



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
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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.



References

- 1) Miller, M. J. (2002). Tough calls. *American Journalism Review*, December 2002. Retrieved from <http://ajrarchive.org/Article.asp?id=2726>
- 2) U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. (2012). 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: U.S. Department of Health and Human Services.
- 3) Society of Professional Journalists. (2014, September 6). SPJ code of ethics. Retrieved from: <http://www.spj.org/ethicscode.asp>
- 4) Radio Television Digital News Association. (2015, June 11). RTDNA code of ethics. Retrieved from: https://www.rtdna.org/content/rtdna_code_of_ethics
- 5) Niederkrotenthaler, T., Voracek, M., Herberth, A., Till, B., Strauss, M., Etzersdorfer, E., Eisenwort, B., & Sonneck, G. (2010). Role of media reports in completed and prevented suicide: Werther v. Papageno effects. *British Journal of Psychiatry*, 197, 234-243.
- 6) Robinson, J., Rodrigues, M., Fisher, S., Bailey, E., & Herrman, H. (2015). Social media and suicide prevention: Findings from a stakeholder study. *Shanghai Archives of Psychiatry*, 27, 27-35.
- 7) Becker, K. & Schmidt, M. H. (2004). Internet chat rooms and suicide. Letter. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43, (246-247).
- 8) Pew Research Center. (2016). News use across social media platforms 2016. Retrieved from <http://www.journalism.org/2016/05/26/news-use-across-social-media-platforms-2016/>
- 9) Suicide Awareness Voices of Education. (2017). Recommendations for blogging on suicide. Retrieved from www.bloggingsuicide.org
- 10) Gould, M., Jamieson, P., & Romer, D. (2003). Media contagion and suicide among the young. *American Behavioral Scientist*, 46, 1269-1284.
- 11) Maloney, J., Pfuhlmann, B., Arensman, E., Coffey, C., Gusma~om, R., Po_stuvan, V., Scheerder, G., Sisask, M., van der Feltz-Cornelis, C. M., Hegerl, U. & Schmidtke, A. (2014). How to adjust media recommendations on reporting suicidal behavior to new media developments. *Archives of Suicide Research*, 18, 156-169.
- 12) Reporting on Suicide. (2015). Recommendations for reporting on suicide. Retrieved from www.reportingonsuicide.org
- 13) Samaritans. (2013). Media guidelines for reporting on suicide. Retrieved from www.samaritans.org/mediaguidelines
- 14) Owens, C. (2016). "Hotspots" and "copycats": A plea for more thoughtful language about suicide. *The Lancet*, 3, 19-20.
- 15) Entertainment Industries Council, Inc. (n.d.) TEAM Up (Tools for Entertainment and Social Media): Social Media Guidelines for Mental Health Promotion and Suicide Prevention. Retrieved from <http://www.eiconline.org/teamup>
- 16) Sisask, M. & Värnik, A. (2012). Media roles in suicide prevention: A systematic review. *International Journal of Environmental Research and Public Health*, 9, 123-138.
- 17) Curtin SC, Warner M, Hedegaard H. Increase in suicide in the United States, 1999-2014. NCHS data brief, no 241. Hyattsville, MD: National Center for Health Statistics. 2016.
- 18) Desmarais, S. L., Van Dorn, R. A., Johnson, K. L., Grimm, K. J., Douglas, K. S., & Swartz, M. S. (2014). Community violence perpetration and victimization among adults with mental illnesses. *American Journal of Public Health*, 104, 2342-2349.
- 19) Brent, D. A., Oquendo, M., Birmaher, B., Greenhill, L., Kolko, D., Stanley, B., Zelazny, J., Brodsky, B., Bridge, J., Ellis, S., Salazar, O., & Mann, J. (2002). Familial pathways to early-onset suicide attempt: risk for suicidal behavior in offspring of mood-disordered suicide attempters. *Archives of General Psychiatry*, 59, 801-807.
- 20) Qin, P., Agerbo, E., & Mortensen, P. B. (2003). Suicide risk in relation to socioeconomic, demographic, psychiatric, and familial factors: A national register-based study of all suicides in Denmark, 1981-1997. *American Journal of Psychiatry*, 160, 765-772.
- 21) Brent, D. A., & Melhem, N. (2008). Familial transmission of suicidal behavior. *Psychiatry Clinics of North America*, 31, 157-177.
- 22) Luxton, D. D., June, J. D., & Fairall, J. M. (2012). Social media and suicide: A public health perspective. *American Journal of Public Health*, 102, S195-S200.
- 23) Owens D, Horrocks J, & House A. (2002). Fatal and non-fatal repetition of self-harm: Systematic review. *British Journal of Psychiatry*, 181, 193-199.
- 24) Beck, A. T., Brown, G., Berchick, R. J. Stewart, B. L., & Steer, R. A. (1990). Relationship between hopelessness and ultimate suicide: A replication with psychiatric patients. *American Journal of Psychiatry*, 147, 190-195.
- 25) Gunn, J. F. & Lester, D. (2012). Media guidelines in the internet age. Editorial. *Crisis*, 33, 187-189.
- 26) Kalafat, J., Gould, M. S., Munfakh, J. L. H., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes Part 1: Nonsuicidal crisis callers. *Suicide and Life-Threatening Behavior*, 37, 322-337.
- 27) Gould, M. S., Kalafat, J., Munfakh, J. L. H., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes part 2: Suicidal callers. *Suicide and Life-Threatening Behavior*, 37, 338-352.

