

CHAPTER 6

COVERING SUICIDE

TAKING RECOMMENDATIONS TO THE NEXT LEVEL

Much has changed since *Mindset* was first published in 2014. We now report more and in greater depth about suicide in Canada, and on the whole we do it better. Journalists are delving deeper into causes, population groups especially at risk and policy shortcomings, as well as reporting on measures to reduce loss of life.

In some respects, this deeper reporting has outstripped the development of best-practice recommendations, which have generally focused on the reporting of suicide deaths as they occur, trying to reduce any collateral damage. Experience has shown that applying all of them rigidly in other contexts can inhibit work aimed at advancing the greater public good. Up to now, journalists facing problems around suicide reporting have mostly had to find their own way, with help from whoever in the suicide prevention community they have chosen to consult.

While such consultation can help, there is a range of differing perspectives on suicide issues in the social science and medical communities. As reporters, we need a journalistic framework to help us evaluate any advice received. This chapter, together with related material on the *Mindset* website, offers starting points that can be referenced by journalists and suicide prevention professionals alike.

"I had looked at the Mindset guidelines, the other guidelines that existed out there, and I didn't find that they were sufficient for what we were trying to do. And so part of our early process was reaching out to many experts to talk about how we could do this in a responsible and sensitive way."

Renata D'Alisio, Lead Reporter on Globe and Mail team that tracked and exposed the high rate of suicide among Canadian Afghanistan veterans in the multiple-award-winning series *The Unremembered*

Suicide remains one of the most challenging topics to cover. When a suicide death has news value – occurring in a public place, involving a public figure or touching a public policy issue, for example – it must be reported factually, reliably and responsibly. It is equally in the public interest that we take steps to avoid unnecessary harm, paying particular attention to elements that may encourage others near the point of despair to take their own lives. Faced with a suicide, reporters should first take note of the basic do and don't recommendations in this chapter, recognizing that while they offer solid advice for most incident reporting, they can be varied, with care, when the public interest calls for it.

No advice can completely replace ethical journalistic judgement, independently exercised in light of the particular facts. This is why we call our offerings "recommendations" rather than "guidelines", a term which can imply they come from those in authority over a regulated profession. Journalism has no overseeing regulatory

body, for good reason. Independent judgement, responsibly applied, is essential to maintaining free media.

Here is an example of circumstances in which one of the **don't** recommendations was, we think, appropriately varied. In July 2019, CNN aired footage of a man, clinging to the outside of suicide barriers on a highway overpass, being persuaded by passers-by not to jump. The story dramatically showed the life-saving power of human contact and expressions of concern. Not using it because it also made clear the intended method of suicide would, in our judgement, have been perverse. Appropriately, the story did not explain exactly how the distressed man had circumvented the barriers.

WEIGHING POTENTIAL HARM AND BENEFITS

The possibility of unintended harm exists in many kinds of journalism. Often it can be diminished by dropping details that aren't essential to the purpose of the story. But the idea that details or entire stories should be dropped when there is any possibility of incidental harm cannot be supported.

In asserting this, journalists are not alone. The idea that doctors are required to "do no harm" is a fallacy. Chemotherapy treatment for cancer, for example, carries the risk of significant, even fatal, harm from the toxins used. Yet treatment is permitted because there is a net positive benefit. In reality, doctors weigh all the circumstances and strive to minimize potential harm, rather than freezing whenever it arises. That should be the case for journalists too.

And not just for journalists. The "do no harm" mantra has occasionally been used by authorities in an effort to deny journalists' requests for data under Freedom of Information (FOI) legislation. At least one such case relied on an absolutist interpretation of what it called "guidelines" which, it argued,

meant no information at all could be released if there was the slightest possibility of harm. The agency in question was being investigated for what seemed to be inadequate suicide prevention measures. Mindset holds that such blanket refusals are inconsistent with both the public interest and the basic purpose of FOI laws.

FLEXIBILITY CUTS BOTH WAYS

As much as journalists handling suicide incidents may, in the public interest, need the sort of flexibility we describe here, there will be times when those working on investigative or feature stories should also be ready to be flexible about normal journalistic practice. For example, circumstances may occur in which sharing a story with families before publication – a practice frowned upon in most news organizations – would be beneficial.

