

# Media Guidelines for Reporting Suicide



SUICIDE PREVENTION &  
IMPLEMENTATION RESEARCH INITIATIVE

## About SPIRIT

The Suicide Prevention and Implementation Research Initiative (SPIRIT) is an international research partnership that aims to bridge the gap between scientific evidence and practice in suicide prevention and mental health interventions in India and Bangladesh. SPIRIT is implemented by the Centre for Mental Health Law & Policy of the Indian Law Society (ILS) in collaboration with Trimbos Institute, Netherlands; SNEHA – Suicide Prevention Centre, Chennai; Gujarat Institute for Mental Health (GIMH) & Hospital for Mental Health (HMH) Ahmedabad and the Bangladesh Centre for Communication Programs (Bangladesh). The project is supported by the Department of Health and Family Welfare, Government of Gujarat, and funded by the National Institute of Mental Health of the National Institutes of Health (United States of America).

## Media Guidelines for Reporting Suicide

This resource was prepared by SPIRIT after compiling media guidelines developed by the World Health Organisation, Canadian Psychiatric Association, Hunter Institute of Mental Health, The Carter Centre, Samaritans, SNEHA-Suicide Prevention Centre (Chennai) and National Institute of Mental Health and Neurosciences (India).

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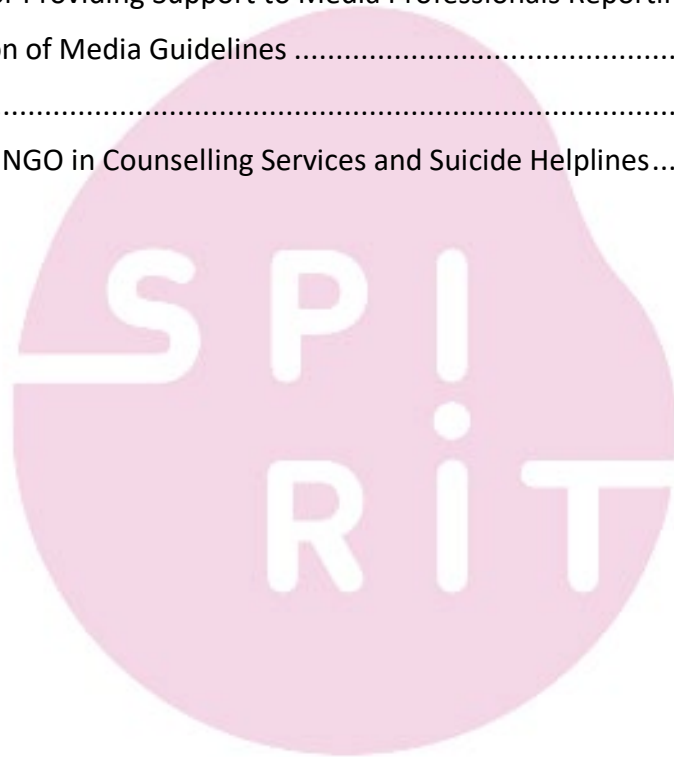
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## Media Guidelines for Reporting Suicide

### A. Introduction

#### I. Suicide: A Public Health Problem

Suicide prevention is a major public health problem in India. According to the World Health Organisation [WHO] there are approximately 800,000 suicides globally every year [1]. India accounts for 36.6% of the global suicide deaths among women and 24.3% among men, of all suicides worldwide [2]. The *Lancet* estimated that in 2012 alone, approximately 2,50,000 people died by suicide in India [3]. According to the National Crime Records Bureau, 11 people per 100,000 die by suicide every year in India [2,3]. However, WHO estimates the suicide rate is much higher at 21 people per 100,000 in India [1]. Suicides in India are highest among young people between the ages of 15-29 [5], and it ranks as the second among the causes of mortality in this age-group [2,3]. It is estimated that for every suicide at least six people are directly or indirectly affected by the suicide or attempted suicide.

Suicide is a complex psychological, cultural and social problem with no one specific factor having a cause-effect relationship. Risk factors can range from mental health problems, financial burden, poverty, trauma, abuse, unemployment, discrimination, emotional distress, crises in one's life, chronic physical illnesses, lack of support, no access to healthcare, etc. Protective factors include access to mental healthcare, support from family and the community, socio-economic opportunities, responsible media reporting, awareness raising, and reducing stigma. A few precipitating factors in vulnerable individuals, who are at risk, include elevated rates of life events associated with interpersonal difficulties, work issues, financial difficulties, and legal problems. Involvement of all stakeholders with an inter-sectoral collaboration at a policy level is important, as suicide prevention is a complex issue.

