



THE HONG KONG JOCKEY CLUB
Centre for Suicide Research
and Prevention
THE UNIVERSITY OF HONG KONG
香港大學香港賽馬會防止自殺研究中心



Recommendations on
SUICIDE 
Reporting and Online
Information Dissemination
for Media Professionals

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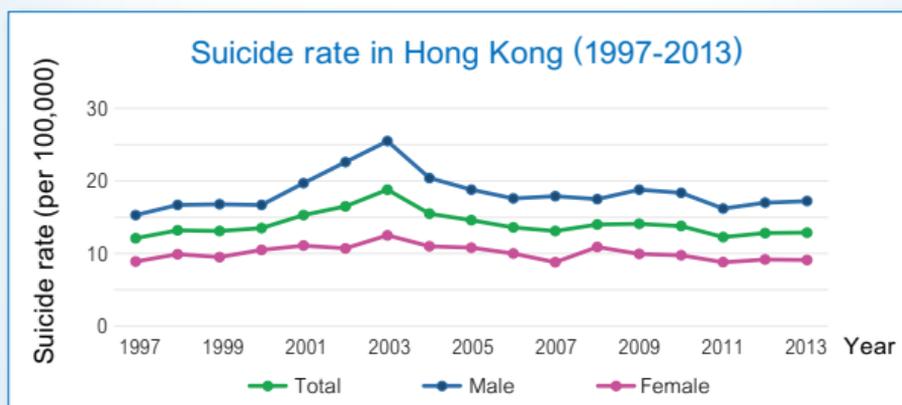
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Suicide in Hong Kong and Its Relationship with the Media

The World Health Organization (WHO) published its first global report on suicide prevention in 2014. The report stated that on average more than 800,000 people worldwide die by suicide every year. The amount of suicide deaths is more than those from war, homicide, and other violence combined¹. In view of this alarming trend, the WHO is calling on all local governments to include suicide prevention as a priority in their public health strategy to bring concerted efforts from across societies to promote better mental health and suicide prevention.

Based on the data from the Coroners' Court and analysis by the Centre for Suicide Research and Prevention (CSRP), about 900 people died by suicide in Hong Kong in 2013. There has been a decreasing trend observed in suicide rates in the city in the past decade. After peaking at 25.0 per 100,000 persons in 2003 (Figure 1), the latest incidence rate in 2013 is 12.9 per 100,000 persons. After adjusting to proportions of age-groups in a WHO standard population, the age-standardized suicide rate is 9.4 per 100,000 persons in Hong Kong in 2012. This is slightly lower than the global age-standardized suicide rate in the same year at 11.4 per 100,000 persons¹.

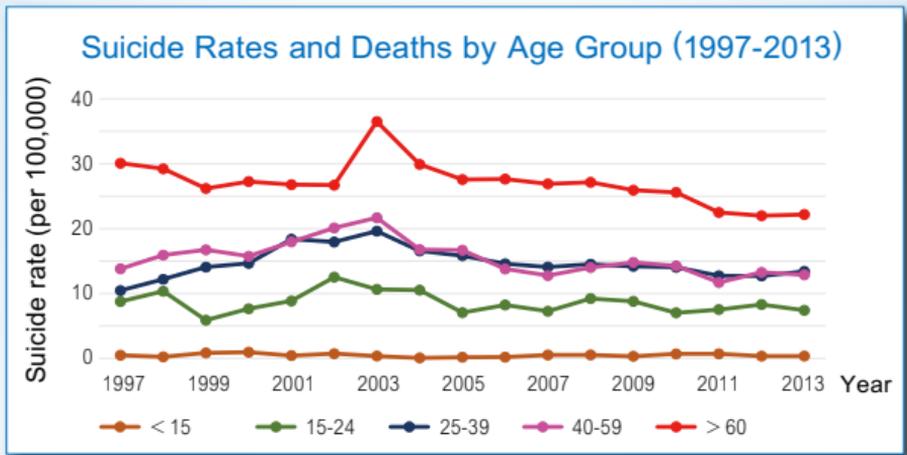
Figure 1:



In Hong Kong, higher suicide rates are observed among the elderly. Although rates in the group aged 60 and above have been decreasing in recent years, they continue to be higher when compared to the overall suicide rates in Hong Kong (about 22.2 per 100,000 elderly died by suicide in 2013). This calls for more resources to be allocated in services for the elderly to improve the well-being of this group. On the other hand, suicide rates among youth are consistently lower than those reported in other age groups (Figure 2). However,

due to the rarity of deaths in this group, suicides occurred among youth often attract media attention. The impact of media coverage on youth can be concerning as there is evidence that young people are more likely than older people to be affected by media and imitate sensationally portrayed stories.