On the Mindset website, we deal with all of these matters in more detail, examining three types of feature stories in which some leeway on specific recommendations may be in order, taking into account the overall story arc, the relative risk of others taking their lives, the potential impact on families and the expected public benefit of the piece.

Go to the website as well for the latest assessments of how closely Canadian media are following Mindset's recommendations. A 2019 study of Canadian newspapers showed very high adherence to much of our core advice, but a far lower rate of inclusion of information on available helplines and messages of hope from mental health professionals.

SUICIDE CONTAGION

Contagion – in which learning of one person’s death may prompt other desperate people to kill themselves as well – is a clinical concern supported by robust evidence, particularly when the initial death is that of a celebrity or a high-profile individual with whom others may identify and admire. Research shows that up to double-digit percentage increases in suicides can occur after a celebrity’s death. Clearly these are circumstances in which journalists should try hard to minimize harm. That doesn’t mean journalists should avoid covering a celebrity’s death or fail to attribute it to suicide. But it does mean that extra care must be taken to provide context, make reference to help available and to remind the news consumer that there are alternatives to suicide, with positive outcomes. Most suicides arise from treatable mental illnesses and are therefore preventable.

Though the concept of suicide contagion is widely accepted, demonstrating links between specific news coverage and particular deaths has always been problematic. A study after the suicide of Robin Williams in 2014 showed that Canadian newspaper articles about it were twice as compliant with at least 70% of the Mindset recommendations as their US counterparts. Yet in the month that followed, Canadian suicides spiked by 7%. The researchers noted by way of a possible explanation that most Canadians are exposed to US media, a variety of online news sources and social media, as well as the Canadian newspapers whose coverage they had studied. Links to these and other resources are on the Mindset website.

Global suicide figures are stark. And, for some of us, confusing. About 800,000 people kill themselves every year, three times as many as are killed in military conflicts. According to contagion

theory, the amplifying effect of the communications revolution in the new millennium should have been making the world's suicide crisis very much worse. Yet between 2000 and 2018, global suicide dropped by 29%. Large reductions in India and China, linked to increased social and economic wellbeing and decreased availability of ready means, confirm that contagion is far from the most significant factor in the big picture. In fact contagion, though important, is only one of 14 broad factors identified as influencing suicide rates, according to a recent review in the *New England Journal of Medicine*. Reporting on the underlying contributors to depression and anxiety could help to save many more lives than just concentrating on reducing suicide contagion. In the public interest, we should be doing both.

Reporting appropriately about suicide gives journalists an important opportunity to help people understand the underlying social ills, to help prevent further tragedies and to raise awareness of the importance of mental wellness in the community.

Dr. Paul Yip, Director, Hong Kong Jockey Club Centre for Suicide Research and Prevention.

REPORTING DETAILS OF THE METHOD OF SUICIDE

Mindset has consistently recommended that reporters should not describe details of the method of death. In some cases, it is not necessary to mention method at all. But where that prevents proper understanding of the story, saying a person used a gun, took an overdose, hanged herself or jumped in front of a train doesn't reveal anything about methods that is not already common knowledge. Failure to be straightforward about key facts can undermine the integrity of any reporting. Mindset supports comprehensive and accurate reporting on suicides, but we do not licence the inclusion of harmful details not essential to the story.

Describing how a person reached the roof of a tall building, the number and type of pills taken, or the measures a person took to make their death more certain or painless are all examples of what ethical reporters should avoid doing. Such unnecessary details could encourage further deaths – even if such information is available elsewhere.

SUICIDE NOTES

Mindset recommends not publishing suicide notes, absent an exceptional public interest reason. Publishing a note that glorifies the act or presents suicide as a solution to problems, for example, may be seen as justifying similar action by others. Where a greater public interest to the contrary exists and details of the suicide note are included, account should also be taken of any potential traumatic impact on the dead person's loved ones. At a minimum, bereaved families should be prepared in advance of publication of such material.

In August 2019 the BBC allowed part of a suicide note to be read by the dead man's daughter on the Radio 4 program Today. The story involved draconian and sudden action by British tax authorities against people who had used a tax reduction

arrangement that had been deemed legal for some 20 years. Authorities denied reports that some people, facing very high demands for back taxes and penalties, had killed themselves. The story indicated that the man in question had an underlying mental illness, but his note made clear the tax demand was the final straw. BBC editors concluded the public interest was better served by broadcasting the note than by suppressing it. In most such cases a mention of the contents of the note might be sufficient to make the point.