#### II. Role of Media

The media plays an important role in suicide prevention given its strong influence on the attitudes, beliefs, and values of individuals and communities. According to the World Health Organisation [WHO], there is now an increasing body of research which points to role of the media in influencing suicide rates, such that appropriate media portrayal of suicide is one of the effective universal strategies to prevent suicide [6]. Research from over 100 international studies provide evidence that the way suicide deaths are reported is associated with increased suicide rates and suicide attempts after reporting [6,7].

At the same time the WHO also suggests that positive and responsible reporting of suicides which promotes help-seeking behaviour, increases awareness of suicide prevention, shares stories of individuals overcoming their suicidal thinking or promotes coping strategies can help reduce suicides and suicidal behaviour [6,7,8]. Responsible reporting can thus work as a protective-factor and motivate vulnerable persons to take alternative actions, seek help in times of crisis and focus on coping strategies.

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The impact of media reporting on suicides can result in people imitating suicidal behaviour (also known as social contagion). A vulnerable person identifies with the person depicted in the suicide story/report and may “copy” or “imitate” their suicidal behaviour and eventually die by suicide. Often this form of identification can be higher in cases of celebrity suicides when people overidentify with celebrities or high-profile persons. Other cases of imitative/copycat suicides are prompted by reports which provide details of the method, location, is prominently placed, sensationalised, or reinforces myths about suicide [6,7,8].

### III. Media Guidelines

The media guidelines are designed for media professionals working in print, broadcast and online media and are relevant to reporting across all media even though some guidelines are specific to the different forms of media wherever relevant.

The objective of these guidelines is to sensitise media professionals and organisations in India about best practices for reporting suicide. The guidelines provide information about how to report suicides in a responsible, accurate and appropriate manner. It is expected that these guidelines will be adopted and disseminated by all relevant stakeholders in the media to ensure that suicide reporting is in accordance with internationally recognised practices. The draft guidelines are based on research and evidence-based studies which have studied the impact of media reporting on suicide across the world. These guidelines have been compiled and adapted by SPIRIT from the following sources:

- (1) Preventing suicide: a resource for media professionals, update 2017. Geneva: World Health Organization; 2017 (WHO/MSD/MER/17.5). Licence: CC BY-NC-SA 3.0 IGO.
- (2) Hunter Institute of Mental Health (2014). Reporting suicide and mental illness: A Mindframe resource for media professionals. Newcastle.
- (3) Media Guidelines for Reporting on Suicide: 2017 Update of the Canadian Psychiatric Association Policy Paper, Canadian Psychiatric Association
- (4) The Carter Centre: Journalism Resource Guide on Behavioral Health.
- (5) Suicide Prevention: Information for Media Professionals, National Institute of Mental Health and Neurosciences, India
- (6) Media Guidelines for Reporting Suicide, Samaritans
- (7) Reporting on Child Suicides, SNEHA- Suicide Prevention Centre, Chennai

## B. Glossary of Key Terms

**Suicide** is the act of killing oneself intentionally [1].

**Suicide attempt** is any suicidal behaviour which does not lead to one's death. Suicide attempts include [1]:

- intentionally poisoning oneself
- causing injury to the self or
- any act of self-harm which may or may not result in the person's death

**Self-harm** is an act of causing oneself harm or injury *with or without* the intent of killing oneself and important in identifying and assessing a person for risk of self-harm/suicide [1].

**Suicidal behaviour** includes a range of behaviours such as: [1]

- Act of suicide
- Attempting suicide
- Inflicting injury on one-self
- Thinking about suicide
- Planning for suicide

**Copycat or Imitative Suicide** is defined as an imitation of a suicidal act (suicide or attempted suicide) by another person. The person attempting suicide knows about the act either from personal/local knowledge or due to accounts/depictions on television and in another media [10].

**Social Contagion** refers to a phenomenon that occurs when a suicidal act (completed suicide or attempted suicide) serves as a 'model' or example for subsequent suicidal behaviour. The 'model' may be a famous person or celebrity, but could also be a relative, friend or neighbour living in a local community. The contagious effect may be precipitated by pervasive grief or over-identification with a person who has died or the circumstances under which they took their life [10].

