Recommendations on

Suicide Reporting and Online Information Dissemination

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

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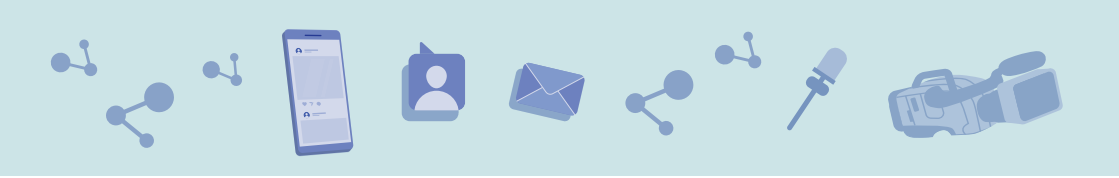

Foreword

The World Health Organization (WHO) classifies suicide as a critical global public health issue. Over 727,000 people died by suicide every year, with countless more experiencing suicidal distress. Crucially, suicide ranks as the third leading cause of death globally among young adults aged 15 to 29. Suicide stems from multifaceted causes, requiring cross-sector public health action to reduce risks, widen support access, and encourage help-seeking.

Based on Coroner's Court data and analytical work conducted by the Centre, although overall suicide rates fell after the 2003 peak, youth suicide rates remain at a high level. In 2025, Hong Kong recorded an estimated 976 local suicide deaths, representing a rate of 13 deaths per 100,000 residents. Suicide remains an urgent local public health priority, and these figures highlight the pressing need for long-term, society-wide suicide prevention efforts.

Youth suicide has become an urgent local concern. These upward trends demand focussed prevention efforts. Although suicide stems from a complex interplay of multiple factors rather than media alone, a substantial body of research has been dedicated to investigating the impact of media reporting on suicidal behaviours. In recent years, the widespread use of social media has made suicide prevention increasingly complex and challenging to address.

For decades, CSRP has partnered with local media to advance safe reporting. Its 2004 media guidelines improved news practices, and ongoing engagement has continued to minimise harm and amplify media's preventive value. Today's media landscape has reshaped content circulation by turning passive audiences into active content creators. This shift introduces complex risks that the original reporting guidelines were not designed to address. Safe communication now relies not only on professional newsrooms, but also on platform operators and individual users.

This updated 2026 edition expands its scope by incorporating targeted social media guidance alongside traditional media reporting recommendations. This update benefited from recent research titled "A Mixed-Methods Analysis of Traditional Media, Social Media, and Suicide in Hong Kong", conducted in collaboration with the Hong Kong Press Council and supported by The Better Hong Kong Foundation. In today's converged media ecosystem, every news piece, social media post, and public comment carries the power to either worsen emotional distress or connect at-risk individuals to life-saving support.

For further discussion, please feel free to contact the CSRP via csrp@hku.hk.

Prof. Paul S.F. Yip
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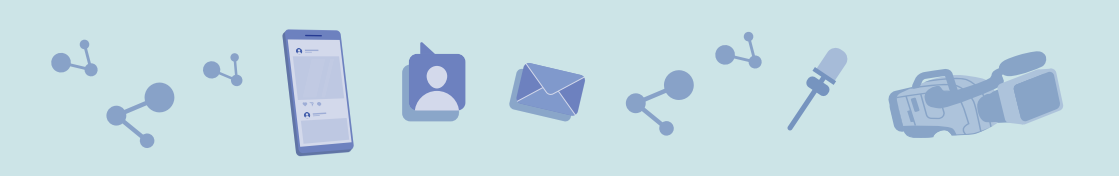
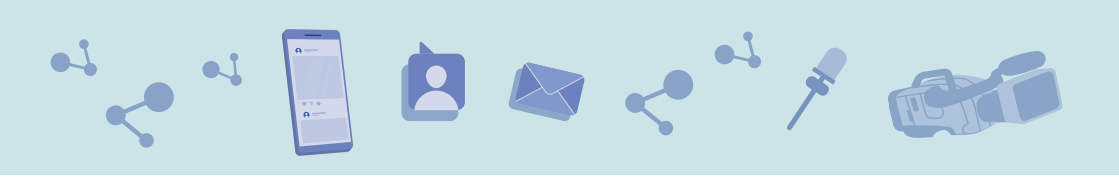
HKJC Centre for Suicide Research and Prevention