Figure 2:



Causes of suicide are far from simple. Given this complexity, suicide prevention strategies need to be designed in a way that covers a wide-ranging basis, like one with a public health approach. It is not only critical to provide psychiatric treatment and support for high-risk groups, but also important to educate the public in seeking assistance in face of difficulties and avoiding attempts of self-harm out of despair. It is also helpful to minimize exposure to pro-suicide information in the general public to mitigate risks of triggering the act. Both traditional and online media play a vital role in this regard. **Appropriate media coverage can enhance public awareness of suicide prevention and can facilitate proper allocation of social resources. In contrast, inappropriate reporting on suicide, such as coverage involving a new suicide method, can lead to a “copycat” effect among vulnerable groups.** There has been an increase in academic research on the “copycat” effect of suicides in recent years. All study results point to a positive association between excessive media coverage on suicide and engagement in imitative behaviours.

In an effort to support and promote appropriate media coverage on suicide, the CSRP published the “Suicide and the Media: Recommendations on Suicide Reporting for Media Professionals” in 2004. Findings in an academic article published by the Centre in 2008 demonstrated that the incidence of

suicide news appearing as headlines and the usage of bloody and violence pictures have been reduced since the publication of the guidelines, indicating that recommendations designed specifically for media professionals can improve their news writing style². Since then, CSRP has worked closely with the Hong Kong media to collect feedback on the use of this handbook; and this regular working relationship has evolved steadily in the past decade into a solid partnership with the shared mission to promote better societal well-being in Hong Kong. After a decade, CSRP is releasing a revised and updated version of the handbook. This new version reflects not only the feedback collected through many conversations and focus-groups with media professionals on the 2004 version, but also their suggestions on how media could better support suicide prevention. Additionally, CSRP has also systematically reviewed media guidelines from other countries on reporting news of suicides including those published online, and has added elements from the review in the handbook as appropriate. The CSRP is confident that this updated version will better meet the needs of media professionals when they encounter news or information involving suicides, and guide them in representing such content appropriately through both traditional and online media.

This updated version would not have been possible without the valuable comments and suggestions from the dedicated colleagues in Hong Kong media. Special thanks to Dr. Shu-Sen Chang, Assistant Professor at the Institute of Health Policy and Management, and Department of Public Health, College of Public Health, National Taiwan University, and Dr. King-Wah Fu, Associate Professor at the Journalism and Media Studies Centre, The University of Hong Kong for their long-term support. We hope its publication will reinforce and sustain our partnership with the media professionals for a better Hong Kong.

For more details and suggestion, please feel free to contact the CSRP by: csrp@hku.hk

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The Principles for Reporting on Suicide

Most media professionals around the world honour the Code of Ethics created by the Society of Professional Journalists. Its main mantra, "Seek truth and report it!", and "Minimize harm"³, along with mottos, like "Don't be evil"⁴ by one of the largest Internet company in the world can all be the bases of principles for supporting efforts in suicide prevention among media professionals and providers of contents on the web.

1. Protect privacy and consider the risks borne by vulnerable individuals

- Media professionals should do all they can to minimize the negative impact of suicide reporting on involved parties in terms of both stigma and psychological suffering.
 - ✧ Respect the privacy of those who attempted or died by suicides and their families to ensure the reporting does not add to the pain they are already experiencing⁵.
 - ✧ Avoid highlighting in media coverage the addresses or memberships of communities (including those online) of the victims as this may lead to stigmatization of neighbourhoods or communities⁶.
- Media professionals should always show caring attitudes and practice active listening when interviewing victims of attempted suicides and their families, or families of suicide victims. This is the best way to provide support for those in distress⁷. Pay attention to the status of psychological well-being of the interviewees and refer them to suitable social workers, psychiatrists or other professionals when needed.
 - ✧ When talking to people who suffer from severe depression or are experiencing hardship, avoid providing any direct advice or comments (even when the advice or comments are positive) as they may not be psychologically fit to receive any advice or comments. Instead, media professionals are encouraged to provide active listening and show caring attitudes in these situations.
 - ✧ Avoid badgering or paying unannounced visits to those who attempted self-harm and the families and friends of the victims as such behaviours may cause further distress⁵.



