

# APA Resource Document

## Resource Document on Reference to Suicide in Communications and Media

Approved by the Joint Reference Committee, June 2022

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-- *APA Operations Manual*.

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### Introduction

Suicide is a leading cause of death in the United States. Research demonstrates that how media reports on suicide and suicide attempts may either increase contagion risk or decrease the risk of future suicide attempts, rendering the issue a matter of public health and safety. In suicide contagion, a multifactorial phenomenon under study, exposure to certain information about the suicide or suicidal behavior of a person influences others to attempt or die by suicide. Specific language used to communicate about suicide or suicide attempts can also increase or decrease discrimination impacting people with mental health differences and their families. Beliefs about mental health differences and suicide may also impact the overall likelihood of treatment-seeking behaviors. A 2018 CDC report found that "more than half of people who died by suicide do not have a known diagnosed mental health condition at the time of death."<sup>9</sup> Research-informed media guidelines for reporting on suicide and on representations of suicide in the media have been established by a number of organizations and are freely available to guide appropriate communication around this topic to decrease contagion risk. As the leading professional psychiatric organization, the American Psychiatric Association (APA) should model, educate, and proactively engage partners in this crucial effort to decrease suicide risk.

### Contagion Phenomena

According to the CDC, over 45,800 people died by suicide in the United States in 2020.<sup>1</sup> The American Association of Suicidology reports suicide contagion due to reporting in certain ways is responsible for some suicides, suggesting that reporting on and portrayal of suicide and suicide attempts may represent a modifiable suicide risk factor.<sup>2,3</sup> This phenomenon is more frequently seen in adolescents, teens, and young adults.<sup>2</sup> Given the preeminence of media, including social media, in the lives of an increasing number of youth, attention to this matter is imperative.

How news of celebrity deaths by suicide and suicide attempts is reported directly affects contagion phenomena.<sup>5</sup> Emergence of imitation behaviors in response to highly publicized, or media portrayals of,

suicide and suicide attempts is known as the Werther Effect.<sup>5</sup> As summarized by Niederkrotenthaler et al, “At least three [possible] mechanisms might explain increases in the number of suicides *associated* with reporting of suicide: identification with the deceased person...increased media reporting of suicide leading to [normalization] of suicide...and information on suicide methods, that *might* influence the choice of suicide method by a vulnerable individual.”<sup>5</sup>

In contrast, research demonstrates that reporting regarding descriptive norms (beliefs about how widespread a behavior may be among peers) may help reduce suicides in youth.<sup>4</sup>

### Language Usage

Specific language used in communications referencing suicide or suicide attempts can increase or decrease stigma and discrimination, impacting persons with mental health differences and their families. The American Association of Suicidology notes, “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.”<sup>2</sup>

Basic language parameters include:

| Non-preferred/stigmatizing | Rationale                                    | Preferred alternative <sup>2, 14</sup> |
|----------------------------|--|--|
| “Committed suicide”        | Suggests criminality/sinfulness <sup>6</sup> | “Died by suicide”                      |
| “Successful suicide”       | Positive connotation                         | “Died by suicide”                      |
| Sensational, dramatic      | Glamorizes/stigmatizes                       | Objective                              |
| Speculative                | Perpetuates misinformation/stigma            | Factual                                |
| Overly-simplistic          | Misrepresents complexity of causation        | Acknowledge complexity                 |

How the person who died by suicide is described or depicted can also contribute to misinformation about suicide and/or mental illness. Stigmatizing labels (such as “crazy”, “disturbed”, “having a breakdown”) spread misinformation about mental illness and the associations between mental illness and suicide/attempted suicide.

### Stigmatization in Media

Both reporting about suicide attempts and completions and fictional portrayals involving suicide can perpetuate misinformation and stereotypes about suicide and mental illness. Unfavorable depictions of mental health services (whether in films or in episodic series marketed to young adults) can offer misinformation about available services. Many horror movies use mental health or suicide depictions for shock value or to indicate that someone who experiences mental health concerns/suicidal ideation is disturbed in some deeply negative way, sometimes making them capable of dramatic acts of violence toward others. Selectively reporting on/depicting suicide without commenting on the wide spectrum of prevention strategies and education about mental illness inaccurately suggests that everyone who experiences mental health challenges is in crisis and that mental health challenges are not survivable.

