Safely reporting about suicide

A guide for media and digital creators and moderators

Mental Health Foundation
OF NEW ZEALAND
mauri tū, mauri ora
www.mentalhealth.org.nz

Everyone has a role to play in suicide prevention

There is rarely a single reason why someone takes their own life. Simplifying the causes of suicide or portraying suicide as a common reaction to tough times can normalise suicide, put more people at risk (if they identify with that cause) and contribute to misunderstandings about how suicide can be prevented. Talking openly, safely and respectfully about suicide is crucial for:

- Reducing the stigma around suicide.
- Encouraging individual, whānau and community suicide prevention approaches.
- Ensuring people experiencing suicidality can seek support and see a way through what they are experiencing.

Responsible reporting by media about suicide is also a critical component in suicide prevention.

The media's role

The media holds the power to greatly help, or hinder, suicide prevention efforts.

For the purposes of this resource, 'media' includes news media, website and social media content as well as movies, TV shows, theatre productions and books.

Widely disseminated stories of celebrity suicides can be followed by more suicides in the general population. Best practice is to both reduce the prominence of stories about suicide and include stories of how people overcame a suicidal crisis.

When the media focuses stories on suicide with themes of **hope, resilience and overcoming crises**, it helps to provide people with a path through their own crisis. By sharing stories of people who have found strength through struggle, the media can inspire a culture of support and recovery.

"Although suicide is a rare event statistically, a death by suicide has an impact that is often far-reaching. It can ripple beyond those who were immediately connected with the person who died."

— Mark Wilson, Mental Health Foundation

Section 71 of the Coroners Act 2006

There are legal restrictions in Aotearoa New Zealand on what can be made public about a suicide or suspected suicide. These restrictions are listed in Section 71 of the Coroners Act 2006, which was amended in 2016 for clarification.

Unless you have an exemption from the chief coroner, you can't make public:

- The method or suspected method of the death.
- Any detail (e.g. the place of death) that might suggest the method or suspected method of the death.
- A description of the death as a suicide before the coroner has released their findings and stated the death was a suicide (although the death can be described as a 'suspected suicide' prior).

'Making public' doesn't just mean reporting it in the media — it also includes making public statements, posts on social media and/or in any correspondence.

Until the death has been certified by the coroner, it must be referred to as a 'suspected suicide' or, if it was an unexplained or ambiguous death, a 'sudden death'.

The Papageno and Werther effects

The **'Papageno effect'** describes how media can positively contribute to suicide prevention by responsibly reporting on suicide.

The effect refers to the character, Papageno, in Mozart's opera *The Magic Flute*, who became suicidal after fearing he had lost his love. However, when people reminded him of reasons for hope, he chose a more positive action to get himself through this time instead of suicide.

Whenever media develops a story about suicide prevention, it is important to emphasise coping with adversity and paths to survival, rather than focusing solely on suicidal behaviours and actions. Proactive reporting of stories of hope and recovery can contribute to a reduction in suicidal behaviours and an increase in help seeking.

— Preventing suicide: A resource for media professionals. WHO

The **'Werther effect'** refers to the identified rise in suicide rates following well-publicised suicides of high-profile people, particularly where detail of method is included. The term comes from Goethe's novel *The Sorrows of Young Werther*, where a romantic infatuation ends in suicide. The publication of the novel was followed by imitative suicides.

Dos and don'ts for reporting safely about suicide

These recommendations apply to all forms of media.