2. Take the opportunity to educate the public about mental health and suicide prevention

- Provide information on warning signs associated with suicide cases reported to increase public awareness about detection of suicidal ideations and provision of timely support⁵.
- Include in news reports available supports and services for dealing with suicidal ideation and behaviours (e.g., helpline numbers) and where appropriate make references to professional opinions on reported cases by mental health service providers, such as social workers, psychologists, and those from suicide prevention organizations⁵.
- Make an effort to provide descriptive and contact information in news reports on psychiatric rehabilitation services, and other counselling and community support services, to help those who have similar experiences as the cases reported⁵.
- Present quotes that inspire readers to give life a second chance and share success stories on overcoming suicidal ideation, to counterbalance the negativity potentially brought by coverage on suicide stories.

3. Practice self-care in the community of media professionals

- Media profession is one that comes with a tremendous amount of stress. Media organizations are encouraged to establish employee assistance programmes to better support employees in maintaining good mental health either through on-site counselling services or referrals.
- To prevent burnout, media professionals and their unions are recommended to advocate a healthy working environment and instill concepts of shift work for those jobs with long hours in their organizations. Colleagues should also support each other to prevent burnout from excessive pressure of the job.
- Media organizations should consider covering topics on mental well-being (including suicide prevention) in staff training to raise awareness on mental health and to equip staff with proper tools to practice responsible reporting when covering suicide stories.
- Media professionals are reminded to safeguard their own well-being when covering a story. Beware of their own emotions and seek help from relevant professional services if needed^{9,10}.



Recommendation on Suicide Reporting

1. Selective Reporting and Editorial Considerations

- Assess whether reporting the suicide story is clearly in the public interest. It can be helpful to consult with experts for advice about the impacts of reporting a specific case.
- Avoid prominent or excessive coverage of suicide news
 - ✧ Do not place suicide stories on the front page of newspapers unless it is in the public interest to do so⁵. Also avoid big or sensationalistic headlines, or prominent placements for stories of suicides⁵.
 - ✧ Avoid glamorizing or romanticizing suicide stories of celebrities. Celebrities are often idolized by the public, especially the youth group. Their self-harm behaviours and deaths by suicides may set a bad example for youth to follow and start a copycat effect⁵.
- Avoid highlighting methods used or the reasons in a suicide story in the headline
- Avoid reprinting old suicide cases or comparing current suicide news to previous ones.
- Recommended use of suicide-related terms⁹

	NOT recommended ×	Recommended ✓
Suicide	commit suicide; jump into one' s death; successful suicide; completed suicide	kill oneself; die from suicide; death by suicide
Self-harm	deliberate self-harm; self-destruction	self-injury
Suicide attempted	unsuccessful suicide; failed suicide	attempted suicide; suicide ideation

2. Contents of Coverage

- Avoid detailed and explicit description of the method used and the process of a completed suicide, such as ways of obtaining tools to assist the act of suicide⁵.
- Avoid glamourizing, romanticizing, or glorifying suicidal deaths or attempts in any way⁵.
- Avoid mentioning suicide as a solution to problems⁵.
- Avoid speculating or oversimplifying the cause behind suicidal deaths⁵.
- Avoid exaggerating, judging, or sympathizing with suicidal behaviours or deaths.
- Avoid publishing suicide notes⁹.
- Avoid explaining suicide news in ways of “feng shui” or metaphysics.

3. Images and Videos

- Be mindful that the reach of media coverage may include children and adolescents. Any images or videos that involve blood, violence, or indecency should not be published⁵.
- Avoid including portrait images of those who died by or attempted suicides in news coverage. If it is in the public interest to release such images, make sure the face of the person in the images are blurred to protect privacy and anonymity⁵.
- Avoid showing images of sites of suicides, or using an arrow to pinpoint exact locations, and labelling them as “hotspots”¹⁰.
- Refrain from using staged images or videos to add details to cases of suicide, such as the method used, the specific setting, and the speculated reasons^{5,11}.