Like effective reporting, more hopeful depictions or those with positive outcomes can lessen hesitancy around seeking treatment due to fear of prejudice or discrimination. Media has the opportunity to convey that people with suicidal ideation can and do survive, people can and do survive suicide attempts, and there are preventative measures that can reduce risk for suicide.

## Promotion of Hope and Healing

Research-informed methods for reporting and communicating on suicide and suicide attempts may promote hope and healing and help reduce suicide rates; this effect is known as the Papageno Effect.<sup>5</sup> The Papageno effect is the effect that mass media can have by presenting non-suicide alternatives to crises. It is named after a lovelorn character, Papageno, from the 18th-century opera *The Magic Flute*, who contemplated suicide until other characters showed him a different way to resolve his problems.<sup>5</sup>

Some examples could include:

- “A vast majority of those who survive a suicide attempt do not go on to die from suicide”
- “There are x number of suicide attempt survivors every year” (rather than the rate of fatality)
- Information about effective treatment or therapies such as Cognitive Behavioral Therapy/Dialectical Behavioral Therapy, Safety Planning, etc.
- Information about the public health approach to suicide, means safety, or other effective prevention strategies
- Specifically, Logic’s recent hip-hop song highlighting the National Suicide Lifeline led to an increase in crisis calls to the number and a decreased suicide rate over the months following the song’s release.<sup>13</sup>

## World Health Organization and International Association for Suicide Prevention Guidelines

The World Health Organization and International Association for Suicide Prevention collaboratively developed a set of media guidelines on responsible reporting on suicide.<sup>6</sup> This report notes that “vulnerable individuals are at risk of engaging in imitative behaviors following media reports of suicide, particularly if the coverage is extensive, prominent, sensational, explicitly describes the method of suicide, and condones or repeats widely-held myths about suicide.”<sup>6</sup> It continues, “responsible reporting about suicide may help to educate the public about suicide and its prevention, may encourage those at risk of suicide to take alternative actions and may inspire a more open and hopeful dialogue.”<sup>6</sup> The key recommendations within these guidelines include:

1. Provide accurate information about where to seek help.
2. Educate the public about the facts of suicide and suicide prevention, without spreading myths.
3. Report stories of how to cope with life stressors or suicidal thoughts, and how to get help.
4. Be cautious when reporting celebrity suicides. (Adhere to guidelines even when additional information is available that may be of interest or add detail.)
5. Be cautious when interviewing bereaved family and friends. (Adhere to guidelines even when given additional information.)
6. Recognize that media professionals themselves may be affected by stories about suicide.
7. Don’t place stories about suicide prominently (for example, on the front page of a newspaper) and don’t unduly repeat such stories.
8. Don’t use language that sensationalizes or normalizes suicide death.
9. Don’t explicitly describe the method used.
10. Don’t provide details about the site/location.
11. Don’t use sensational headlines.
12. Don’t use photographs, video footage or social media links.<sup>6</sup>

## **Additional Resources**

Additional guidelines address best practices across media, including those applicable to entertainment media and those that offer further guidance on the provision of suicide prevention resource information with reporting on suicide.<sup>2,7,8</sup>

### **What Individual Physicians Can Do:**

- Since language used in reporting on suicide has the potential to increase or decrease suicide contagion and risk, it is critical that physicians become aware of effective language to use while discussing suicide and suicide experiences.
- For physicians anticipating speaking publicly on these topics, specific training (like that expected of journalists) is recommended.
- Physicians should model responsible communications about suicide when engaging with patients, local organizations, the media, and the public.
- Physicians may choose to bring up highly publicized suicide attempts and completions with patients they consider particularly vulnerable in this context. In these instances, eliciting attitudes and current levels of distress may require use of appropriate screenings and interviewing techniques that help identify the need for resources and additional interventions. Such discussions can provide opportunities for physicians to correct any misinformation and promote positive, helpful messaging.
- Physicians can highlight the importance of the effective use of language in media representations related to suicide in their opportunities to educate those in the community.
- Physicians should hold local and national media organizations accountable to the World Health Organization and International Association for Suicide Prevention reporting guidelines. If reporting does not follow the guidelines or if there are sensational depictions of suicide in popular entertainment media, physicians can use their platform to advocate that media organizations directly address these problematic representations. Similarly, physicians can publicly acknowledge positive and helpful reporting.

