

Briefing of the Press Transcript

- Can safely and perhaps even beneficially cover the topic of suicide when you report on it. And so you are probably well aware that there are differences, and in fact, that research has shown that if suicide is reported on in a way that's frequent, sensationalized, includes graphic details of the method, pictures, locations, things like that, that there's a direct correlation with the likelihood that there will be copycat or even clusters of suicides in that same geographical location. And of course, now that we have social media, we wonder if the possibility even extends beyond geographical locale because of the nature of social media. So that type of research is not new and it's not just one or two studies, it's more than 50 research studies that have really verified that same kind of difference. And what I'll just add is that I think many of you in the field of media and journalism have also asked the right question of can we actually do good when it comes to this as a public health problem by messaging about not maybe just the suicide event, but about the issue more broadly as a public health problem and what can be done about it in all sorts of ways, but including the key message that suicide is preventable, and that if we all in our society can learn to recognize the warning signs and even maybe some of the more upstream risk factors, just like we do for cardiovascular health and other kinds of health problems, we will probably be able to not only improve our mental health as communities and in families, but possibly even save lives by allowing people to come forward without shame, or to reach out to someone you're concerned about and get them the help that they need. So there's both, there's sort of this double-sided edge to the issue of reporting on suicide, and again, it's not all bad news, that you can actually do good by reporting on things in a way that pair the message with this message of hope, prevention, and help-seeking. And I think the only other thing that perhaps I'll highlight is that just in the last year, the AP style guide put out a recommendation about reporting on suicide and they did a terrific job with it. Now this is on the heels of some years ago, AFSP and other groups that we collaborated with creating the recommendations for reporting on suicide, which I hope that you have available to you, and if not, it's on our website AFSP.org, and the AP style guide actually took it a step further and actually called out the terminology around reporting on suicide and made a specific mention of avoiding the phrase commit suicide because of its really just frankly incorrect view that casts a criminal or a shameful pejorative shadow across the issue of suicide rather than keeping it grounded in the health, mental health, and complex issue that it is in terms of the coming together of multiple factors that does create that risk for suicide. So we really celebrated that specific mention in the AP style guide and view it as kind of a landmark. So I'll close my opening comments there and open it up to Dr. Marshall.

- Hi, I'm Doreen Marshall. And first, I'm very grateful to have this opportunity to speak with you. Just to highlight a couple of things Christine said, and maybe underscore a few more, you know, the reason we want reporters to cover suicide responsibly is like Christine said, because it has the potential to do good in terms of prevention, but there's also, we want it to be safe to kind of not encourage those that might be out there reading articles and having some vulnerabilities. What

we know, and this is highlighted in our media guidelines, is that if a person sees a depiction of suicide that either is oversimplistic or even maybe sees a depiction of someone they can really relate to, it may actually encourage them in the direction of suicide. In other words, they may have this thought that, well, this person who seems a lot like me took their life, then maybe this is something that makes sense from my life too. Now that's not in isolation, of course, and that is, we are talking about people that already have other vulnerabilities, but it's a reason why we wanna be extra careful when we think about how to cover this in the media. But just to underscore again, what Christine said, there's real potential to do good as well in terms of sending a prevention message and helping people understand the complexity of suicide. Many people look at the last events in a person's life and believe that those are the things that cause suicide, but we know it's much more complex than that. And by highlighting that complexity, it gives us an opportunity for people to understand the bigger picture of suicide versus just looking at a cause and effect relationship between events in their life and the person's death. So I'm just gonna conclude with that and I guess we can take a few minutes to take some questions.

- Thank you, both. It looks like we don't have any questions right now from the audience. So I was wondering if Christine, can either one of you talk about what happened after the death of Kurt Cobain?

- Yeah, I have actually just had that on my mind to give a specific example of what it might look like in terms of the ability for reporting to do good. So there are many instances where a celebrity's death by suicide led to a clear increase in suicides by the same method in the short period of time, the weeks that followed that person's death compared to that same month of the year, for example, looking at all the previous years and then seeing a little spike up, or not a little, sometimes a lot, a big spike up. What happened after Kurt Cobain took his life is I think a combination of things that the reporters played a significant role in, and also his partner and the local mental health organizations in the Seattle area played a role in altogether. So you may recall that Courtney Love went out in public and had a sort of very emotional and gnashing of teeth version of telling the story of the tragic, tragic loss, and she was angry also, and so it was a much more gritty telling of the loss, not euphemized, not glorifying, and it's not that that piece has to be there, but that was a notable part of kind of what happened after he died. And what happened also was that a number of the local journalists got together with local mental health clinics and said, let's make it known what resources are available in the Seattle area and perhaps even a little bit beyond that, in terms of crisis lines, walk-in clinics, what do I do if my loved one is suffering or having suicidal thoughts, and they really blasted that message and not just the message of reporting on his death itself. And so there's actually an article that was written that sort of analyzed all this after the fact and found that the number of deaths in the local area by suicide were actually lower than the previous year's similar time of the year, and the number of crisis calls and visits to mental health clinics, and new visits specifically, went up. And so it's felt that that was a positive outcome in terms of it being a moment in time where people realized that maybe they aren't the only one, but that there is help available. And you know, again, the preventable aspect of suicide.