4. Websites



- Avoid showing suicide news on the home page or in a headline of the website.
- On the page of suicide news, avoid providing linkages to web pages that feature other suicide stories. Instead, sharing linkages to websites of organizations for suicide prevention and mental health promotion on the page is recommended^{11,12}.
- Avoid uploads of suicide-related animation.
- Extra caution should be directed to the readers' comments related to suicide news. It is recommended that media professionals monitor the comment section to avoid cyberbullying and invasion of privacy. Verbal attacks could often lead to uncontrollable damage among vulnerable groups.
- Discoveries of any of the aforementioned inappropriate contents on the web should be responded with immediate removal of such contents to prevent further access by vulnerable individuals.

5. Search Engines

- When suicide-related keywords are used in searches on the web, it is recommended that crisis helpline information, websites for suicide prevention organizations, and survival guides be displayed prominently on the pages of search results.
- When suicide-related keywords are typed into the search box, it is recommended that no related search terms, especially those referring to self-harm or suicide, be prompted to help formulate further searches.

6. Social Media

- In discovery of suicide-related contents on social media platforms, suggestive referrals to professionals from suicide prevention organizations should be included in the responses to facilitate process of help-seeking for those who are in distress and their family members and friends¹².
- Forums should avoid discussions on suicide methods, locations, or forming suicide pacts.
- Use hashtags to encourage those in need to seek help from mental health professionals¹².
- Beware of cyberbullying and exercise prevention practice as many of the victims from cyberbullying are in the high risk group of suicides.
- Social media groups should consider providing their users with general guidelines on proper use of the medium, raise awareness on signs of depression and suicide ideation, and educate on appropriate responses in situations of distress.

❖ Case Review

The CSRP has been monitoring the reporting on suicide cases in all major media outlets in Hong Kong including newspapers and the Internet. Many of these reports do well in some aspects of responsible reporting but show room for improvement in others. In addition to updating and revising the guidelines, the Centre selected a range of cases collected in its process of monitoring and provided critiques on them. The Centre hopes that these case reviews can better inform media professionals about responsible reporting. These case reviews can be accessed through the Centre's website, <http://csrp.hku.hk/media>.

The cases include but are not limited to:

- Reports of new suicide methods;
 - Reports of successive suicides;
 - Reports of suicide problems in specific populations;
 - Reports of families and friends bereaved by suicides;
 - Reports of individuals who adopted coping strategies other than suicidal behaviour in adverse circumstances;
 - Promotion of help-seeking;
 - Online content that can help facilitate suicide prevention efforts.
- ❖ Please visit the CSRP website for further suggestions from the WHO on **“What to do & What not to do”** : <http://csrp.hku.hk/media>

Frequently Asked Questions¹³⁻²²

1. Can interviewing people who have attempted suicide facilitate prevention?

It depends on who is telling the story and how it is told. If the interview was done with an adult who attempted suicide, it may be helpful for him/her to share the change in emotions in the process, how s/he managed to overcome the overwhelming emotions, and the process of getting help. This brings a positive focus in the story told. In contrast, interviewing youngsters who attempted suicide could present a wrong message to fellow youth audience that suicide is a way to draw public attention.

2. Would people become suicidal just by reading about suicide?

There is no reason to believe that someone who is not suicidal can become so by reading a news story. Our concern is that someone who is suicidal may be stimulated to act or learn a new suicide method by the nature of what is read. Those who work for the media might feel that the press should report suicide. What the recommendations convey is that there are responsible and helpful ways of doing so that minimize risk.

3. If someone is going to attempt suicide, can media reporting change their mind?

In fact, the majority of people who consider suicide are ambivalent. Suicide ideation is often intermittent. These people are not sure that they want to die. They are just discontent with the reality. Some people with suicide ideation are aware of the need to get help and want to be helped. Interventions such as counselling, or even just active listening, can potentially provide effective and timely support for those in despair and alter suicidal thoughts.

4. Many people just claim to kill themselves but will not actually try to do it?

In fact, people who have attempted suicide have a greater chance to retry than those who have not. According to numerous studies, about 30-60% of those who attempted suicide have tried it before. Among them, 15-25% would try again within one year since their last attempt, and about 1-2% would die as a result, which makes the rate of suicide of this group one hundred times as high as the one observed in the general population. About 40% of deaths by suicides have a history of attempted suicides in the past²². Therefore claims of suicides are not to be taken lightly. Instead, refer those who are experiencing distress to seek proper help to facilitate recovery.