1. Background

Research has well established the impact of news media on suicide risk, primarily centered around two key concepts: the "Werther Effect" and the "Papageno Effect." The "Werther Effect" refers to the increase in suicide rates following sensationalized or detailed media coverage of suicide events, which further affects vulnerable individuals who identify with the deceased. This copycat effect is particularly pronounced after celebrity suicides. Studies show that suicide cases increase by approximately 13% following coverage of celebrity suicides; when the coverage describes the specific method, cases using the same method increase by nearly 30%. The risk is even higher if the coverage receives widespread attention, is repeatedly broadcast, or contains dramatic details. Conversely, the "Papageno Effect" highlights the protective potential of media reporting. By presenting stories of individuals coping with distress, demonstrating resilience, and successfully seeking help, media coverage can provide hope, foster positive thinking, and ultimately reduce suicide risk. Responsible suicide reporting helps reduce stigma, increase public awareness of mental health, and guide those in need toward appropriate support. Therefore, all media content related to suicide must be presented with caution, empathy, and a clear focus on prevention.

In collaboration with the Hong Kong Press Council and with support from The Better Hong Kong Foundation, our Centre conducted a research study reviewing 1,200 online suicide-related news reports published between December 2023 and November 2025. The analysis revealed areas where traditional media coverage diverged from World Health Organization (WHO) guidelines, including absence of warning signs, excessive location details, a lack of prevention resources, and explicit descriptions of suicide methods. While the presence of media guidelines appears to improve several aspects of reporting quality, there is a need for a localised version, informed by the WHO guidelines, to ensure that recommendations are both contextually appropriate and practically applicable to the local setting. The study also explored the association between traditional media, social media, and suicide in Hong Kong. The results indicated that while social media does not appear to influence suicide rates in the general population, it exerts a significant effect on young people. Given that an increasing number of young people rely on social media as their primary source of news, we must recognize that even though social media users are not professional journalists, their content publishing and dissemination behaviours carry an impact equivalent to that of news reporting. Therefore, this guideline incorporates specific recommendations to deepen the understanding of suicide prevention and responsible content dissemination among social media platform operators and users.

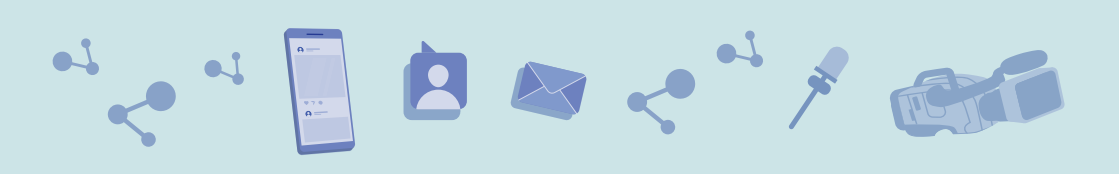


2. Recommendations for News Media Suicide Reporting

News coverage of suicide sits at the intersection of three obligations: protecting the privacy and dignity of the deceased and their families, using the moment as an opportunity to educate the public on risk factors and resources, and safeguarding the well-being of the journalists producing the coverage. The Society of Professional Journalists (SPJ) Code of Ethics principle to "minimise harm" applies with particular urgency in suicide reporting. Decades of international research building on foundational Werther Effect studies demonstrate that the way news outlets report on suicide directly influences imitation risk among vulnerable populations. The following guidelines translate that evidence into concrete practices.

2.1 Selective Reporting and Coverage Content

- **Report only under clear public interest.** Report on a death by suicide only when there is a clear public interest, such as when it reveals institutional negligence in a school, workplace, or care setting.
- **Include prevention and intervention information.** Where appropriate, reports should briefly explain warning signs, risk factors, and ways to support at-risk individuals, while always providing clear crisis hotlines, emergency contacts, counselling services, and local support resources.
- **Include educational stories of hope and recovery.** Where appropriate, reports should highlight constructive coping, help-seeking, recovery, and alternatives to suicide, as these narratives can foster the protective Papageno Effect.
- **Maintain a neutral and objective tone.** Do not normalise the death or frame suicide as a solution to personal problems. This does not mean withholding compassion for the deceased or their family; it means avoiding language that judges, sentimentalises, or validates suicide as a rational choice.
- **Refrain from speculating on causes.** Avoid presenting a single event, relationship, mental state, or personal background as the explanation for a suicide, as the causes are almost always complex and multifaceted. Speculating on motives oversimplifies the death and may suggest to vulnerable readers that similar circumstances justify the same outcome.
- **Avoid glamourising the death and sensational language.** Avoid framing a death by suicide in heroic, romantic, or overly sympathetic terms, particularly when the person is a celebrity or public figure. Idolising the deceased risks normalising suicide as a response to distress and has been linked to copycat behaviour among youth who identify with them.