AVOID PORTRAYING SUICIDE POSITIVELY

There is obvious danger in glorifying a suicide, making it seem almost heroic. This can be done by the reporter's approach to the story, by reported comments, even through coverage of memorials or vigils after a celebrity suicide, where inappropriate messages – on signs and banners in the crowd, for example – may be visible. Caution is required, but even such caution can be taken too far. Where a qualified person in appropriate context expresses an informed opinion that might appear to breach this recommendation, the default should be in favour of including it, if it seems likely there would be a net positive benefit.

THE IMPORTANCE OF THE STORY ARC

The overall story arc – its larger context and intent and the level of detail and facts beyond the loss of a life or lives – is critical to ensuring good reporting about suicide. If you have any doubt about that, remember the example of *The Unremembered*.

A Globe and Mail team spent three years painstakingly confirming and writing about 31 previously untracked suicides by Canadian veterans of the war in Afghanistan, but they also took the time to find and write about four veterans who had considered suicide but had obtained life-saving help. Because

the team got its initial leads by checking thousands of obituary notices, finding people who had not died wasn't easy. Including those survivors' stories demonstrated that the deaths might well have been reduced if systematic help had been in place. The overall story arc may also have played a part in checking further deaths. The series won many accolades, including the inaugural Mindset Award for Workplace Mental Health Reporting.

SUICIDE IN TIMES OF CRISIS

When a community or nation is struck by a crisis such as the COVID-19 pandemic, or any other disaster, there may be a tendency to attribute suicides solely to that cause. Statements to that effect by grieving relatives should be treated with proper journalistic caution. Suicide has many causes, biological, psychological, environmental and social. Speculation linking suicide deaths to the dominant story of the time, while many people are still struggling with it, may not be in the public interest. Covering the added difficulties a crisis creates for people with mental illnesses can be more helpful, if due attention is paid to the story arc. Consider delaying publication or broadcast of analysis of any links between suicides and the crisis until it can be done with the benefit of all the evidence, carefully considered, with reduced potential for harm.

WHO SHOULD DO THIS WORK?

It is sometimes suggested that suicide stories should be handled exclusively by health reporters, rather than generalists or 'crime' reporters. Mindset, written primarily for general-assignment journalists, does not endorse this point of view. Health reporters contribute significantly to our better understanding of issues around suicide. But they have complex beats to cover and may not be available when newsworthy suicides occur. And some investigative work around suicide can take longer than a busy beat reporter can afford.

Consider also that suicide is a field of concern not only for mental health professionals but also for social scientists, ethicists and policy experts to name only a few. Some discussions within the suicide prevention community turn on the relative importance of 'upstream' – that is broader and more general – social issues compared to immediate mental health ones. Putting suicide predominantly in the hands of health reporters could tend to align media coverage with one side of those discussions. Narrowing the diversity of reporters handling suicide stories is not, in our opinion, a direction in which journalism should travel.

SUICIDE REPORTING AND SOCIAL MEDIA

Reporters covering all kinds of incidents now frequently turn to social media for leads, contacts and reaction. It is vital to understand that posts by members of the public are generally produced without any journalistic discipline and may have more to do with drawing attention to the originator than with accuracy. This caution is especially important in cases of suicide. Even when time is short, simply repeating what has been posted without checking or evaluating it for potential harm is unacceptable. If a name is mentioned on social media, that does not provide licence for journalists to do the same. Also bear in mind that inaccurate reporting, speculation and commentary can increase trauma for family and friends of the person who has died.

DIFFERENTIATION OF TERMS

As we have discussed, "Suicide contagion" or "copy-cat suicide" is one of the main concerns driving guidance for media advanced by suicide prevention organizations. In this phenomenon, the suicide of someone of local, national or international stature can be followed by a temporary increase in suicides by predisposed people who identify strongly with that person.

“Suicide clusters” are a different phenomenon. The term is applied to simultaneous or serial suicides among people who were somehow connected before the first such death occurred. Often the group will share a common problem and may be in contact with each other, so that they may know about the death before reporters do. But remember that people can be connected through shared circumstances as much as by geography.