### **What Professional Organizations Can Do:**

- Professional organizations must model effective use of language regarding suicide in all media, communication, and correspondence.
- Professional organizations can educate members of the public health urgency, including the potential risks and rewards, associated with effective language around suicide in the media through trainings and conferences and make relevant resources readily available to members, media partners, and others in the community.
- Professional organizations should advocate for and promote adherence to media reporting guidelines regarding suicide.
- Professional organizations can publicly recognize and reward exemplary use of suicide prevention reporting guidelines by media partners.
- Professional organizations can partner with community members, journalists, and media leaders/organizations on the local, regional, and national levels to enhance shared communication, best practices and collaboration surrounding suicide-related topics.
- Psychiatric professional organizations, including the APA, can facilitate access by the media and the public to expert psychiatrist members prepared to speak on topics related to responsible

reporting on, and depictions of, suicide and mental health matters.

#### **What Communities Can Do:**

- Communities can create community trainings that highlight positive opportunities to expand wellness, decrease stigma, build resources for resiliency, and expand youth awareness of best practices in peer support.
- Community members can promote effective local media communication related to suicide by creating educational events on use of reporting guidelines by citizen journalists for communication through blogs, social media posts, and other means.
- Community members can recognize and highlight effective and exemplary communication by journalists or other media partners and educate journalists and media members when guidelines are not followed.
- Community members can partner with members of the media on articles about how citizens can access crisis resources, or highlight efforts focused on responsible suicide prevention and risk reduction. Such measures offer an opportunity for communities and media outlets to protect their citizens with not just physical deterrents, but appropriate reporting as well.<sup>10</sup>

#### **What Journalists and Media Companies Can Do:**

- Journalists and media companies should adhere to World Health Organization and International Association for Suicide Prevention reporting guidelines on reporting on suicide and suicide attempts in all publications, portrayals, and communications with the public.
- Media companies can provide training on these topics to employees and should take steps to ensure understanding and consistent application of the guidelines.
- Media companies and journalists can self-assess their adherence to guidelines. (Example: Tool for Evaluating Media Portrayals of Suicide [TEMPOS]).<sup>14</sup>
- Journalists can partner with local communities to push out information to citizens about how to access crisis resources and mental health supports and services.
- Journalists and media companies can proactively engage experts, including psychiatric physicians, on suicide and mental illness in projects dealing with these topics.
- Media companies can partner with professional organizations, including APA, to promote responsible reporting on and depictions of suicide and mental illness and take an active role in distributing education about these topics to the public.

#### **Conclusion**

Adherence to established guidelines on suicide reporting is a matter of public health and safety. Research and experience tell us that *how* we communicate about suicide and its effects matter and can have untold impact on communities. Psychiatric physicians are uniquely positioned to educate colleagues, media, and the public at large about the importance of using media guidelines when reporting suicide. Further, professional physician organizations, inclusive of APA, can and should model use of research-informed media guidelines for the responsible reporting on (and reference to) suicides and suicide attempts in official communications, including policies, position statements, publications, press releases, social media posts, website content, presentations, and speeches. Professional physician organizations should advocate for media companies to engage experts in suicide and mental illness in projects (including fictional character portrayals) that include depictions of suicide and mental illness.

Further research is needed to better understand the role of discussing suicide and its prevention via social media and online platforms (such as Discord, Twitch, and online gaming communications<sup>11,12</sup>). How we discuss these topics over new media, how we share information about them, and the positive depictions from celebrities with lived experience can potentially lead to negative and positive outcomes. Research is especially needed to better understand how individuals interpret messages and information about suicide, as well as how communities handle the topic, whether they provide support, or incur potential trauma.

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