**Suicide Cluster** is a group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected in each community [10].

**Hot Spot** is a colloquial term that can have one of two meanings in relation to suicide. First, it can refer to a specific geographical area with a relatively high rate of suicide among its resident population, for example a specific town. Second, it can mean a specific (usually public) site such as a bridge that is frequently used as a location for people to take their own lives. A site that has achieved notoriety because of a suicide taking place – especially if it is reported widely in the media – may attract people to that site, transforming it into a known site for suicides [10].

## Media Guidelines for Reporting Suicide

### **A. General Guidelines for Reporting Suicide**

1. Evaluate the “newsworthiness” of the story/report in the context of its impact on people (potential harm or positive outcome).
2. Evaluate the impact of reporting suicide on individuals especially families bereaved due to suicide.
3. Suicide reporting should preferably be done by health reporters rather than crime reporters.
4. Attempt to suicide is not a crime. Suicide stories must not be reported as a crime.
5. Focus on suicide prevention as the overall approach to reporting suicide.

### **B. Do's- while reporting suicide**

6. Promote help-seeking and alternatives to suicide by providing accurate information about support resources.
7. Provide information which reduces stigma around suicide and challenges common myths around suicide.
8. Share hopeful stories and narratives about persons who have overcome their suicidal thoughts/feelings.
9. Report celebrity suicides with extreme caution.
10. Ensure that bereaved members of family or friends are interviewed sensitively and with extreme caution.
11. Ensure that the privacy of the bereaved family is maintained, that is, don't name or identify the person who died of suicide.
12. Seek reliable sources of information and only report information which is accurate and verifiable.

### **C. Don'ts- while reporting suicide**

13. Don't use language which sensationalises, normalises or glamorises suicide. Use appropriate language while reporting suicides.
14. Don't place suicide stories/reports in prominent places and avoid repetition of suicide stories.
15. Avoid explicit description of the method in the case of any suicide or attempted suicide
16. Don't provide detailed information about the location of completed or attempted suicide.
17. Don't sensationalise headlines when reporting suicide stories/reports.
18. Avoid over-simplification of causes of suicides.
19. Don't use photographs or video footage while reporting suicide stories/reports.

### **D. Guidelines for Reporting Child Suicide**

20. Avoid describing a suicide or a suicide attempt.
21. Avoid sharing graphic illustrations with the suicide story.
22. Avoid reporting suicide as a simple issue.
23. Avoid words/phrases that romanticize suicides.
24. Provide helpline numbers for child line services.
25. Provide positive examples and stories.
26. Spread awareness about prevention of suicides.

### **E. Guidelines for Reporting Suicide on Digital Media Platforms**

27. Exercise caution while referring to online sources on suicide stories/reports.
28. Moderate inappropriate comments on website forums.
29. Social media websites/platforms should include features for managing suicidal content and preventing suicides.

### **F. Guidelines for Providing Support to Media Professionals Reporting Suicide**

30. Media organisations should recognise that media professionals themselves may be affected by stories about suicide and provide support measures for the same.