5. If the media stop reporting about specific methods of suicide, won't those who experience suicide ideations just find another way to kill themselves?

There has been research evidence indicating that media recommendations have an impact on the overall suicide rate, and not just the prevalence of use of a specific method. For example, the overall suicide rate in Vienna decreased steadily after the promulgation of recommendations, which dramatically stopped the reporting of subway suicides. While the sharpest decrease was for subway suicides, there was no increase in other methods of suicide, indicating no shift of method.

- 6. Would the recommendations conflict with press freedom?**
Freedom of the press and the above suggestions are both based on the public interest. While the media have their freedom, they should be responsible to the public and “minimize harm” in their line of work as stated in the Code of Ethics by the Society of Professional Journalists. When research indicates that media coverage of suicide may exert adverse impacts on some readers, the media should pay special attention to the issue.
- 7. Nowadays more people get news online than from newspapers. Is it meaningless to read this recommendation guideline?**
Internet can spread messages rapidly. Suicide news published on the Internet is mainly cited from local press. If the practice of reporting is improved, the representation of suicide prevention on the web will also be enhanced.
- 8. The causes of suicide are complicated. Why should the media bear the burden?**
In fact, causes of suicide are complicated and never result from a single factor. Therefore the responsibility never lies on any one single party. Suicide prevention is the responsibility of everyone from across the society: health care, social work, and the general public. When research indicates that media coverage of suicide may exert adverse impacts on some readers, the media should pay special attention to the issue. On the other hand, media can also play an active and positive role in suicide prevention.
- 9. Where can one find information about suicide in Hong Kong? Who are the professionals one should contact to interview on this issue?**
The Hong Kong Jockey Club Centre for Suicide Research and Prevention specializes in evidence-based research on suicide problems in Hong Kong. Its monitoring and surveillance system gathers all local suicide statistics. The staff at the Centre can help journalists work on their reports (contact information is shown on the last page). For more details, please visit the website <http://csr.p.hku.hk> or call 2831-5235. You can also find other Internet resources (e.g., other local suicide prevention parties from the government, NGOs and other foreign suicide prevention organizations etc.) on our website.
- 10. What is depression? How does it relate to suicide?**
It is noted that a large proportion of people who died by suicide had a history of mental illness, with depression being among the most common. If you experience a number of the following symptoms, and the symptoms have persisted for a period of time and have significantly affected your study, work, and/or relationships with others, you should consult with your doctor or seek help immediately. Symptoms include: irritability, low mood, loss of interest in all activities, insomnia or hypersomnia, rapid loss/gain in appetite, constant feelings of fatigue, difficulty in concentrating, feelings of hopelessness about the future, feelings of worthlessness, and frequent thoughts of death or suicide. For more details, please visit our Centre’s “Little Prince” website (www.depression.edu.hk).

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Social Resources

Organizations for Suicide Crisis Intervention and Prevention

Suicide Prevention Services	2382-0000
The Samaritans (multiple languages)	2896-0000
Samaritan Befrienders Hong Kong	2389-2222
Social Welfare Department Hotline Service	2343-2255
Caritas Family Crisis Support Centre	18288



Counselling Services

Breakthrough	2377-8511
The Hong Kong Federation of Youth Groups	2777-8899
Hong Kong Christian Service — Counselling Services	2731-6251
Baptist Oi Kwan Social Service — Counselling Services	3413-1604
Methodist Centre — Counselling & Integrated Employment Service	2520-4933





Social Resources

Website Resources:



Suicide Prevention Services	http://www.sps.org.hk
The Samaritans (multiple languages)	http://samaritans.org.hk/
Samaritan Befrienders Hong Kong	http://www.sbhk.org.hk
Social Welfare Department Hotline Service	http://www.swd.gov.hk
Caritas Family Crisis Support Centre	http://fcsc.caritas.org.hk/

Website Resources:



Breakthrough	http://www.breakthrough.org.hk/chi/counselling/index.html
The Hong Kong Federation of Youth Groups	http://mcc.hkfyg.org.hk/
Hong Kong Christian Service — Counselling Services	http://www.hkcs.org/index.php
Baptist Oi Kwan Social Service — Counselling Services	http://www.bokss.org.hk
Methodist Centre — Counselling & Integrated Employment Service	http://www.methodist-centre.com

Talk to the Experts

You are welcome to contact our colleagues for any questions relating to suicide and suicide prevention:

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