- **Avoid prominent and repeated coverage.** Keep suicide stories brief, factual, and low in prominence. Do not feature them on front pages, homepages, or TV headlines, and avoid push alerts or prominent use of "suicide" or "self-harm" in titles. Do not repeat stories across coverage, as high visibility increases triggering risks for vulnerable groups.
- **Withhold specific methods and locations.** Do not state or describe the specific means, exact location, or detailed method of a suicide, regardless of how the information was obtained. This detail has no public interest value and is one of the strongest known triggers for imitative behaviour. Reporting should be confined to stating that "no suspicious circumstances were found" to minimise the disclosure of specific details.
- **Make every effort to avoid publishing suicide notes or final messages:** Strive to avoid publishing, quoting, or circulating suicide notes and final messages in order to protect the dignity of the deceased, respect the privacy of the bereaved, and minimize the risk of triggering copycat behavior. Unless the note contains substantive allegations or matters of clear public interest, publication should be avoided.
- **Recommended use of suicide-related terms**

	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
Suicide method	Jumping from height; charcoal burning; ingestion of sleeping pills	Falling from height; gas poisoning; drug overdose

* While this term was historically common in English, 'commit' is associated with criminal acts. It is now widely recommended to use language that carries less stigma.

2.2 Images and Multimedia

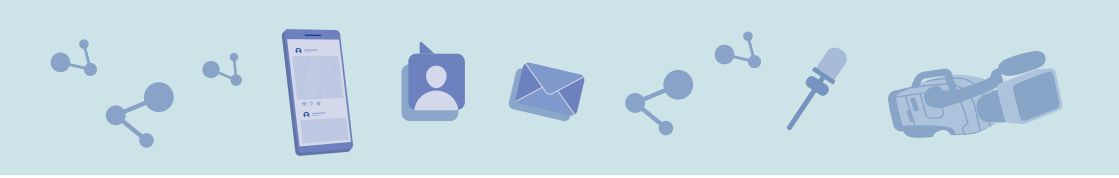
- **Use neutral, non-identifying imagery.** If an image of the deceased is used at all, it should be a neutral personal photo, such as a school- or family-provided portrait, rather than an image taken at the location of death. Where publishing a portrait genuinely serves the public interest, blur the face to protect the privacy of the individual and their family.
- **Avoid depicting the method, scene, or act.** Do not publish images or videos of the act, the method used, or the immediate scene, including blurred or "artistic" renderings that still convey how the death occurred. This restriction applies equally to staged recreations, which should never be used to illustrate method, setting, or speculated motive. Exclude any footage involving blood, violence, or indecency, given that news coverage reaches children and adolescents.
- **Avoid identifying sites or labelling them as "hotspots".** Refrain from publishing images that show the specific location of a death, including arrows, captions, or other visual markers that pinpoint the exact site. Repeatedly identifying a location as a "hotspot" can draw vulnerable individuals to the area and has been linked to further deaths at that site.

2.3 Newsroom and Journalist Well-Being

- **Rotate suicide coverage among reporters.** For ongoing or high-volume suicide stories, such as cluster events or campus deaths, rotate the assignment among multiple reporters rather than assigning one person continuously. This limits any individual's cumulative exposure to traumatic material.
- **Proactively offer counselling and peer support.** Make professional counselling and peer support resources readily available to journalists covering suicide, particu larly those handling raw footage, suicide notes, or family interviews. Support should be offered proactively rather than only upon request.
- **Debrief staff after publication.** Editors should check in with reporters after a sensitive story runs, not just during the active assignment. Delayed emotional effects of covering traumatic material are common, and a post-publication debrief helps identify distress before it compounds.