### C. General Guidelines for Reporting Suicide

1. Evaluate the “newsworthiness” of the story/report in the context of its impact on people (potential harm or positive outcome).
  - 1.1. Ensure that the media organisation has issued the media guidelines to all members of the organisation. Prepare a checklist and comply with the same before reporting a story/report.
  - 1.2. Consult the editorial team about the potential impact of the story/report and whether it must be reported.
  - 1.3. Consult suicide prevention or mental health experts before reporting a story/report.
  - 1.4. Be aware of the difference between reporting suicide deaths and suicide reports which provide policy analysis, research, data, rates and trends.
2. Consider the impact of reporting suicide on individuals.
  - 2.1. Persons who have attempted suicide and survived the same.
  - 2.2. Family members, friends and relatives of the person who has attempted suicide or died by suicide.
  - 2.3. Persons who are vulnerable and at risk of suicide after reading the story/report.
  - 2.4. Journalists and media professionals who are reporting suicide.
  - 2.5. Other stakeholders such as law enforcement officials, journalists, academics, researchers and mental health professionals.
3. Suicide reporting should preferably be done by health reporters rather than crime reporters.
  - 3.1. To the extent possible, suicide reporting must be done by health reporters. Health reporters are better placed to understanding the nuances of suicide and mental health concerns given their expertise in health issues.
  - 3.2. Avoid suicide reporting by crime reporters as suicide is not a crime and must not be seen from the lens of a crime. Further, crime reports tend to sensationalise and focus on the technical details of the suicide- which must be avoided while reporting suicide stories/reports.
  - 3.3. Whenever non-health reporters are reporting suicide, they must consult media guidelines, health reporters who are experienced in reporting suicide and/or suicide prevention experts.
4. Attempt to suicide is not a crime. Suicide stories must not be reported as a crime.
  - 4.1. Section 115 of the Mental Healthcare Act, 2017 states that every person who attempts suicide will be **presumed** to be under **severe stress** and **will not** be tried under Section 309 of the Indian Penal Code, 1860 (which criminalises attempt to suicide).
  - 4.2. The Central or State Government has the duty to provide care, treatment and rehabilitation to a person having severe stress and who attempted suicide – to reduce the risk of recurrence of attempts.



## Media Guidelines for Reporting Suicide

4.3. Media professionals must not report suicides as a crime. Verify facts with the relevant law enforcement officials, mental health professionals, hospital authorities and family members before reporting the same.

### 5. Focus on suicide prevention as the overall approach to reporting suicide.

- 5.1. Focus on suicides as a health and community issue to increase awareness and decrease stigma.
- 5.2. Focus on the multiple risk factors of suicide, protective factors which can help prevent suicides, and educate people about warning signs, providing support and referring vulnerable persons for professional help.
- 5.3. Challenge popular misconceptions and myths about suicide by providing accurate facts.
- 5.4. Focus on personal stories about overcoming suicidal thinking which will promote hope and encourage others to seek help.
- 5.5. Reports on impact of suicide on individuals and communities can increase understanding about experiences of those affected by suicide.

### D. WHAT TO DO – while reporting suicide

### 6. Promote help-seeking and alternatives to suicide by providing accurate information about support resources.

- 6.1. Persons may feel distressed or contemplate suicide after reading stories or reports about suicide. Thus, in every suicide story/report it is crucial to provide *help-seeking* information about support resources with a message that vulnerable persons must reach out and seek help.
- 6.2. The information should be prominently placed either in the beginning or end of the suicide story/report.
- 6.3. Support services can include the following resources:
  - suicide prevention centres
  - emergency departments in hospitals
  - 24/7 crisis helplines
  - self-help groups
  - mental health professionals
  - general physicians
  - community resources
  - rehabilitation centres
- 6.4 The information must be updated and relevant. It must contain:
  - A message that persons who are feeling suicidal must seek help
  - Updated contact details, links to the website of the resource
  - Any other relevant information.
- 6.5 The accuracy and reliability of the information should be verified before publishing the same.

**7. Provide information which reduces stigma around suicide and challenges common myths around suicide.**

- 7.1. The repeated spread of myths may trigger imitative *suicides/behaviour* in individuals. Thus, stories and reports on suicide or suicide prevention must report only those facts which have been accurate and verified. For example, the Blue Whale challenge was reported by various newspapers without any verification of facts.
- 7.2. Provide information which reduces the stigma around talking about suicide, and mental health problems.
- 7.3. Highlight that suicides are preventable by taking preventive measures and identifying risks in time.
- 7.4. Challenge popular myths about suicide and reinforce the false nature of these myths. Emphasise the correct facts in response to these myths. Some of the myths include: talking about suicide will lead to and encourage suicide; people who talk about suicide do not mean to do it; only people with mental illnesses commit suicide.

**8. Share hopeful stories and narratives about persons who have overcome their suicidal thoughts/feelings.**

- 8.1. It is important to share hopeful narratives and stories about persons who have coped with distressing circumstances in their life and overcome suicidal thoughts. The stories must highlight how such persons overcame their suicidal thoughts and feelings, different ways in which they have recovered from adverse circumstances and their messages about suicide prevention.
- 8.2. Stories/reports should also carry information about when persons should seek help, what are the different ways in which they can receive help and what are the different coping strategies they can use to deal with difficult situations in their lives.