- Doreen, do you have other kind of follow up ideas or specific recommendations? Because I, in talking to reporters, I've really gained an appreciation for, in a way, the challenge that you're facing with your customary training saying, report the details, facts, pictures are good when it's a headline story, all that, and in this case, it's sort of like different rules apply.

- Yeah. I mean, I would just add that, if you think about what might draw a vulnerable person to a story, things like having the word suicide in the headline for example, might draw someone who's vulnerable to that particular story. You know, I think just to be mindful of that, that among your readership there are individuals who are likely struggling and many of whom may have had thoughts of suicide, and so thinking about a way to portray it accurately, but without the kind of what I think of is seductive detail that someone who's vulnerable might be drawn into a story they might not otherwise even look at. You know, I think the other thing I would just add in terms of examples that I've seen that maybe have raised some caution are ones that mention a specific location in great detail or a specific method in great detail. You know, ones that have or include information about a note if it was available, those kinds of things tend to be a little bit more problematic for people who are vulnerable.

- Thank you, Doreen, we have a question from someone in the Dallas area. "How important is it to talk about suicide following a public incident and how should we frame those conversations? And is there a point where it's too much?" Christine?

- Yeah. That's a really great question because the general guideline that we think is important is that consider suicide a health event. So for example, you wouldn't cover an average citizen's death by heart attack or some other cause of death. Now, when it's a public incident, then you might wanna cover it. You probably wouldn't if it were somebody who had a heart attack in public and it created, drew some attention for whatever reason, but so I think as general guidelines, I would actually say, think about it in those terms. If it's death by another health-related cause of death, how would you handle it? And then if the answer is we would report on it because it created a level of public, again, attention that it warrants that, then in that case, I think you then report on it, but handle it with great care. So the things to avoid are probably fairly obvious, but when coverage gets very sensationalized, and sometimes we've seen that where even live reporting of somebody who's in the act of a suicide attempt, that tends to be very charged and sensationalized just by the nature of the real-time kind of coverage so I think that is to be avoided. Again, thinking about what Doreen said, that for that vulnerable person, that level of emotionality and graphic detail, location is just it's overboard, it's probably not necessary, and again, can do harm. Doreen, other thoughts about that?

- Yeah, I would just add that if you think about, one other thing that I think is important to make sure in terms of framing the story that you don't depict suicide as being more common than it actually is. I think there can be a tendency, particularly if you've heard of more than one death within your community, to wanna kind of connect the dots and make this look like a more prevalent problem than it might actually be depending on the situation. And I think that's the other just word of advice I would give in terms of framing it, is to not make it look like it's something that's happening everywhere or

without warning. And sometimes I think when people get kind of snippets of information, they can draw that conclusion, so trying to guard against that sense of this is happening everywhere, all the time, or happening without warning.

- Thank you, Doreen. I have the next question is from a reporter who covers military healthcare and medicine. She's saying the Defense Department, sorry. She reports on the Defense Department releases figures quite often about suicide, and she sometimes gets criticism for following the numbers so closely, but this is an issue among military and veterans. Any guidance from you about reporting on data?

