

# MEDIA GUIDELINES FOR THE RESPONSIBLE REPORTING OF MENTAL ILLNESS AND SUICIDE



Co-Developed  
by the Journalists  
Association  
of Bhutan  
and the Ministry  
of Health



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The role of these guidelines is to inform the journalist community in Bhutan about the responsible reporting of mental illness and suicide in our communities. These guidelines ensure responsible reporting, which includes the principles of sensitivity and realistic portrayals of mental illness and suicide. The media can provide information to a large number of individuals in an easily accessible format and it is acknowledged these topics can be challenging to cover.

The role of media in reporting on mental illness and suicide is to:

- identify strengths and challenges in existing support services,
- educate the public on signs and symptoms of mental illness or suicidal ideation,
- create awareness of available services, and
- encourage help-seeking behaviour.

Further, guidelines limit suicide contagion. Contagion is the exposure to suicide or suicidal behaviors through media reports of suicide. Direct and indirect exposure to suicidal behavior has been shown to precede an increase in suicidal behavior in persons at risk for suicide, especially in adolescents and young adults [1]. Please see Page 3 for more information.

The goal of these guidelines is to foster accountability to improve services in the community while helping community members to make informed decisions about their mental health and promote self-help and self-care strategies for maintaining wellness. People reporting on mental health and suicide have the power to change public perspectives, reduce prejudice and discrimination around mental illness and suicide, and save lives [2].

Media has the reach and trust of the larger population and the power to influence not only community member belief and behaviour, but also health policy on a larger scale. The journalistic community is in a unique position to tell stories that make a positive difference and to link the community with support services. Through the provision of accurate information and contact details, the media can provide those vulnerable to mental illness, suicidal ideation and their friends and family the tools to intervene and therefore encourage early intervention and prevent future lives lost to suicide.

The following provides recommendations for the reporting of mental illness and suicide to ensure more stories include safe and effective messaging and acts as an informative and health promotion piece. This is not to limit press freedom, rather to serve as a template for standardised reporting and messaging regarding mental illness and suicide.

1

Give privacy to the subject and their family. Obtain consent to use stories and pictures.

2

Use preferred language.

For suicide use "died by suicide" or "took his/her own life;" not "committed suicide".

For mental health, avoid use of 'crazy', 'choe-lo' or 'psycho'.

3

Avoid language which sensationalizes, glamorises or normalizes suicide, or presents it as a solution to problems.

4

Consider whether mental illness relevant to this story? Does it need to be reported? Similarly, not all cases of suicide need to be reported.

5

Avoid prominent placement and undue repetition of stories about suicide.

6

For suicide - do not include method, location, contents of the suicide note (if any), the incident immediately preceding the suicide or photos from the scene.

7

Indicate that suicide is always caused by multiple factors and avoid focussing on recent stressors. Convey that mental illness or suicidal thoughts and behaviors are not weaknesses or flaws and can be treated with support.

8

Focus on life of the person rather than the illness or their death. Tell stories of hope and recovery.

9

Take the opportunity to educate the public about mental illness and suicide. Include signs and symptoms and provide information about where to seek help.

10

When reporting get your facts correct. Ensure all links contain reliable information, talk to the right people and speak with experts as necessary.



# CONTAGION

Research continues to demonstrate that vulnerable young people are susceptible to the influence of reports and portrayals of suicide in the mass media [4].

Exposure to such reporting can produce an effect known as contagion which can be viewed through the lens of social learning theory (that is, most human behaviour is learned through modelling). A number of suicide cases occurring within an accelerated timeframe or in a defined geographical area is known as a cluster [5].

Contagion is of particular concern for those vulnerable to suicidal behaviour, including those who are struggling, who have suicidal ideation or are highly suggestable. In order to minimise the effects of contagion, it is essential media reports:

- Are factual and concise,
- Avoid reporting on the means used in the suicide and the location. This is to reduce spreading knowledge of ways to take your life and places where others are unlikely to be able to intervene,
- Avoid printing the content of any notes found. This is to reduce the relatability of the deceased, 'they were struggling with the same things I am' thereby providing the idea suicide is an answer to one's problems,
- Use images (if images are used) that show the individual who died by suicide engaging in life rather than clutching his/her/their head, depressed and/or dishevelled [2].