**9. Report celebrity suicides with extreme caution.**

- 9.1. Celebrity suicides are likely to influence the behaviour of vulnerable individuals because people identify with them. Glorifying a celebrity's death may suggest that society honours suicidal behaviour. Further evidence proves that reporting celebrity suicides increases the instances of copycat/imitative suicides. For this reason, extreme caution should be taken in reporting celebrity suicides.
- 9.2. The focus of the story/report should be on the celebrity's life, their contribution to society or the impact of their death on society and others.
- 9.3. Additional care should be taken when reporting a celebrity death where no reason for the death is immediately available. Avoid conjecture or speculation about the celebrity's death.
- 9.4. Facts should be reported only once they have been confirmed and verified by sources.
- 9.5. Avoid repetitive stories about a celebrity's death by suicide.

**10. Ensure that bereaved members of family or friends are interviewed sensitively and with extreme caution.**

- 10.1. Family members or friends who have been bereaved by suicide of a loved one are at increased risk of self-harm or suicide especially during the grieving period. Such persons must be interviewed sensitively and with extreme caution. Considering delaying the interview if they are not able to talk.
- 10.2. Don't infringe the privacy of the family members, the deceased person or the person who has attempted suicide by revealing names, photographs or personal details. No personal information, photographs or details should be published without the **informed consent** of the family members or the person who has attempted suicide.
- 10.3. In case media professionals gather information which the bereaved family members are not aware of, care must be taken while publishing the same.
- 10.4. Ensure that information provided by family members or friends is accurate and verified as it is possible that what they recall in terms of memories, statements, or aspects of the person's life might be distorted/inaccurate due to their state of grief.
- 10.5. Media professionals should discuss before-hand the implications, and consequences of reporting personal information. Before reporting personal information, the same must be shown to the family members for their approval/correction.
- 10.6. Sharing stories about how people have coped with the losses of their loved ones due to suicide can also be a source of hope and coping strategies for bereaved family members. Similarly sharing stories about the emotional devastation of a suicide on family and friends may encourage vulnerable persons to seek help and offer sources of help.

**11. Seek reliable sources of information and only report information which is accurate and verifiable.**

- 11.1. Media professionals should report information and facts only after they have been verified by official sources.
- 11.2. Ensure that a suicide death has been confirmed as a suicide by official sources before reporting the same -do not fuel speculation, indulge in conjecture or hypothesis and interfere with investigations. If reasons are not known, then the death can be reported as "causes are still not known".
- 11.3. Authentic and reliable sources should be used by media professionals seeking background information about suicide. Statistics should be interpreted carefully and verified by suicide prevention experts.
- 11.4. In India official statistical data on suicides is provided by the National Crime Records Bureau which is disaggregated according to age, state-wise, reason and method of suicide.
- 11.5. Member states provide mortality data, including suicides to the World Health Organization (WHO). Academic journals such as *Lancet* publish data on suicides across the world.
- 11.6. Some caution should be exercised in making international comparisons of rates, because different countries have different legal imperatives which may influence the way in which deaths are identified and recorded as suicides.

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11.7. Suicide is a largely preventable public health problem. There are several NGOs across the country that are committed to the cause of mental health and are running counselling services and suicide helplines. [Details in Annexure]

### E. WHAT NOT TO DO – while reporting suicide

**12. Don't use language which sensationalises, normalises or glamorises suicide. Use appropriate language while reporting suicides.**

12.1. Don't use language which sensationalises, normalises or over-simplifies suicide.

12.2. Suicide reporting must avoid the use of sensationalising phrases such as "suicide epidemic", "successful suicide" or "political suicide".

12.3. The phrase 'committed suicide' should not be used because it implies criminality, thereby creating stigma experienced by those who have lost a loved one to suicide and discouraging suicidal individuals from seeking help.

12.4. Use phrases such as 'died by suicide' or "took his or her life".

12.5. Don't romanticise or glorify celebrity suicides. This may result in imitative suicidal behaviour among vulnerable persons.

12.6. Don't provide intricate details of the suicide, method, location and other information. Simplistic reasons for a person's suicide or explanations about the person's suicide should not be given.