Authors

John Ackerman, PhD, Suicide Prevention Coordinator, Center for Suicide Prevention and Research, Nationwide Children's Hospital; Adjunct Clinical Assistant Professor, Department of Psychiatry and Behavioral Health, The Ohio State University Wexner Medical Center

Elizabeth A. Cannon, LPCC, Suicide Prevention Specialist, Center for Suicide Prevention and Research, Nationwide Children's Hospital

Desc'Rae L. Stage, photographer; writer; Founder of LiveThroughThis.org; #SPSM member

Jonathan B. Singer, PhD, LCSW, Associate Professor, School of Social Work, Loyola University Chicago; #SPSM member; Founder and host Social Work Podcast

Nerissa Young, Lecturer, E.W. Scripps School of Journalism, Ohio University; Faculty Advisor to the Ohio University campus chapter of Society of Professional Journalists

Consultants

Denise Meine-Graham, Executive Director, Franklin County Local Outreach to Suicide Survivors (LOSS)

Glenn Thomas, PhD, Director, Behavioral Health, Nationwide Children's Hospital, Adjunct Clinical Assistant Professor, Department of Psychiatry and Behavioral Health, The Ohio State University Wexner Medical Center

Jeff Bridge, PhD, Director, Center for Suicide Prevention and Research, Nationwide Children's Hospital; Principal Investigator, Center for Innovation in Pediatric Practice, The Research Institute, Nationwide Children's Hospital; Professor, Department of Pediatrics, The Ohio State University College of Medicine

David Axelson, MD, Chief of Child and Adolescent Psychiatry, Medical Director of Behavioral Health, Nationwide Children's Hospital; Professor, Department of Psychiatry and Behavioral Health, The Ohio State University Wexner Medical Center

John Campo, MD, Sinsabaugh Professor and Chair, Department of Psychiatry and Behavioral Health, Chief of Psychiatry, The Ohio State Wexner Medical Center

Nancy Cunningham, PsyD, Behavioral Health Community Engagement Manager, Nationwide Children's Hospital

Cynthia Fontanella, PhD, Assistant Professor, Department of Psychiatry and Behavioral Health, The Ohio State University Wexner Medical Center

Ohio Department of Mental Health and Addiction Services provided the funding of grant RFP# MHA-16-RE-MediaGuide-021 to make work on updated suicide reporting guidelines possible.

Media and Suicidology Consultants

Maiken Scott, WHYY, Behavioral Health Reporter, Host of The Pulse,

Bart Andrews, PhD, Vice President, Clinical Practice and Evaluation, Behavioral Health Response;
#SPSM co-host

April C. Foreman, PhD, LP, Suicide Prevention Coordinator, Southeast Louisiana Veterans Health Care System; Co-creator and host, Suicide Prevention Social Media #SPSM

Amelia Lehto, Crisis Division Chair, American Association of Suicidology

Chris Maxwell, Communications Coordinator, American Association of Suicidology

Anthony D. Wood, Co-founder, Qntfy; Chair of the Board, American Association of Suicidology

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.