Limit repetitive reports, prolonged exposure can increase the likelihood of contagion [2].

Talking about suicide will not encourage someone to act upon suicidal ideation, media reports have the power to demystify and encourage help-seeking and this should be the focus of the report.



# KEY CONCEPTS

## Language

Be aware of the choice of words and make sure not to use vulgar or aggressive words to relate to suicide or mental illness eg: commit, crazy, psycho, mental or choe-lo.

Do not dramatize or sensationalise mental illness. People who have mental illnesses are more than just their illness, tell the whole story.

## Contagion

Be aware of contagion. Do not publicize suicide in such a way that vulnerable readers/viewers may find relatable to their situation. For example, if the suicide is reported as being due to a relationship break-up, those going through relationship problems may view suicide as a solution. The reasons for suicide are complex and there is usually more than one contributing factor. Be sure to relay suicide is preventable and help is available.

## Be aware of what is reported

Ask consent of the interviewees to use their story and/or pictures. Do not exploit their privacy, remember that what is written or reported about them might increase their anxiety and leave them feeling exposed.

Be mindful of reinforcing common stereotypes and avoid myths regarding suicide or mental illness when reporting. One common myth is that all people with mental illness are dangerous and aggressive. The truth is people with mental illnesses are far more likely to be victims of crime than to perpetrate it.

Present mental illness only when relevant to the story. Does it really need to be mentioned? Is it portrayed in a hopeful way or a stigmatising one?

Do not make assumptions about the person's illness, know the facts and report when you know the 100% truth. Similarly, do not believe everything you see on social media.



# KEY CONCEPTS

## Educate

Spread awareness of early warning signs and symptoms (see Page 8) of mental illness and suicide. Educate the public about what to look for, how to intervene and where to seek help.

**ALWAYS** include emergency contact details - Health Help Center on 112.

## Seek expert advice

Seek expert opinions to direct help seekers where to go when they need consultation or support. Experts can also help ensure the correct terminology is used and can provide further information on an illness or best intervention. Get as many sources as you can for different perspectives.

## Use of Pictures

We imitate what we see on screen/in print. Choose pictures that don't trigger suicidal behaviour or relate an increase in suicidal behaviours.

Avoid using depressed pictures to represent mental illness. Not all people who are struggling with their mental health look depressed. Present mental health as something that can affect anyone, and is treatable with help.

Head to <https://www.time-to-change.org.uk/media-centre/responsible-reporting/using-images/get-picture-campaign> for ideas and suggestions.

"I still believe that if your aim is to change the world, journalism is a more immediate short-term weapon."

TOM STOPPARD

## TELLING THE STORY

Rather than focussing on the mental illness or suicide itself, share stories of past cases, positive stories, where people who sought help recovered. In this way those who are suffering start to seek help for themselves. Be sympathetic and objective while writing a story in order to get responses from the readers. Focus more about the subject rather than presenting facts and figures.

Educate the public on signs and symptoms of mental illness or suicide. Promote help-seeking behaviour and for readers or viewers who are mentally distressed, **ALWAYS** include information about where to seek help.

**Provide the message:**  
help is out there, mental illness is treatable, suicide is preventable.

Include expert's take on the story and seek expert advice or input regarding mental health/suicide.

Use proper terminology and destigmatising language. If you're not sure about correct terminology or language, seek expert advice.

Respect privacy - Be considerate of the family and friends of someone who has lost their life to suicide during a very distressing period in their lives. If reporting on mental illness, obtain consent of the interviewee and be aware of negative impacts on them and their family from the story.

NORMALISE HELP-SEEKING, MENTAL HEALTH AND STRESS RELATED ISSUES.  
ENCOURAGE PEOPLE TO COME FORWARD WITHOUT SHAME OR JUDGEMENT,  
SUPPORT THE COMMUNITY TO REACH OUT. SEND THE MESSAGE THAT SEEKING  
HELP AND SUPPORT IS STRONG AND SMART, IT'S NOT WEAK TO SPEAK.





## DO

- Emphasise that that suicide is preventable and mental illness is treatable.
- Create awareness - include the information on warning signs, encourage people to talk to someone who may be at risk, how to increase coping skills and to seek help by including helpline numbers and local health facility details.
- Convey suicide as a complex issue.
- Use factual and accurate language and the correct terminology.
- Discuss suicide as public health concern, not as a crime.
- Seek advice from mental health or suicide prevention experts and talk to stakeholders.
- Include stories of hope and recovery.
- Protect the privacy of those in the story/report.