Issue	Problematic Phrase	Appropriate Phrase
Presenting suicide as a desired outcome	'successful suicide' 'failed suicide'	'died by suicide' 'took their own life' 'ended their own life' 'suicide attempt' 'non-fatal attempt'
Referring to suicide as a crime/criminal act	'committed suicide'	'took their own life' 'died by suicide' 'ended their own life'
Sensationalising/glamorising suicide	'suicide epidemic'	'increasing rates' 'high rates'
Using suicide as a metaphor	'suicide mission' 'political suicide'	Don't use suicide as a metaphor or out of context

Source: Hunter Institute of Mental Health (2014). Reporting suicide and mental illness: A Mindframe resource for media professionals. Newcastle

**13. Don't place suicide stories/reports in prominent places and avoid repetition of suicide stories.**

13.1. Ensure that suicide stories are not placed in prominent pages of the newspaper. Avoid publishing the story on the *front page*, *third page* or on the *top of an inside page*. Ideally, the story/report should be placed at the bottom of the page.

13.2. For broadcast media, suicide stories/reports should be presented in the second or third break of television news rather than as the lead item.

13.3. Avoid reporting the same suicide story repeatedly as it can lead to an increase in suicides.

**14. Avoid explicit description of the method in the case of any suicide or attempted suicide.**

14.1. Research studies provide evidence that reporting details of suicide methods have led to an increase in the use of those methods, and increased suicide rates. A detailed description may prompt vulnerable people to imitate those methods or search the internet for more details on the suicide method.

14.2. Do not provide a detailed description of the method used in each suicide or attempted suicide. For example- when reporting suicide due to an overdose, do not share details of the nature, quantity or combination of drugs taken, or how they were procured; or when someone has hanged themselves do not provide details of the type of ligature.

14.3. If the method of suicide is unusual, rare or previously unknown don't sensationalise or provide details of the same. Incidences of people using unusual or new methods have been known to increase after these methods are reported widely. Sharing these details might trigger other people to use the same method, or such on the internet to find out more information regarding the method.

14.4. Never say a method is quick, easy, painless or certain to result in death. Try to avoid portraying any method that is immediate or easy to imitate.

**15. Don't provide detailed information about the location of suicide.**

15.1. Reporting details about common locations/sites where suicides occur has proven to increase frequency of attempts in those locations, and increased suicide rates. Certain locations where suicides occur often can come to be known as 'suicide site' or a 'hot spot' – e.g., a bridge, a tall building, a cliff or a railway station or crossing.

15.2. Don't promote such locations as suicide sites or provide detailed information about such locations. Avoid using sensationalist language to describe such locations or sensationalise the number of incidents occurring at the location.

**16. Don't sensationalise headlines when reporting suicide stories/reports.**

16.1. Avoid using the word "suicide" in the headlines. Don't share details about the method or location of the suicide in the headlines.

16.2. When writing headlines for suicide stories/reports think carefully about the content and its impact on the readers. Ensure that the headline does not over-dramatize the story, provides explicit details of the method or uses sensationalist terms.

16.3. Be careful not to promote the idea that suicides achieve results or are a solution to certain problems such as "relieving suffering", "leading to peace", "in a better place", etc.

**17. Avoid over-simplification of causes of suicides.**

17.1. Suicides are caused due to an inter-play of complex factors. There is never a single reason for responsible for a suicide.

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- 17.2. Avoid over-simplifying the complex realities of suicide by reducing it to a single factor e.g. loss of a job, relationship breakdown, bereavement in the family, etc.
- 17.3. Take care not to imply that the death was spontaneous or preceded by a single event as people who die by suicide have underlying risk factors, including mental health issues.
- 17.4. Do not describe suicidal behaviour as quick, easy, painless or certain to result in death.

### 18. Don't use photographs or video footage while reporting suicide stories/reports.

- 18.1. Don't publish photographs, video footage or digital media links of the person who has died by suicide or family members **without written or recorded verbal informed consent** of the concerned family members.
- 18.2. Don't publish photographs, video footage or other links of the method or scene where the suicide has occurred as it can increase the use of those methods.
- 18.3. If any photographs, video footage or digital media links are used don't place them in prominent places or sensationalise them.
- 18.4. Avoid using dramatic or emotional images such as a person standing on a ledge, picture of a noose or other methods of suicide.
- 18.5. Suicide notes, text messages, social media posts and emails of the deceased person and/or their family members should not be published.

## F. Guidelines for Reporting Child Suicide

\*A child is an individual below 18 years of age.

