

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 **988 Suicide and Crisis Lifeline** is a hotline for individuals in crisis or for those looking to help someone else. To speak with a trained listener, call **988**.



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