A significant danger can arise from the way in which reporters link a death with the shared problem – teen depression or eating disorders for example, or third-world conditions on some Indigenous reserves. When evidence points clearly to such underlying factors, it should not be suppressed, but nor should it be handled in a way that may make further suicides by similarly-affected people seem, to them, justified. There should be room within the story to add information about other available remedies, in addition to the usual “if you need help” contact numbers, typically provided at the end. It could, for example, take the form of a quote or a clip from a qualified person working to provide those alternatives.

Journalists are more accustomed now to treating vulnerable individuals differently than they might, for example, handle seasoned politicians. Remote communities can be vulnerable too. Local leaders may strive to preserve their community’s image after a series of suicides, not as a cover-up but in an effort to limit general despondency. While reporting accurately on the issues behind the suicides, journalists can help by giving a more complete, nuanced picture. Including wider context, or mention of positive community responses such as setting up support services, treats the people involved with respect and makes for better journalism.

➤ SUICIDE DOS AND DON'TS

- ✓ **Do** write about suicide, but do it responsibly.
 - ✓ **Do** consider whether this particular death is newsworthy.
 - ✓ **Do** look for links to broader social issues.
 - ✓ **Do** respect the privacy and grief of family or other survivors'.
 - ✓ **Do** include their suffering.
 - ✓ **Do** tell others considering suicide how they can get help.
 - ✓ **Do** present suicide as mainly arising from treatable mental illness, thus preventable.
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- ✓ **Don't** romanticize the act or characterize it as a solution to problems.
 - ✓ **Don't** go into details about the method used.
 - ✓ **Don't** accept single-reason explanations uncritically. The reasons why people kill themselves are usually complex, with multiple factors interacting.
 - ✓ **Don't** publish suicide notes without compelling public interest justification and due concern for families.
 - ✓ **Don't** automatically mention suicide in every story you do about mental health.

► LANGUAGE BEST PRACTICE

- ✓ **Do** use plain words. Say the person 'died by suicide' or 'took their own life.' 'Completed suicide' is jargon, best avoided.
- ✓ **Don't** say a person 'committed suicide'. This outdated expression, linking suicide with illegality or moral failing, can make it harder for others to seek help, or for families to recover.
- ✓ **Don't** frame suicide as an achievement by calling it 'successful' or attempted suicide 'unsuccessful'.
- ✓ **Don't** use or quote pejorative expressions such as 'the coward's way out', which reinforce stigma.

"When you announce that people who have died by suicide are cowardly, you're sending a message to depressed people fighting suicidal thoughts. The message isn't one of perseverance. It's one of worthlessness."

Ken White,
Contributing Writer,
The Atlantic.

BACKGROUND FACTS

Suicide in Canada is three times more common among men than women. Men who are middle aged or elderly have the highest rates. Married people are less likely to die by suicide than those who are single, divorced or widowed. The proportion of deaths by suicide among adolescents is relatively stable, although it may appear to have increased relative to the number of total deaths in this age group. This is largely due to the fact that the number of accidental deaths has decreased.

Indigenous people in Canada, taken as a whole, are twice as likely to kill themselves as other Canadians, but that average hides enormous variations, from a stunning 30 times the national rate for young Inuit living in traditional homelands, to practically zero in some First Nations. Go to chapter 8 of this guide for more information.

About 90% of people who die by suicide have some mental or addictive disorder, or both. The most common association, in around 60% of cases, is with depression. It is important to recognize that depression and anxiety are often linked, in turn, to socio-economic issues, as well as personal ones such as relationship breakdowns. In several countries, these 'upstream' factors have been shown to influence suicide rates in both directions.

Suicide is most often attempted when a person reaches the point of being completely overwhelmed by cumulative feelings of despair, pain and hopelessness. At that stage, the ready availability of means is an important factor, since the final decision to end one's life is often impulsive. Evidence also shows that people with suicidal intent can change their minds

if human intervention at that late stage provides a spark of hope. Intervention can be as simple as asking someone, "Are you OK?"

Do not assume that United States statistics on suicide can be extrapolated to the Canadian experience. The U.S. has much higher rates of suicide than Canada, and is an outlier among developed nations in that those rates are increasing. Canada's are relatively stable. Many factors contribute to the U.S. problem, including the widespread availability of guns, which kill substantially more people by suicide than by homicide.

For the latest suicide statistics as they emerge, please see the Mindset website.