### 19. Avoid describing a suicide or a suicide attempt.

- 19.1. Describing a suicide or suicide attempt can result in copycat/imitative suicides especially amongst children. Young children who are not aware of the consequences of the same are especially vulnerable to the same. Therefore, the media should refrain from describing suicides in detail.

### 20. Avoid sharing graphic illustrations with the suicide story.

- 20.1. Pictures, cartoons and illustrations are attractive to young children. If media reporting includes illustrations on the method of suicide or other images such as a child looking sad or shedding tears it can increase the risk of imitative suicide among children who might be influenced by such illustrations. Avoid including graphic illustrations related to suicide.

### 21. Avoid reporting suicide as a simple issue.

- 21.1. Suicide is a complex issue with no single factor which has a cause-effect relationship. There are always multiple factors at play even in the case of children. For example, often it is reported that a young child died by suicide due to failure in examinations. This is a simplistic reporting of suicide and should be avoided to ensure that children do not identify with a single factor or issue.

**22. Avoid words/phrases that romanticize suicides.**

- 22.1. Words/phrases which romanticise or glamorise suicides should be avoided. For example, in the case of children suicides avoid phrases such as “a life cut short at a tender age” or “a life tragically cut short in full bloom”. Such phrases bring undue attention to the age of the child.
- 22.2. Exercise caution in reporting suicides by student leaders or children of celebrities or potential role models since they attract media attention and can prompt vulnerable children into suicidal behaviour.

**23. Provide helpline numbers for child line services.**

- 23.1. Provide helpline numbers for child line services so that children or their families can access support services in times of crisis.

**24. Provide positive examples and stories.**

- 24.1. Draw attention to best practices implemented by schools such as counselling services and support programmes for students who are under stress due to exams or other reasons.

**25. Spread awareness about prevention of suicides.**

- 25.1. Child suicides are at a peak when exam results are due. It is crucial to spread awareness at this time among teachers, parents, educators, policy makers and students highlighting risk factors and protective factors. Increasing awareness will lead to more preventive efforts and children will be able to reach out for help.

**G. Guidelines for Reporting Suicide on Digital Media Platforms**

**26. Exercise caution while referring to online sources on suicide stories/reports.**

- 26.1. When referring to online sources on suicide stories/reports ensure reliability and trustworthiness of the sources. Avoid sharing sources which are based on speculation or conjecture to prevent misreporting.
- 26.2. Avoid hyperlinking of suicidal material in social media. Video or audio footage or online links to the method or location of a suicide should not be used.

**27. Moderate inappropriate comments on website forums.**

- 27.1. Moderate website forums for inappropriate comments, discussions, messages which can influence vulnerable persons and increase the risk of suicidal behaviour. Ensure that people accessing these forums are made aware of the what constitutes inappropriate material.

27.2. Establish policies for managing suicidal content in comments sections of websites of online newspapers, print newspapers, journals, and other news websites for appropriate and timely response to vulnerable persons.

### **28. Social media websites/platforms should include features for managing suicidal content and preventing suicides.**

28.1. Provide information and resources to people who make queries regarding suicide/ mental health problems or who wish to access support services. This includes Frequently Asked Questions and other supportive resources on how to respond to suicidal persons.

28.2. Provide for emergency buttons which can connect a vulnerable person to a crisis helpline or mental health professional instantly.

28.3. Provide for a mechanism whereby other users can report if they are concerned about a person who is vulnerable and at high risk of suicide based on the information presented on their social media accounts.

28.4. Conduct regular workshops with social media websites, organisations, content managers etc. on implementing guidelines for suicide prevention.

## **H. Guidelines for Providing Support to Media Professionals Reporting Suicide**

### **29. Media organisations should recognise that media professionals themselves may be affected by stories about suicide and provide support measures for the same.**

29.1. Media professionals who report suicides or are in regular contact with severely traumatized people are at risk of experiencing distress.

29.2. Media organisations have a duty of care towards staff who are covering suicide stories by providing them access to support, mentoring and professional help.

29.3. If a staff reporter shows any sign of ongoing distress, the management should offer emotional support and urge them to seek professional help.

