipolar disorder / She has been diagnosed with bipolar disorder”

“At the end of the day the decision comes down to how we can best represent ‘regular’ people and their mental health conditions. The deciding line is always what is most respectful, yet artistically appealing.”

— Joanne Doan,
Publisher, *bp Magazine*
& *esperanza*

- **Provide** context when discussing those who are living with mental health conditions, as a diagnosis does not define them or their lives.⁵
 - » For example, describe people living with mental health conditions through their personal roles, such as being a daughter, friend or teacher.¹
- **Don’t** make assumptions about a person’s mental health diagnosis,^{2,3} and respect a person’s decision if they choose not to discuss their diagnosis openly.

KNOW THE FACTS

Inform others about the facts to help reduce discrimination & raise awareness.^{2,3}

- **ANYONE**, regardless of age, gender, sex, ethnicity or race, can develop a mental health condition.^{11,12,13}
- **ONE IN FIVE ADULTS**, or approximately 43.4 million Americans, will experience a mental health condition in any given year.¹⁴
- **PERCEPTIONS OF MENTAL HEALTH CAN VARY** across different ethnic and cultural backgrounds.⁷
- An individual with a mental health condition is **TEN TIMES MORE LIKELY** to be the target of a violent crime as opposed to a person without a mental health condition.¹⁵



IMAGERY

- Attitudes and beliefs can be shaped by visuals. Using realistic imagery of people living with mental health conditions is important.^{11,16}
- Images of people living with mental health conditions often only portray individuals as sad or unstable; however, we can change these perceptions by using images that reflect various experiences /emotions.^{2,7}
- Using powerful images is crucial in telling a story, according to Getty Images. To reframe imagery surrounding mental health, use visuals that:¹⁷
 - » Depict people going about their lives
 - » Represent a diverse range of people
 - » Don't only show case individuals by themselves
 - » Feature settings / emotions that are relatable

Be Vocal has created a collection of photos of ten individuals living with mental health conditions in an effort to promote authentic and responsible representations of mental health. These photos are available for free editorial use through Getty Images, which can be accessed [here](#).

“Using the right visuals is essential when telling a story; it can change the way we perceive one another and make us more empathetic to each other's experiences. This is particularly true when it comes to stories involving mental health—imagery has the power to shift the conversation, inform our understanding and dissolve stigma around this topic once and for all.”

– Pam Grossman,
Director Visual Trends,
Getty Images

To learn more about how you can advance mental health in America and help reframe the conversation, visit **BeVocalSpeakUp.com**

Need help now? You are not alone. Call the National Suicide Prevention Lifeline 24 hours a day at 1-800-273-8255 or text the Crisis Text Line at 741-741 to reach a live, trained crisis counselor.

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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 “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 |

Text **HELLO** to **741741**
Free, 24/7, Confidential

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