Do	Don't	Why?
Offer hope. Include examples of positive coping mechanisms and ways other people have supported someone in crisis.	Don't talk about suicide as though it is inevitable. Don't use language that normalises or simplifies suicide.	Suicide is preventable. Using language that suggests suicide is a common reaction to tough situations can normalise suicide as a response. Stories about people who found ways to navigate tough times may help others to adopt similar positive coping strategies (the 'Papageno effect'). Stories on how someone supported a person in crisis can also help.
Remember the person, not the way they died. Acknowledge suicide loss with humility, sadness and aroha.	Don't publish details from suicide notes or social media posts by the person who died.	Including a suicide note or social media posts can increase suicide risk for people identifying with the person who died, and cause distress to the person's family and friends.
Talk about people 'dying by suicide' (e.g. "I had a friend who died by suicide").	Don't use the term 'commit' or 'committed' suicide (e.g. "He attempted to commit suicide").	The word 'commit' increases the stigma around suicide — both for people who have had their own experiences of suicidality, and for those bereaved by suicide. 'Commit' is generally only used when talking about crime.
Take care when reporting on celebrity suicides, including using international news reports. NB: *Section 71 of the Coroners Act reporting rules also apply to international stories republished by NZ media.*	Don't romanticise or glorify the celebrity's death and avoid excessive repetition of the story or details about the death.	Media stories about celebrity suicides can lead to copycat behaviours (the 'Werther effect'). Positioning the person's death as a preventable tragedy can help reduce suicide risk for your audiences.
Understand your legal obligations around what you can, and can't, make public about a suspected suicide.	Don't describe, depict or disclose: • The suspected or known method of death or the location of death if it suggests the method. • Photos that could suggest the method of death.	People experiencing suicidality may be actively looking for ways to end their lives. As well as being prohibited by law, talking about the method of death (including unusual or rare methods) can increase the risk of copycat behaviour using that method. Similarly, revealing location details can lead to a place being known as a 'suicide site', which has been shown to increase suicides at that location.
Keep the wellbeing of bereaved friends and family front of mind.	Don't portray suicide as a selfish act or focus on how it harms people bereaved by suicide.	Positioning suicide as a selfish act can increase the stigma around and misunderstandings about suicide. It can also prevent people from seeking help or sharing how they feel.
Use official data and verifiable facts when reporting on suicide. Refer to the rate rather than the numbers, (e.g. 'concerning rates' or 'dropping rates' when referring to statistics).	Don't speculate about increases in suicide for certain demographics, groups, areas or professions.	Suicide data can be difficult to interpret. Using unofficial sources for this interpretation can mislead audiences and cause unnecessary alarm. To acknowledge population differences and increases/decreases over time, it is recommended to use 'rates' rather than numbers. Use the Ministry of Health's official webtool to access official data: tewhatuora.shinyapps.io/suicide-web-tool/
Apply caution when reporting on suicide increases.	Don't use sensationalist wording or headlines and try to avoid using the word 'suicide' in the headline.	Using sensationalist language can increase the stigma around suicide and the hopelessness many people experiencing suicidality have in common. Rumours about suicide increases, copycat behaviours or spikes can be false and increase a sense of hopelessness or inevitability for people.
Remind people that suicide is complex, is statistically rare and has no single cause.	Don't oversimplify reasons for a suicide or reduce suicide to a single contributing factor (e.g.bullying, financial pressures or working in a certain profession).	There is rarely a single reason someone takes their own life. Simplifying the causes of suicide or portraying suicide as a common reaction to tough times can normalise suicide, put more people at risk (if they identify with that cause) and contribute to misunderstandings about how suicide can be prevented.
Māori protocols provide guidance, protection and a structure to grief, loss and healing. When suicide impacts Māori, seek advice from kaumātua about a te ao Māori approach to suicide prevention.	Don't use a one-size-fits-all approach to suicide prevention.	Respect Māori customs of grief, loss and healing. Te Ao Māori solutions are vital to suicide prevention.
Respect the privacy and wellbeing of the bereaved whānau. Consider the impact of interviewing them shortly after the death.	Don't approach people for interviews until you know they have been informed of the death. Don't disclose sensitive information to whānau/friends that you've sourced elsewhere (e.g. from emergency services or social media) as they may not be aware of certain details.	Research shows that people bereaved by a suspected suicide may themselves be at a greater risk of suicide. While the experiences of people bereaved by suicide are important, those recently bereaved are likely to be experiencing extreme grief and distress.
Include helplines. Normalise help-seeking.	Don't assume people know where and how to access help.	Providing helplines makes accessing support easier and normalises help-seeking.

How the media can help

Everyone involved in reporting on or covering a story or creating or monitoring a social media post is responsible for following best practice suicide prevention guidance.

It is important that there is coordination between all those responsible for publishing or posting the article, including editorial teams, photo editors and digital teams.