## DON'T

- Use big sensationalised headings or glorify suicide or mental illness.
- Publish on the front page.
- Stigmatise or discriminate against someone who is mentally unwell or lost their life to suicide. It may result in stigma for other members of the community who are struggling.
- Oversimplify the causes – don't pinpoint things like failed relationship or alcohol as the reason someone took their life.
- Use terminology like psycho, choe-lo, crack to describe someone with a mental illness.
- Use the term 'commit suicide'. The word commit connotes criminal activity rather than a mental health issue. Use "died by suicide", "killed him/herself" or "lost their life to suicide".
- Depict suicide as being more common than it is.
- Judge the deceased or his/her situation 'he had it all going for him' or imply that suicide was effective in achieving a personal goal such as gaining media attention or as a solution to life problems.
- Include the method of suicide, details of where, use images from the scene or messages from the suicide note (if there was one). Don't disclose the identity of the deceased.

# INFORMATION ABOUT EARLY WARNING SIGNS AND WHAT TO DO

Use this information to raise awareness, encourage support for others and help-seeking.

## MENTAL HEALTH

### EARLY WARNING SIGNS

- If someone is acting like a very different person, or not acting or feeling like themselves
- Feeling more anxious, angry or moody than usual
- Social withdrawal and isolation
- Lack of care for self
- Taking lots of risks, like they don't care
- Sense of hopelessness
- Feeling overwhelmed
- Increasing the use of alcohol or drugs
- Sleeping too little or too much
- Not eating

### WHAT TO DO

- Let the person know you're concerned about them
- Listen to their concerns without judgement
- Help them get back into life by doing things they enjoy
- Support them to seek help from a health worker or counsellor
- Call the Health Help Center on 112
- If you're very worried about the person, take them to the BHU or hospital

## SUICIDE

### EARLY WARNING SIGNS

- Talking or writing about suicide or wanting to hurt themselves
- Giving away possessions to others
- Talking about having no hope for the future
- Talking about feeling trapped or being in unbearable pain
- Talking about being a burden to others, that people would be better off without them
- Increasing the use of alcohol or drugs
- Acting anxious, agitated, or reckless
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

### WHAT TO DO

- Let the person know you're concerned about them
  - Listen to their concerns without judgement
- If you're worried they will hurt themselves now:**
- Do not leave the person alone
  - Remove sharp objects, hanging implements, drugs/alcohol or anything someone could use to harm themselves
  - Seek support from the Health Help Center (112), health worker or take the person to the BHU or hospital





# CITATIONS

[1] What does "suicide contagion" mean, and what can be done to prevent it?

Available on: <https://www.hhs.gov/answers/mental-health-and-substance-abuse/what-does-suicide-contagion-mean/index.html>

[2] American Association of Suicidology. Suicide Reporting Recommendations

(2018). Available on: <https://www.suicidology.org/Resources/Recommendations-for-Reporting-on-Suicide>

[3] World Health Organization (2008). Preventing suicide: a resource for media professionals. Available on:

[http://www.who.int/mental\\_health/prevention/suicide/resource\\_media.pdf](http://www.who.int/mental_health/prevention/suicide/resource_media.pdf)

[4] Gould, M., Jamieson, P., & Romer, D. (2003). Media contagion and suicide among the young. *American Behavioral Scientist*, 46, 1269-1284.

[5] Suicide Contagion & Suicide Clusters By Robert Olson, Librarian, BA, MLIS.

Available on: <https://www.suicideinfo.ca/resource/suicidecontagion/>

[6] Suicide Awareness voices of education, 2019, Warning Signs of Suicide

<https://save.org/about-suicide/warning-signs-risk-factors-protective-factors/>

# RESOURCES

World Health Organisation. Preventing Suicide: a resource for media professionals.

American Association of Suicidology. Suicide Reporting Recommendations.

European Regions Enforcing Actions Against Suicide: Suicide Prevention Toolkit for Media Professionals.

American Foundation of Suicide Prevention. Audio recording "Briefing for the Press on How to Report on Suicide" <https://afsp.org/briefing-press-report-suicide/>





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