Guidelines for Reporting on Suicide

AFSP advises media to follow these safe reporting guidelines as a matter of public health to safeguard vulnerable people in society who are at risk for suicide. These guidelines are based on substantive research that has shown that safe and supportive coverage about suicide can positively deepen the public’s knowledge related to suicide and mitigate suicide contagion which unsafe reporting can exacerbate. AFSP is available for consultation on related questions at pr@afsp.org. You can also consult the Associated Press Style Book entry on “Suicide” for similar guidance.

1. **Language:** Do not refer to a suicide attempt as “successful,” “unsuccessful” or as a “failed attempt,” and do not use the word “committed.” Instead, use “attempted suicide,” “made an attempt,” “died by suicide” or “took his/her life.”

2. **Sensationalizing:** Inform the audience without sensationalizing the suicide. This means excluding images or graphic depictions of a suicide death, such as details, notes, and location of death, and not mentioning the method used which research has shown increases risk of contagion. Instead focus on the lived life, any mental health or general struggles they had been public about, as well as positive aspects of the individual. If the story is centered on the method such as firearms or bridges, care should be taken to not describe how death occurs through it.

3. **Causes:** Avoid reporting that a suicide death was caused by a single event, such as a job loss or divorce, since research shows no one takes their life for a single reason, but rather a combination of factors. Reporting a “cause” leaves the public with an overly simplistic and misleading understanding of suicide, and promotes the myth that suicide is the direct result of circumstances and is not preventable.

4. **Placement:** Do not feature suicide stories on front pages of newspapers or main landing pages of online media and do not mention the word “suicide” or method in the headline or in the opening paragraphs of stories. This applies to broadcast. Prominent placement of the word suicide and method has shown to lead to contagion (or copycat suicides).

5. **Magnitude:** Research shows suicide is a complex health issue. Therefore, especially when the individual has been open about experiencing a mental health condition, it is helpful to frame the death in terms of a tragic health outcome. Do not refer to suicide as an “epidemic,” or “skyrocketing” as this has shown to cause contagion. When referencing suicide as a “leading cause of death,” include the most recent rates to ground people in facts.

6. **Hope and Help:** Show that help is available and recovery is possible. Include hopeful messages for the public that support and treatment – including therapy and medications – is available for mental health conditions. Always provide helpline information – “If you are in crisis, please call, text or chat with the Suicide and Crisis Lifeline at 988, or contact the Crisis Text Line by texting TALK to 741741.”

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7. **Interviews:** Avoid interviewing suicide loss survivors in the immediate aftermath of the loss. It is recommended that they be at least two years removed from their loss to ensure they can tell their story in an empowered manner. Survivors of loss who are emotional and showing distress can negatively affect others who are vulnerable to suicide or are survivors of suicide loss.

8. **Celebrities:** Report on celebrity or people of note suicides with caution. Glamorizing suicide deaths may inadvertently glorify suicidal behavior and present suicide as a normalized solution to pain or distress. When possible, include the celebrity's struggles, health, or mental health experiences as a way to emphasize the fact that all humans have mental health and can struggle. Avoid speculation when the cause of death is unknown.

9. **Social Media:** Orygen developed social media guidelines for communities and for youth. Additionally, AFSP Chief Medical Officer Dr. Moutier, with other experts, outlined guidance that builds on current guidelines and includes providing content warnings, not sharing news stories that do not adhere to safe reporting guidelines, and monitoring replies.

10. **Images:** Under no circumstances should photographs or video of the scene of the suicide — including images of the deceased or notes — or the location be featured in news coverage. Research shows these can trigger suicidal behavior in vulnerable people. Additionally, care should be taken to not use any imagery that portrays subjects in sadness or pain as these can exacerbate feelings of hopelessness in those exposed to them.

For more information on reporting on suicide, including research that supports these guidelines, visit [http://reportingonsuicide.org](http://reportingonsuicide.org)