29.4. Media organisations can also ensure support measures in the form of:

- mentoring staff
- ensuring briefing/debriefing when reporting on suicide deaths
- maintaining regular contact during the period of story development
- providing support around leadership and development

30.5 Media professionals reporting suicide should engage in self-care, stay healthy, eat well, get adequate sleep, take breaks and exercise regularly. If experiencing higher levels of stress, they should practice stress-reduction techniques regularly.

## **I. Dissemination of Media Guidelines**

30. Conduct training workshops for media professionals on implementing media guidelines on suicide reporting.

31. Host regular workshops, collaborations and consultations between media professionals, suicide prevention experts and mental health professionals.

32. Conduct training for mental health professionals, law enforcement officials, policy-makers, researchers and other stakeholders on speaking to the media regarding suicide.



## Media Guidelines for Reporting Suicide

33. Offer academic and certificate courses on suicide reporting in journalism schools for students studying journalism and mass communication.
34. Offer media fellowships for media professionals, journalists, editors, social media managers, news anchors, reporters, and other professionals to train, mentor and support them in their work on reporting on suicides and mental health issues.
35. Disseminate guidelines to all newspapers (regional, national, online and print), magazines & journals (print and online), broadcast/tv channels, media regulatory bodies (Press Council of India, News Broadcasting Standards Authority & Broadcast Editors Association) editors' guilds, press associations, social media platforms (Facebook, Twitter, Instagram, Whatsapp, Google).

## J. References

- (1) World Health Organization. Preventing suicide: A global imperative. Geneva; 2014.
- (2) Lancet T. Gender differentials and state variations in suicide deaths in India: The Global Burden of Disease Study 1990–2016. Lancet. Elsevier Ltd; 2018; 2667(18)30142-7.
- (3) Lancet T. Suicide in India: from criminalisation to compassion. Lancet. Elsevier Ltd; 2014;384(9961):2174.
- (4) World Health Organization. WHO Global Health Observatory. Suicide rates - Data by country. WHO. World Health Organization; 2012. p. 1.
- (5) Patel V, Ramasundarahettige C, Vijayakumar L, Thakur JS, Gajalakshmi V, Gururaj G, et al. Suicide mortality in India: A nationally representative survey. Lancet. Elsevier Ltd; 2012;379(9834):2343–51.
- (6) Preventing suicide: a resource for media professionals, update 2017. Geneva: World Health Organization; 2017 (WHO/MSD/MER/17.5) available at [www.who.int/mental\\_health/prevention/suicide/resource\\_media.pdf](http://www.who.int/mental_health/prevention/suicide/resource_media.pdf)
- (7) Hunter Institute of Mental Health (2014). Reporting suicide and mental illness: A Mindframe resource for media professionals. Newcastle available at [http://www.mindframe-media.info/\\_\\_data/assets/pdf\\_file/0011/9983/Mindframe-for-media-book.pdf9](http://www.mindframe-media.info/__data/assets/pdf_file/0011/9983/Mindframe-for-media-book.pdf9).
- (8) Media Guidelines for Reporting on Suicide: 2017 Update of the Canadian Psychiatric Association Policy Paper, Canadian Psychiatric Association available at <https://www.cpa-apc.org/wp-content/uploads/Media-Guidelines-Suicide-Reporting-EN-2018.pdf>.
- (9) Suicide Prevention: Information for Media Professionals, National Institute of Mental Health and Neurosciences, India available at [www.iasp.info/pdf/task\\_forces/India\\_Information\\_Media\\_Professionals.pdf](http://www.iasp.info/pdf/task_forces/India_Information_Media_Professionals.pdf).
- (10) Media Guidelines for Reporting Suicide, Samaritans available at [www.samaritans.org/media\\_guidelines](http://www.samaritans.org/media_guidelines).
- (11) Reporting on Child Suicides, SNEHA India, Chennai.

Annexure

List of Suicide Prevention Helplines

**AASRA**

104, Sunrise Arcade, Plot No. 100, Sector 16,  
Kopar Khairane, Navi Mumbai, Maharashtra 400709

**Helpline: + 91 98204 66 726**

24x7

**Connecting Trust**

2nd Floor, Atur Chambers, Above Coffee House,  
Moledina Road, Camp, Pune 411001

**Helplines: +91 99220 04 305**

**+91 992200 11 22**

(ALL DAYS, 12 PM TO 8 PM)

**Distress email: [distressmailsconnecting@gmail.com](mailto:distressmailsconnecting@gmail.com)**