2.4 Special Considerations for Digital and Online Outlets

- **Redirect to resources rather than cross linking.** Replace links to other suicide stories with links to crisis lines and mental health resources instead. Do not link to or embed suicide notes, livestreams, or social media posts documenting the act, since this extends their reach rather than containing it.
- **Redirect to resources rather than cross linking.** Replace links to other suicide stories with links to crisis lines and mental health resources instead. Do not link to or embed suicide notes, livestreams, or social media posts documenting the act, since this extends their reach rather than containing it.
- **Actively monitor and moderate reader comments.** Watch reader comments closely for cyberbullying, speculation about causes, or privacy violations against the deceased or their family. Remove flagged material immediately once identified, rather than waiting for a scheduled review.
- **Prioritise support resources in site search functions.** Ensure site search functions display crisis helplines and prevention resources above news results for suicide-related queries. Filter out self-harm and suicide terms from auto-complete search suggestions to avoid inadvertently prompting harmful searches.



3. Recommendations for Suicide Discussions on Social Media

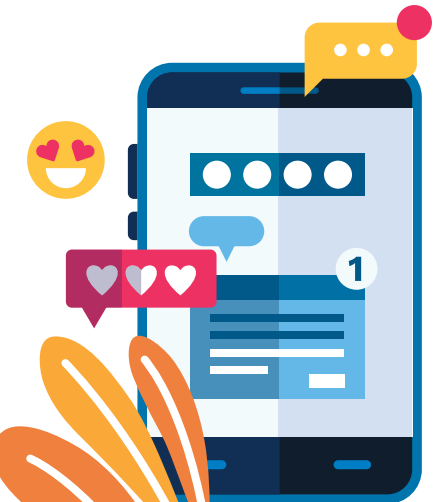
Adolescents and young adults aged 15–39 rarely engage with printed newspapers or traditional broadcast news. Instead, they source nearly all updates on distressing events, such as suicide, through social media feeds. Unlike print and broadcast news, all social media posts, comments, and screenshots remain permanently searchable online for months or years after posting. We believe a collaborative approach that relies on public education and clear shared guidance can effectively support individuals and communities once harmful materials emerge online. If you are a Key Opinion Leader (KOL), it is particularly important to refer to the following guidelines, as your reach extends far beyond that of the average user. Across all social spaces, users, moderators, and group administrators should embed local crisis hotline and mental health service information in response to suicide-related posts.

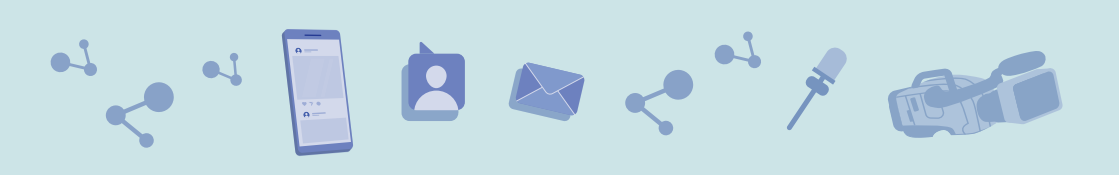
3.1 For Social Media Users

- **Promote hope and recovery.** Encourage individuals to seek professional help by providing accessible and appropriate supportive resources. Examples include messages such as: "You are not alone, please call …" or "If you are concerned about someone close to you, please reach out to …". Whenever possible, share recovery stories that highlight hope and help-seeking strategies to inspire others.
- **Use mindful language.** Phrases that frame suicide as noble, peaceful, or an act of empowerment can normalise it for at-risk viewers. Describe pain, not the act. Maintain a neutral, empathetic, and non-judgmental tone when responding to persons with suicidal thoughts or behaviours.
- **Provide actionable resources.** If posting about a loss or personal struggle, pair the post with help-seeking information rather than only expressing grief or shock.
- **Check in privately.** If you are worried about someone's post, a direct message or call is safer and more effective than a public comment thread. But note that users should not act as therapists; the best practice is to refer them to offline professional support.
- **Pause before posting.** Be aware that your content could reach vulnerable individuals, including those who may be struggling with suicidal thoughts. Do not speculate on suicide causes or spread rumours. Ask yourself whether a post describes method, means, or location in specific detail, even in a "raising awareness" context. Specificity, not intent, drives contagion risk. Always obtain consent before sharing someone else's experience with suicide.
- **Avoid images or videos.** Use platform reporting tools for graphic or instructional content instead of quote-sharing it to condemn it. Avoid detailing the act, method, or location, even when providing a caution or trigger warning prior to displaying graphic content. While warnings may reduce immediate exposure risk, they fail to eliminate it, particularly on platforms with an autoplay feature.