- Well, it's actually, we wish we had more real time data like the DOD provides, so that's in a way for the field to have that, because what it means is you can track it as the true public health issue that it is, and also have a way to have better potential measures of whether your prevention programs and interventions are making a difference, and out in the larger world, of course, that's a major issue where we're kind of always looking behind in terms of the data, but forging forward in terms of our prevention and intervention. In terms of the reporting on it, I think it could be done in a way that's very constructive and isn't sensationalized. I think maybe just the level of frequency would be the one thing I would look at, because if it's very frequent, there's this fine line between normalizing help-seeking and normalizing and taking the shame out of challenges, including mental health problems, that many, many, I would venture to say the majority of Americans face, whether they're mental health disorders or whether they're mental health issues, stress-related issues, and then all of the many challenges psycho-socially that we face, financial, job-related, health, other health related. So normalizing that and normalizing help-seeking, proactive reaching out as strong and smart. There's that, but then on the other side of it, there is a caution I feel about messaging about suicide, again, as a standalone topic. When it's paired with those help-seeking and hopeful messages, I think it's all good, but when it's standalone just reporting on the rates of suicide, I do think there is some danger in doing that very frequently because it doesn't pair it with the whole context about what can be done about it, and again, for many that may just give the message that it's on the rise, that it's far more frequent than it is, or that there's no help or hope available.

- Thank you very much, Christine. Doreen, we got a question. We have someone asking about what we thought of the media coverage after Robin Williams died. Would you mind talking about that for a little bit and then Christine can also jump in when you're done.

- Yeah, I would say, you know, we saw many examples of very good coverage following Robin Williams' death, certainly I think those of us that have been working in suicide prevention for a long time saw many pleasant surprises in terms of how well it was covered. I think perhaps the one caveat I would say, or the one thing that if I could go back and advise differently, in the initial press conference, there was a little bit more detail provided about the manner of death. I believe it might've been even from one of the officers that responded. And some of that made its way into news stories and I think in hindsight, if there was a way for that not to have happened, that would have been better because it kind of goes against what we're talking about in terms of providing graphic detail. In that first press conference there was quite a bit of graphic

detail that was mentioned. The only other thing that I've seen that raised kind of a concern was I did see some stories that seemed to look to draw a kind of simple cause and effect link between his death and what they saw as the reason for his death. So you saw some stories that focused very heavily on the brain illness that he was diagnosed with and didn't talk at all about any of his history of mental health concerns or substance use. So, you know, those being the exceptions, I think overall we saw pretty good reporting coverage of Robin Williams' death. Would you agree, Christine?

- Yeah, it was a mixture as it almost always is, but the ratio of reporters having a real concern about doing it well and safely was just tremendously more than we had seen previously, and I actually think that that trend has actually continued in large part. There were a couple other little things that happened that, you know, a couple stories did sort of the old stuff with like Doreen said, looking at a single cause and effect, which is not correct about suicide. Also there were some really bad ones that used the word cowardly or were so focused on the circumstances of his life and his fame, and would ask the question that if someone like him, he had everything and so many resources available to him, and so it just was sort of like this unanswered question of how bizarre that is, and those stories just don't provide the right sort of framework for moving us forward with the issue of suicide. The one other thing that got going on social media was a depiction of Robin Williams in, oh gosh, the Disney movie

- "Aladdin."

- where he plays the genie, "Aladdin," thank you. And where the words were, gosh, it was a line that the genie actually said.

- "Genie, you are free."

- Right, right. So it was, you know, I'm sure it was like so many times after suicide there's, of course, we wanna have a sense of wishing the person and their family well, but that message went a little viral for a period of time and it was too euphemistic, too positive a portrayal of kind of off into the sunset after a suicide, and that's just not, it's not accurate and it's potentially dangerous in terms of the vulnerable population who are distressed and in pain. So those were the, again, in my experience, were the couple of exceptions, but we were kind of blown away by the caring aspect of wanting to do it well and do it right after Robin Williams died.

- Thank you. Thank you, Christine. The next one I'd like to direct to Doreen. Would you please comment on stories that looked at loved ones who dealt with and are grieving from someone's suicide? Are there ways to report from that perspective and frame the loved ones' experiences?

- I think that's a great question. You know, certainly the stories of loss survivors not only are really powerful, but also can share a lot with the general public about the experience of suicide grief. I think that some of the same cautions apply. So for example, if you were covering a story on a suicide loss and the loss survivor shares a lot of detail about the death, the method, those sorts of things, you know, I probably would not include as much of that for the very same reasons. I think the other thing is that you want these stories to be hopeful portrayals of survival for those other people that may read them. One of the things that we know is that suicide loss survivors are at a higher risk for suicide themselves following a suicide loss. So knowing that those may be the individuals that are drawn to read those stories as well, you want them to portray kind of a hopeful perspective on moving through their grief and on getting help if needed.

- Thanks very much, Doreen. So I think those are all the questions that we have today. Thank you all very much for your time. We really appreciate your caring so much about this really important issue and if you have any questions after the call, my phone number again is 347-826-3577, and that concludes today's call. Thank you.

- Thanks, everyone.

- Thanks.