Using safe images

The images or video footage that accompany a news story or social media post about a suicide or content relating to suicide are also important. These images also need to be consistent with the language guidelines in this resource, and the law.

Consider what is being depicted in the image and how it may be viewed by audiences.

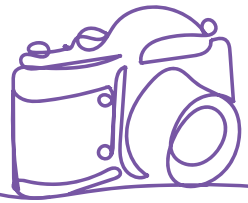
Ensure that any image attached to a story:

- Avoids being negative, violent or graphic.
- Never indicates a specific suicide method or location of the death.
- Doesn't reinforce unhelpful stereotypes (e.g. head-clutcher, showing someone isolated or dark, distressing images).

Consider the impact on the whānau, friends and wider community of the person who died before including images or content from their social media accounts.

Images about suicide should:

- Convey a sense of belonging or community (e.g. whānau, people working together or being connected).
- Convey a sense of hope, healing and recovery (e.g. showing someone being supported).
- Reinforce the message that no one is alone, that help is available and that everyone's life matters (e.g. include helplines and hopeful images, like a sunrise).



Digital platforms

We recommend media outlets and social media moderators hold specific policies around posting and monitoring suicide-related articles/items on all their digital platforms. To ensure safe coverage of a story about suicide online:

- Actively monitor the comments sections and limit the ability to add comments or share the post. Or consider turning the comment option off.
- Avoid giving the story extra prominence and repetition. Focus on the person not their death.
- Ensure that no images show the location or method of death.
- Limit ongoing coverage of celebrity deaths. Avoid using sensational headlines or glorifying or romanticising the story.
- Include free helpline information.

Current evidence does not suggest that content warnings are effective in mitigating mental health risks of portraying suicide or self-harm. Content warnings should never replace careful and responsible crafting of messages of self-harm.

— The Media and Internet Special Interest Group of the International Association for Suicide Prevention.

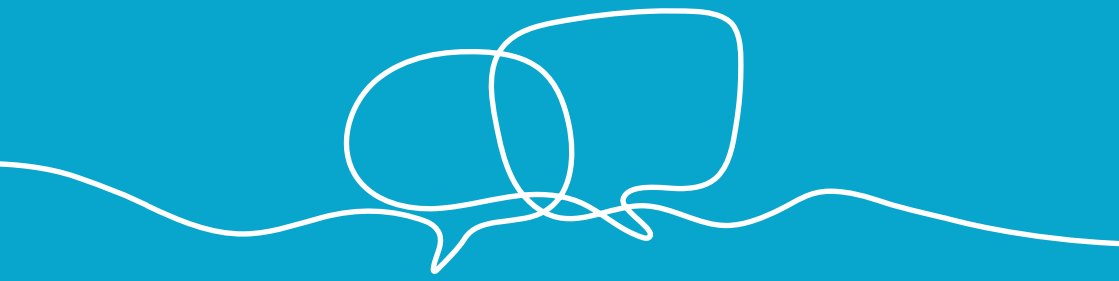
Include helplines

To help your audience know who to contact if they need support, we recommend including free helplines when publishing stories about suicide or mental distress.

Consider including the following free helplines with your coverage, but if you can only include one, please use 1737.

- **Need to talk?** Free call or text 1737 any time for support from a trained counsellor.
- **Lifeline** 0800 543 354 (0800 LIFELINE)
- **Youthline** 0800 376 633, free text 234, webchat at youthline.co.nz, DM on Instagram @youthlinenz, WhatsApp message on 09 886 5696
- **Samaritans** 0800 726 666
- **Suicide Crisis Helpline** 0508 828 865 (0508 TAUTOKO)
- **Aoake te Rā** A free service providing support and manaaki to people who have lost someone to suicide. Visit www.aoaketera.org.nz

Visit mentalhealth.org.nz/helplines for a wider list of helplines.



For more information about reporting on suicide, see:

- The 'Media' section on the Mental Health Foundation website, **www.mentalhealth.org.nz**
- World Health Organisation — Preventing suicide: a resource for media professionals (updated 2023). **who.int/publications/i/item/9789240076846**
- Ministry of Health — Media guidelines for reporting on suicide. **www.health.govt.nz/publications/media-guidelines-for-reporting-on-suicide**

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