3.2 For Social Media Platform Operators

- **Pin help resources prominently.** Group admins and platforms should ensure evidence-based support resources remain easily accessible. Providing immediate follow-up resources and direct support links alongside sensitive content offers crucial assistance to affected users.
- **Detect and remove suicide-related harmful content.** Use automated tools such as keyword filtering, text-image analysis, and hashtag searching to flag suicidal content early, but route flagged items to human moderators before removal, avoiding both over-blocking and false negatives.
- **Deprioritise borderline high-risk content, restrict clear violations.** Platforms should reduce the reach of borderline high-risk content in recommendation feeds, "For You" pages, and autoplay queues rather than removing it outright, reserving outright restriction or removal for clear violations, such as content that promotes or details suicide methods, pacts, graphic acts, or exact locations.
- **Act fast on cyberbullying.** Rapid intervention against harassment, bullying, and stigmatising commentary is justified because cyberbullying is a major class of harmful content across platforms, and harmful content affects mental well-being. Manual-only moderation is inadequate at platform scale.





4. Frequently Asked Questions (FAQ)

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

It depends on who is telling the story and how it is told. Stories that emphasise coping, crisis survival, and help-seeking can have a protective effect, whereas stories that romanticise suicide or present the act in a dramatic way can increase risk. If an interview with a person who attempted suicide focuses on how overwhelming emotions changed, how help was sought, and how the crisis was survived, it can bring a more preventive and hopeful focus into the story. However, caution is warranted for stories likely to generate strong identification, especially among younger audiences, because imitation effects can be stronger when coverage is prominent, dramatic, or highly relatable (Niederkrotenthaler et al., 2020).

ii.Can people become suicidal just from reading about suicide?

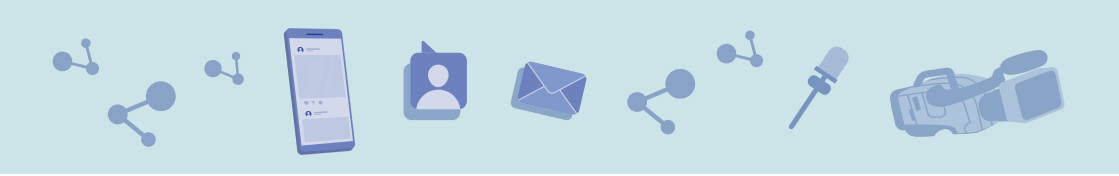
Reading about suicide does not appear to affect all readers in the same way. General reporting of suicide did not show a clear overall association with suicide rates in the meta-analysis, although harmful effects for certain types of reporting cannot be excluded. The greater risk appears to lie in vulnerable audiences and in reports that describe methods in detail, glorify the death, or repeatedly publicise a suicide in a prominent way. Media therefore retain the right to report on suicide, but evidence supports doing so in ways that minimise the likelihood of imitation (Niederkrotenthaler et al., 2020).

iii. If someone is at risk of attempting suicide, can media reporting change their mind?

Media reporting matter because suicide-related content can influence suicidal thoughts and behaviour, and some types of reporting are associated with increased suicide risk in the population. Reports are more likely to be harmful when they are dramatic, romanticised, or include explicit method details. By contrast, reporting that includes accurate information, warning signs, prevention facts, and where to seek help is recommended because it is less likely to contribute to imitation and may support help-seeking (Niederkrotenthaler et al., 2020).

iv. Do many people simply claim to die by suicide but ultimately fail to follow through?

People who have tried to take their own life are far more likely to attempt again. Research shows 30–60% of people making a suicide attempt have done so before; 15–25% will try again within a year, and 1–2% will die by suicide, a risk a hundred times higher than for the general public. Overall, around 40% of suicide deaths involve someone with a prior attempt (Kerkhof, 2000). For these reasons, all signs of suicidal distress deserve serious attention. Please guide anyone struggling to get professional support and help them heal. We simply have to be more proactive in engaging those at risk with a more empathetic mindset (De La Torre-Luque et al., 2023).



v. If the media stops reporting about specific methods of suicide, won't those who experience suicidal ideation just find another way to die by suicide?

Research shows media guidelines can lower overall suicide rates, not just reduce reliance on one specific method. After Vienna introduced reporting rules that largely halted coverage of subway suicides, the city's total suicide rate fell consistently (Etzersdorfer & Sonneck, 1998). Though subway suicide cases dropped most noticeably, other methods did not rise, proving people did not simply switch to alternative means. Given that suicide methods vary in lethality, refraining from reporting on highly lethal means may help reduce overall suicide mortality and potentially transform a crisis into an opportunity for recovery. Furthermore, suicidal ideation are often short-lived. The urge may subside over time when a specific method is not immediately accessible (Niederkrotenthaler & Sonneck, 2007).

vi. Do the recommendations in this guideline 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 and more cautious to the public and "minimise 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.

vii. Nowadays, more people get their news online than from newspapers. Is it meaningless to read this recommendation guideline?

The Internet can spread messages rapidly. Suicide news published on the Internet is mainly cited from the local press. If the practice of reporting is improved, the representation of suicide prevention on the web will also be enhanced.

viii. The causes of suicide are complicated. Why should the media bear the burden?

Suicide stems from complex, multiple causes, so no single group bears sole responsibility for prevention. This is a shared mission for healthcare providers, social workers, and the wider community. While problematic media coverage can harm vulnerable readers, the media also holds great potential to drive positive progress in suicide prevention.

ix.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 conducts local evidence-based suicide research and maintains full Hong Kong suicide data. Its team offers reporting support for journalists (contact details on the final page). Further information, plus local and overseas suicide prevention resources, are available at http://csrp.hku.hk or via phone 3917 3888.

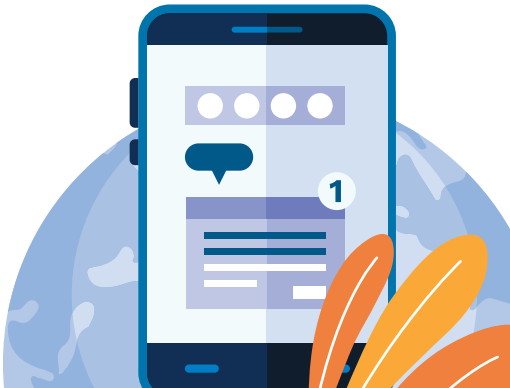
x. What is depression? How does it relate to suicide?

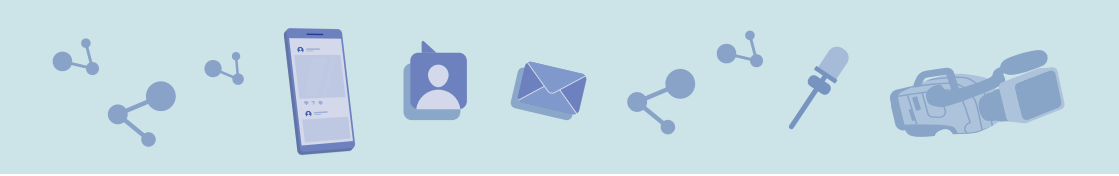
Some suicide deaths are linked to mental illness, most commonly depression. Seek urgent professional help if you experience persistent symptoms disrupting your studies, work, or relationships: persistent low mood, irritability, loss of interest, sleep or appetite changes, fatigue, poor concentration, hopelessness, worthlessness, or recurring thoughts of death or suicide. Visit our Centre's Little Prince site (www.depression.edu.hk) for more information.

5. Social Resources

Where appropriate and with the person's agreement, a trusted person may offer support or accompany them in seeking professional help that best meets their needs. Help-seeking resources can be found below:

HKJCCSRP, HKU
https://csrp.hku.hk/getting-help/





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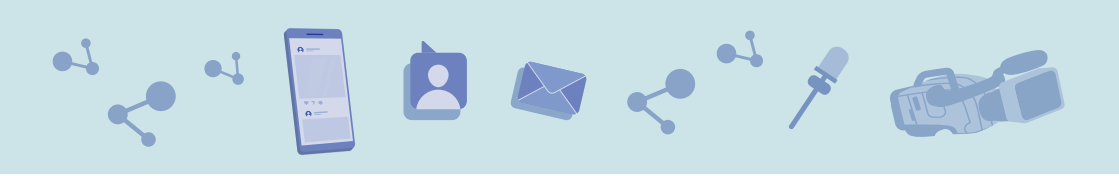

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